

# University Hospitals of Northamptonshire NHS Group (UHN): Meeting in Public of the Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Tue 09 April 2024, 09:30 - 12:30

Moulton Community Centre, Sandy Hill, Reedings, Northampton, NN3 7AX

## Agenda

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### 09:30 - 09:30 1. Welcome, apologies and declarations of interest

0 min

*John MacDonald*

 UHN Boards Part I Agenda 090424.pdf (2 pages)

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### 09:30 - 10:00 2. Patient/Staff Story: Urology One Stop Clinic

30 min

*Presentation Nerea Odongo*

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### 10:00 - 10:05 3. Minutes of the previous meeting held on 7 February 2024 and Action Log

5 min

*Decision John MacDonald*

 3.1 070224 UHN Public Part I Boards of Directors Draft Minutes.pdf (9 pages)

 3.2 Action Log Updated Post 070224 Part I Boards (2).pdf (2 pages)

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### 10:05 - 10:15 4. Chair's report (verbal)

10 min

*Information John MacDonald*

#### 4.1. Chief Executive's report

*Information Richard Mitchell*

 4.1 CEO update public board April 2024.pdf (8 pages)


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### 10:15 - 10:55 5. Board Committee Chairs' reports and Integrated Governance Report

40 min

*Assurance Richard Mitchell / Board Committee Chairs*

 5. Cover sheet\_IGR.pdf (2 pages)

 5.0 Group Upward Reporting to UHN 090424 Boards (1).pdf (12 pages)

 5. Mar24 IGR.pdf (101 pages)

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### 10:55 - 11:20 6. 2023-24 Financial Position

25 min

*Assurance / Approve Richard Wheeler*

BREAK 11:10-11:25

- 6. Board report 090324 Delivery of Financial Plan.pdf (3 pages)
- 6. M11 KGH Board.pdf (5 pages)
- 6. M11 NGH Board.pdf (5 pages)

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**11:20 - 11:40 7. KGH Maternity CQC report and response**

20 min

*Receive / Assurance Jayne Skippen*

- 7. Maternity CQC report response for TB.pdf (2 pages)

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**11:40 - 11:45 8. UHN Procurement Strategy**

5 min

*Decision Richard Wheeler*

- 8. Boards Cover Paper Procurement Strategy 260224.pdf (3 pages)
- 8. UHN Procurement Strategy 2023-2028 FINAL.pdf (12 pages)

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**11:45 - 12:05 9. National Staff Survey Results 2023**

20 min

*Note / assurance Paula Kirkpatrick*

- 9. Board update National Staff Survey 2023.pdf (8 pages)

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**12:05 - 12:20 10. University Hospitals of Northamptonshire (UHN) NHS Group: Proposed Governance Operating Model**

15 min

*Decision Richard Apps*

- 10. Cover paper UHN Governance proposals Boards 090424.pdf (8 pages)
- 10. Appendix A Finance and Investment Committee\_Terms of Reference\_UHN.pdf (5 pages)
- 10. Appendix B Operational Performance Committee\_Terms of Reference 12.pdf (5 pages)
- 10. Appendix C - UHN UHL Partnership Board Terms of Reference.pdf (7 pages)
- 10. Appendix D Group People Committee Terms of Reference Revised April 20241.pdf (5 pages)
- 10. Appendix E CIC Group Clinical Quality and Safety revised March 2024.pdf (6 pages)

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**12:20 - 12:25 11. Appointments to Committees and lead Non-Executive roles**

5 min

*Decision John MacDonald*

- 11. Board report 090424 Board appointments.pdf (4 pages)

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**12:25 - 12:30 12. Questions from the public**

5 min

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**12:30 - 12:30 13. Any other business and close**

0 min

**University Hospitals of Northamptonshire NHS Group (UHN):  
Meeting in Public of the Boards of Directors of Kettering General  
Hospital NHS Foundation Trust and Northampton General Hospital  
NHS Trust**

<b>Meeting</b>	Boards of Directors (Part I) Meeting in Public
<b>Date &amp; Time</b>	Tuesday 9 April 2024, 09:30-12:30
<b>Location</b>	Moulton Community Centre, Sandy Hill, Reedings, Northampton, NN3 7AX

**Purpose and Ambition**

The Boards are accountable to the public and stakeholders; to formulate the Trusts' strategies; ensure accountability; and to shape the culture of the organisations. The Boards delegate authority to Board Committees to discharge their duties effectively and these committees escalate items to the Boards, where Board oversight, decision making and direction is required.

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Patient / Staff Story: Urology One Stop Clinic	NGH Chief Nurse and Medical Director	09:30	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 7 February 2024 and Action Log	Chair	10:00	Decision Receive	Attached Attached
4	4 Chair's Report 4.1 Chief Executive's Report	Chair Group Chief Executive Officer	10:05	Information Information	Verbal Attached
<b>Operations</b>					
5	Board Committee Chairs' Reports/ Integrated Governance Report (IGR)	Committee Chairs / Chief Executive and Executive Directors	10:15	Assurance	Attached
6	2023-24 Financial Performance	Chief Finance Officer	10:55	Assurance / Decision	Attached

	BREAK		11:10		
<b>Strategy</b>					
7	KGH Maternity CQC report and response	KGH Chief Nurse	11:20	Receive / Assurance	Attached
8	UHN Procurement Strategy	Chief Finance Officer	11:40	Decision	Attached
<b>Culture</b>					
9	National Staff Survey Results 2023	Chief People Officer	11:45	Note, Assurance	Attached
<b>Governance</b>					
10	University Hospitals of Northamptonshire (UHN) NHS Group: Proposed Governance Operating Model	Director of Corporate and Legal Affairs	12:05	Decision	Attached
11	Appointments to Committees and Non-Executive Board and lead roles	Chair	12:20	Decision	Attached
12	Questions from the Public	Chair	12:25	Information	Verbal
13	Any Other Business and close	Chair	12:30	Information	Verbal
<b>Date and venue of Next Meeting:</b> Wednesday 5 June 2024 at North Northamptonshire Council, The Cube, George Street, Corby, Northants, NN17 1QG, 0930					

## Minutes of the Meeting

<b>Meeting</b>	Boards of Directors of the University Hospitals of Northamptonshire NHS Group (UHN) comprising Northampton General Hospital (NGH) and Kettering General Hospital (KGH) (Part I) Meeting together in Public
<b>Date &amp; Time</b>	Wednesday 7 February 2024, 09:30-12:00
<b>Location</b>	Boardroom, Northampton General Hospital

### Purpose and Ambition

The Trust Board is accountable to the public, stakeholders and Council of Governors to formulate the Trust's strategy, ensure accountability and shape the culture of the organisation. The Board delegates the authority to Board Committees to discharge its duties effectively and these committees escalate items to the Board where Board decision making, and direction is required.

Attendance	Name and Title	
<b>Present</b>	John MacDonald	Interim Trust Chair, UHN
	Richard Mitchell	Chief Executive, UHN
	Richard Apps	Interim Director of Corporate and Legal Affairs, UHN
	Alice Cooper	Non-Executive Director, KGH
	Stuart Finn	Interim Director of Operational Estates, UHN
	Fay Gordon	Chief Operating Officer, KGH
	Polly Grimmett	Director of Strategy, KGH
	Sam Holden	Director of Communications and Engagement, UHN
	Jill Houghton	Non-Executive Director, UHN
	John Jameson	Medical Director, KGH
	Denise Kirkham	Non-Executive Director, NGH
	Paula Kirkpatrick	Chief People Officer, UHN
	Deborah Manger	Non-Executive Director, KGH
	Andrew Moore	Non-Executive Director, KGH
	Deborah Needham	Hospital Chief Executive, KGH
	Hemant Nemade	Medical Director, NGH
	Professor Andre Ng	Associate Non-Executive Director, NGH
	Sarah Noonan	Interim Chief Operating Officer, NGH
	Nerea Odongo	Chief Nurse, NGH
	Rachel Parker	Non-Executive Director, NGH
Ballu Patel	Associate Non-Executive Director, KGH	
Trevor Shipman	Non-Executive Director, KGH	
Jayne Skippen	Chief Nurse, KGH	
Caroline Stevens	Non-Executive Director, NGH	
Becky Taylor	Director of Transformation and Quality Improvement, UHN	
Damien Venkatasamy	Non-Executive Director, KGH	

	Professor Chris Welsh Richard Wheeler Palmer Winstanley	Non-Executive Director, UHN Interim Chief Finance Officer, UHN Interim Hospital Chief Executive, NGH
<b>In Attendance</b>	Simon Baylis Tanya Birke Mala Khiroya Richard May Brenda Mgijima Petronella Mugoro	Lead Governor, KGH Quality Framework Lead Nurse (Item 2) Chief Pharmacist, KGH UHN Company Secretary Staff Nurse (Item 2) Infection Prevention Support Nurse (Item 2)
<b>Apologies for absence</b>	Professor Natalie Armstrong Natasha Chare Elena Lokteva	Non-Executive Director (KGH) Chief Digital Information Officer (UHN) Non-Executive Director (NGH)

Item	Discussion	Action Owner
1	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>The Chair welcomed colleagues to the second public meeting together of the NGH and KGH Boards and extended particular welcomes to colleagues attending their first meetings:</p> <ul style="list-style-type: none"> <li>- Ballu Patel, KGH Associate Non-Executive Director</li> <li>- Caroline Stevens, NGH Non-Executive Director</li> <li>- Sarah Noonan, NGH Interim Chief Operating Officer</li> <li>- Simon Baylis, KGH Lead Governor (observing)</li> <li>- Mala Khiroya, KGH Chief Pharmacist (observing).</li> </ul> <p>The Boards noted apologies for absence as listed above. There were no declarations of interest relating to specific agenda items.</p>	
2	<p><b>Staff Story: Evidence-Based Practice</b></p> <p>The Boards welcomed KGH colleagues to showcase winning Evidence-based practice projects which challenged current practice around catheter use (presented by Petronella Mugoro) and researched the nature and impacts of deconditioning upon patients experiencing longer hospital stays (presented by Brenda Mgijima). The Boards commended the work undertaken, which demonstrated proactive ownership of nurse-led solutions to improve the patient experience, for example challenging and reducing catheter usage where it was not required. The Boards thanked colleagues for their presentations and asked the Chief Nurses ensured that, subject to full analysis following project conclusions, learning and good practice was disseminated across the UHN and University Hospitals Leicester collaboration.</p>	
3	<p><b>Minutes of the last meeting held on 8 December 2023 and Action Log</b></p> <p>The Minutes of the meeting of the Boards of Directors of KGH and NGH held on 8 December 2023 were approved as a correct record.</p> <p>The Boards noted closed and ongoing items on the Action Logs. In respect of Action Dec 23 (5i), the Chief Executive confirmed that he had raised the issue of data consistency with his Integrated Care Board</p>	

	<p>(ICB) counterpart, acknowledging that, while the majority of data was provider-generated, it could be presented in different ways which could give rise to possible discrepancies. The Chief Executive requested colleagues bring specific concerns to his attention in future.</p> <p>The Boards requested assurance in respect of the delivery of next steps regarding the UHN Academic Strategy.</p>	<b>JJ/HN</b>
<b>4</b>	<p><b>Chair's Report</b></p> <p>The Chair reported the resignation of Anette Whitehouse from the position of Associate Non-Executive Director of NGH due to illness. The Board joined the Chair in thanking Anette for her contributions in the role and extending its best wishes for her future health and wellbeing.</p> <p>The Chair recognised that both trusts were undergoing extremely challenging winter periods due to the impacts of higher demand and industrial action and extended his thanks to all colleagues for their continuing work to maintain the quality of patient care.</p> <p>The Chair advised that detailed planning guidance for the 2024-25 financial year was awaited, but internal planning continued in anticipation of likely key requirements. The Chair and the Chief Executive were working with ICB colleagues to commission work to transform urgent and emergency care pathways with a view to reducing admissions and delayed discharges, and to better understand increases to staffing establishments.</p> <p>The Boards noted the Chair's report.</p>	
<b>4.1</b>	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented his report, extending his thanks to colleagues for their continuing hard work in the context of the particularly severe challenges brought about by the winter peak demand period, exacerbated by COVID-19, Measles and industrial action; he expressed sincere apologies to any patients who had experienced delayed care as a consequence.</p> <p>The Chief Executive advised that he had enjoyed meeting colleagues and partners during his first three months in the role, exploring together what the twin aims of better patient care and a better place to work meant to stakeholders, and how this could be achieved. Local leadership was particularly important in the absence of a national plan for the NHS, requiring strong shared appetites to build the right organisational culture and to manage recovery and radical change.</p> <p>The Chief Executive invited Hospital Chief Executives to provide brief updates:</p> <p><i>Kettering General Hospital</i></p> <ol style="list-style-type: none"> <li>Challenges throughout winter</li> </ol>	

January had been an exceedingly busy month, requiring additional beds to be opened in escalation areas. For the first time within the Integrated Care System (ICS), KGH had worked with North Northamptonshire Council to jointly open beds at Thackley Green Special Care Centre. The additional beds were staffed by KGH and social care colleagues and represented the result of strong partnership working with the local authority to ensure colleagues were trained and inducted, beds were opened with the correct equipment and patients transferred.

The Hospital Chief Executive acknowledged that winter could be a particularly difficult time of year for overseas colleagues who often experienced greater social isolation and family separation. She commended the quality and workforce teams' work to provide support and advice, which had been recognised through receipt of a national pastoral care quality award.

## 2. CQC visit

In early December 2023 the CQC undertook an inspection for of Children's and Young People's services, Medicine, Surgery, Urgent care and diagnostics. The CQC fed back verbally and via letter that work was required to review and improve policies and procedures and that some escalation areas were not suitable or located in the main hospital; however, they commented that culture had improved and staff were caring and said they enjoyed their work. Whilst some actions were required in response to the visit, no safety warnings were received or 'must-do' actions were identified.

## 3. Staff restaurant

The new restaurant opened on 22 January 2024 following many months of planning and refurbishment. The facility, located in the basement of the main hospital, was currently open for colleagues, with plans to provide visitor access later in the year. The Hospital Chief Executive extended her thanks to the Director of Estates and Facilities and his team for their contributions to the project.

### *Northampton General Hospital*

The Interim Hospital Chief Executive reported that:

- The trust had met its commitment to onboard 60 internationally educated nurses, 13 Midwives and nine Allied Health Professionals;
- The percentage of staff completing safe breakaway care certificates had increased from 33% to 91% in the most recent four-month monitoring period;
- A feasibility study had been completed for an extended and refurbished Emergency Department and Urgent Treatment Centre, for development into a full business case to identify funding options and workforce implications;
- The Trust's improvement in its mortality metrics had been recognised nationally, whilst 28-day faster cancer diagnosis standard performance was the highest in the country for two



	<p>months of the last six;</p> <ul style="list-style-type: none"> <li>- NGH had selected Nerve Centre as its partner to develop the Electronic Patient Record.</li> </ul> <p>The Boards noted the Chief Executive's reports.</p>	
5.	<p><b>Board Committee Summaries and Integrated Governance Report (IGR)</b></p> <p>The Chief Executive invited Committee Chairs, Convenors and Executive Leads to bring significant items and exceptions to the Boards' attention from the enclosed report, including performance variations set out within the IGR document:</p> <p><i>Strategic Development Committee</i></p> <p>The Committee noted that a revised Outline Business Case for the KGH Energy Centre had been submitted to the national programme team (NHP) on 30 November 2023. The works had a completion date of summer 2026, though this timescale was dependent on national funding decisions.</p> <p>The Committee approved a business case for the KGH Estates Reprovision of Office Space.</p> <p>KGH had selected a delivery partner and had completed design work for a new multi-storey car park but had since been required to submit additional information to NHS England regarding funding options.</p> <p><i>KGH Audit Committee</i></p> <p>The Committee</p> <ul style="list-style-type: none"> <li>- Noted the intention by external audit to complete annual value for money review work earlier this year, and to provide clearer briefings for colleagues to assist preparation and delivery;</li> <li>- Received the internal auditor's report, commending the progress of work during recent months. It note areas where further assurance was likely to be required, including the overall promptness of management responses to findings, and the follow-up audit into the area of Salary Overpayments. The Committee would discuss findings of Salary Overpayment revisit report prior to the next committee.</li> <li>- Noted the financial governance report, discussing the increasing level of (sometimes large) 'maverick' transactions (without requisitions) and tender waiver items. It was requested that the importance of the appropriate controls be re-emphasised to the areas where these were typically occurring. The Boards indicated concern in respect of the lapses in financial control highlighted in this report and requested a further report in 3-4 months to provide assurance, via the Committee, that the issues were being addressed and supported by the communication of clear messages to budget holders;</li> <li>- The Committee Chair had met with the People Committee</li> </ul>	RW

Convenor and Director of Corporate and Legal Affairs to plan work to review the fitness of the Freedom to Speak Up infrastructure.

*NGH Audit Committee*

The Committee expressed further concern regarding the number and duration of outstanding internal audit recommendations and had invited the Chief Executive to the April 2024 meeting to provide additional assurance.

The Committee was concerned that 75% of the 2023-24 internal audit programme remained to be completed during the fourth quarter and sought assurances regarding delivery.

*People Committee*

The Committee:

- Received the findings of the Equality Delivery System review which provided important evidence and learning to ensure the Trusts met their statutory Public Sector Equality Duty as employers and service providers; this aligned with the recent launch of the anti-racism strategy
- Areas in which the committee indicated 'reasonable' rather than 'substantial' assurance related to external factors, particularly the continuing staffing impacts of industrial action.

*Transformation and Digital Hospital Committees (meeting together)*

The Committee:

- Indicated its disappointment that implementation of the 'Grow 2' software had been delayed but was reassured that plans in place to enable the project to move forward
- Welcomed significant improvements to maternity hub connectivity which addressed long-running concerns
- Endorsed the business case for the NGH Electronic Patient Record, acknowledging associated risks in respect of funding gaps, benefits realisation and supplier capacity, which it was anticipated could be addressed through a regional approach;
- Was unlikely to meet again; further work was required to ensure arrangements were in place for the continuing triangulation of digital and operational prioritisation following its abolition.

*Finance and Performance Committee*

The Committee:

- Discussed operational performance exceptions in respect of urgent and emergency care, which had contributed to the trusts being moved into a performance tier which gave rise to closer external scrutiny. Whilst of concern, Tier 2 status gave rise to opportunities to utilise constructive external support to address underperformance and accelerate change quickly at an ICS

	<p>level. The Trusts looked forward to a visit from the national 'Getting it right first time' initiative lead on 19 February as part of this process;</p> <ul style="list-style-type: none"> <li>- Received a report on the delivery of efficiencies, welcoming those achieved but seeking assurance regarding the assumption that a further £20m would be achieved by the end of the financial year (some of this amount comprised technical balance sheet adjustments);</li> <li>- Approved the business case for the head and neck service collaboration, welcoming progress on this pioneering initiative between the trusts.</li> </ul> <p>The Boards discussed operational and financial planning for 2024-25, emphasising the importance of delivering revised 2023-24 forecasts to provide a firm basis to meet continuing severe challenges in the new financial year; the Boards would have the opportunity to be engaged in the process at the forthcoming development event taking place on 6 March 2024.</p> <p>The Chief Executive reported favourable feedback from NHS England at the latest quarterly performance review meeting in respect of cancer and diagnostic targets, with concerns reiterated in respect of urgent and emergency care performance and 'Pathway 1' patients awaiting discharge care packages into intermediate care and reablement.</p> <p><i>Clinical Quality, Safety and Performance Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Approved statutory annual maternity safety returns (CNST), recognising significantly improved compliance at NGH;</li> <li>- Indicated its concern regarding maternity vacancies at both trusts, which reflected national trends. The Committee noted that a number of mitigations and actions were in place to maintain quality and safety, supported by the People Committee's input from a safe staffing perspective;</li> <li>- Indicated assurance in respect of improving exception reporting by sub-groups, particularly the continuing work of the KGH Health and Safety Committee to identify and embed improved culture and practice following the health and safety prosecution relating to serious injury to a colleague, which concluded in January 2024 with the Trust receiving a fine of £484k.</li> </ul> <p>The Board welcomed progress with the head and neck collaboration and invited service representatives to address a future meeting to celebrate progress and identify challenges and learning for future clinical collaborations.</p> <p>The Boards noted the committee summaries and IGR and requested modification to reports to enable a clearer overview of significant items to future meetings.</p>	<p>JJ/HN</p> <p>NC/RA</p>
6.	<p><b>Financial Plan</b></p> <p>The Boards considered a report setting out the latest financial position</p>	

	<p>which showed that UHN was ahead of its trajectory by £0.5m, excluding the impacts of the latest industrial action of around £1 million. Taking these costs into account, the revised year-end deficit would be £21.9m, acknowledging further risks in respect of winter pressures, urgent estates works (KGH Rockingham Wing) and changes to national accounting practices.</p> <p>The Boards noted the latest position. The NGH Board of Directors <b>approved</b> the recommendation of the Finance and Performance Committee to increase the NGH maximum revenue cash support draw down to £17.147m (therefore an increase of £3.047m over the previously approved value of £14.2m) to match the revised forecast outturn deficit (including industrial action).</p>	
7.	<p><b>Communications and Engagement Key Performance Indicators</b></p> <p>The Boards considered a report setting out proposed key performance indicators for the Communications and Engagement service, linked to the strategic framework (2022-2027) and based on the domains of internal and external communications, public perception and service responsiveness.</p> <p>The Boards indicated their support for the proposed measures which, combined with other proxy measures of satisfaction and qualitative feedback from sources such as complaints data and the Staff Survey, could provide valuable insight into the extent to which proactive communication and engagement reinforced key messages and contributed to improved public perceptions of the trusts and NHS.</p> <p>Following discussion, the Boards <b>APPROVED</b> the Key Performance Measures set out in the report, subject to quarterly oversight of performance via the People Committee and (proposed) Integrated Leadership Team.</p>	
8.	<p><b>Group Board Assurance Framework (BAF): Fourth quarterly review 2023-24</b></p> <p>The Boards received the latest version of the Group BAF, noting updates to risk descriptions and scores since the last review and ongoing work by the audit committees to review implementation of the risk management strategy; for 2024-25, this included a combined 'deep dive' review of the BAF by the audit committees together, and a review of separate reporting systems between the trusts to explore standardisation.</p> <p>The Boards noted the latest position, and looked forward to being engaged in a review of the trusts' risk appetites, which was necessary given that there had been minimal movement on the majority of risks towards target risk scores. This suggested that additional reasonable mitigating actions were not available and that different levels of risk needed to be tolerated in some cases. It was anticipated that the work take place in spring 2024, aligned to the review of strategic objectives which formed the basis for BAF risks. Revised risk appetite levels should be subject to robust annual review thereafter.</p>	RA

9.	<p><b>UHN Group Governance: Creation of Integrated Leadership Team (ILT) and agreement of consequential changes to Schemes of Delegation and Standing Financial Instructions (SFI)</b></p> <p>The Boards considered a report setting out proposed changes to leadership arrangements across UHN and <b>APPROVED</b> the establishment of an Integrated Leadership Team to undertake a leadership role on behalf of the Chief Executive and to ensure delivery of UHN strategic objectives, the consequential abolition of the Hospital Management Teams and Group Executive Meeting, the transfer of specific powers and duties to the ILT and amendments to the Trusts' schemes of delegation, Standing Order and Standing Financial Instructions to give effect to these changes (to take effect on 1 March 2024). The Boards further <b>AUTHORISED</b> the Chief Executive to prepare detailed Terms of Reference for receipt and agreement by the ILT at its first meeting in March 2024.</p>	
10.	<p><b>Appointments to Committees</b></p> <p>The KGH Board of Directors <b>approved</b> the appointments of Jill Houghton to the Audit and Strategic Development Committees.</p> <p>The Boards noted a change to the NGH Establishment Order, approved by the Secretary of State, the effect of which was to formally increase the number of non-executive director positions on the NGH Board of Directors from five to six. This amendment came into effect on 15 January 2024 and enabled Caroline Stevens to be re-designated as a Voting Non-Executive Director with effect from 7 February 2024, following approval by the NHS England Appointments Committee. The Boards congratulated Caroline on her appointment.</p>	
11.	<p><b>Trusts' Seals</b></p> <p>The NGH Board of Directors noted the use of the Trust Seal in respect of the Lease relating to the Nene Valley Day Nursery on 18 December 2023 between Northampton General Hospital NHS Trust and Childbase Partnership Limited, affixed by the Director of Corporate and Legal Affairs in the presence of the Interim Hospital Chief Executive.</p> <p>The KGH Board of Directors noted the use of the Trust Seal in respect of the Concession Agreement for Restaurant and Vending Services between Compass Contract Services (UK) Limited and Kettering General Hospital NHS Foundation Trust on 30 January 2024, affixed by the Group Company Secretary in the presence of the Hospital Chief Executive.</p>	
12.	<p><b>Questions from the public</b></p> <p>There were no questions from the public.</p>	
13.	<p><b>Any Other Business</b></p> <p>There was no other business.</p>	

## Action Log

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Updated following 7 February 2024 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Oct 23 5ii	The NGH Board requested close review of patient satisfaction data by the Group Clinical Quality, Safety and Performance Committee	NO	Apr 2024	Committee received a report at its 1 March meeting – see agenda item 5 of this meeting.	CLOSE
Dec 23 5i	Boards expressed concern regarding apparent differences in performance data between UHN and the ICB, requesting the Chief Executive raise this with his ICB counterpart to ensure a unified view of performance between the organisations (including public health data);	RMI	Feb 2024	Update provided at the meeting: the Chief Executive confirmed that he had raised the issue of data consistency with his Integrated Care Board (ICB) counterpart, acknowledging that, while the majority of data was provider-generated, it could be presented in different ways which could give rise to possible discrepancies. The Chief Executive requested colleagues bring specific concerns to his attention in future.	CLOSE

Dec 23 5ii	The Boards requested the audit committees review data quality within UHN, commissioning specialist external support as required.	RW / RA	May 2024	<ol style="list-style-type: none"> <li>1. Audit Committees to review recommendations from the Internal Audit review of the Integrated Governance Report at April meetings.</li> <li>2. Boards' workshop on making data count, facilitated by NHS England, scheduled for 8 May 2024</li> </ol>	NOT YET DUE
Feb 24 (3)	The Boards requested assurance in respect of the delivery of next steps regarding the UHN Academic Strategy.	JJ / HN	Apr 24	Commentary set out in Clinical Quality Safety and Performance Committee report at item 5 on this agenda.	CLOSE
Feb 24 5(i)	The Boards indicated concern in respect of the lapses in financial control highlighted in this report and requested a further report in 3-4 months to provide assurance, via the KGH Audit Committee, that the issues were being addressed and supported by the communication of clear messages to budget holders	RW	Jun 24		NOT YET DUE
Feb 24 5(ii)	The Board welcomed progress with the head and neck collaboration and invited service representatives to address a future meeting to celebrate progress and identify challenges and learning for future clinical collaborations.	JJ / HN	Jun 24	Added to Boards' work plan for June 2024 meeting	NOT YET DUE
Feb 24 5(III)	The Boards noted the committee summaries and IGR and requested modification to reports to enable a clearer overview of significant items to future meetings.	RA / NC	Apr 24	Executive summaries for each committee included within report at agenda item 5	CLOSE
Feb 24 8	Boards to review risk appetites	RA	May 24	Work to be aligned with review of UHN priorities – on agenda for Boards' May development event	NOT YET DUE

**Cover sheet**

<b>Meeting</b>	University Hospitals of Northamptonshire NHS Group Public Board (KGH/NGH)
<b>Date</b>	9 April 2024
<b>Agenda item</b>	4.1

<b>Title</b>	Chief Executive Update
<b>Presenter</b>	Richard Mitchell, CEO UHN, Debbie Needham, CEO KGH, Palmer Winstanley, Acting CEO NGH
<b>Author</b>	Richard Mitchell, CEO UHN, Debbie Needham, CEO KGH, Palmer Winstanley, Acting CEO NGH

**This paper is for**

<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

**Group priority**

<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

<b>Reason for consideration</b>	<b>Previous consideration</b>
For the Boards' information and comment.	None.

**Executive Summary**

This report is an update for the month of March 2024 on the University Hospitals of Northamptonshire NHS Group and the Northamptonshire Integrated Care Board.

**Appendices**

None

**Risk and assurance**

Information report – no direct implications

**Financial Impact**

There is no financial impact

**Legal implications/regulatory requirements**

There is no legal impact



Equality Impact Assessment

Neutral

## 2023 Staff Survey results (full report at agenda item 9)

The 2023 Staff Survey results were released last month and they provide an important understanding of organisational culture and wider performance.

At UHN, we have made some improvements and I have listed below the key metrics compared to the other six acute trusts in the East Midlands. Whilst progress is evident, I know we are all far from happy with the culture at UHN. We have a lot of work to do and this involves all of us contributing.

The key engagement question is 'would you recommend your Trust as a place to work?'. In the 2023 survey - 57.4% of NGH staff said they would recommend the trust as a place to work – this ranks as 81<sup>st</sup> of 119 of NHS trusts. This is an improvement from being 85<sup>th</sup> last year. That is the 38<sup>th</sup> best improvement in the country.

In the 2023 survey - 50.8% of KGH staff said they would recommend the trust as a place to work – this ranks as 109<sup>th</sup> of 119 of NHS trusts. Last year KGH was ranked 106<sup>th</sup> in the NHS, which means a small deterioration.

Thank you to the 59.8% of NGH colleagues and 56.1% of KGH colleagues who completed the staff survey. We are working our way through the anonymous feedback and detailed information about where we will focus our efforts will follow in April.

Our aim is for KGH and NGH to both be in the top five for improvement in 2025.

	Recommend as a place to work	National ranking (119)	Improvement on last year	National ranking (119)	Response rate
Sherwood Forest NHS FT	74.4%	3	2.9%	76	61.6%
Chesterfield NHS FT	71.7%	5	4.0%	56	66.6%
University Hospitals of Leicester NHS Trust	63.7%	36	8.9%	4	58.5%
Derby and Burton NHS FT	60.1%	64	-0.7%	112	49.2%
Nottingham University Hospital	58.0%	78	5.1%	41	41.6%
Northampton General Hospital NHS Trust	57.4%	81	5.3%	38	59.8%
Kettering General Hospital NHS FT	50.8%	109	5.0%	43	56.1%
United Lincolnshire NHS Trust	46.2%	117	2.1%	92	44.2%

## UHN senior management structure

As part of our work to strengthen UHN, we are simplifying our senior management structure. Three years after NGH and KGH came together as a group, this is now required to further help the way we work together. This means we will no longer have the two hospital-based CEOs and instead have a single UHN Chief Executive. I would like to thank Debbie Needham, KGH CEO, and Heidi Smoult, NGH CEO, for their leadership over the last couple of years.

Debbie joined the NHS in 1991, training as a nurse and joined NGH in 2004, working as a General Manager. Since 2014 she has been in an executive director role, most recently as CEO at KGH in 2021. Debbie said: "There are many things I am proud of during my time at NGH and KGH, including leading through the pandemic, leading and operationalising the Nye Bevan unit and project managing the Critical Care build and Childrens Emergency Department. At KGH, my main priority has been improving our culture and after three years I am proud to see the improvements in our staff survey results."

Heidi joined the NHS in 1999, training as a midwife and then taking various operational and strategic roles in acute hospitals, before progressing to senior roles in the CQC and then joining NGH in August 2021 as CEO. Rachel Parker, NGH Vice Chair, who worked with Heidi during her time at NGH writes;

"Heidi is an outstanding leader who has made a profound impact in the time she has been at NGH. Her sheer kindness, desire to do the right thing, and ambition has been exceptional, and we are incredibly fortunate to have had her for this time and learn from her."

I am grateful for the difference Debbie and Heidi have made at KGH and NGH and I hope they both recognise and are proud of their impact. It is clear to the UHN Board, the Northamptonshire Integrated Care Board and me that we need a single person who will provide day-to day onsite leadership at UHN and last week we advertised for a UHN Chief Executive who will report to me in my role across UHN and University Hospitals of Leicester. I will remain the Accountable Officer for UHL and UHN and I will continue to spend as much time as possible on site at all our hospitals. Living locally, I care passionately about UHN. I recognise there have been difficulties and together we face further challenges, however I am optimistic and very clear about our future.

Debbie will continue as CEO for KGH and Palmer Winstanley will act up as CEO for NGH, until we appoint to the new single role.

### **John MacDonald**

I want to recognise that John MacDonald is retiring later this year after a 35-year career in the NHS. John has been Chair of University Hospitals of Leicester (UHL) since 2021, taking on the joint Chair role at UHN in 2023, and he told me towards the end of last year of his plan to retire this summer. I have worked with John for seven years, and he has been a huge support to me personally. He is kind, calm and compassionate and I have learnt a lot from him. John will undertake his final Board meetings at UHN and UHL in June, and the advert for a new joint Chair for UHN and UHL will go live early next week. John is a good person and we wish him all the best for his retirement.

### **John Jameson**

I am also sharing that John Jameson, KGH Medical Director, has decided to retire in the summer after a long and excellent career in the NHS. He became Deputy Medical Director at UHL in 2015 and joined KGH as Medical Director in February 2023. John is looking forward to spending more time with his partner and his grandchildren as well as his long distance cycling. I would like to thank John for the difference he has made at UHL and KGH. He retires in mid-June.

### **Leicester Asian Doctors Society**

It was an honour to join the annual Leicester Asian Doctors Society (LADS) dinner on Saturday 9 March. Many colleagues from UHN, UHL, General Practice, LPT, LLR ICB and beyond were there including John Jameson. LADS have been doing important work for many years and it was an enjoyable evening.

### **East Midlands Leading for Improvement Workshop**

In March the East Midlands Leading for Improvement Workshop took place at Leicester Tigers Rugby Club and it was positive to see such strong representation from UHL and UHN colleagues. One of the key areas we are focussing on across UHL and UHN is our joint ambition to strengthen improvement work and colleagues from both organisations presented on the work they have been doing over the last year.

### **Midlands Inclusive Leadership and Accountability Conference**

I gave a keynote speech last month at the Midlands Inclusive Leadership and Accountability Conference which took place at West Bromwich Albion Football Club. We had strong attendance from UHL and UHN and I am grateful to Farhana Ahmedabadi-Patel, Senior Diversity & Inclusion Specialist UHN and Jane Sanjeevi, UHN co-chair of the Reach Network, who joined me on stage.

## **Kettering General Hospital – Debbie Needham**

### **Patient**

At the last Board of Directors, I noted that the Care Quality Commission (CQC) had reinspected our Childrens and Young peoples (CYP) service in early December 2023. I was hoping to be able to update colleagues on the outcome and rating but at the time of writing my board report we are still waiting for the draft inspection report from the CQC.

### **Quality & Safety**

Site safety - During February, I was pleased to attend a half day workshop with our senior estate colleagues. The workshop was an opportunity to discuss the Health and Safety (H&S) incident which occurred in February 2022, reflect on actions taken, recovery and further discuss the lessons learnt along with the improved culture of Health & Safety in the estates department. Several colleagues have self-nominated to become safety champions and have undertaken some training with the aim to educate others on H&S in the workplace.

Patient safety - I was pleased to see 'Martha's rule' introduced in February. Martha's Rule is in memory of 13-year-old Martha Mills who died at King's College Hospital in London from sepsis in 2021. Martha's parents, Merope and Paul, said that they were not listened to when they expressed concern about Martha's deterioration and called for national changes to make it easier to ask for a second opinion. NHS England has announced a plan to roll out three rules to at least 100 NHS sites, to give patients and families/carers access to a critical care team for a second opinion if they feel that their loved one may be deteriorating. At KGH, we have already introduced a scheme to address Martha's rule, *call4concern*, for which the critical care team do a fantastic job in being there for worried relatives who believe their loved ones may be deteriorating. Sometimes a clinical review won't necessarily see early deterioration and families/friends are often the best judges of the their loved one's condition as they see them so often and know what their "normal" is; this is why it's important to always engage patients and families in their care and treatment.

### **People**

We have some fantastic services and colleagues across KGH and it is nice to see that recognised independently when we are nominated for awards, especially when those nominations come from our patients and their families.

I was pleased to hear that Kirsty Adcock, an Obstetrics and Gynaecology Consultant at KGH, has received a Special Recognition Award for Obstetrics and Gynaecology Doctor of the Year by the [Mariposa Trust](#) - a national charity working with baby loss and bereavement. Kirsty received the award after being nominated by a grateful family along with her KGH colleague Carolyn Rowbotham who was shortlisted for the Bereavement Midwife of the Year Award. Kirsty is the lead clinician for the Delivery Suite and Rainbow Clinic and has worked tirelessly to champion the services and support the families involved.

During March we held our first ROSE awards to recognise colleagues who had been nominated by patients, families or colleagues for their outstanding kindness and support. The ROSE awards, which stand for recognising our staff excellence, are for colleagues who are in clinical roles with the exception registered nurses or Doctors. The ROSE awards are a fantastic way to celebrate the contribution our colleagues make every day and I would like to thank patients and relatives who took the time to nominate and offer my congratulations to our six award recipients.

Whilst on the subject of recognition, I was thrilled to open “Ralphs garden” at KGH earlier this year in memory of gardener and groundskeeper Ralph Howe who was KGH 's longest -ever serving member of staff. Ralph dedicated 64 years of his life to KGH, and the garden area is a very fitting tribute to him for his service in the NHS and at KGH

## **Sustainability**

I have previously reported that the Rockingham wing estate has roof panels containing Reinforced Autoclaved Aerated Concrete (RAAC): surveying and assessments of the panels commenced in December 2023. We have now been able to transfer a medical ward and Gynaecology ward to other areas in the Hospital, leaving the estate they vacated empty. One ward remains in use on the top floor of Rockingham and plans are being worked up to enable decant of that ward. The longer sustainability of the estate is also being worked through.

## **Northampton General Hospital – Palmer Winstanley**

### **Pathway to Excellence**

We were thrilled to host an International Open Day showcasing our successes in Pathway to Excellence, welcoming international organisations from countries such as Ireland, Belgium and Germany, and some more local organisations from England. A huge well done to our Pathway Team for orchestrating the day and cementing our position as a trailblazer in Nursing and Midwifery excellence.

### **People**

We are delighted to welcome our first Associate Director of Allied Health Professionals. Strengthening our AHP leadership has been a fundamental priority for us as an organisation for some time now and we are delighted that we now can further our ambition to provide focussed leadership and strategic direction to our AHP workforce.

Fiona Dobson, who recently retired after an incredible 50-year career in nursing, was the recipient of the international DAISY Educator Award for her successes in providing support for student nurses through the Open University. Congratulations Fiona and thank you for your service.

Lastly, at the start of the financial year. NGH had 47 consultant level vacancies. Through a targeted and well led approach from the MD and people team, we have reduced this to 19. More work to do this coming year to reduce further as we continue to attract good candidates.

### **Patients**

We recently launched our EveryBody Moves initiative, set out to promote the importance of reconditioning our patients across the hospital. This follows a previous success called the "Deconditioning Games" which marked a real improvement in raising awareness and led the way in embedding the importance of getting patients up, dressed and mobilising; EveryBody moves aims to take this a step further in support of transforming our patient care quality and experience.

Our Robotic Assisted Surgery team have achieved 500 cases. This is a significant achievement so quickly and is testament the drive and teamwork in theatres across Urology, Colorectal, Gynae and Ear Nose & Throat (ENT) teams.

Our Patient Safety Incident Response Framework has gone live and is already highlighting areas in which we can triangulate issues before a serious event occurs. The governance team has done an incredible job to prepare the Trust and should be congratulated.

## **CQC**

Our Head and Neck Ward was visited by the CQC on 6<sup>th</sup> March for a focussed inspection on falls safety following a fall in December. We received extremely valuable feedback which highlighted where our strengths are, and more importantly which areas for improvement we need to focus on. Work is ongoing to ensure we strengthen how our systematic monthly audits take place, amongst other work which we continue to work with the CQC on; such as patient records, assurance on safety of any outliers and escalation areas. Thank you to our surgical teams for welcoming the feedback and we are working to implement learning to support how we improve for our patients.

## **Performance**

In March, the Emergency Department has seen high levels of attendance; however, through their hard work and determination, they have increased the number of patients seen and discharge or admitted in 4 hours from 60% to over 73%. This shows the dedication to our patients and the team's consistent attention to quality improvement for our staff and patients.

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	9 April 2024
Agenda item	5

Title	Board Committee summaries and the Integrated Governance Report (IGR)
Facilitator	Richard Mitchell, UHN Chief Executive
Author	Richard May, UHN Company Secretary

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
The Integrated Governance Report (IGR) provides a mechanism to provide a holistic overview to both KGH and NGH's performance to support overarching governance of the respective Trust boards in promotion of assurance and continuous improvement.	The IGR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis.  Board Committees, February – March 2024



Board Committee summaries enable the Boards of Directors to be assured around organisational performance on an exception reporting basis. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.

### Executive Summary

Board Committee summaries and the Integrated Governance Report for February - March 2024 are enclosed. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.

Board Members' attention is drawn to an accompanying note setting out the purpose and objectives of the IGR and Committee summaries, which is available in the 'documents' section of the Board portal.

### Appendices

Board Committee Summaries, February and March 2024  
Integrated Governance Report, March 2024  
Briefing note on purpose and objectives (in 'documents' section)

### Risk and assurance

The appendices provide key controls and assurances to inform the effective management of strategic risks, set out in the Group Board Assurance Framework.

### Financial Impact

No direct implications relating to this assurance report.

### Legal implications/regulatory requirements

No direct implications relating to this assurance report.

### Equality Impact Assessment

Neutral

## BOARD COMMITTEE SUMMARIES

University Hospitals of Northamptonshire Boards of Directors Meeting: 9 April 2024

### AGENDA ITEM 5

Strategic Development Committee: 15 February 2024

Finance and Performance Committee: 27 February and 26 March 2024

Clinical Quality, Safety and Performance Committee: 1, 8 and 24 March 2024

People Committee: 21 March 2024

Audit Committees (meeting together): 26 March 2024

Strategic Development Committee Upward Report to Board of Directors	Date of reporting group's meeting: 15 February 2024
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**Reporting Non-Executive Director: Trevor Shipman**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Programme Assurance Report	There had been a meeting with the central programme (NHP) team regarding the energy centre, which had an addendum submitted in December-23. NHP supported KGH to progress quickly to build the new scheme. Concerns were that hospitals with RAAC concrete would get clinical priority, therefore KGH needed to start to ensure it did not de-prioritised. The main building build should be started in early 2026. Fees had been agreed to start the multi-storey car park. NHP Investment Committee had approved, and a Memorandum of Understanding will follow. The Investment Committee had also acknowledged the addendum to the energy centre, which remained within the wider capital envelope.	-	Reasonable
Organisational Readiness and Programme Governance	All recommendations had been consolidated into one action plan. There had been specific recommendations on governance structures and some work had been taken forward already under the estates/transformation pillar.	-	Limited
Rockingham RAAC Update	KGH was going through a decant programme on the first floor of Rockingham wWng to allow additional propping to take place. The medium-term propping solution allowed services to return whilst a longer term was progressed. An options appraisal exercise was underway on the long-term options. The options consisted of a full refurb to meet modern building standards, a standalone new build solutions in car park B or D or inclusion in the new hospital building.	On private Boards' agenda 9 April	Limited
Energy Centre	Once confirmation was received from NHP, KGH could proceed on the revised forecast sum. NHP have informally supported the £49m, however formal written authority was required. Early drawn on the £49m has been requested to sustain activity on site and maintain progress within agreed timescales.	-	Limited

**UHN Clinical Quality, Safety and Performance Committee  
Upward Report to Board of Directors**

Date of reporting group's meeting: 1<sup>st</sup> March 2024 (1 of 3)

**Reporting Group Chairs: Chris Welsh (Convenor), Andre Ng**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Patient Story	<p><b>The committee:</b></p> <p>Received a patient story which highlighted the importance of clear and consistent communication from staff to patients.</p>	-	n/a
Subgroup reports	<p>Received upward reports from sub-groups. Items of limited assurance were noted, particularly in relation to:</p> <ul style="list-style-type: none"> <li>- UKAS accreditation of the NGH pathology service, noting an action plan is in place for this.</li> <li>- Flu vaccination for health workers was 44.66% at KGH following the winter vaccination programme rollout, for which the target was not achieved. The committee noted this is a national issue and that data was not captured for staff who may have received their vaccinations outside the Trust.</li> <li>- Open serious incidents in Family Health. The committee noted the actions being taken to ensure timely completion of the reports.</li> </ul>	-	Reasonable
Joint Maternity Safety Report	<p>Confirmed reasonable assurance in relation to maternity safety, but raised concerns regarding the 'break glass' incentives for bank shifts which finish at the end of March; the committee suggests the Board of Directors should consider its risk appetite in relation to this. Issues were noted by the committee regarding staff morale, the consequences of RAAC concrete being found in Rockingham Wing (KGH) and the further work required on the foetal medical workforce model at NGH.</p>	-	Reasonable

**UHN Clinical Quality, Safety and Performance Committee  
Upward Report to Board of Directors**

Date of reporting group's meeting: 1<sup>st</sup> March 2024 (2 of 3)

**Reporting Group Chairs: Chris Welsh (Convenor), Andre Ng**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Neonatal action plan	<p><b>The committee:</b></p> <p>Confirmed reasonable assurance in relation to both Trusts' neonatal dashboards and noted that the KGH neonatal action plan is complete.</p>	-	Reasonable
Joint Chief Nurses' Exception Report	<p>Noted:</p> <ul style="list-style-type: none"> <li>- Cot side issues had been identified and were being addressed.</li> <li>- The continuing challenge regarding C-Difficile infections at NGH, which is being addressed.</li> </ul>	-	Reasonable
Sickle Cell	<p>Received a report regarding several incidents which had occurred at NGH relating to patients with a background of sickle cell. The committee noted that there is an increasing population of patients with sickle cell in Northamptonshire and considers that further work should be undertaken to develop a subregional sickle cell service.</p>	-	Limited
Joint Patient Experience	<p>Received the quarterly joint update on patient experience, PALs and complaints, which included the latest patient satisfaction data for both trusts by area (inpatient/day case, Maternity, A&amp;E and Outpatients). The data is also included in detail in the IGR document.</p>	-	Reasonable
Joint Safeguarding	<p>Received the quarterly joint safeguarding report and highlights to the Board of Directors the ongoing lack of PLF app at NGH. There is a need for this to be implemented at NGH to enable safeguarding issues to be highlighted in a timely manner.</p>	Item for escalation to Boards.	Reasonable
Update on Academic Strategy	<p>Received a verbal update on the Academic Strategy and noted that a draft framework had been developed which would accelerate joint working on research, and academic appointments. The framework will be presented to the Joint Partnership Board for ratification.</p>	-	Reasonable

**UHN Clinical Quality, Safety and Performance Committee  
Upward Report to Board of Directors**

Date of reporting group's meeting: 8<sup>th</sup> March 2024 (Extraordinary meeting)

**Reporting Group Chairs: Chris Welsh (Convenor), Andre Ng**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Future of UHN neonatal service	<p><b>The committee:</b></p> <ul style="list-style-type: none"> <li>Highlighted the need to stabilise staffing in the KGH neonatal service in the near future.</li> <li>Noted that the relevant lead KGH and NGH clinicians do not support a sub-regional review and considered that a regional review should be undertaken.</li> <li>The network review of the service will be undertaken in April.</li> <li>Noted the next steps with the Director of Strategy having discussions with the Integrated Care Board, to inform the development of a draft scope for a review.</li> </ul>	-	n/a

**UHN Clinical Quality, Safety and Performance Committee  
Upward Report to Board of Directors**

Date of reporting group's meeting: 27<sup>th</sup> March 2024 (1 of 2)

**Reporting Group Chairs: Chris Welsh (Convenor), Andre Ng**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Patient Story	<p><b>The committee:</b></p> <p>Received a patient story which highlighted the work of NGH's smoking cessation service.</p>	-	n/a
Subgroup reports	<ul style="list-style-type: none"> <li>Received upward reports from subgroups, noting items of limited assurance and the actions being taken in relation to these and escalates to the Board the following items of limited/no assurance from the NGH Clinical Quality and Effectiveness Group (CQEG) and NGH Safeguarding Assurance Group (SAG):               <ul style="list-style-type: none"> <li>The impact of the switch over to a new digital dictation application at NGH and the importance of ensuring this does not impact on the business and clinical needs of patients and clinical staff.</li> <li>Some NGH staff are unable to access CP-IS. Although mitigations are in place and the risk is low, this is an item for escalation given the potential significant implications to safe discharge.</li> <li>The PLF App is still awaited at NGH.</li> </ul> </li> </ul>	Item for escalation to Boards.	Reasonable
Joint Maternity Safety Report	<ul style="list-style-type: none"> <li>Confirmed reasonable assurance in relation to maternity safety.</li> <li>Escalates to the Board the issue that images from ultrasound scans throughout the pregnancy pathway, cannot be stored in the Maternity services at NGH.</li> </ul>	Item for escalation to Boards.	Reasonable
Joint Maternity Neonatal 3 Year Delivery Plan	Confirmed substantial assurance on the Maternity Neonatal three-year single delivery plan for KGH and NGH and the KGH CQC response and action plan.	-	Substantial
Committee Terms of Reference	Endorsed the amended Terms of Reference and recommends their approval by the Boards of Directors.	Recommend approval	n/a

**UHN Clinical Quality, Safety and Performance Committee  
Upward Report to Board of Directors**

Date of reporting group's meeting: 27<sup>th</sup> March 2024 (2 of 2)

**Reporting Non-Executive Director: Chris Welsh (Convenor)**

Agenda Item	Description and summary discussion  <b>The committee:</b>	Decision / Actions and timeframe	Assurance level *
Update on stroke standards	Confirmed it had received reasonable assurance on performance in relation to national stroke standards, noting that there is further work to be done.	-	Reasonable
Chief Nurses Exception report	Confirmed reasonable assurance on this item noting that the number of falls and C-Difficile infections had reduced at NGH however, the number of falls with harm had increased.	-	Reasonable
Cardiology update	<ul style="list-style-type: none"> <li>Confirmed substantial assurance from the update and discussion on the collaboration to deliver the Northamptonshire Cardiology Centre of Excellence.</li> <li>Confirmed it continued to strongly support this collaboration.</li> </ul>	-	Substantial
Oncology update	Noted the positive changes and progress in the Oncology service over the past 12 months, together with a significant increase in demand.	-	Substantial
NGH CQC Update	Confirmed substantial assurance on the actions being taken following the unannounced visit to the NGH Head and Neck ward and the CQC's report from this.	-	Substantial



UHN Finance and Performance Committee Upward Report to Boards of Directors	Date(s) of reporting group's meeting(s):  27 February 2024
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Reporting Group Chairs: KGH – Damien Venkatasamy, NGH – Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Finance Report M10	The Committee raised concerns on impact of rules changes to industrial action, on the ability to meet the revised forecast. The Committee agreed that there was no assurance on the ICB's financial plan, and more discussion was required. A debate was to be had at Board Development on the assumptions for next year and this was supported by the Committee.	-	-
Urgent Care Performance	The Integrated Care Board (ICB) had triggered a critical incident in January. There was a system-wide group looking at urgent and emergency care and the gap on bed capacity next year. For ambulance handovers there had been an increase in the number of patients over 60 mins, with both Trust's having 50+ waiting for a bed. For UEC performance both NGH and KGH were at 75%.	-	-
Procurement Strategy	The Committee <b>ENDORSED</b> the Procurement Strategy.	On Board agenda for approval	-
Revenue Funding/Cash Support	The Committee <b>SUPPORTED</b> future requests to NHSE for PDC revenue funding / cash support up to £10m for NGH.	On Board agenda for approval	-

<b>UHN Finance and Performance Committee Upward Report to Boards of Directors</b>	<b>Date(s) of reporting group's meeting(s):</b>  26 March 2024
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**Reporting Group Chairs: KGH – Damien Venkatasamy, NGH – Rachel Parker**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Finance Report M11	The Committee discussed the year end forecast and the income & expenditure year to date. KGH's YTD position is a £6.1m deficit and NGH's YTD is a position of £17.5m deficit. Key areas to be monitored were release of annual leave accrual and work with the data warehouse. Areas of risk related to consultant pay award (to be back dated) and the HCA B2 to B3 costs. M10 had identified a potential risk related to Industrial action funding, however the approach has now changed and NHSE have provided funding.	-	Reasonable
Revenue Cash Support	The Committee <b>SUPPORTED</b> the draw down of Revenue Cash Support of £4.765m for KGH and £8.458m for NGH for Q1 of 2024/25 and recommend approval by the Trust Boards	-	-
Annual Plan Efficiencies 24-25	The current costed opportunities equate to £9.06 - £12.02M, leaving a current gap of £29M - £32M, with 140 schemes still needed to be costed. Unpalatable had been re-branded as 'go further faster' and work was underway with execs to outline benefits/implications. The Committee raised concerns over the large gap and that the work needed to accelerate. There needed to be a top level strategy and a clear pathway. Further hesitation was had on the £73m deficit (which included a 5% CIP that the Committee shared their uncomfortableness with). If NHSE pushed for more, the ability to achieve further savings seemed out of scope.	-	Limited
Community Diagnostic Centres (CDC) Update	The Committee was informed that the final contract with Alliance had been agreed for Corby and Kings Heath. The third CDC would go out to procurement (pending approval by the cabinet office). It needed to be in place by the end of 24-25 otherwise NHSE would not support revenue costs – this was an operational risk due to current limited Endoscopy capacity.	-	-
Terms of Reference	The Committee <b>ENDORSED</b> revised Terms of Reference.	For Boards' approval	-

## Audit Committees (meeting together) Report to the Boards of Directors

Date of reporting group's meetings: 26 March 2024

### Reporting Chairs: Alice Cooper (KGH), Elena Lokteva (NGH)

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Informing the audit risk assessments	The committees received documents setting out the Trusts' responses to enquiries from the external auditors in compliance with auditing standards. The Committees were satisfied that the responses were consistent with their understanding, subject to reconsideration of a risk relating to non-compliance with standing financial instructions in IT procurement and additional evidence being cited regarding Freedom to Speak Up and Fit and Proper Persons.	External audit of accounts to take place during April – May 2024	Reasonable
Trusts' responses to external audit improvement recommendations	The committees considered a report providing oversight of responses to the recommendations of the external auditor's reports of the 2022-23 accounts, aligned to Enforcement Undertakings (agreed with NHS England) and the framework for the delivery of efficiencies. The Committees were substantially assured that the Trusts were responding robustly to the recommendations, noting that it would be extremely challenging for specific objectives regarding CQC rating and National Oversight Framework segmentation being achieved within 12 months.	External auditor's report to assess progress – June 2024	Reasonable
Group governance proposals	The Committees endorsed proposed revisions to the Governance Operating Model and noted changes to accompanying Terms of Reference for new and continuing Board Committees.	Endorsed for Board approval – on agenda	-
Accounting Policies and Going Concern status	Approved for both trusts to inform the preparation of final 2023-24 accounts	Approved – final accounts June 2024	-
KGH Estates Incident	The KGH Committee were substantially assured in respect of the Trust's response to a serious incident in February 2022 which resulted in serious injury to a colleague and a subsequent prosecution by the Health and Safety Executive from a technical and procedural perspective, retaining concerns regarding evidence of changed behaviours which would signify an embedded culture of health and safety within the teams concerned.	Committee to retain oversight	Reasonable

<b>Group People Committee Reports to the Boards of Directors</b>	Date of reporting group's meeting: 21 March 2024
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<b>Reporting Group Chairs: Denise Kirkham (NGH, Convenor for the meeting), Alice Cooper (KGH)</b>
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Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Integrated Governance Report (IGR)	The Committee noted that the IGR had been a late inclusion in the pack. There were elements of the IGR which could be included in the safe staffing report and this would be discussed outside of the meeting		-
CPO Report	Highlights from the CPO report included: HCA re-banding from B2 to B3, staff survey results and tackling racism strategy.	-	Reasonable
Agency Spend	The Committee received a report into the drivers of agency spend. NGH was 7.7% of the pay bill and KGH 4.6% (above average). For the use of off-framework, both Trusts were below the national average and for above price cap, both Trusts were above the national average. There were differences between the two Trusts for the drivers of agency usage as these were shared. The Committee believed it would be helpful for relevant information to be shared at the Finance & Investment Committee. The Committee agreed for temporary staffing updates to be included as a substantive item.	-	Limited
Staff Survey Results	There had been increased participation across both Trusts. NGH had scored close to the average across most indicators, whereas KGH needed to improve in more areas. Core themes would be a focus across both Trusts throughout the year.	On Boards' agenda	Reasonable
Safe Staffing Report	Positives were shared by both Trusts. At KGH positives included the pastoral care award, significant improvement in fill rates and a reduction in RN vacancies. 14 midwifery posts had been offered and KGH was on trajectory to manage midwife vacancies in the next 6 months. At NGH the Health Care Assistant (HCA) support worker programme which had been a success, and there had been a vacancy reduction in Registered Nurses and ODP's. Areas of concern at KGH was registered children nurses and at NGH attracting international nurses when other countries offered better immigration policies.	-	Reasonable
GoSWH	The Guardians of the Safe Working Hours' reports for both Trusts was received by the Committee.	-	Reasonable
Terms of Reference	The Committee <b>ENDORSED</b> changes to its Terms of Reference	For Boards' approval	-

\*The Committee will indicate the level of assurance it is able to provide to the Boards of Directors using the following definitions:

Substantial Assurance	There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Reasonable Assurance	There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited Assurance	There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed
No Assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing



# IGR

March 2024

# Introducing the IGR

This IGR pack has three main sections in alignment with the Committees the metrics support:

- 1) Quality Committee (pages 4 to 41) covering metrics aligned to our 'patient' and 'quality' dedicated to excellence values
- 2) Finance and Performance Committee (pages 42 to 88) covering metrics aligned to our 'sustainability' and 'systems and partnerships' dedicated to excellence values
- 3) People Committee (pages 89 to 101) covering metrics aligned to our 'people' dedicated to excellence value

It is worth noting:

- Only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.
- Many of our metrics are aggregated as they show the high-level performance of the Trust in this area (e.g. mandatory training). Therefore, there may be higher/ lower levels of performance at local level which will be monitored and acted upon accordingly.



## Metric Categorisation Information

On this dashboard, metrics have been categorised to indicate whether or not they have met their Target, and whether this is likely to be consistent based on statistical analysis of historic results.

- **'Target Met (Consistent)'** = The target has been met and is likely to be consistently met going forwards according to historic values.
- **'Target Met (Inconsistent)'** = The target has been met, however with analysis of past results it may not be met next month.
- **'Target Not Met (Inconsistent)'** = The target has not been met and is likely to be consistently met going forwards according to historic values.
- **'Target Not Met (Consistent)'** = The target has not been met and is likely to be consistently met going forwards according to historic values.

**Statistical analysis method:** standard deviation analysis of historic values per metric. If the target is met by two standard deviations above/below the mean then this means new metric results are statistically 95% likely to meet the target. NB: this is purely statistical analysis and does not consider real-world information.

**Assurance Icons:** **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. **Grey** icons tells you that sometimes the target will be met and sometimes missed due to random variation.

**Variance Icons:** **Orange** indicates concerning variation requiring action (e.g.: trending away from target). **Blue** indicates potential improvement. **Grey** indicates no significant change (common cause variation).



# Quality Committee

# Quality Committee

Exec owners: Jayne Skippen, Nerea Odongo, John Jameson, Hemant Nemade, Fay Gordon, Palmer Winstanley (Sarah Noonan), Becky Taylor

*In reminder, this Committee monitors the 'quality' metrics and the 'patient' metrics within the IGR.*

This cover sheet is designed to **highlight to the Committee salient messages from the IGR metrics** for this month:

1

Food Wastage is showing a reduction from last month. Commentary indicates Catering teams are working hard to reduce food waste.

2

Sustained positive trend for KGH on falls – reflective of significant work undertaken in this area

3

.Positive trends across UHN for % patient satisfaction score although noting take up of the friends and family test could be improved

4

One case of MRSA identified at NGH. Learning has been taken around mouthcare which has been cascaded to teams.

Key **developments with the IGR** itself for the Committee to note:

1

Proposal for the COVID metrics to be removed - tbc

2

Meeting to be arranged with the Medical Directors to discuss the development of the HSMR and SHMI metrics, including Crude Death Rate

3

Meeting to be arranged with the Nursing Directors to discuss the development of safeguarding, complaints and compliments metrics.



# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/02/24	94.00%	95.00%	83.77%	89.68%	95.58%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/02/24	89.20%	95.00%	86.1%	88.76%	91.42%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/02/24	93.00%	95.00%	81.43%	89.75%	98.06%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/02/24	91.80%	89.50%	85.84%	91.52%	97.21%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/02/24	74.70%	88.00%	69.38%	76.64%	83.9%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/02/24	81.00%	95.00%	67.19%	76.88%	86.58%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/02/24	97.60%	96.80%	85.2%	92.79%	100.38%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/02/24	95.00%	95.00%	66.73%	91.57%	116.41%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/02/24	96.00%	95.00%	84.59%	93.55%	102.51%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/02/24	94.10%	93.80%	91.52%	93.21%	94.91%			Not Consistently Anticipated to Meet Target
NGH	Patient	Number of complaints	01/02/24	53	0	16	35	53			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/02/24	59	0	13	41	68			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/02/24	80.00%	90.00%	82.36%	95.57%	108.78%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/02/24	4800.00%	90.00%	-167.74%	144.52%	456.78%			Not Consistently Anticipated to Meet Target

Committee Name

GroupName

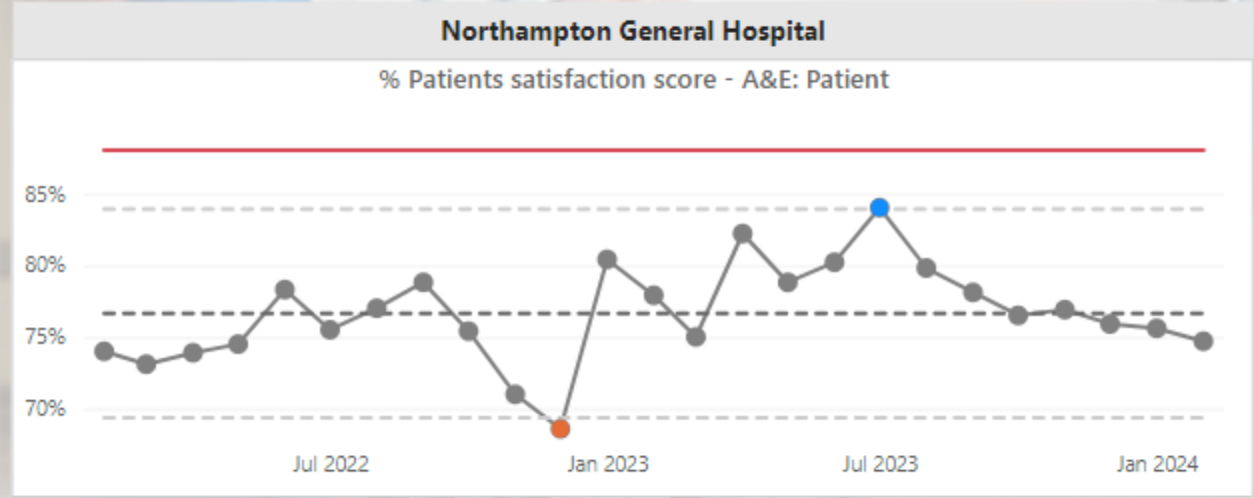
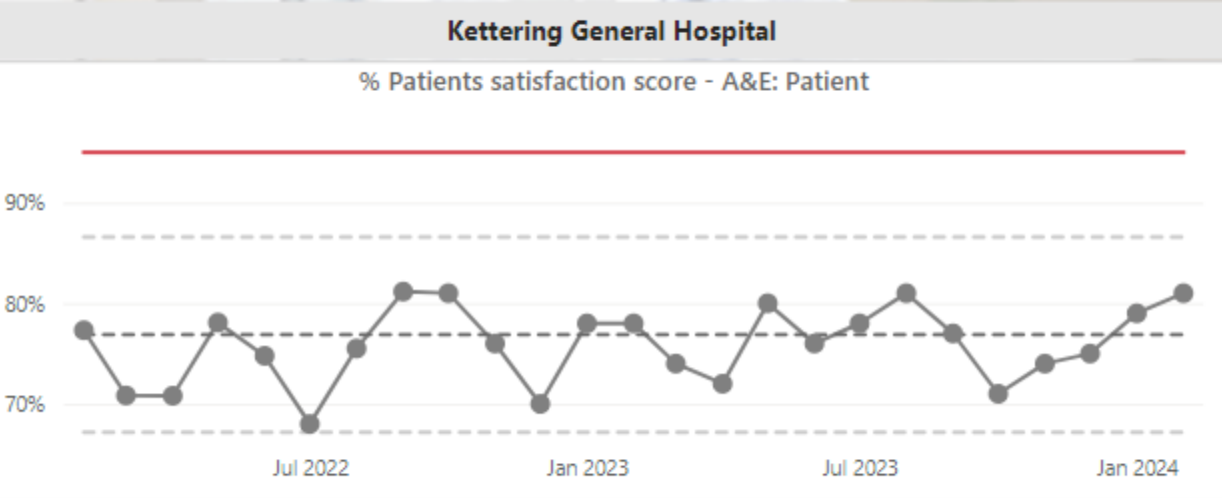
MetricName

**81.00%**  
 KGH: Current Value

**95.00%**  
 KGH: Current Target

**74.70%**  
 NGH: Current Value

**88.00%**  
 NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we had a recommendation score of 81% in ED in February	This was an increase of 2% and we had an increase of FFT responses also	Continue to promote the collection of paper FFT in this area. Currently, all feedback is being collected digitally and therefore is not reaching all patient groups.	Patient Experience Team met with Matrons in this area this month to support an action plan to increase participation.
NGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Patient satisfaction for ED services decreased by 1.3% from Jan 2024 (76.0%) to February 2024 (74.7%).	The continuation of poor patient flow and resulting increased pressure on ED services.	Senior level board and daily operational meetings rounds are still in place. In addition to this, there are oversight weekly meetings where care standards are presented and work on improvements supported by the Trust. There are also discussions with the Exec and Site Team around challenges in the ED waiting area.	Focus on improving discharges and patient flow along with uplift in nursing and healthcare staff.

Committee Name

GroupName

MetricName

**93.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**91.80%**

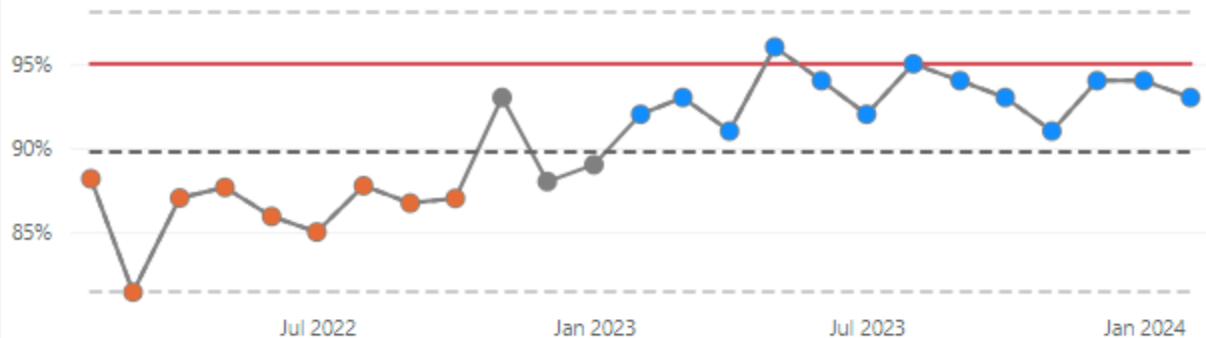
NGH: Current Value

**89.50%**

NGH: Current Target

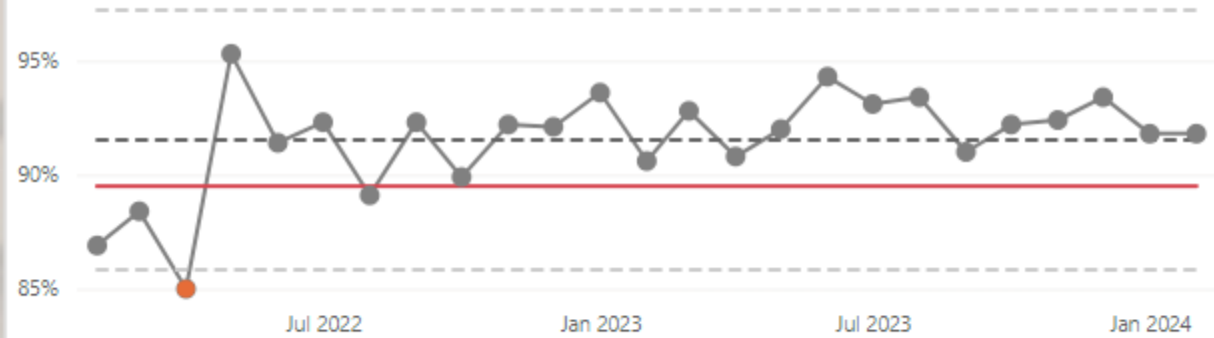
### Kettering General Hospital

% Patients satisfaction score - inpatients: Patient



### Northampton General Hospital

% Patients satisfaction score - inpatient: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we has an overall recommendation score of 93% in this area for February 2024.	This is a decline of 1% when compared with January, however, we received 568 more feedback responses this month which is our current focus.	Continue to promote FFT within inpatient areas. Continue working with clinical areas on FFT best practice coaching. Promote learning from feedback.	Performance to be monitored and actions are in place in this area. We continue to locally address themes within our patient experience team and work alongside departments to put actions in place to resolve issues. Focus is being pushed into low / no responding areas. FFT is reported through bi-monthly PESG.
NGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we achieved a satisfaction score for our Inpatient Services of 91.8% for Feb 2024. The satisfaction score was the same for January 2024.	Poor patient flow, delayed discharges and further junior doctors industrial action in February.	Continued focus on improving bed flow alongside the daily operational meetings and senior board rounds to support discharges.	To report data at inpatient ward level and raise any concerns for any areas that may see a decline in their satisfaction scores.

Committee Name

GroupName

MetricName

01/03/2020 01/03/2024



**95.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**97.60%**

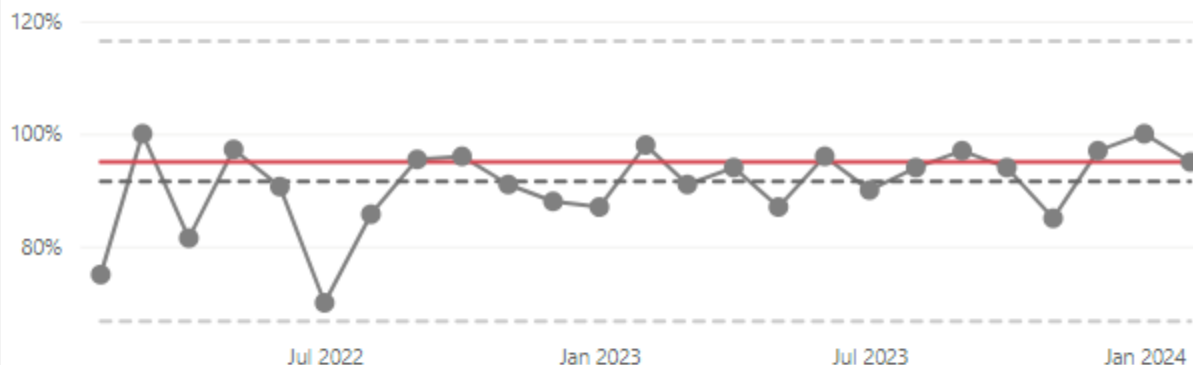
NGH: Current Value

**96.80%**

NGH: Current Target

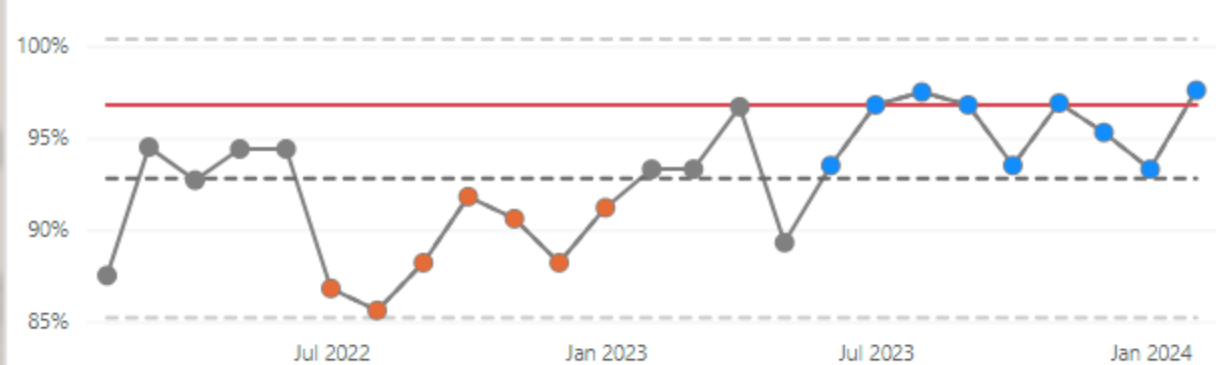
### Kettering General Hospital

% Patients satisfaction score - maternity: Patient



### Northampton General Hospital

% Patients satisfaction score - maternity: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we achieved a recommendation score of 95% in Maternity Services for February.	This was a decrease of 5% and there was also a reduction in responses to the FFT in February.	Maternity relaunch plan is now in place to increase the feedback responses. Questions have been updated in line with the department objectives.	Maternity have already doubled their feedback responses with the new plan in place. March will be the first month of data using the new way of collecting FFT.
NGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Feb 2024 satisfaction score is 97.6% which is a 2.3% improvement in patient satisfaction scores compared with Jan 2024 (95.3%).	The service has achieved just over the NGH current target of 96.80% within Feb 2024. From June 2023, satisfaction scores continue to lie above the mean which is positive for the service.	Patient Experience Team continue joint working with the Midwifery Teams.	Patient Experience Team to continue monitoring patient satisfaction performance and joint working with Midwifery Teams.

Committee Name

GroupName

MetricName

01/03/2020 01/03/2024



**96.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**94.10%**

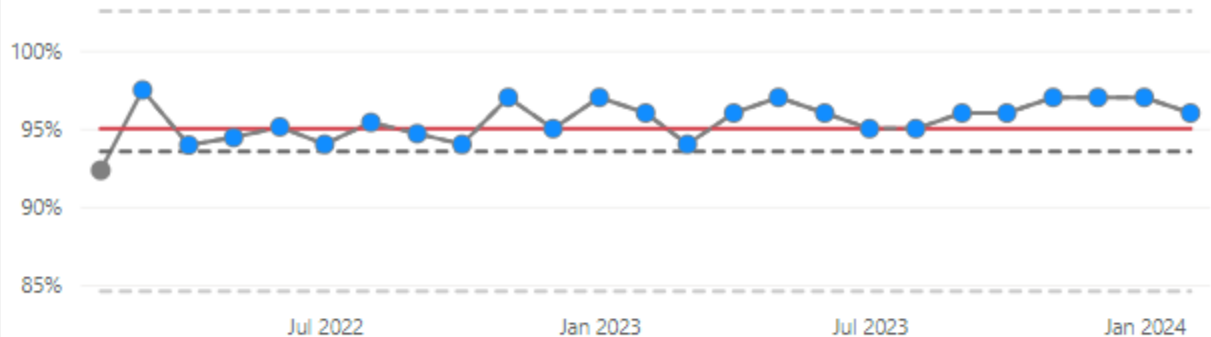
NGH: Current Value

**93.80%**

NGH: Current Target

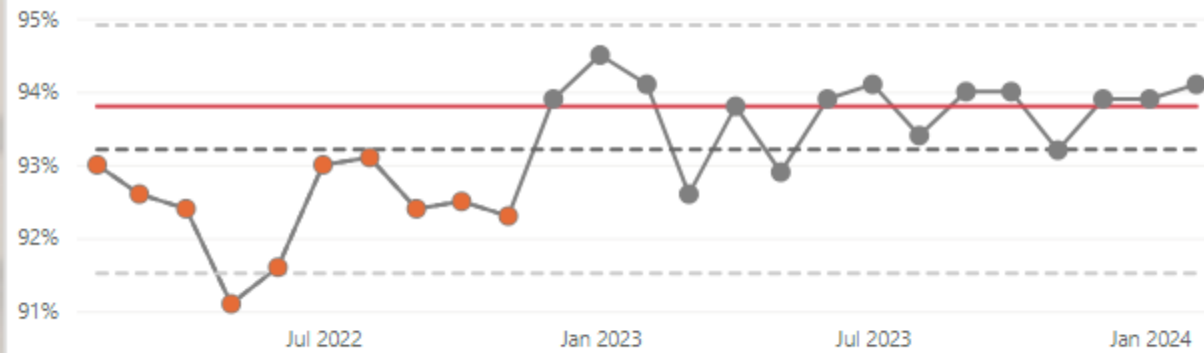
### Kettering General Hospital

% Patients satisfaction score - outpatients: Patient



### Northampton General Hospital

% Patients satisfaction score - outpatients: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value shows us that we had a recommendation score of 96% in this area in February.	This was a slight decrease of 1%, however responses in this are increased by 353.	Urology OPD are piloting the introduction of FFT QR codes on all patient letters. Continue to work with clinical areas on best practice for collection of FFT. Promote learning from feedback	Performance to be monitored and actions are in place in this area. We continue to locally address themes within our patient experience team and work alongside departments to put actions in place to resolve issues. Focus is being pushed into low / no responding areas.
NGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The figure for Feb 2024 should be 94.0% which is 0.1% higher than Jan 2024.	No issues to note as performance continues to remain on target.	Continue to ensure manual FFT cards are collected from all areas.	Continue to monitor performance and escalate if any areas show a significant decrease in performance.

Committee Name  
All

GroupName  
Patient

MetricName  
% Patients satisfaction score - Trustwide

01/03/2020 01/03/2024

**94.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**89.20%**

NGH: Current Value

**95.00%**

NGH: Current Target

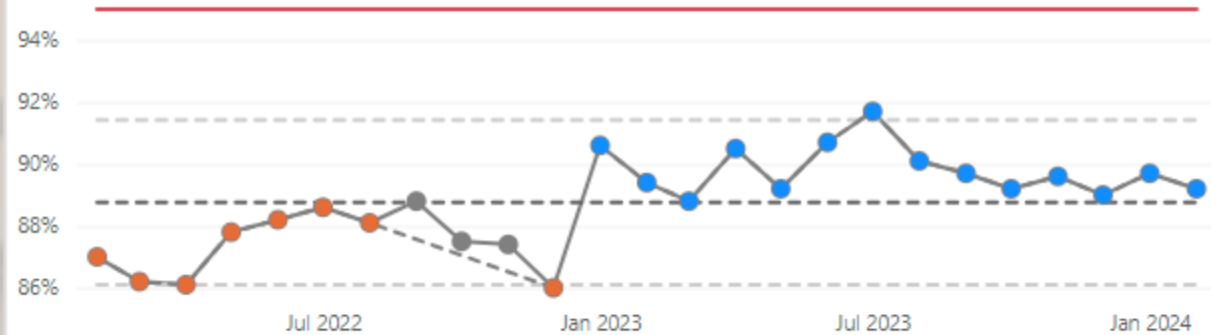
### Kettering General Hospital

% Patients satisfaction score - Trustwide: Patient



### Northampton General Hospital

% Patients satisfaction score - Trustwide: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value shows us that we had a 94% recommendation score for February 2024	The score remains the same as last month. We had an increase of 955 responses to the friends and family test compared to January.	Continue engaging with clinical teams to further increase FFT participation across the Trust	Protected time in clinical areas as well as coaching across the Trust on methods to increase patient responses to the survey.
NGH	01/02/24	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that the FFT Trust wide performance slightly decreased by 0.5% in February 24 (89.2%) compared with January 24 (89.7%). The Trust received 6323 responses in February 24 compared with 7000 responses received in January 24.	Decrease in satisfaction scores within the Emergency Department and Springfield will have had a slightly negative impact on the Trust wide score for February 24.	Any areas of concern are always identified within regular reporting and escalated to senior leads of these areas.	Performance data is always shared at different management levels, along with the continued daily board rounds and weekly operational meetings with senior leads within the Trust.





# Number of complaints



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Patient

Number of complaints

59

KGH: Current Value

0

KGH: Current Target

53

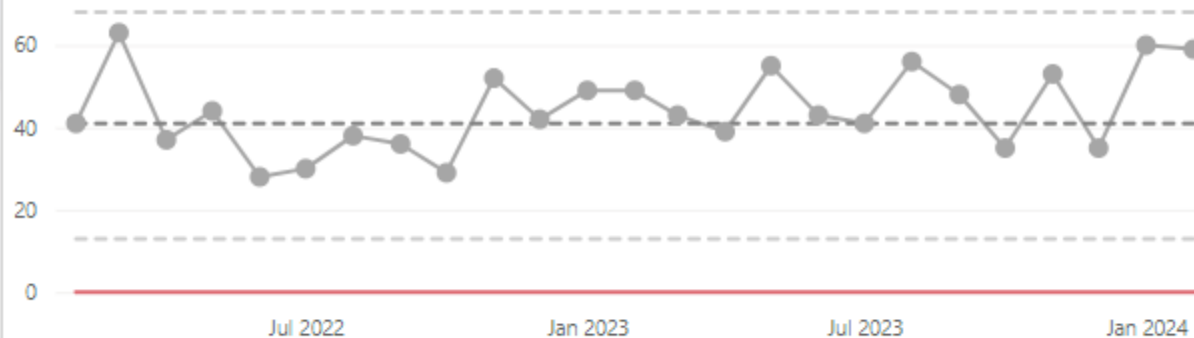
NGH: Current Value

0

NGH: Current Target

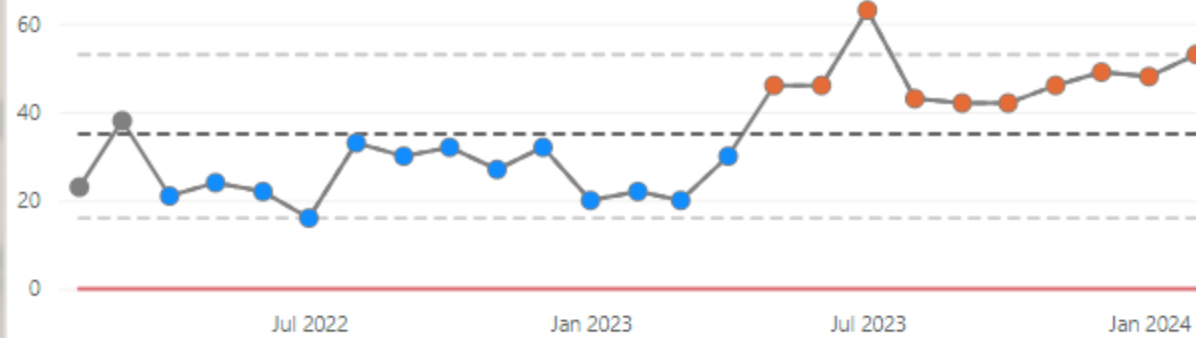
## Kettering General Hospital

Number of complaints: Patient



## Northampton General Hospital

Number of complaints: Patient





# Number of complaints



Committee Name All	GroupName Patient	MetricName Number of complaints	
<b>59</b> KGH: Current Value	<b>0</b> KGH: Current Target	<b>53</b> NGH: Current Value	<b>0</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	59 cases opened. We are opening a large amount of complaints in past 2 months. Biggest increase in the Urgent Care areas.	Links with operational capacity concerns. Cannot close as many as open, therefore, large pool on complaints team to manage	Continue to strive for divisional support and locally resolve concerns if able	N/A
NGH	01/02/24	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	53 complaints were received in February compared to the 48 received in January and the 39 received in December. This shows a continued increase over a period of 3 months.	In addition to the increase in the number of complaints being received, there is also an increase in the complexity of those complaints regarding the number of points requiring investigation and the number of areas / organisations involved. The top two themes from complaints relate to clinical care and communication.	-Each complaint is shared with the relevant senior team -Complaint data and themes are provided to each division on a monthly basis -Work is to be undertaken through the Practice Development to provide a focus on Communication skills	Doctors strikes and the pressures that continue to be experienced across the Trust must be taken into consideration during this period.

Committee Name

GroupName

MetricName

**48.00%**

KGH: Current Value

**90.00%**

KGH: Current Target

**80.00%**

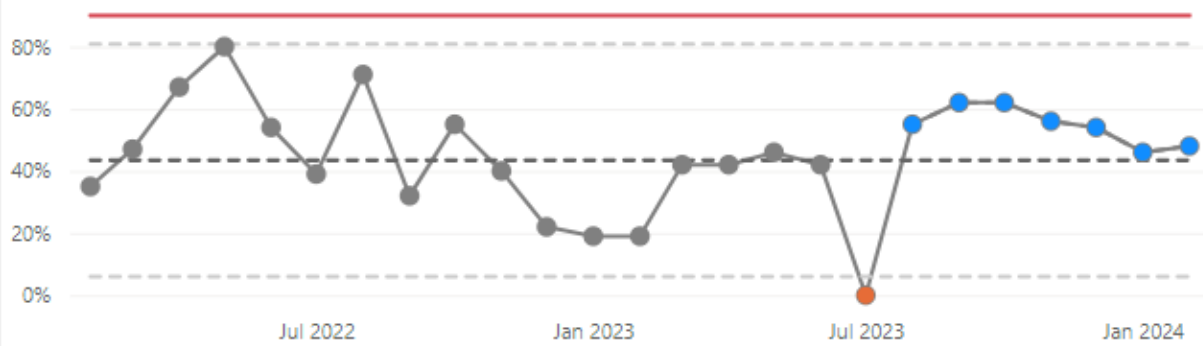
NGH: Current Value

**90.00%**

NGH: Current Target

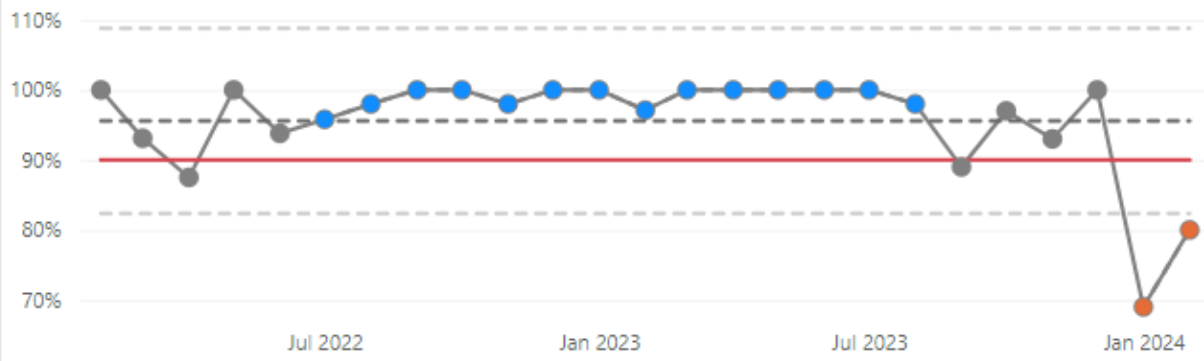
**Kettering General Hospital**

Complaints response performance: Patient



**Northampton General Hospital**

Complaints response performance: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	48% reducing in number of complaints going out to complainants on time due to increased work load within team (significant numbers logged last 2 months).	Large increase on formal cases on complaints team, and also informal into PALS.	Divisional Support Cross working Clinical support as able Locally resolve as able	N/A
NGH	01/02/24	Complaints performance – Providing a written response to a complaint within an agreed timescale	The Trust response rate, when extension of times are included is 80% which is at the bottom of the amber target range. However, when extension of times are excluded the response drops to 43% which is within the red zone for our target. Our target should be 90% or above to achieve green status.	There continues to be a backlog of complaints awaiting a letter of response, which has a detrimental impact on the response rate. Additionally, there remains some challenges with the late receipt of statements and directorate approval of draft letters of response. This has caused an increase in the number of people contacting the Complaints Department requesting their letters of response.	This is discussed during regular one to ones with senior staff and through monthly and quarterly reporting. Data is also provided to divisions on a monthly basis to ensure that the information is shared for action to be taken within the clinical areas.	Doctors strikes, reduced staffing within the Complaints team, pressures across the organisation have all impacted the Trust response rate.



# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Serious or moderate harms	01/02/24	18	0	13	34	55			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/02/24	4	8	-1	7	14			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/02/24	0.00	0.18	0.39	0.39	0.39			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/02/24	0.27	0.69	0.85	0.85	0.85			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/02/24	122		48	119	189			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/02/24	70		36	74	113			Consistently Anticipated to Not Meet Target
KGH	Quality	Hospital-acquired infections	01/02/24	8	7	-1	10	21			Not Consistently Anticipated to Meet Target
NGH	Quality	Hospital-acquired infections	01/02/24	8	7	0	8	15			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/02/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/02/24	1	0	0	0	0			Not Consistently Anticipated to Meet Target
NGH	Quality	C diff	01/02/24	1	4	-2	7	16			Not Consistently Anticipated to Meet Target
KGH	Quality	C diff	01/02/24	4	3	-3	3	9			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/02/24	86		88	90	92			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/02/24	107.06		110.95	110.95	110.95			Consistently Anticipated to Not Meet Target
KGH	Quality	HSMR	01/02/24	98.10	100	129.89	129.89	129.89			Not Consistently Anticipated to Meet Target
NGH	Quality	HSMR	01/02/24	90	100	88	90	93			Consistently Anticipated to Meet Target
KGH	Quality	SMR	01/02/24	99.40		119.7	119.7	119.7			Consistently Anticipated to Not Meet Target
NGH	Quality	SMR	01/02/24	90		87	89	91			Consistently Anticipated to Not Meet Target



# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	SMR	01/02/24	99.40		119.7	119.7	119.7			Consistently Anticipated to Not Meet Target
NGH	Quality	SMR	01/02/24	90		87	89	91			Consistently Anticipated to Not Meet Target
KGH	Quality	Safe Staffing	01/02/24	100.11%	96.00%	86.54%	92.41%	98.28%			Not Consistently Anticipated to Meet Target
NGH	Quality	Safe Staffing	01/02/24	100.70%	96.00%	96.45%	101.42%	106.4%			Consistently Anticipated to Meet Target
KGH	Quality	30 day readmissions	01/02/24	0.10%	12.00%	6.43%	14.9%	23.37%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/02/24	13.46%	12.00%	8.75%	13.43%	18.1%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/02/24	0	0	0	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/02/24	0	0	0	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/02/24	6.99		9.42	9.42	9.42			Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/02/24	8.11		11.76	11.76	11.76			Consistently Anticipated to Meet Target
NGH	Quality	Desflurane Usage	01/02/24	0.00%		-1.87%	0.79%	3.45%			Not Consistently Anticipated to Meet Target
KGH	Quality	Desflurane Usage	01/02/24	0.00%		0.47%	10.54%	20.61%			Consistently Anticipated to Meet Target



# Serious or moderate harms



Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Quality

Serious or moderate harms

4

KGH: Current Value

8

KGH: Current Target

18

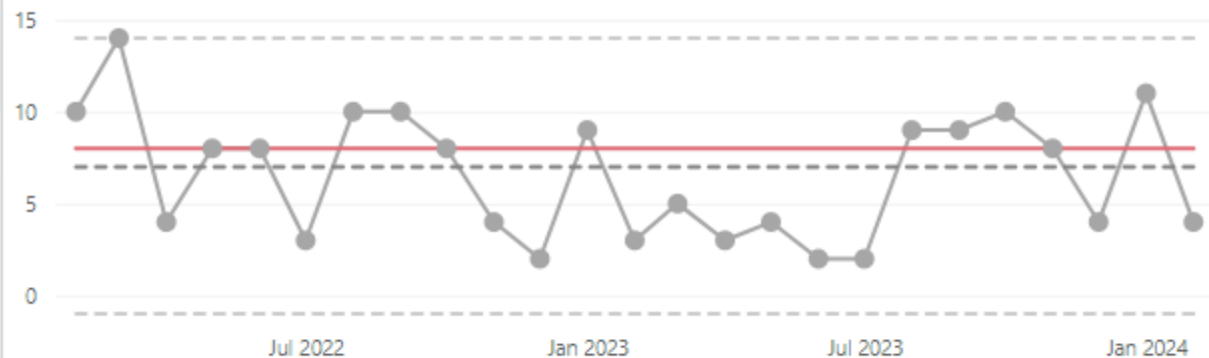
NGH: Current Value

0

NGH: Current Target

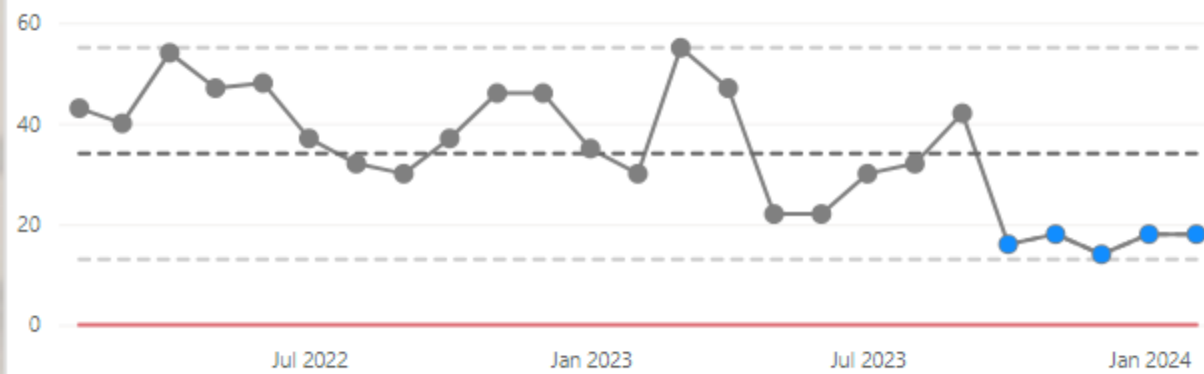
## Kettering General Hospital

Serious or moderate harms: Quality



## Northampton General Hospital

Serious or moderate harms: Quality





# Serious or moderate harms



Committee Name All	GroupName Quality	MetricName Serious or moderate harms	
<b>4</b> KGH: Current Value	<b>8</b> KGH: Current Target	<b>18</b> NGH: Current Value	<b>0</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The chart is showing common cause variation with variable assurance. The ceiling was set on the average based on Dec-19-Mar-22 numbers and may require revision	KGH has an average reporting number of 6.85 for the time period Dec-19-Mar-22. 2020-2021 average reporting was 7.25. 2021-22 average reporting number was 6. KGH propose to set the ceiling at 8 pending review. Caution must be applied as harms levels can change pending investigation which may take several months.	The Trust recognises that there will be incidents that do not meet the Serious Incident reporting threshold. Where moderate harm has occurred, such incidents fall within the scope of the Policy For The Reporting And Management Of Serious Incidents, Never Events And Investigations Into Moderate Harm Incidents and its guidance, in terms of provision of root cause analysis investigations and evidence of assessment of harm and duty of candour by the Serious Incident Review Group (SIRG).	For the time period stated, moderate, severe, catastrophic harm or patient death as a result of a patient safety incident equates to 2.16% of all incidents with a patient harm incurred, and 0.38% of all incidents reported.
NGH	01/02/24	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	All incidences are reviewed to identify any themes or immediate actions required to mitigate against further incidences.	All moderate and above harms are considered in the twice weekly incident review group meeting to agree the level of harm caused, a proportionate response is considered and whether the incident meets the threshold to consider a Patient Safety Incident Investigation (PSII) and whether reporting to external agencies is required	Incidences are investigated using a proportionate response including Swarms, MDT review, After Action Review (AAR) or Patient Safety Incident Investigation (PSII) Learning is identified through these methods and include recommendations to mitigate against further occurrences.

# Serious or moderate harms – falls

Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Quality

Serious or moderate harms – falls

0.00

KGH: Current Value

0.18

KGH: Current Target

0.15

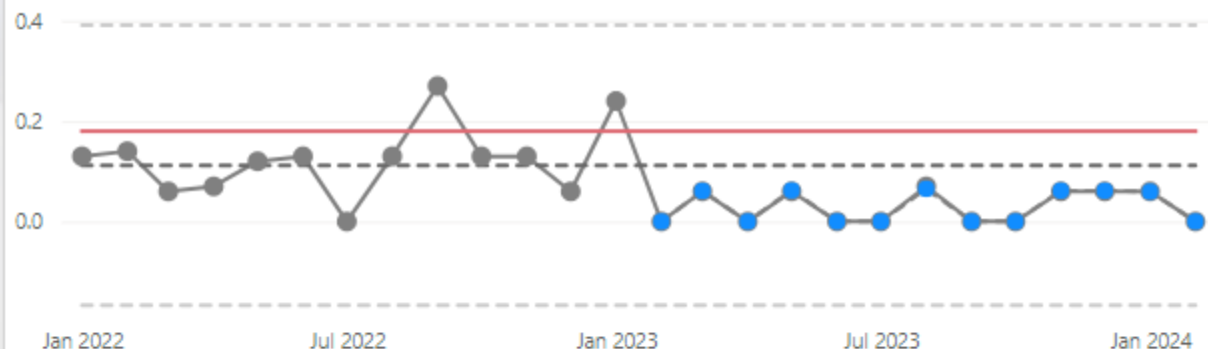
NGH: Current Value

0.06

NGH: Current Target

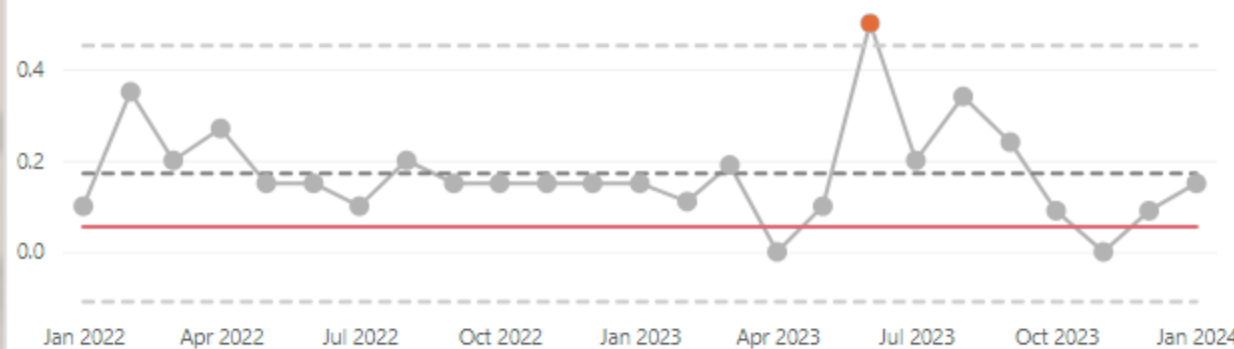
## Kettering General Hospital

Serious or moderate harms – falls: Quality



## Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing common cause variation with variable assurance, however sustained positive performance for twelve consecutive months.	There were no falls with harm in February	Three weekly focus on falls as part of the Friday Harm Free Care Meetings. Bi-weekly Harm Free Scrutiny panel meets to review any incidents with harm relating to falls.	Significant work has been undertaken over the last two years, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulc...

01/03/2020

01/03/2024

0.27

KGH: Current Value

0.69

KGH: Current Target

4

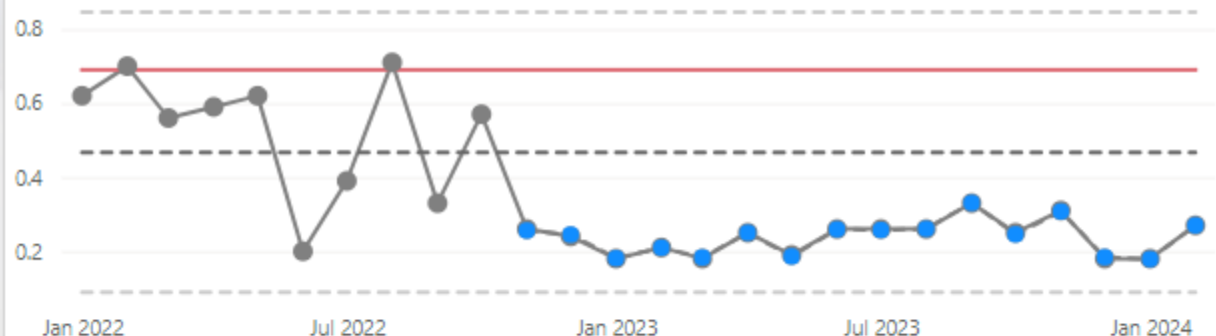
NGH: Current Value

0

NGH: Current Target

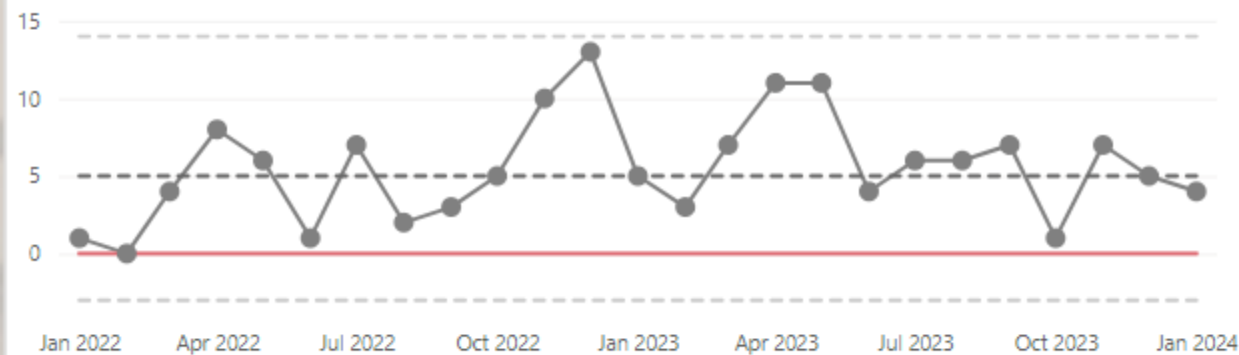
### Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality



### Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	The chart is showing common cause variation with positive low assurance.	With the development of the IGR, the defined metric has been agreed as: Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. (Not including moisture associated skin damage or deep tissue injury).	The SSKIN Risk Assessment and Care Plan are established and in use across the Trust. Compliance with this is now being monitored through the 'Perfect Ward' system. Three weekly focus on pressure ulcers as part of the Friday Harm Free Care Meetings	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.



# Number of medication errors



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Quality

Number of medication errors

## 70

KGH: Current Value

KGH: Current Target

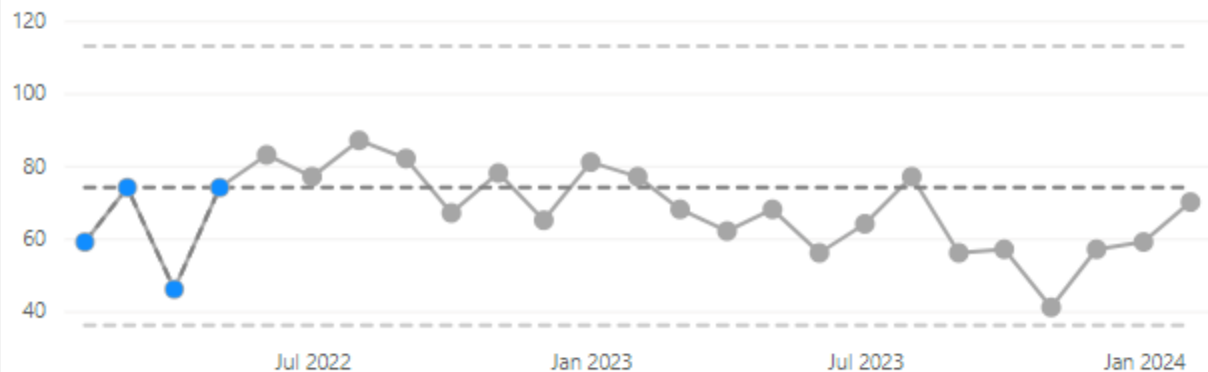
## 122

NGH: Current Value

NGH: Current Target

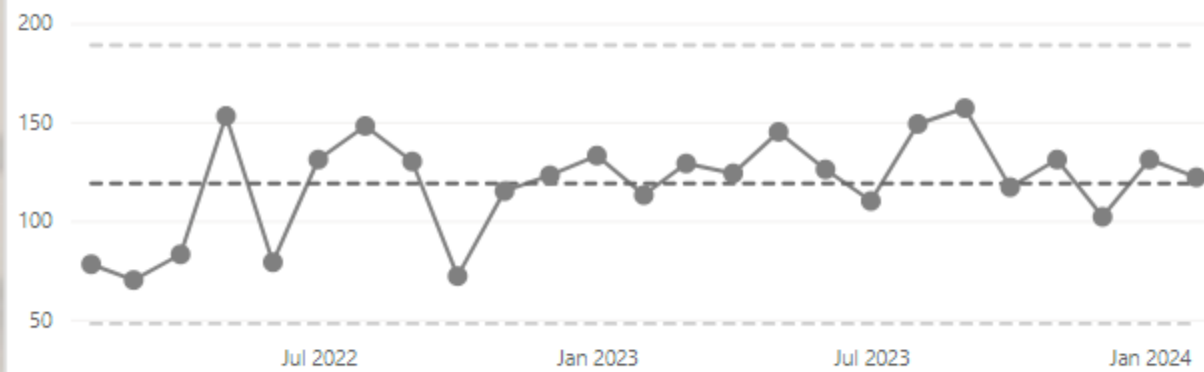
### Kettering General Hospital

Number of medication errors: Quality



### Northampton General Hospital

Number of medication errors: Quality





# Number of medication errors



Committee Name

All

GroupName

Quality

MetricName

Number of medication errors

70

KGH: Current Value

KGH: Current Target

122

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	The Chart shows common cause variation with no agreed target. Historically the Trust had taken a proactive approach to encouraging incident reporting.	A 'low' reporting rate from an organisation should not be interpreted as a 'safe' organisation, and may represent under-reporting. Subsequently, a 'high' reporting rate should not be interpreted as an 'unsafe' organisation, and may actually represent a culture of greater openness.	The reporting of incidents to a national central system (The National Reporting and Learning System (NRLS)) helps protect patients from avoidable harm by increasing opportunities to learn from mistakes where things go wrong. At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on a national level via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	There was one moderate harm incident which is being reviewed to confirm level of harm.
NGH	01/02/24	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Medication incidents continue to be reported in line with historical reporting levels.	There are no specific issues identified through monitoring. Overall reporting via themes, processes and degrees of harm are in line with previous months.	Ongoing monitoring will continue.	Review of individual incidents with feedback, reporting and oversight via Medicines Safety and Governance Group.



# Hospital-acquired infections



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Quality

Hospital-acquired infections

8

KGH: Current Value

7

KGH: Current Target

8

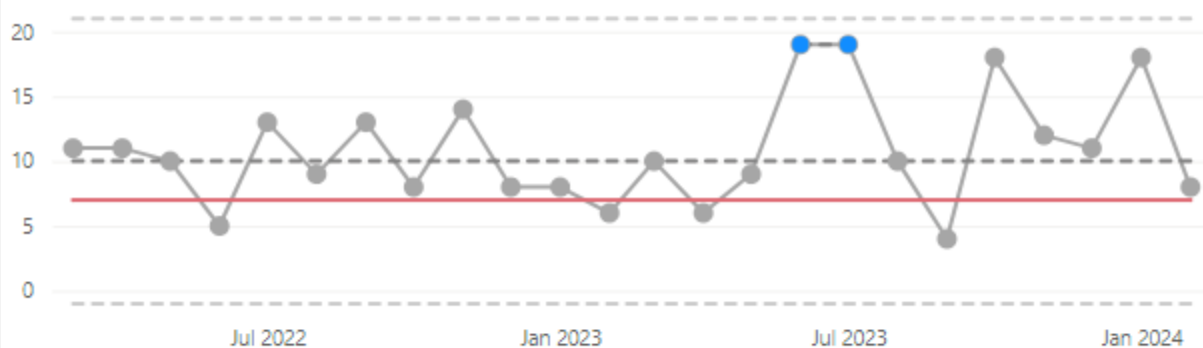
NGH: Current Value

7

NGH: Current Target

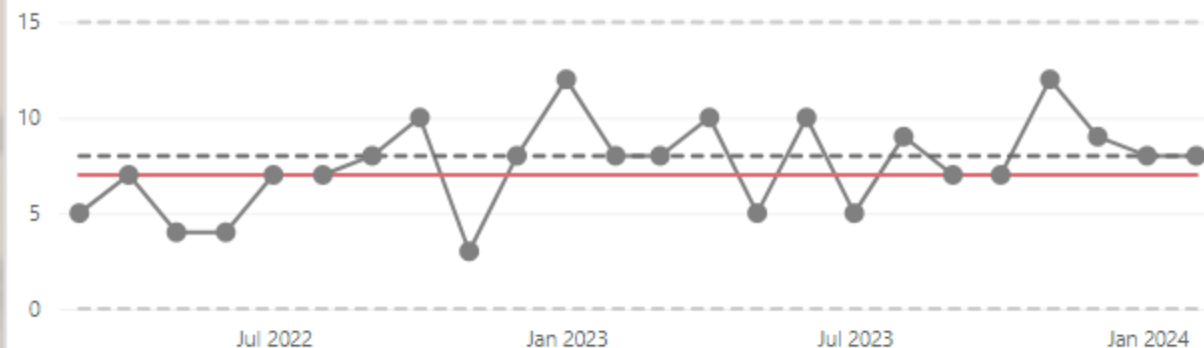
## Kettering General Hospital

Hospital-acquired infections: Quality



## Northampton General Hospital

Hospital-acquired infections: Quality



Committee Name All	GroupName Quality	MetricName Hospital-acquired infections	
<b>8</b> KGH: Current Value	<b>7</b> KGH: Current Target	<b>8</b> NGH: Current Value	<b>7</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.	The chart is showing common cause variation and variable assurance. Patients experiencing a Gram negative Hospital Onset Hospital Acquired (HOHA) or Community Onset Hospital Acquired (COHA) infection, defined as: E-Coli, Pseudomonas aeruginosa and Klebsiella species. E-Coli occurrences.	Gram negative infections are above the rolling ceiling set by the ICB.	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG
NGH	01/02/24	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.	8 patients developed a Gram-negative healthcare associated bloodstream infection in February	NHSE standard contract for GNB 2023/24 for NGH is: 46 cases of healthcare associated E.coli, 15 cases of Klebsiella and 9 cases of Pseudomonas bloodstream infections. The Trust is currently over trajectory for E.coli and Klebsiella but under for Pseudomonas cases. This is a balancing measure from the improvement work done on the deteriorating patient pathway. Both inhouse admissions to Critical Care and preventable cardiac arrests are significantly reduced because we detect sepsis earlier as an organisation. However because of this we detect more Gram-negative bloodstream infections. Additional improvements to the blood culture pathway, including taking two sets and increasing the volume of blood in blood culture samples has also increased the number of samples that isolate a Gram-negative organism. Upon review, none of the 8 GNBs this month could have been prevented.	The IPC Team continue to deliver on the GNB section of the HCAI Improvement Plan and are continuing with three key workstreams in February including catheter ward rounds, blood culture training and EPIC skills sessions to reduce the risk of these infection to patients.	Thematic analysis shows that the majority of the GNBs could not have been prevented e.g. were due to hepatobiliary infections, community onset delayed diagnosis, and gastro/abdominal infections from which there was no learning. The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and the monthly CNO report to CQIP and CQEG and sits on the IPC risk register.

Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Quality

MRSA



1

KGH: Current Value

0

KGH: Current Target

0

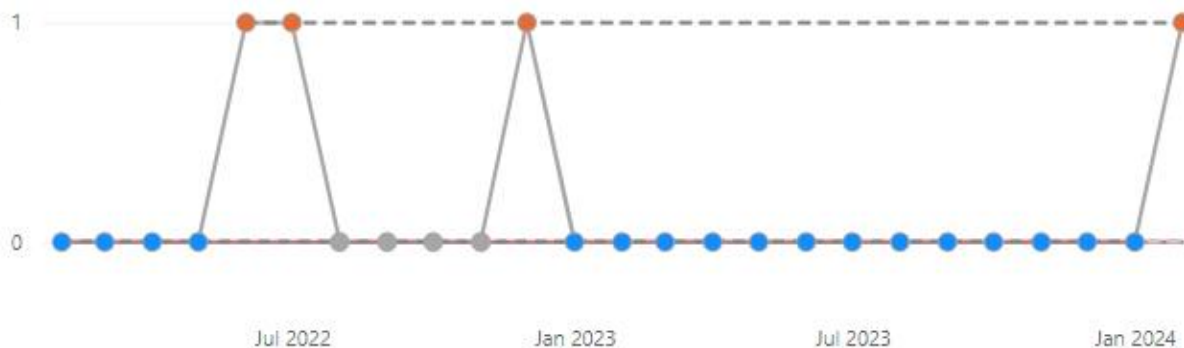
NGH: Current Value

0

NGH: Current Target

### Kettering General Hospital

Methicillin-resistant staphylococcus aureus: Quality



### Northampton General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Patients experiencing a MRSA Bacteraemia	The chart shows common cause variation with variable assurance	There was one MRSA Bacteraemia identified in February. A full root cause review has been undertaken and the incident will remain at local level investigation.	All MRSA bacteraemia undergo robust root cause analysis	IPC measures are reviewed and revised in line with National Changes.
NGH	01/02/24	Patients experiencing a MRSA Bacteraemia	0 patients developed a MRSA bloodstream infection in February	No issues identified	The IPC Team continue to undertake a SWARM and after action review meeting for every patient that develops a MRSA bacteraemia to identify good practice, learning, and whether it was an avoidable or unavoidable infection.	The IPC team continue to deliver the MRSA and MSSA section of the HCAI reduction plan which is monitored through IPSPG.



# C Diff



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Quality

C Diff

4

KGH: Current Value

3

KGH: Current Target

1

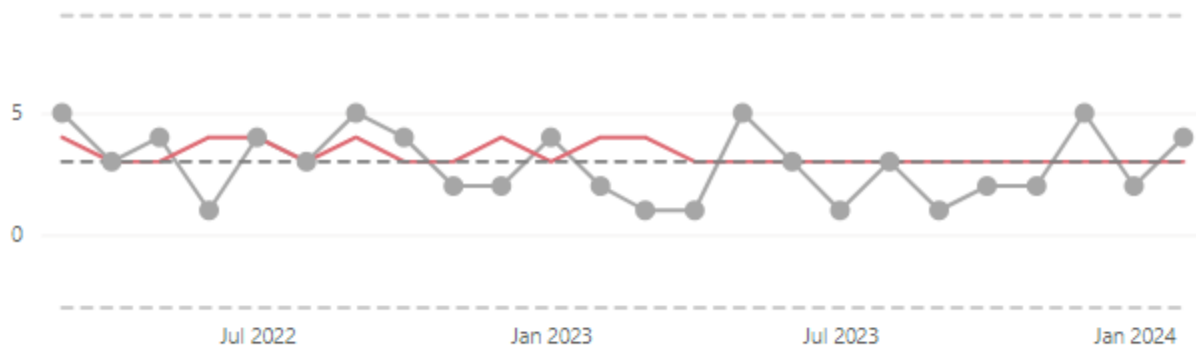
NGH: Current Value

4

NGH: Current Target

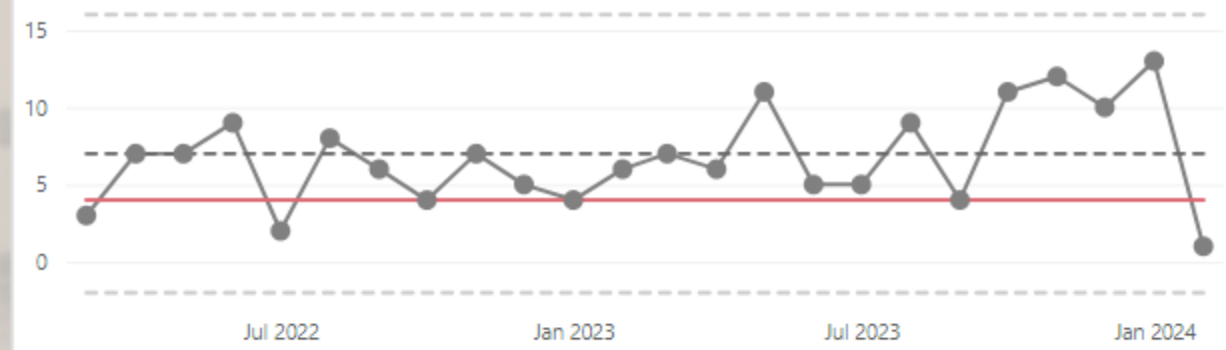
## Kettering General Hospital

Clostridium difficile: Quality



## Northampton General Hospital

Clostridium difficile: Quality



Committee Name

All

GroupName

Quality

MetricName

C Diff

4

KGH: Current Value

3

KGH: Current Target

1

NGH: Current Value

4

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 41 for 2022-23.	The chart is showing common cause variation and variable assurance.	C Diff are now attributed to KGH if the patient has been admitted in the last 4 weeks and is readmitted and diagnosed with C Diff. The ceiling has been set for 2023-24 by NHSE at 33 (reduction from 41). KGH has had 29 cases to date (February), which is below the rolling trajectory of 31.	SIGHT tool being promoted in clinical areas from the IPC team on ward meetings. IPC working with matrons and action plans have been drawn up in clinical areas to assist with auditing and education. Pharmacy are discussing correct prescribing of antibiotics within guidance for CDT patients with medical staff.	IPC daily visits to laboratory to check stool samples and liaising with the clinical areas to ensure all appropriate actions (SIGHT) have been put in place in the area. SIGHT posters given to clinical areas for nursing staff and medical staff. Stool chart audits by IPC on clinical area to ensure SIGHT tool, Isolation and stool sampling is in line with guidance. Actions then given back to clinical area.



Committee Name

All

GroupName

Quality

MetricName

C Diff

4

KGH: Current Value

3

KGH: Current Target

1

NGH: Current Value

4

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/24	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 51 for 2022-23.	1 patient had a healthcare associated C.diff infection (CDI) in February	The NHSE standard contract for CDI for NGH 2023/24 is 50 cases. The Trust is currently over trajectory for this with 87 cases year to date. This is on the IPC risk register. Nationally there has been an approximate 25% increase in CDI and the national NHSE team are investigating influencing factors for this. Over 50% of cases at NGH developed following antibiotics that were inappropriate and out of Trust guidelines. The patient who developed CDI this month did so following an inappropriate Co-amoxiclav prescription	SWARMS and after actions review meetings are completed as required for each HOHA and COHA CDI case using the PSIRF framework. The IPC Team are delivering the 2023/24 CDI Improvement Plan and the designated CDI nurse within the IPC Team has fed back targeted learning from antibiotic prescribing that has contributed to CDI with the relevant clinicians successfully. 6 of the 13 January cases were previously positive CDI or C.diff antigen cases not identified on admission and not treated with appropriate antibiotics to prevent relapse of CDI. The IPC team are scoping out a Faecal Microbiota Transplant pathway, which will need support from Gastroenterology colleagues. Regular Antibiotic Stewardship rounds continue and from January data and learning is being fed back via directorate governance meetings. Although the patients have a variety of ribotypes and there has been largely no evidence of cross-infection, a deep clean plan is scheduled for April 2024 and UV isolation cleaning has been strengthened following CDI patient discharges. Consultants have been invited to a monthly Micro MDT from February 2024 to review the data and learning from CDI cases and raise antimicrobial stewardship awareness further.	The CDI position, Improvement Plan and actions are monitored monthly through IPSPG, are raised quarterly via the IPC report to CQEG and SQIP and monthly via the CNO report to SQIP for discussion and oversight. Senior medical engagement to support and drive forward the antimicrobial stewardship work has been provided in February, and there is some further work to do to support the medical staff with appropriate prescribing and medication reviews and increase medical representation at the Trust Antimicrobial Stewardship Steering Group.



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Quality

SHMI



## 107.06

KGH: Current Value

KGH: Current Target

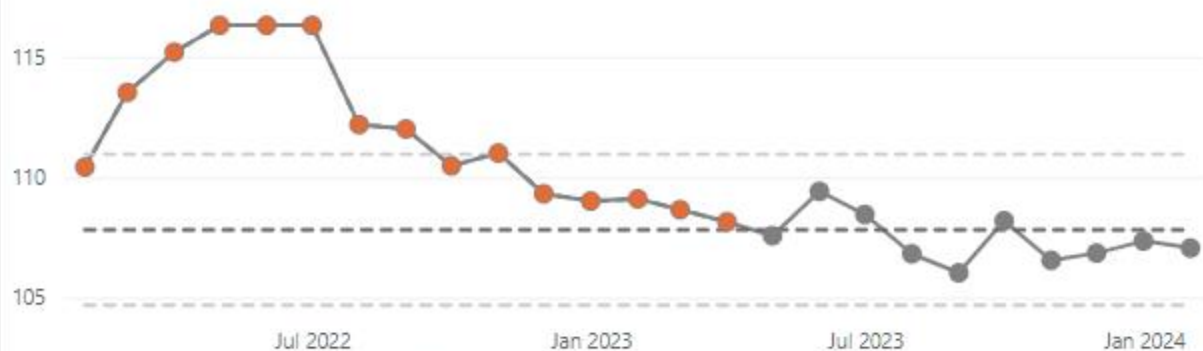
## 86

NGH: Current Value

NGH: Current Target

### Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



### Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality





# SHMI



Committee Name

All

GroupName

Quality

MetricName

SHMI

**107.06**

KGH: Current Value

KGH: Current Target

**86**

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	107.06 - 'as expected' (Data Period: October 22 - September 23)	SHMI is 'as expected' overall. 0 diagnosis groups 'above expected'.	Analysis and assurance has been provided in Quarter 4 2022/23 as well as Quarter 1 & 2 2023/24 Mortality Dashboards. LFDG continues to monitor all Dr Foster metrics monthly. Metric has been within 'as expected' banding for 12 consecutive months.	0 - Alerts are early warning indicators and currently no alerts within current data period. KGH currently within 'as expected' banding when compared Nationally (Data via NHS England & supported by Dr Foster HSMR / SMR figures).
NGH	01/02/24	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	SHMI continues in the below expected range	No exceptions	Nil actions	Nil required



Committee Name  
All

GroupName  
Quality

MetricName  
HSMR

01/03/2020 01/03/2024

98.10

KGH: Current Value

100

KGH: Current Target

90

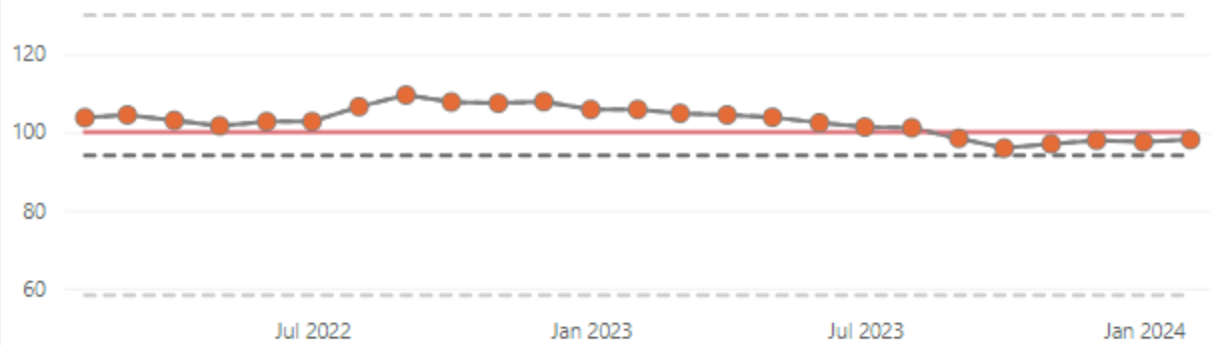
NGH: Current Value

100

NGH: Current Target

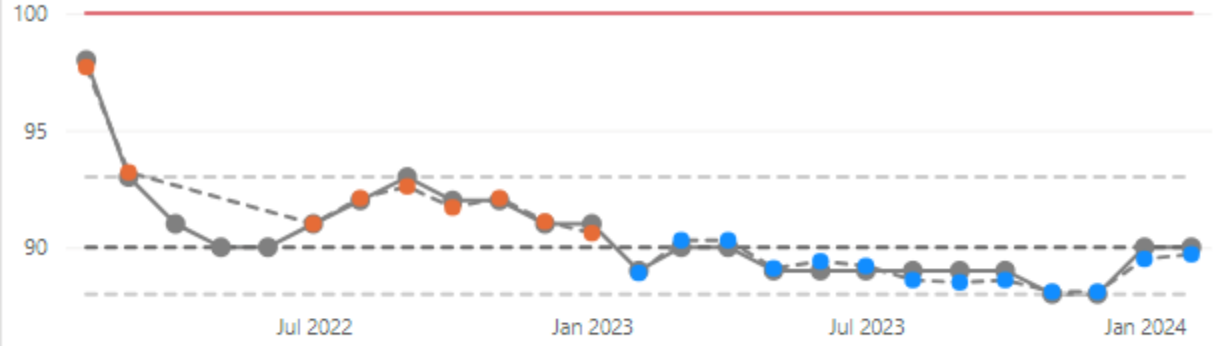
### Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



### Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



Committee Name

All

GroupName

Quality

MetricName

HSMR

98.10

KGH: Current Value

100

KGH: Current Target

90

NGH: Current Value

100

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	98.1- 'as expected' (November 2022 - October 2023) 1 MONTH LAG	At Trust level for the time period December 2022 to November 2023, there are 6856 superspells within the residual codes, unclassified diagnosis group (3591 superspells for November 23). Although this activity will contribute to the Trust and Hospital wide SMR it can generate a potentially materially different risk and consequently may not show a true Trust position. Furthermore, this activity "residual codes" will be excluded from the HSMR as it is not within the basket of 56 diagnosis groups. Therefore, this report will use a time period of November 2022 to October 2023 for all HSMR / SMR analysis. It will impact less on the SHMI because of the additional time lag applied as standard and so the report will contain basic analysis for the 12-month period to September 23 (as published).	Analysis and assurance of individual diagnosis groups has been provided in the February 2023, Quarter 4 22/23 and Quarter 2 23/24 Mortality Dashboards. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/02/24	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	HSMR continues in the below expected range.	No exceptions	No current actions	Nil required



# SMR



Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Quality

SMR



## 99.40

KGH: Current Value

KGH: Current Target

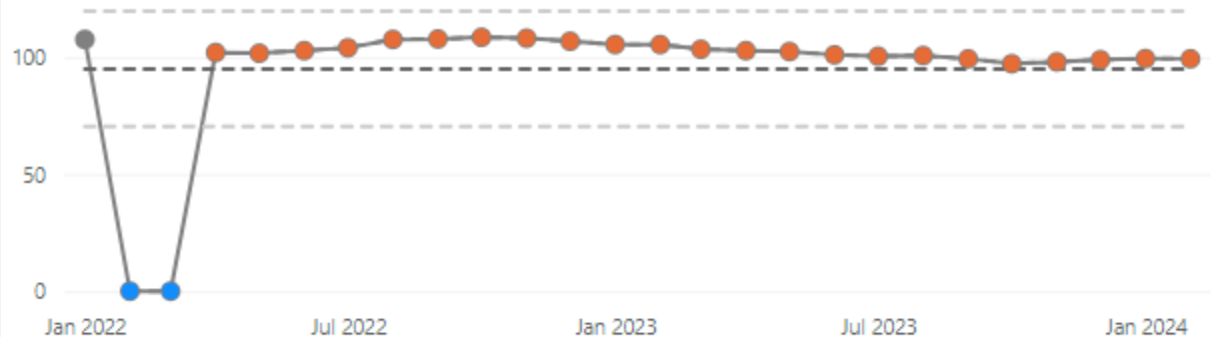
## 90

NGH: Current Value

NGH: Current Target

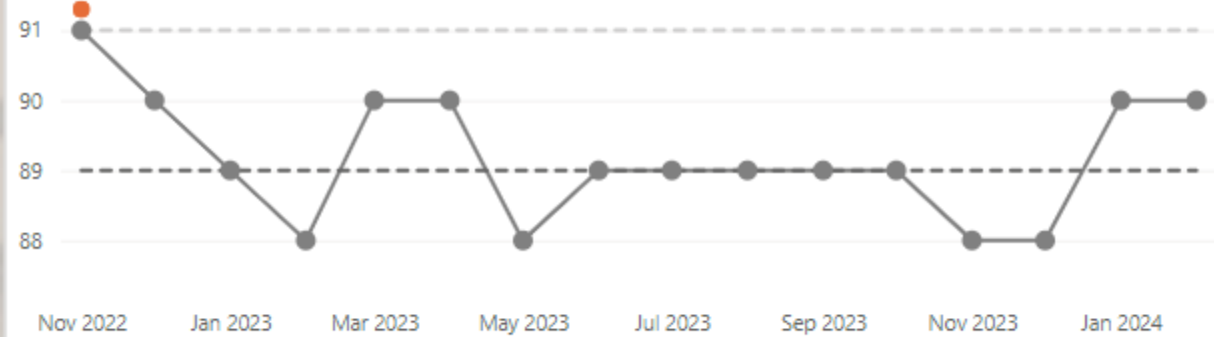
### Kettering General Hospital

Standardised Mortality Ratio: Quality



### Northampton General Hospital

Standardised Mortality Ratio: Quality





# SMR



Committee Name

All

GroupName

Quality

MetricName

SMR

99.40

KGH: Current Value

KGH: Current Target

90

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	99.4 - 'as expected' (November 2022 - October 2023) 1 MONTH LAG	<p>At Trust level for the time period November 2022 to October 2023, there are 5270 superspells within the residual codes, unclassified diagnosis group (2010 superspells for October 23).</p> <p>Although this activity will contribute to the Trust and Hospital wide SMR it can generate a potentially materially different risk and consequently may not show a true Trust position. Furthermore, this activity "residual codes" will be excluded from the HSMR as it is not within the basket of 56 diagnosis groups. Therefore, this report will use a time period of October 2022 to September 2023 for all HSMR / SMR analysis.</p> <p>It will impact less on the SHMI because of the additional time lag applied as standard and so the report will contain basic analysis for the 12-month period to August 23.</p>	<p>Analysis and assurance of individual diagnosis groups has been provided in the February 2023, Quarter 4 22/23 and Quarter 2 23/24 Mortality Dashboards. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.</p>	<p>Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.</p>
NGH	01/02/24	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	SMR continues in the below expected range	No exceptions	No current actions	Nil required

Committee Name

GroupName

MetricName

**100.11%**

KGH: Current Value

**96.00%**

KGH: Current Target

**100.70%**

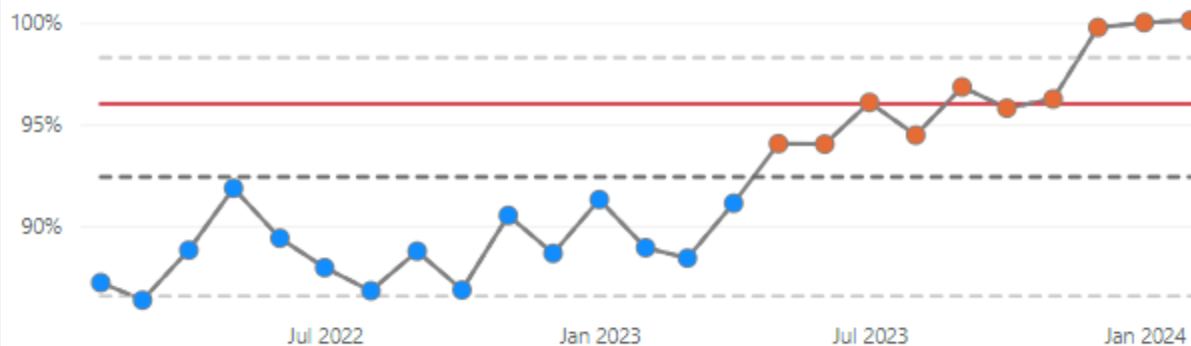
NGH: Current Value

**96.00%**

NGH: Current Target

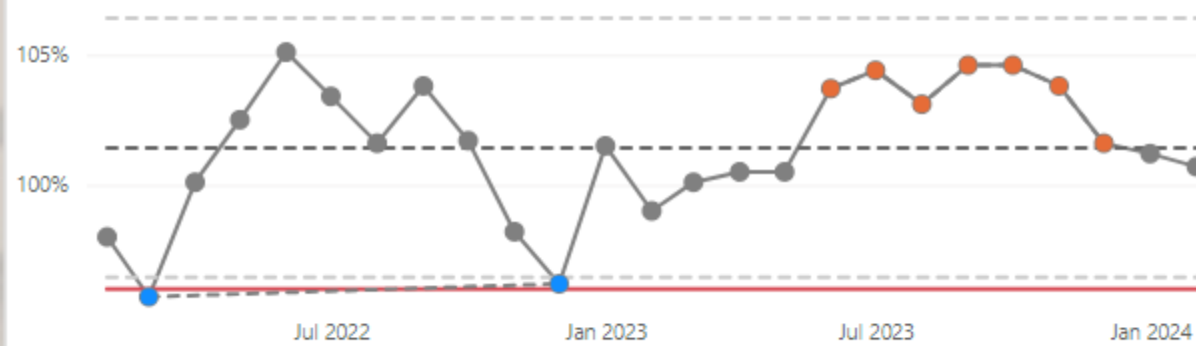
### Kettering General Hospital

Safe Staffing: Quality



### Northampton General Hospital

Safe Staffing: Quality





Committee Name All	GroupName Quality	MetricName Safe Staffing	
<b>100.11%</b> KGH: Current Value	<b>96.00%</b> KGH: Current Target	<b>100.70%</b> NGH: Current Value	<b>96.00%</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	The value tells us that combined registered & non-registered fill rates have sustained and provides assurance of safe staffing	Ongoing challenges to Registered Nurse recruitment being mitigated by temporary staffing	Continue with recruitment assessment centres. Preceptorship recruitment is underway to target newly qualified staff. Trainee Nursing Associate cohort due to commence in May with a 2-year plan for x50 WTE Nursing Associates.	Temporary staffing & internal deployment on a risk management basis
NGH	01/02/24	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	100.7% This is the combined day and night shift fill rate % for registered and non-registered nursing staff. Reported nationally to NHSE in accordance with the National Quality board guidance. The value tells us that the combined registered and non-registered nursing and midwifery fill rates are above the current NGH target and but has decreased by 3.1% since Nov 23 (103.8%). This means that the actual staffing levels met the planned staffing levels 100.4% of the time in January which has a positive impact on patient safety, quality of care and patient experience.	Despite the decrease in actual staffing fill rates, Nursing and Midwifery continues to be more than 30% unavailability with parenting rates of > 5.7% and sickness rates above 7%, this indicates that the actual staffing fill rates have been supported by temporary staffing measures via bank and agency. The above 100% is a result of enhanced observation of care being in addition to budgeted establishment but essential to providing safe care to patients requiring enhanced levels of care and un-reflected roster templates changes awaiting to be updated.	The monthly roster metric KPI meetings will continue to focus on managing unavailability, there have been improvements in terms of other leave and roster housekeeping however high rates of sickness require a greater focus. The trust wide ongoing work around agency reduction plans will also be introduce at these meetings for discussion and assurance, as well as the weekly recruitment and retention meetings and progress tracker.	NGH hold twice daily safety huddles to monitor and mitigate staffing concerns and shortfalls where plans are made to provide internal mitigations and redeployment of staff to maintain safety. Temporary staffing is utilised when all opportunity for internal mitigation is exhausted. More recently UHN RAG rating for staffing shortfalls have been agreed and implemented, this has given greater objectivity in relation to evaluation of shortfalls, this has ensured alignment of approach to staffing evaluation across KGH and NGH.

Committee Name

GroupName

MetricName

**0.10%**

KGH: Current Value

**12.00%**

KGH: Current Target

**13.46%**

NGH: Current Value

**12.00%**

NGH: Current Target

### Kettering General Hospital

30 day readmissions: Quality



### Northampton General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations



# Never event incidence



Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Quality

Never event incidence

0

KGH: Current Value

0

KGH: Current Target

0

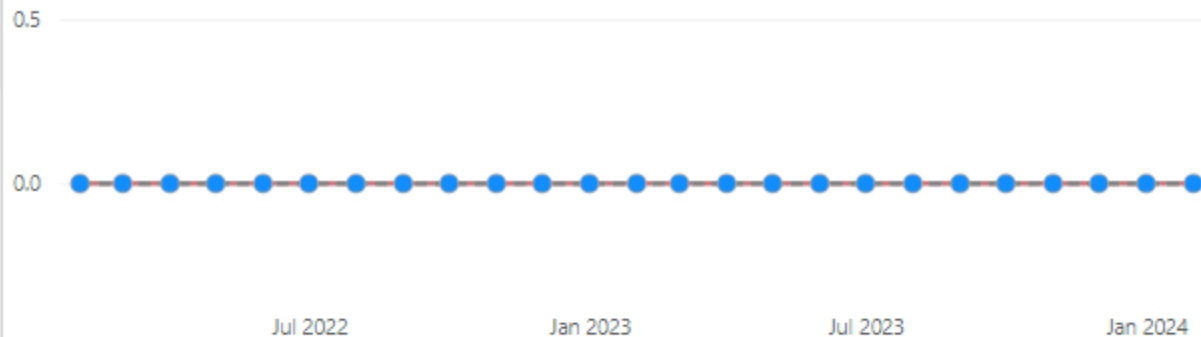
NGH: Current Value

0

NGH: Current Target

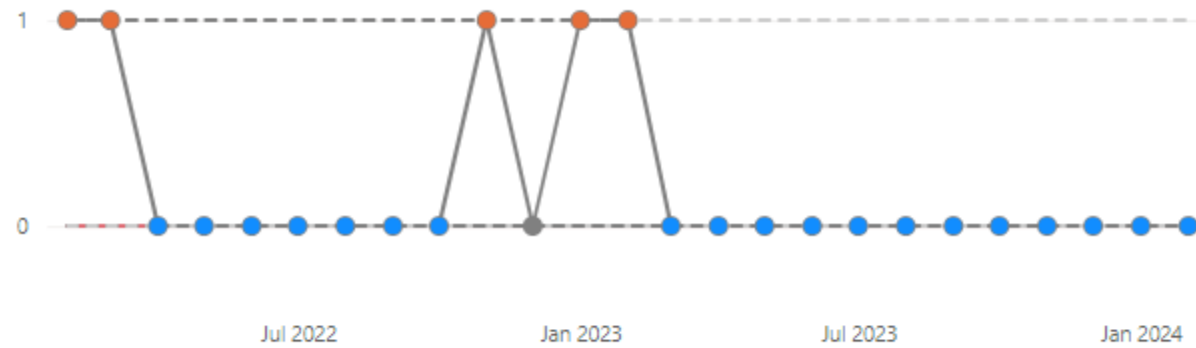
## Kettering General Hospital

Never event incidence: Quality



## Northampton General Hospital

Never event incidence: Quality



Committee Name

All

GroupName

Quality

MetricName

Never event incidence

0

KGH: Current Value

0

KGH: Current Target

0

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. As context between 01 April 22 and 31 March 23, 410 never events were reported nationally. National themes are shared across the NHS for learning.	The chart shows that since November 2021 there is a positive assurance with no Never Events reported.	None	None	None
NGH	01/02/24	Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. As context between 01 April 22 and 31 March 23, 410 never events were reported nationally. National themes are shared across the NHS for learning.	Never events are patient safety incidences that are wholly preventable where guidance or safety recommendations that provide strong, systemic protective barriers are available at a national level and have been implemented by healthcare providers. Never events are reported nationally and themes are shared across the NHS for learning.	There were no Never Events declared in February 2024	incidences are reviewed in the twice weekly incident review meeting, and if they meet the criteria set out in the current never event list they will be considered for never event status.	Events that are identified as meeting the Never Event criteria, are investigated using PSII and will include recommendations and actions to mitigate against further occurrence.

Committee Name

GroupName

MetricName

**6.99**

KGH: Current Value

KGH: Current Target

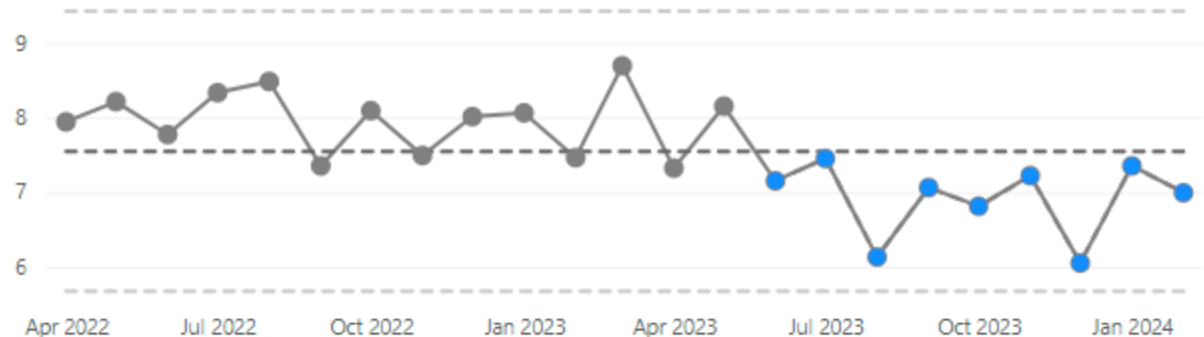
**8.11**

NGH: Current Value

NGH: Current Target

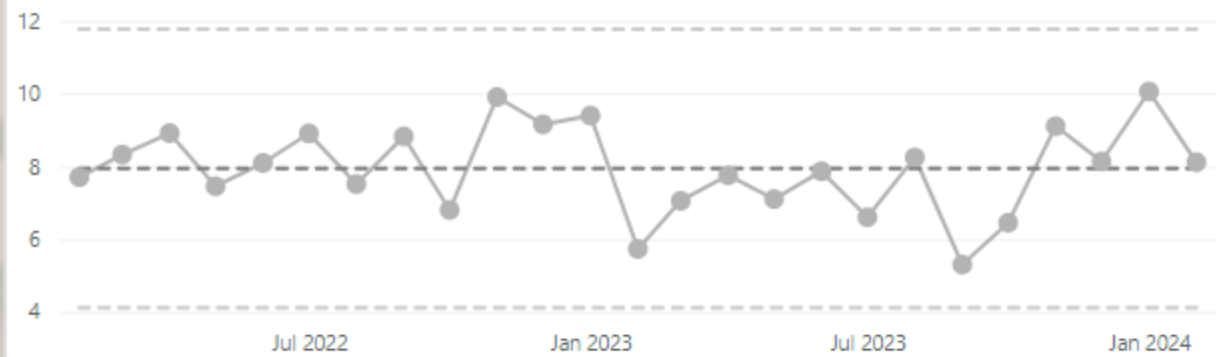
### Kettering General Hospital

Food wastage (t): Quality



### Northampton General Hospital

Food wastage (t): Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	lower then feb	none to report	catering to carry on working with ward areas to reduce food waste	None
NGH	01/02/24	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	Reduction from last month, but trend remains with no material decline	Staff engagement to derive change	NGH SLT discussion to get top down support in early March 24. Still trying to procure weighing and collation software to improve reporting by area, but procurement challenges.	None



# Desflurane Usage



Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Quality

Desflurane Usage



0.00%

KGH: Current Value

KGH: Current Target

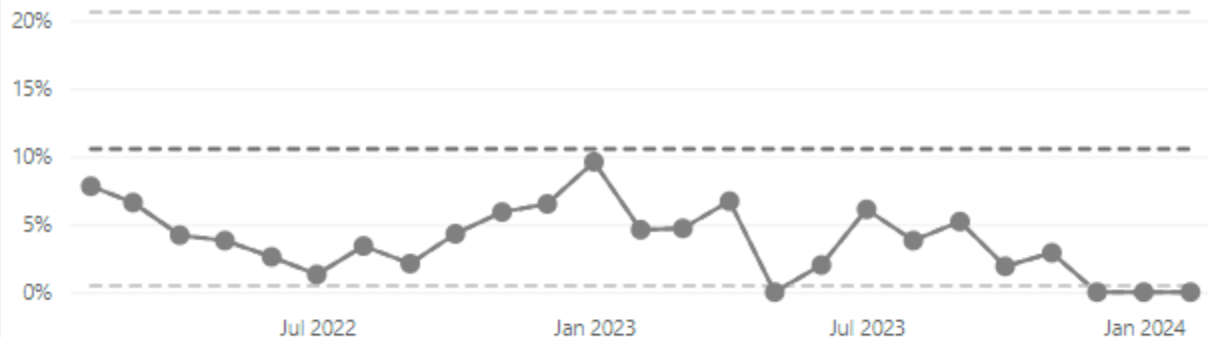
0.00%

NGH: Current Value

NGH: Current Target

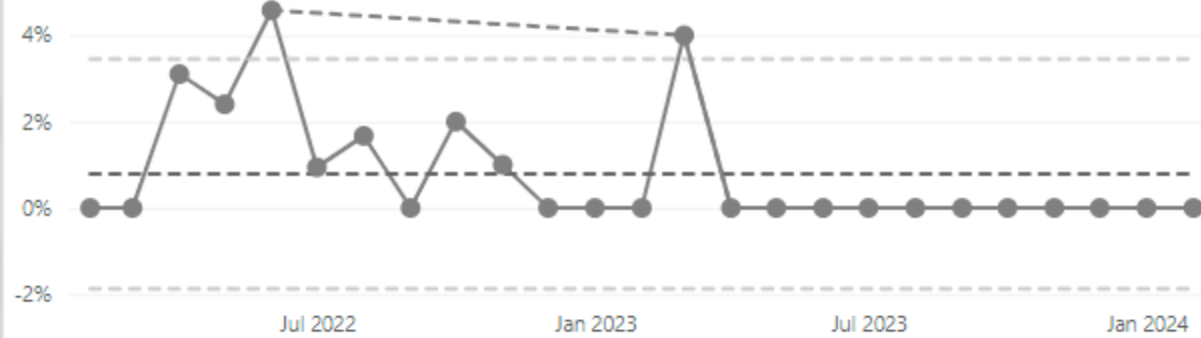
## Kettering General Hospital

Desflurane Usage: Quality



## Northampton General Hospital

Desflurane Usage: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Standard contract requirement is to reduce to less than 5% desflurane with 0 being reached at the end of financial year 23/24. Also a Group sustainability priority for reduction of the carbon footprint of Desflurane				
NGH	01/02/24	Standard contract requirement is to reduce to less than 5% desflurane with 0 being reached at the end of financial year 23/24. Also a Group sustainability priority for reduction of the carbon footprint of Desflurane	No usage on site	None	None	Keep under review

# Finance and Performance Committee

# Finance and Performance Committee

Exec owners: Fay Gordon, Palmer Winstanley (Sarah Noonan),  
Richard Wheeler

*In reminder, this Committee monitors the 'sustainability' metrics and the 'systems and partnerships' metrics within the IGR.*

This cover sheet is designed to **highlight to the Committee salient messages from the IGR metrics** for this month:

1

The UHN YTD position is a £23.6m deficit which is £19.5m worse than plan but includes £3.1m of industrial action funding received in month covering December to February. This overall position is marginally behind the trajectory included in the recent re-forecast of £18.4m deficit by year end. The year to date deficit continues to be driven by continued UEC pressures, pay awards and other inflationary pressures and an overall assessed income position that is better than plan including positive ERF delivery. Overall efficiency delivery is £3.5m behind plan on a year to date basis. Risks to the forecast include UEC pressures, inflationary pressures, further industrial action and the ability to deliver on ERF projections.

2

Bed Utilisation continues to show an upward trend. KGH have indicated they are working with system partners to redesign capacity outside of KGH.

3

4hr ED performance is showing a positive upward trend, despite the high number ED attendances, especially for NGH.

Key **developments with the IGR** itself for the Committee to note:

1

Finance metric alignment will commence: - IGR vs F&P report

2

Unappointed follow ups: work underway to investigate differences in reporting across KGH and NGH





# Sustainability



KGH

NGH

Committee Name  
All

GroupName  
Sustainability

5  
Exec comments KGH

0  
Exec comments NGH

14  
Total No. of Metrics

Site	MetricName	Value
KGH	Theatre sessions planned	0
KGH	Surplus / Deficit YTD (M)	1.48
KGH	Pay YTD (M)	23.22
KGH	Outpatients activity (& vs plan) 2	0
KGH	Outpatients activity (& vs plan) 2	31,108
KGH	Non-elective activity (& vs plan) 2	0
KGH	Non-elective activity (& vs plan) 2	2,413
KGH	Non Pay YTD (M)	9.90
KGH	Income YTD (M)	36.27
KGH	Elective inpatient activity (& vs plan) 2	0
KGH	Elective inpatient activity (& vs plan) 2	302
KGH	Elective day-case activity (& vs plan) 2	0
KGH	Elective day-case activity (& vs plan) 2	3,739
KGH	CIP Performance YTD (M)	2.69
KGH	Capital Spend (M)	2.30
KGH	Beds available	504
KGH	Bank and Agency Spend (M)	4.00
KGH	A&E activity (& vs plan) 2	0
KGH	A&E activity (& vs plan) 2	9,491

Metric	Comment
M5 Position	The in-month position is a £1.5m surplus which is £0.8m better than plan. This is following the receipt of £1.5m of additional funding to support industrial action from December to February. The Trust is marginally behind the trajectory included in the recent re-forecast of £2.9m deficit by year end and remains on track for delivery.
YTD Position	The YTD position is an £6.1m deficit which is £4.0m worse than plan but improved over month 10 due to the receipt of £1.5m of industrial action funding covering December to February. The Trust is marginally behind the trajectory included in the recent re-forecast of £2.9m deficit by year end shared with NHS England but remains broadly on track to deliver the agreed target. Residual pressures include continued UEC pressures, pay awards and other inflationary pressures, costs to enhance support to specific services to address quality concerns and the financial consequences of the action plan to address the presence of RAAC on site. The delivery of elective recovery is ahead of plan for the year to date but efficiency delivery is below plan. Risks to the forecast include the continuation of existing pressures plus further further industrial action and the ability to deliver on ERF projections.
Income	Year to date income is £6.2m better than plan . This includes £2.8m NHSE variable income higher than plan, £0.8m of ERF delivery higher than plan and £1.4m of Training and Education income higher than plan partially offset by £0.6m under-delivery of CDC activity.
Non Pay	Year to date non pay excluding capital charges is £1.0m worse than plan. This includes a combination of continuing utilities and other inflationary pressures, clinical expenditure to support elective recovery and excluded drugs and devices offset by corresponding income, partially offset by CDC expenditure lower than plan and net variances on efficiencies.
Pay	Year to date pay costs are £9.2m worse than plan. Industrial action impacts are now funded. The variance from plan includes the impact of UEC excess demand, ongoing pay award pressures, cover for vacancies & sickness across the Trust and specific service pressures to address quality concerns.



# Sustainability



KGH

NGH

Committee Name

All

GroupName

Sustainability

0

Exec comments KGH

5

Exec comments NGH

14

Total No. of Metrics

Site	MetricName	Value
NGH	Theatre sessions planned	588
NGH	Surplus / Deficit YTD (M)	0.40
NGH	Pay YTD (M)	30.60
NGH	Outpatients activity (& vs plan) 2	44,089
NGH	Non-elective activity (& vs plan) 2	5,623
NGH	Non Pay YTD (M)	12.50
NGH	Income YTD (M)	45.70
NGH	Elective inpatient activity (& vs plan) 2	345
NGH	Elective day-case activity (& vs plan) 2	4,096
NGH	CIP Performance YTD (M)	2.80
NGH	Capital Spend (M)	4
NGH	Beds available	710
NGH	Bank and Agency Spend (M)	7.00
NGH	A&E activity (& vs plan) 2	12,339

Metric	Comment
M5 Position	The in-month position is a £0.4m surplus which is on plan. This includes the receipt of £1.5m of industrial action funding covering December to February. The Trusts is marginally ahead of the trajectory included in the recent re-forecast of £15.5m deficit by year end and remains on track for delivery.
YTD Position	The YTD position is an £17.5m deficit which is £15.6m worse than plan but now includes the receipt of £1.5m of funding to support industrial action costs from December to February. The Trust is marginally ahead of the trajectory included in the recent re-forecast of £15.5m deficit by year end agreed with NHS England. Residual pressures include continued UEC pressures, pay awards and other inflationary pressures. The delivery of elective recovery is ahead of plan for the year to date but efficiency delivery remains behind plan. Risks to the forecast include UEC pressures, inflationary pressures, further industrial action and the ability to deliver on ERF projections.
Income	Year to date income is £10.2m better than plan. This includes £1.6m EPR funding, £1.5m Emerging Technology income, £0.8m training and education income and £2.6m ERF delivery ahead of plan. Further variances include NHSE variable activity overperformance partially offset by CDC and non clinical income under delivery.
Non Pay	Year to date non pay excluding capital charges is £9.2m worse than plan including continuing utilities and other inflationary pressures, under achievement against efficiency targets, variable expenditure covered by income variances and a further net operational position including continued clinical expenditure related to elective activity delivery.
Pay	Year to date pay costs are £17.7m worse than plan. Industrial action impacts are now funded. The variance from plan includes £7.6m of efficiency slippage, £1.4m of pay award pressures and other smaller operational variances stemming from ongoing operational pressures.



# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Income YTD (M)	01/02/24	36.27	33.46	41	41	41			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Income YTD (M)	01/02/24	45.70	45.5	52.57	52.57	52.57			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/02/24	23.22	22.72	27.09	27.09	27.09			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/02/24	30.60	30.5	36.27	36.27	36.27			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/02/24	9.90	9.96	11.35	11.35	11.35			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/02/24	12.50	11.7	15.7	15.7	15.7			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/02/24	0.40	0.4	2.52	2.52	2.52			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/02/24	1.48	0.68	3.99	3.99	3.99			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/02/24	2.69	3.02	1.69	1.69	1.69			Consistently Anticipated to Not Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/02/24	2.80	3		0				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/02/24	4.00	2.03	4.25	4.25	4.25			Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/02/24	7.00	7.5	7.23	7.23	7.23			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Capital Spend (M)	01/02/24	4	6	-3	3	8			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Capital Spend (M)	01/02/24	2.30	5.16	4.24	4.24	4.24			Consistently Anticipated to Not Meet Target
NGH	Sustainability	Beds available	01/02/24	710		634	677	720			Consistently Anticipated to Meet Target
KGH	Sustainability	Beds available	01/02/24	504		503	517	532			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/02/24	0		133	282	430			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/02/24	588		471	593	716			Consistently Anticipated to Meet Target



# Summary Table



Committee Name

All

Group Name

Sustainability

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	A&E activity (& vs plan) 2	01/02/24	9,491	8369	5225	8506	11788		Not Consistently Anticipated to Meet Target	
NGH	Sustainability	A&E activity (& vs plan) 2	01/02/24	12,339	10495	9566	11475	13384		Not Consistently Anticipated to Meet Target	
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/02/24	2,413	1669	1442	2245	3047		Not Consistently Anticipated to Meet Target	
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/02/24	5,623	3700	5081	5696	6311		Consistently Anticipated to Meet Target	
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/02/24	302	339	135	298	461		Not Consistently Anticipated to Meet Target	
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/02/24	345	334	231	368	504		Not Consistently Anticipated to Meet Target	
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/02/24	3,739	3444	1558	3117	4676		Not Consistently Anticipated to Meet Target	
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/02/24	4,096	3844	3084	3890	4695		Not Consistently Anticipated to Meet Target	
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/02/24	31,108	31455	19293	29062	38832		Not Consistently Anticipated to Meet Target	
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/02/24	44,089	44542	31386	43300	55214		Not Consistently Anticipated to Meet Target	

Committee Name: All

GroupName: Sustainability

MetricName: Income YTD (M)

01/03/2020 to 01/03/2024

36.27

KGH: Current Value

33.46

KGH: Current Target

45.70

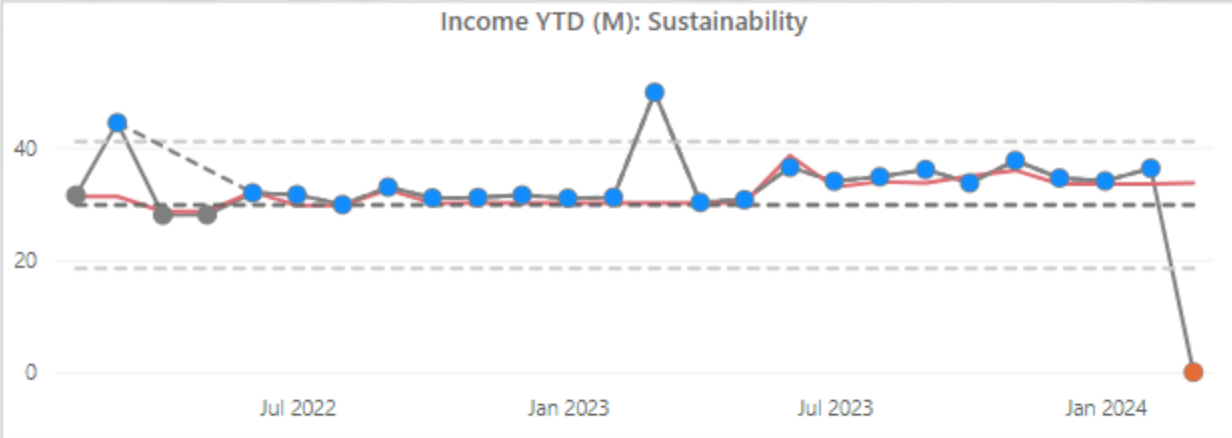
NGH: Current Value

45.5

NGH: Current Target

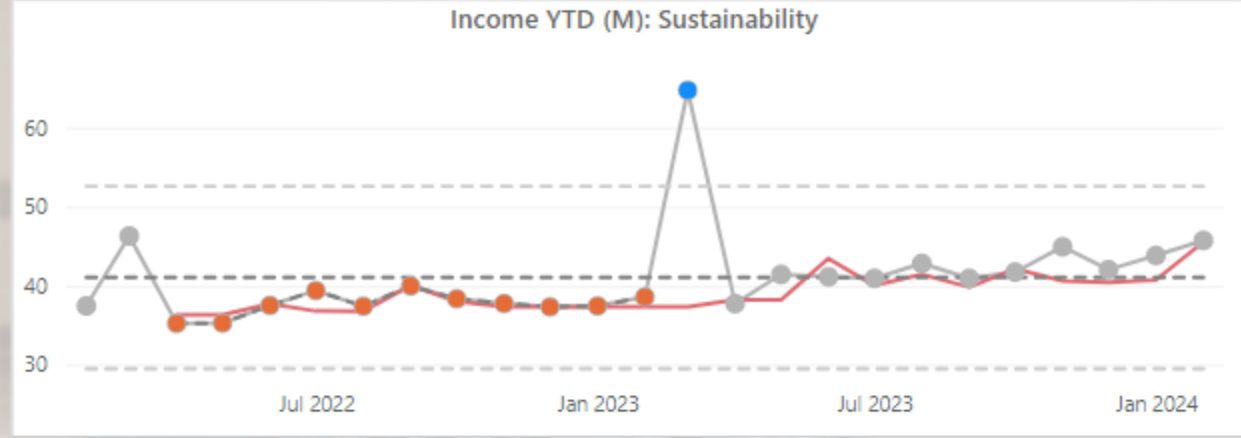
### Kettering General Hospital

Income YTD (M): Sustainability



### Northampton General Hospital

Income YTD (M): Sustainability





# Pay YTD (M)



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Pay YTD (M)

23.22

KGH: Current Value

22.72

KGH: Current Target

30.60

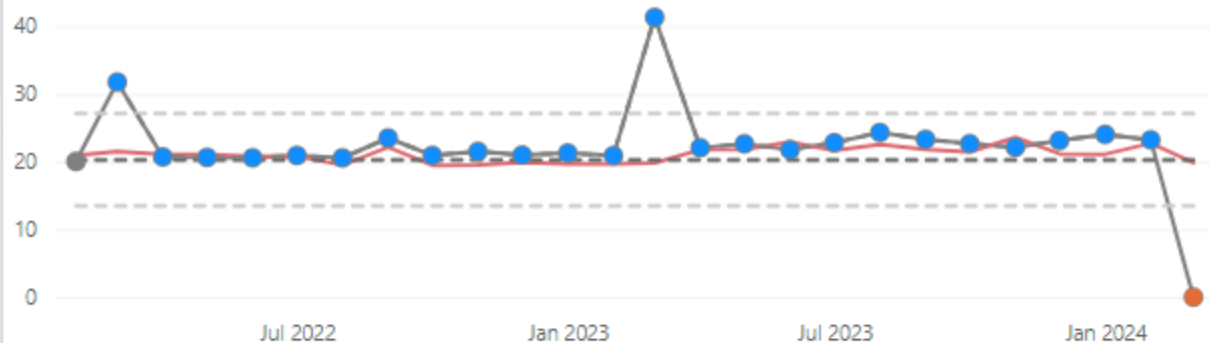
NGH: Current Value

30.5

NGH: Current Target

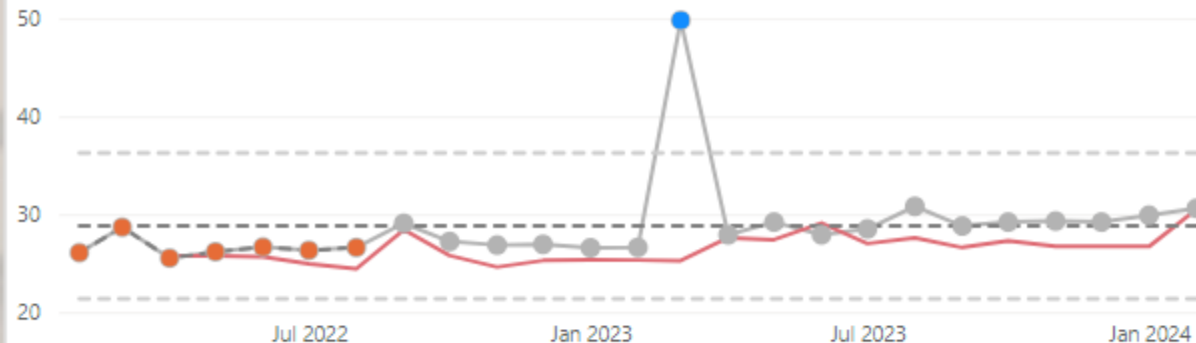
## Kettering General Hospital

Pay YTD (M): Sustainability



## Northampton General Hospital

Pay YTD (M): Sustainability





# Non Pay YTD (M)



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Non Pay YTD (M)

9.90

KGH: Current Value

9.96

KGH: Current Target

12.50

NGH: Current Value

11.7

NGH: Current Target

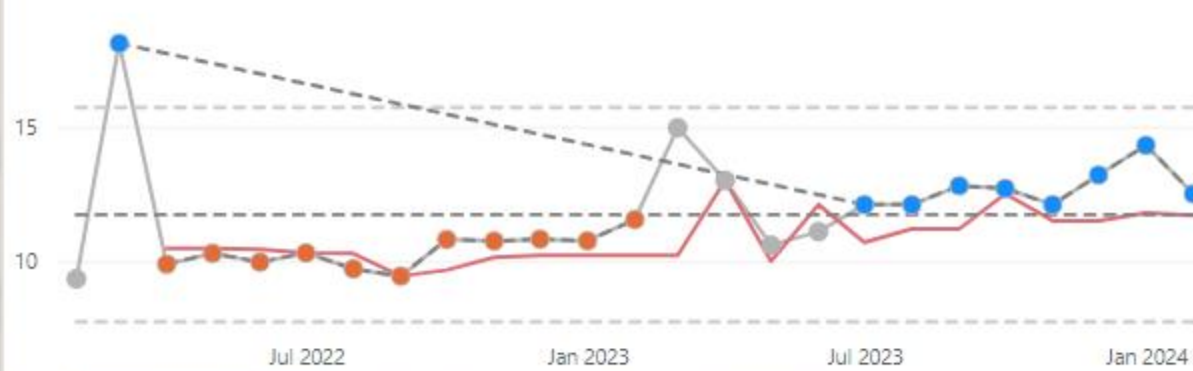
## Kettering General Hospital

Non Pay YTD (M): Sustainability



## Northampton General Hospital

Non Pay YTD (M): Sustainability





# Surplus / Deficit YTD (M)



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Surplus / Deficit YTD (M)

## 1.48

KGH: Current Value

## 0.68

KGH: Current Target

## 0.40

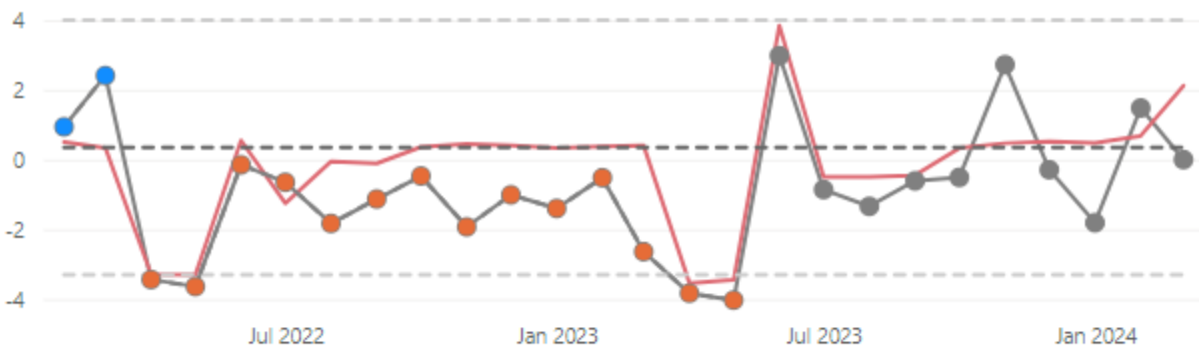
NGH: Current Value

## 0.4

NGH: Current Target

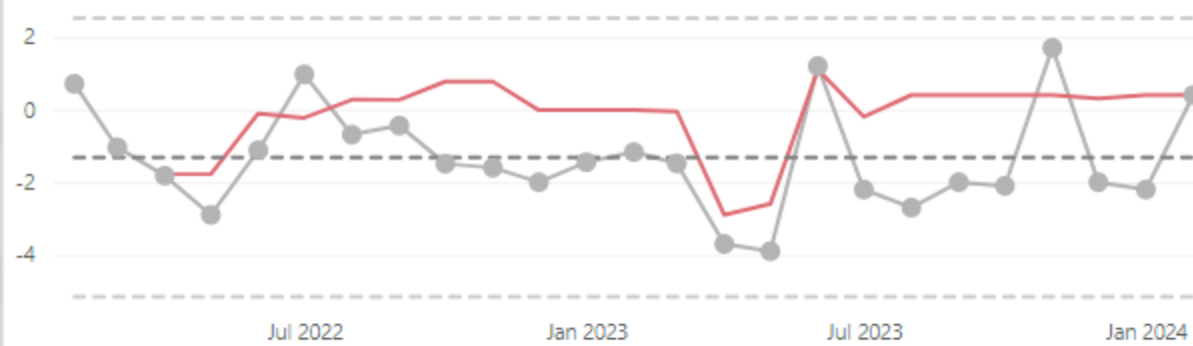
### Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



### Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability







# CIP Performance YTD (M)



Committee Name  
All

GroupName  
Sustainability

MetricName  
CIP Performance YTD (M)

01/03/2020 01/03/2024

2.69

KGH: Current Value

3.02

KGH: Current Target

2.80

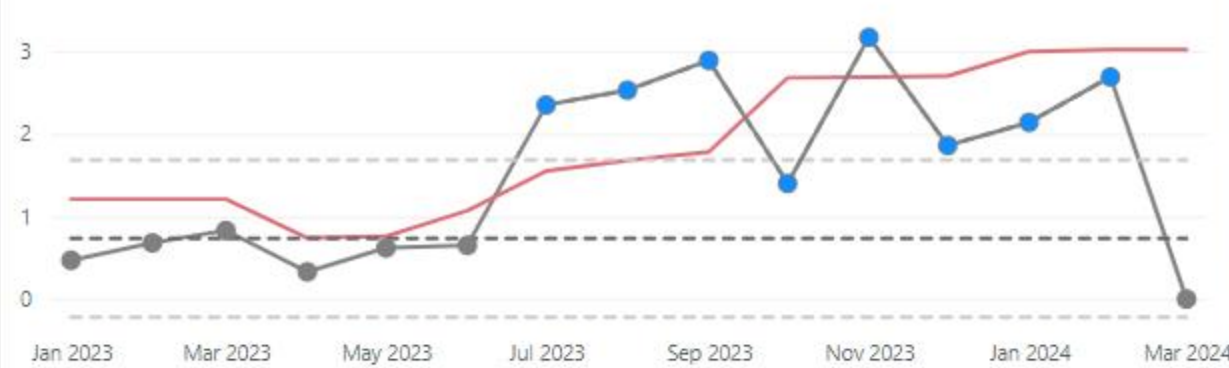
NGH: Current Value

3

NGH: Current Target

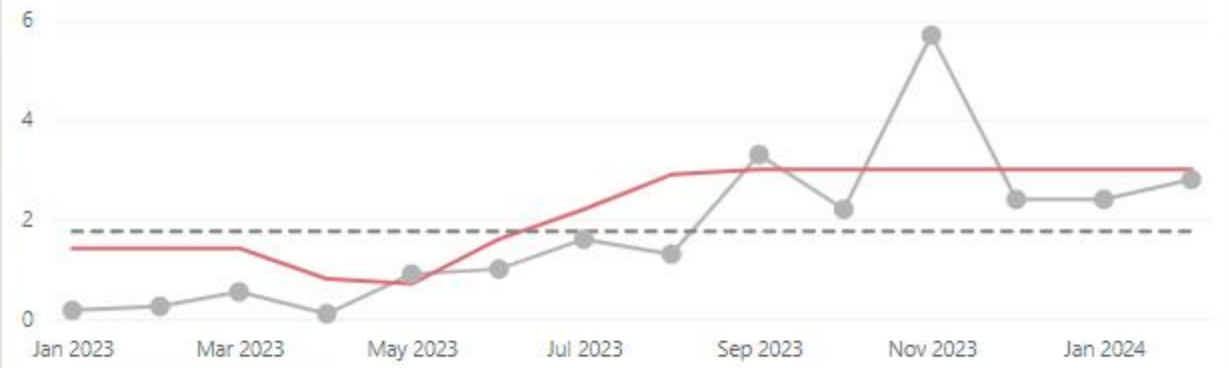
## Kettering General Hospital

CIP Performance YTD (M): Sustainability



## Northampton General Hospital

CIP Performance YTD (M): Sustainability





# Bank and Agency Spend (M)



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Bank and Agency Spend (M)

4.00

KGH: Current Value

2.03

KGH: Current Target

7.00

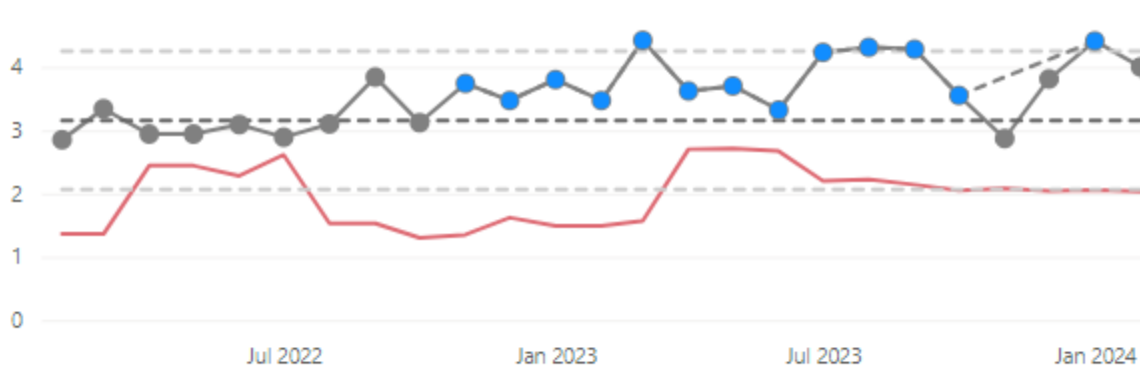
NGH: Current Value

7.5

NGH: Current Target

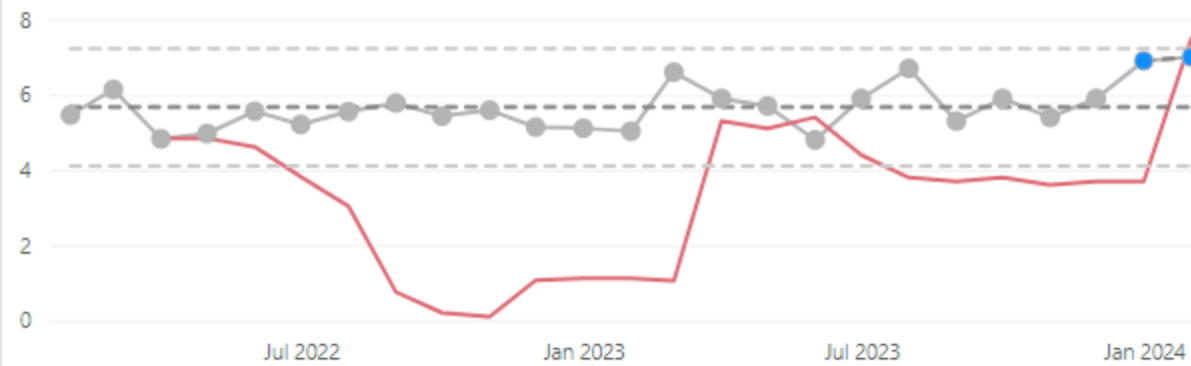
## Kettering General Hospital

Bank and Agency Spend (M): Sustainability



## Northampton General Hospital

Bank and Agency Spend (M): Sustainability





# Capital Spend (M)



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Capital Spend (M)



2.30

KGH: Current Value

5.16

KGH: Current Target

4

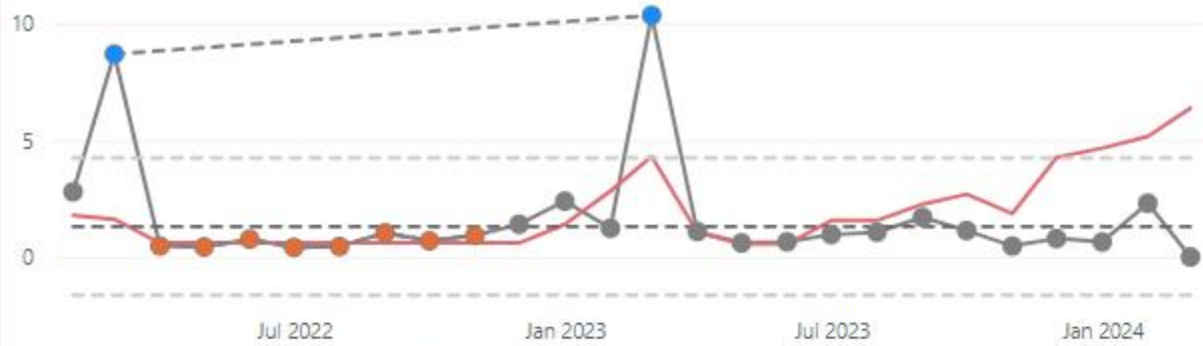
NGH: Current Value

6

NGH: Current Target

## Kettering General Hospital

Capital Spend (M): Sustainability



## Northampton General Hospital

Capital Spend: Sustainability



Committee Name: All

GroupName: Sustainability

MetricName: A&E activity (& vs plan) 2

01/03/2020 to 01/03/2024

0

KGH: Current Value

8369

KGH: Current Target

12,339

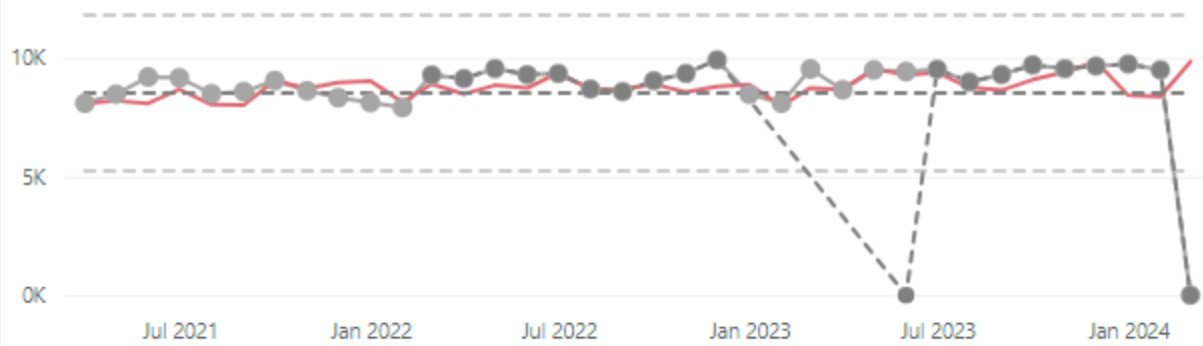
NGH: Current Value

10495

NGH: Current Target

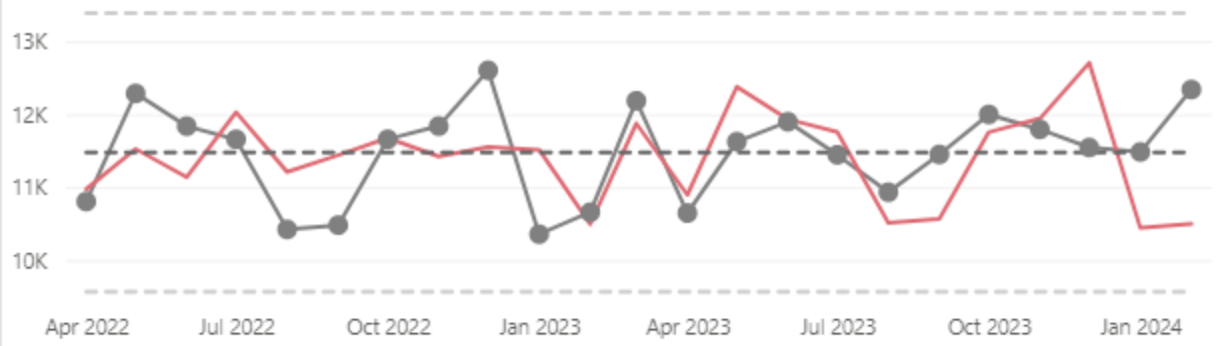
### Kettering General Hospital

A&E activity (actual vs plan): Sustainability



### Northampton General Hospital

A&E activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	A&E attendances	<p>We have seen an equal number of attendances in February to the previous month.</p> <p>Total attendances in Feb 24 are 22% higher than in Feb 23.</p>	<p>Safety concerns remain in respect of the risk of overcrowding in ED, which further impacts the following:</p> <ul style="list-style-type: none"> <li>High number of self-presenters increasing the risk of overcrowding in the waiting room impacting patient experience and outcomes.</li> <li>Overcrowding impacting our ability to improve our compliance with quality and safety KPI's around TTIA, wait to be seen by a clinician and pain management.</li> <li>Trust capacity impacting performance against the 4-hour National Standard and Ambulance handovers</li> </ul>	<p>Focused work on streaming and re-direction through the 4-hour standard group.</p> <p>Capital estates work commencing – which will include the ability to extend our F2S cohort; thus, support with reducing impact of overcrowding in the waiting room</p> <p>Established an EDU – (adjacent to MIAMI) allowing the ability to move clinically appropriate patients away from main ED whilst awaiting treatment, and/or speciality intervention prior to discharge.</p>	<p>Implementation of the Trustwide escalation protocol</p>



# Non-elective activity (& vs plan) 2



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Sustainability

Non-elective activity (& vs plan) 2



0

KGH: Current Value

1669

KGH: Current Target

5,623

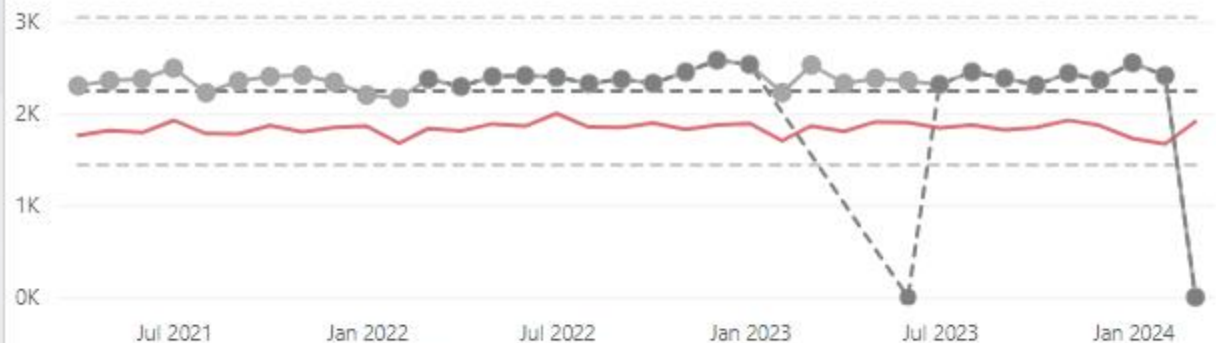
NGH: Current Value

3700

NGH: Current Target

## Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



## Northampton General Hospital

Non-elective activity (& vs plan) 2: Sustainability



Committee Name  
All

GroupName  
Sustainability

MetricName  
Elective inpatient activity (& vs plan) 2

01/03/2020 01/03/2024

0

KGH: Current Value

324

KGH: Current Target

345

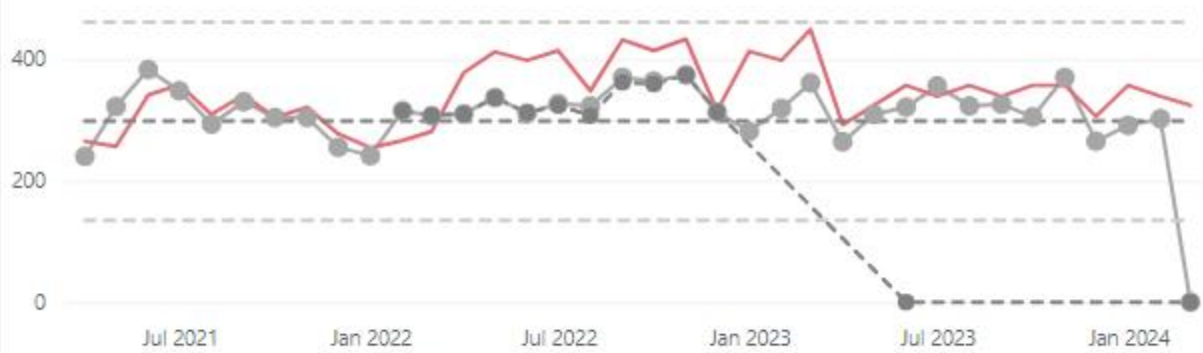
NGH: Current Value

334

NGH: Current Target

### Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



### Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability

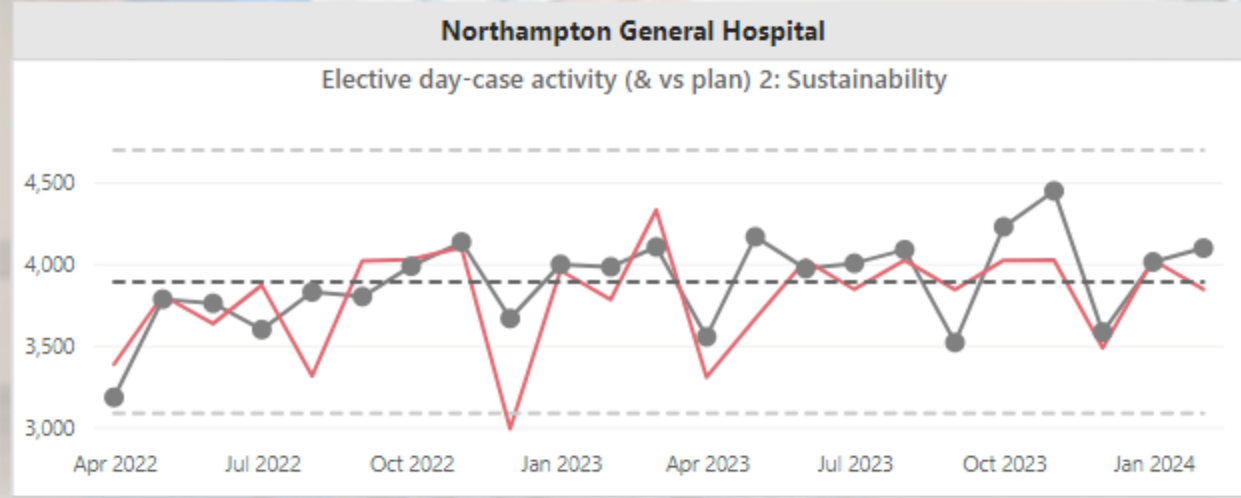
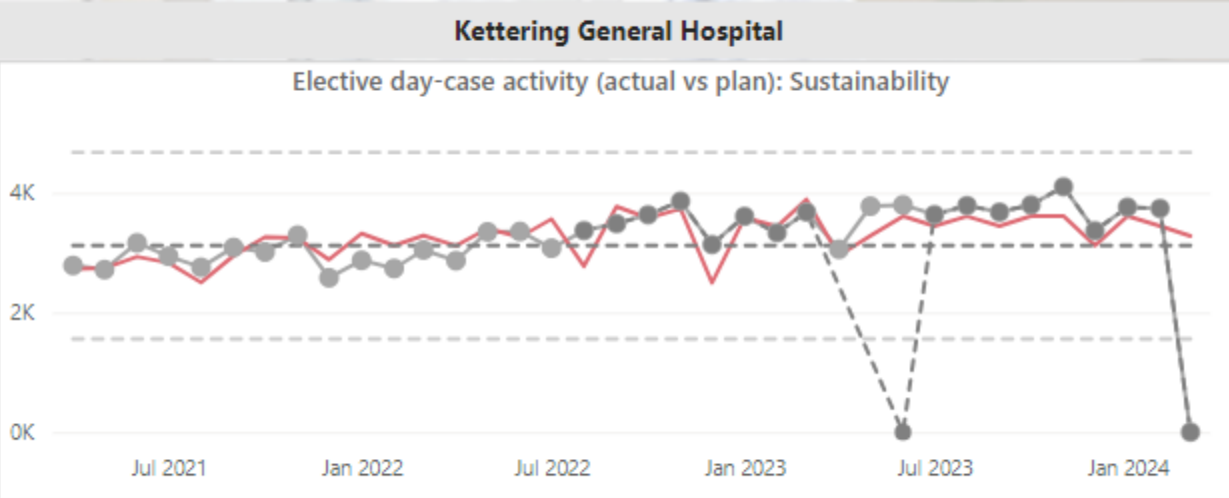


Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 91.2% of plan for February (overall elective activity at 106.7% of plan)	Inpatient activity was below plan due to industrial action and improved conversion to day cases during February.	Access Board examines specialities where activity is below plan and requires actions to be taken - also reported to Performance Review Meetings	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/02/24	Elective inpatient activity actuals v plan	Activity above plan	NGH continues to outsource its ENT activity to Athena and some of its long waiting orthopaedic patients to Woodlands and Blakelands		

# Elective day-case activity (& vs plan) 2

Committee Name: 
 GroupName: 
 MetricName: 
 Date Range:  to

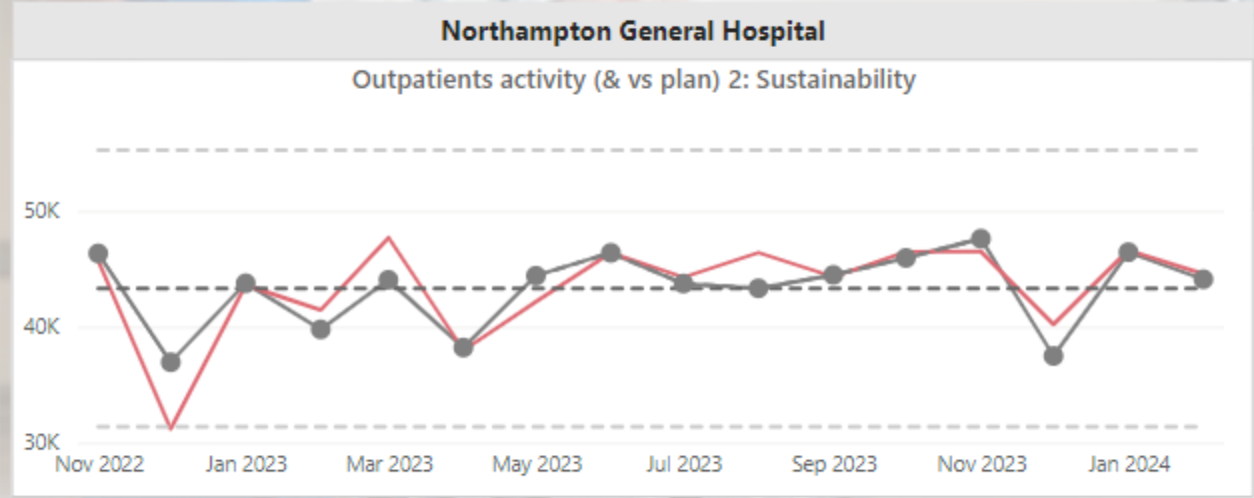
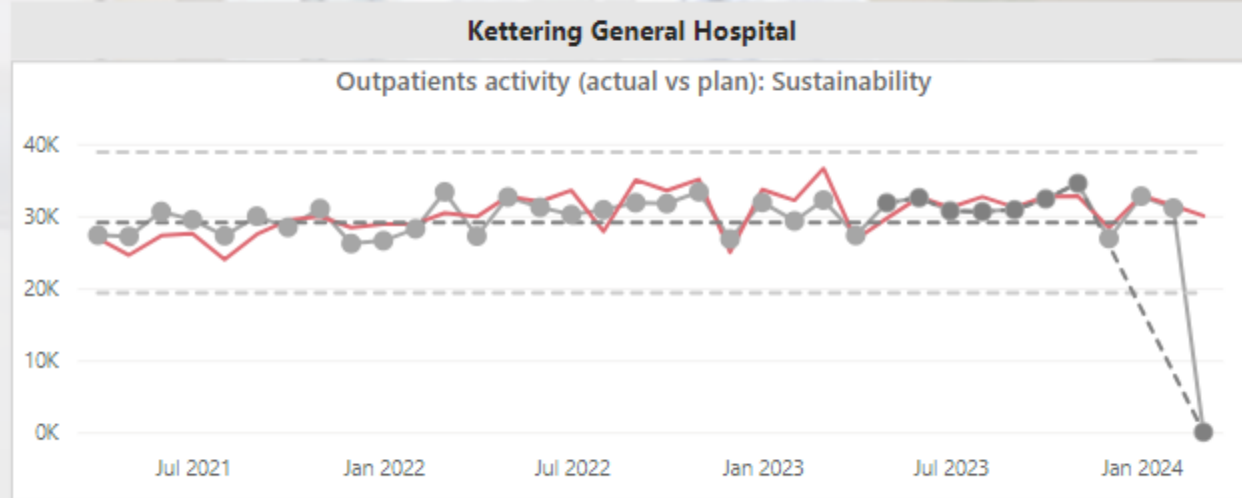
<h2>0</h2> <p>KGH: Current Value</p>	<h2>3280</h2> <p>KGH: Current Target</p>	<h2>4,096</h2> <p>NGH: Current Value</p>	<h2>3844</h2> <p>NGH: Current Target</p>
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Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Elective day case activity actuals v plan	The chart tells us that day case activity is at 108.2% of plan for February (overall elective activity at 106.7% of plan)	Day case activity was above plan despite industrial action during February.	Access Board examines specialties where activity is below plan and requires actions to be taken - also reported to Performance Review Meetings	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing wherever possible to minimise disruption
NGH	01/02/24	Elective day case activity actuals v plan	Data shows that we are delivering at 107% (4,096 patients vs 3,844 target) against the plan for February	Performance above plan.	Performance above plan.	Long waiters and cancer remain the priority with the Independent sector to be used as necessary

Committee Name: 
 GroupName: 
 MetricName: 
 Date Range:  to

<h2>0</h2> <p>KGH: Current Value</p>	<h2>30017</h2> <p>KGH: Current Target</p>	<h2>44,089</h2> <p>NGH: Current Value</p>	<h2>44542</h2> <p>NGH: Current Target</p>
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Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Year to date OP Activity vs Plan is at 102%. February performance is at 98.7%.	Industrial action has impacted the number of OPA conducted in month with over 70% of activity being taken down. Capacity to meet demand	Patients are being rebooked where possible within 6 weeks	Performance is being accounted for at weekly divisional PAG meetings
NGH	01/02/24	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at 99% against the plan for February (44,089 vs 44,542 plan) OPD appointments	Performance at plan for NGH	Performance at plan	Outpatient improvement project continues across the group with a Regional focus on DNA's, referral triage, PIFU and patient validation which has seen the waitign list redcue from 43,000, to 40,000





# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	31-day wait for first treatment	01/01/24	82.20%	96.00%	80.22%	90.78%	101.35%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	31-day wait for first treatment	01/01/24	92.70%	96.00%	92.51%	96.56%	100.61%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/01/24	44.20%	85.00%	47.07%	69.01%	90.94%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/01/24	57.90%	85.00%	46.14%	63.5%	80.87%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/01/24	83.50%	75.00%	76.34%	82.19%	88.04%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/01/24	84.50%	75.00%	77.56%	84.58%	91.59%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/02/24	88.80%	99.00%	64.71%	74.01%	83.3%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/02/24	85.00%	99.00%	58.66%	73.66%	88.66%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/02/24	26,038	0	16973	20281	23589			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/02/24	4,600		8307	13421	18535			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/02/24	1,506	0	619	847	1076			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/02/24	385	0	69	130	192			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Size of RTT waiting list	01/02/24	40,414	0	33849	36492	39136			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/02/24	29,279		21276	22958	24640			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/02/24	77.00%		71.14%	76.24%	81.34%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/02/24	0.00%		60.83%	72.26%	83.7%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Bed utilisation	01/12/22	87.67%		79.6%	83.62%	87.64%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Bed utilisation	01/02/24	98.45%		88.91%	93.6%	98.3%			Consistently Anticipated to Meet Target



# Summary Table



Committee Name: 
 Group Name: 
 Metric Name: 
 Site: 
 Variation:

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/02/24	405		327	368	410			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/02/24	279		217	258	298			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/02/24	102	0	67	92	118			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/02/24	169	0	122	165	209			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/02/24	74.72%		66.45%	71.36%	76.27%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/02/24	66.72%	95.00%	62.07%	67.34%	72.61%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/02/24	130		-47	71	188			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/02/24	285		-77	217	511			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/02/24	47.57%		43.52%	49.57%	55.62%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/02/24	62.31%		47.82%	59.66%	71.51%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/02/24	558		435	552	669			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/02/24	223		207	229	250			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/02/24	58.10%		47.7%	52.65%	57.61%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/02/24	64.95%		60.3%	65.2%	70.1%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/02/24	229		178	209	240			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/02/24	1,134		643	896	1149			Consistently Anticipated to Meet Target

Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Systems and Partnerships

31-day wait for first treatment



**92.70%**

KGH: Current Value

**96.00%**

KGH: Current Target

**82.20%**

NGH: Current Value

**96.00%**

NGH: Current Target

### Kettering General Hospital

31-day wait for first treatment: Systems and Partnerships



### Northampton General Hospital

31-day wait for first treatment: Systems and Partnerships



Site Date Background

What the chart tells us

Issues

Actions

Mitigations

# 31-day wait for first treatment

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
31-day wait for first treatment

**92.70%**

KGH: Current Value

**96.00%**

KGH: Current Target

**82.20%**

NGH: Current Value

**96.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not achieve the 31d standard of 96% Performance for the month of January was 92.7%	Reporting of the 31 day standard now includes subsequent drugs (SACT) and subsequent surgery. The Trust treated 123 patients and recorded 9 breaches in total. 1 breach was recorded in Surgery, 1 in Family Health and 7 in Medicine (Dermatology) 5 breaches were attributed to capacity, 2 due to complex pathways, 1 for delay to histology reporting and 1 patient initiated.	<p>The Trust continues to monitor demand for all sites and escalate as appropriate.</p> <p>31d and subsequent patient tracking list reviewed weekly by MDT coordinator and trackers.</p> <p>Continue to highlight performance and escalate at patient access board</p> <p>Commencement of Dermatology locum to ease demand</p>	Cancer trackers continue to highlight potential breaches and blockage to services in order to bring patients forward where capacity allows.
NGH	01/01/24	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not achieve this standard reaching 82.2% against the 96% standard.	465 treatments occurred across first and subsequent pathways of which there were 83 breaches. of the 65 breaches were due to surgical capacity, 16 were due to oncology capacity, 1 was due to a delay awaiting clinical information from a tertiary and 1 was patient choice. Industrial action impacted in January.	The cancer services team are providing weekly escalations of those patients dated beyond 31 days for services to try and date in time, very rarely is this possible.	Separate ptl is shared with each speciality to ensure full visibility of patients dated in/out of target trust escalation policy in order to identify patients not meeting key milestones A weekly list is shared with each speciality of patients dated outside of the target in order to redate the patient in time if possible.

Committee Name

GroupName

MetricName

**44.20%**

KGH: Current Value

**85.00%**

KGH: Current Target

**57.90%**

NGH: Current Value

**85.00%**

NGH: Current Target

### Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships



### Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations



# 62-day wait for first treatment



Committee Name All	GroupName Systems and Partnerships	MetricName 62-day wait for first treatment	
<b>44.20%</b> KGH: Current Value	<b>85.00%</b> KGH: Current Target	<b>57.90%</b> NGH: Current Value	<b>85.00%</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/24	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the standard of 85%. Performance for the month of January was recorded at 51.8%.	<p>Reporting of the 62 day standard now includes Consultant upgrades, bowel screening, breast screening and cervical screening. The Trust treated 109 patients, this included 52.5 breaches.</p> <p>The trust has seen a reduction in performance against the standard. The Breast service experienced significant workforce issues due to staff sickness amongst surgeons and radiology which impacted diagnostics and theatre list availability. We saw the impact of the industrial action in December affecting diagnostics and treatments particularly in Urology and the service is yet to fully recover.</p> <p>We have seen an increase in shared bowel screening breaches with NGH due to NGH capacity. Lead for Bowel screening has written to NGH regarding providing additional capacity.</p> <p>The highest proportion of breaches were recorded within the Surgical division .</p> <p>OPA, diagnostics and theatre cancellations as a result of industrial action has continued to impact the 62d recovery.</p>	<p>No change - Cancer recovery action plan discussed and updated by Head of Nursing Cancer and service and presented weekly at Patient access board.</p> <p>No change - Weekly calls take place with tertiary centres for next steps of patients.</p> <p>No change - Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways</p> <p>Increased activity for LATP and OPA (weekend clinics)</p> <p>No change - Impact of industrial action added to risk register</p> <p>Commencement of digital pathology - Histopathology and HR attempt to employee overseas pathologist</p> <p>Clinical review of the PTL has ensured faster decision making and identification of next steps resulting in a reduction in patient pathways without a diagnosis passed breach date. This is custom and practice in Colorectal, Gynaecology, Lung and Head and Neck.</p> <p>Handover of booking CT Colon to admin to release clinical staff and increase access to patients</p> <p>Lead for Bowel screening has written to NGH regarding providing additional capacity.</p>	<p>We continue to hold the twice weekly Confirm and Challenge meetings, we discuss every patient passed breach date and up to day 31 of their pathway. This is chaired by the cancer management team and the DCOO.</p> <p>Patient access board continues weekly where actions to improve cancer performance are highlighted by the divisions and escalated when necessary.</p> <p>LATP and OPA capacity managed weekly and clinics changed to accomodate where demand required</p> <p>Additional lists provided for increased demand of CT colon requests</p> <p>Approval at vacancy panel for colposcopy nurse</p> <p>Locum commenced in Dermatology</p>

# 62-day wait for first treatment

<b>Committee Name</b> All	<b>GroupName</b> Systems and Partnerships	<b>MetricName</b> 62-day wait for first treatment	
<h2>44.20%</h2> <p>KGH: Current Value</p>	<h2>85.00%</h2> <p>KGH: Current Target</p>	<h2>57.90%</h2> <p>NGH: Current Value</p>	<h2>85.00%</h2> <p>NGH: Current Target</p>

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/01/24	% of patients whose treatment in initiated within 63 days of urgent referral	Whilst the standard is 85%, the national ask is to achieve 70% by March 2024 recognising the current challenges. The Trust achieved 57.9% in January.	186.5 treatments occurred in January across urgent suspicion of cancer referrals, screening and consultant upgrades. Of these there were 57.5 breaches. 6 were complex routes to diagnosis, 29 were due to elective capacity, 43 were delayed due to health care provider, which means a multi factorial breach with more than one delay reason, 10 were due to out patient capacity, 6 were due to patient choice and 1 was due to inconclusive diagnostics.	The trust continues to prioritise cancer, seeing improvements in diagnostic waiting times as is evidenced by our 28 day faster diagnosis performance. Moving patients to treatment remains the biggest challenge.	site and corporate ptl's provide full visibility of patient pathways, trust escalation policy identifies patients not meeting key milestones for services to address, weekly access committee to highlight areas of concern to divisional teams, monthly cancer strategy group overseeing and driving improvements



# Cancer: Faster Diagnostic Standard



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Cancer: Faster Diagnostic Standard



## 84.50%

KGH: Current Value

## 75.00%

KGH: Current Target

## 83.50%

NGH: Current Value

## 75.00%

NGH: Current Target

### Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



### Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Site Date Background

What the chart tells us

Issues

Actions

Mitigations



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Cancer: Faster Diagnostic Standard

**84.50%**

KGH: Current Value

**75.00%**

KGH: Current Target

**83.50%**

NGH: Current Value

**75.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/24	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of December at 83.4%	<p>No change - The Trust continues to meet the faster diagnosis standard, we are recognised by EMCA and nationally for our consistent over achievement of the faster diagnosis standard. The Trust along with Northampton General Hospital were recently ranked second in the country for our faster diagnosis performance.</p> <p>Despite challenges achieving the 2ww standard the Trust continues to achieve the faster diagnosis standard. The Trust recognises our performance against the standard is largely due to ensuring patients without cancer are informed by day 28 but focus needs to be achieving the standard for those patients with a diagnosis of cancer.</p>	<p>No changes</p> <p>Divisions to continue to monitor performance against the standard</p> <p>Increased PTL meetings continue to maintain focus and performance</p>	<p>Patients discussed twice weekly with histopathology and radiology to ensure timely booking and reporting of investigations.</p> <p>Additional CDC capacity now provided for routine tests enabling specialist diagnostics to be kept on site with reduced turnaround times</p> <p>Gynaecology service write to patients who are non cancer post PTL to ensure faster diagnosis standard is met. This also reduces the burden on clinic OPAs</p>
NGH	01/01/24	% of patients diagnosed in less than 28 days	The Trust continues to surpass the 28 day faster diagnosis achieving 83.5% against the 75% standard.	None standard exceeded	Sustain existing practice	None

# 6-week diagnostic test target performance

Committee Name

All

GroupName

Systems and Partnerships

MetricName

6-week diagnostic test target performance

01/03/2020

01/03/2024

**85.00%**

KGH: Current Value

**99.00%**

KGH: Current Target

**88.80%**

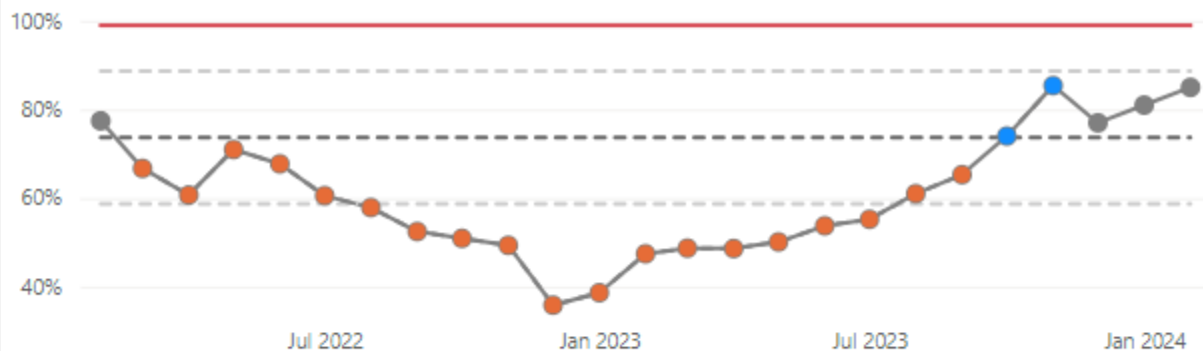
NGH: Current Value

**99.00%**

NGH: Current Target

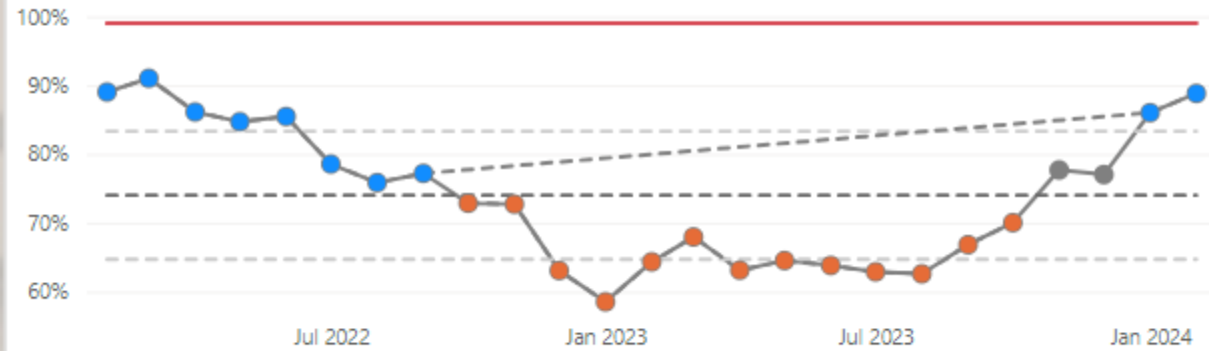
## Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



## Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships





# 6-week diagnostic test target performance



<b>Committee Name</b> All	<b>GroupName</b> Systems and Partnerships	<b>MetricName</b> 6-week diagnostic test target performance	3/1/2020 — 3/1/2024
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Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	% of patients not seen within six weeks	Unvalidated performance for Feb has seen the trust hold it's position of 85%	<ul style="list-style-type: none"> <li>Capacity within Cardiology to see see patients who require Cardiac MRI or CT</li> <li>Capacity of Pediatric wards for Paediatric MRIs</li> <li>Capacity within Neurophysiology to meet the demand</li> <li>Backlog within Cystoscopy</li> </ul>	Mitigations include: <ul style="list-style-type: none"> <li>• Consultant connect have begun re-triaging referrals in for Neurophysiological assessments. The aim will be to identify patients who can be managed in the community and create capacity for those who need acute care.</li> <li>• Cardiology have been engaging with clinicians to reallocate capacity to support the recovery of Cardiac CTs</li> <li>• Paediatrics have been engaging with Radiology around bed allocation to support the GA Paeds list.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly Access Meetings</li> <li>Weekly validation of PTL meetings</li> </ul>
NGH	01/02/24	% of patients not seen within six weeks	Diagnostic performance has increased to 88% week from previous month. This is in line with and exceeded trajectory to deliver 85% by March 24.	<ul style="list-style-type: none"> <li>· U/S and Audiology remains constrained</li> <li>· MRI remains circa 97/98%, CT at 98%, U/S has also seen improvement to 81%, Echoe's are at 83% with TOE's and DSE constrained due to sickness and workforce issues.</li> </ul>	<ul style="list-style-type: none"> <li>- Mitigations for Audiology being explored in place with to include support from Agency and Athena, Insourcing being discussed and yet to be finalised dependant on financial and procurement discussions .</li> <li>- U/S CDC activity should mitigate with additional capacity, referrals have increased and further capacity being explored.</li> <li>- Locum in place to mitigate.</li> </ul>	<ul style="list-style-type: none"> <li>- Weekly diagnostic PTL</li> <li>- Standing agenda item at Access Committee</li> </ul>



# Unappointed outpatient follow ups



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Unappointed outpatient follow ups

01/03/2020

01/03/2024



## 4,600

KGH: Current Value

KGH: Current Target

## 26,038

NGH: Current Value

## 0

NGH: Current Target

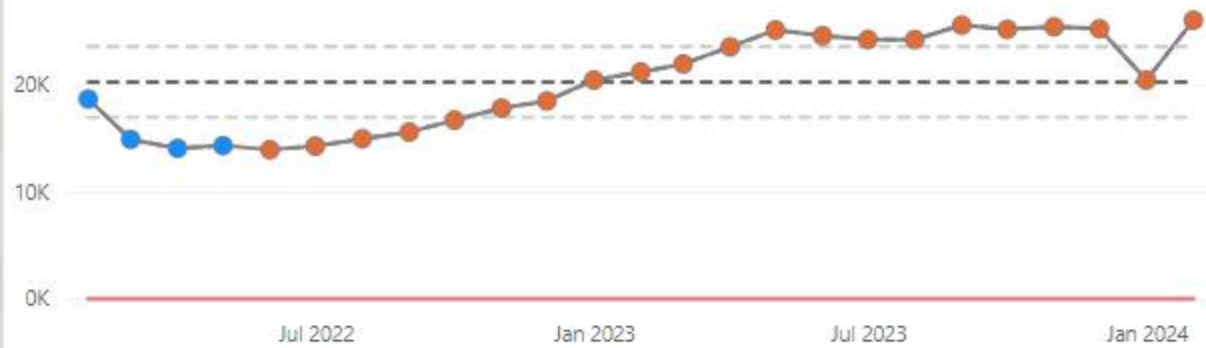
### Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



### Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships





# Unappointed outpatient follow ups



Committee Name: 
 GroupName: 
 MetricName: 
 3/1/2020



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Count of patients who do not have a booked appointment and are past their due date	Patients 6 months or more past their review date with no appointment booked has remained stable at 4.6k	Capacity to deliver the need of follow-ups required	Validation continues to highlight patients who require escalation to clinicians to mitigate clinical risk for those waiting. Weekly circulation of patient tracking lists ensures patients are visible to specialties for action Weekly accountability segments continue within PAG for the divisions	N/A
NGH	01/02/24	Count of patients who do not have a booked appointment and are past their due date	Over 6 months has reduced to 6020 however this remains an on-going challenge.	- Continued impact of IA - Administrative resource - Capacity to deliver FU requirements	- Pilot to bulk transfer ENT patients onto PIFU - tranche 1 completed with circa 250 patients transferred further cohort to be agreed. - Over 12 months circulated to divisions to support tracking - Working for the automation of closures including PIFU past review - Patient validation text has gone out - responses to be actioned	- Standing Agenda Item at Access Committee - Project focus through further faster and GIRFT



# RTT over 52 week waits



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

RTT over 52 week waits



**385**

KGH: Current Value

**0**

KGH: Current Target

**1,506**

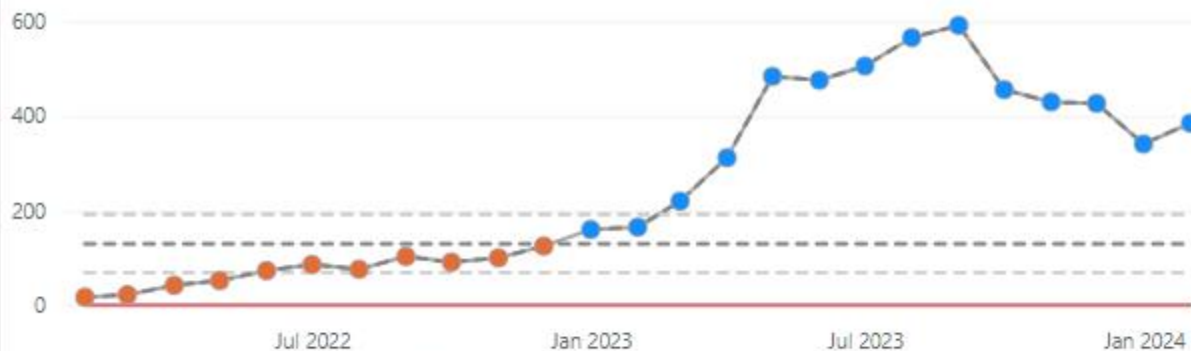
NGH: Current Value

**0**

NGH: Current Target

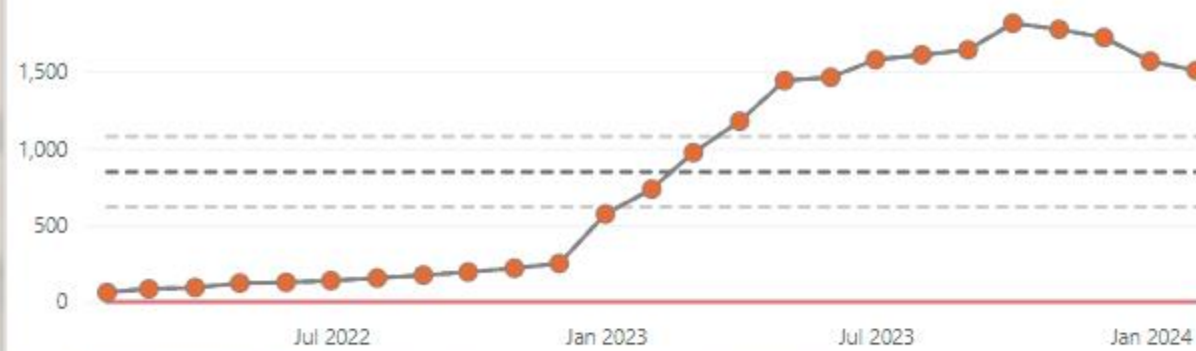
## Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



## Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



# RTT over 52 week waits

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

**385**

KGH: Current Value

**0**

KGH: Current Target

**1,506**

NGH: Current Value

**0**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Patient waiting 52w+ has seen an increase to 385 (unvalidated)	<p>As part of collaborative services KGH have also taken on 30+ ENT patients from NGH to support in a system recovery for this service. In addition to this the planned collaboration of Head and Neck between NGH and KGH is due to go live in April 2024. There is an expectation that this will have an impact on the PTL, however this is yet to be understood.</p> <p>Capacity within Neurology and Respiratory Medicine is challenged with patients waiting in excess of 40 weeks for 1st OAPs and often requiring multiple scans before they can be seen and or treated.</p> <p>Patient Choice continues to be a challenge with patients choosing to defer treatments, diagnostics and OPAs.</p>	<ul style="list-style-type: none"> <li>- Continued WLI and Insourced activity for elective care. The impact of this is being discussed with heads of finance, elective care, performance and divisions.</li> <li>- Respiratory Medicine Services continues to struggle with capacity where patients are waiting in excess of 40 weeks for 1st appointments. The medical division has agreed WLIs to support allocation of additional capacity.</li> <li>- The waiting list office has been reminded of access policy guidance around disengaged patients who should be escalated for discharge in a timely manner.</li> <li>- Patient pathways with significant delays are being escalated to HoA for engagement with consultants and patients.</li> <li>- Orthodontic pathways have been a point of review in the past few weeks in establishing compliance with the access policy and clock stops. This has been worked on within the division and has been concluded with all the longest waiting patients now with plans in place. Assuming all patients turn up these will be the initiation of treatment.</li> <li>- Concerns remain within Respiratory and Neurology pathways where capacity has been significantly challenged. Consultant Connect has started work on review of Neurology pathways to support in the identification of patients who can be supported in Primary Care, creating space for acutely unwell patients.</li> <li>- Patient Choice Active Monitoring (PCAM) has gone live since November 2023 being applied to patients 45w+ who have declined two or more reasonable TCI dates. This has been expanded to patients on a Non-Admitted pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly PAG meetings for accountability for divisions</li> <li>Weekly PTL Meetings</li> <li>Weekly PCAM meetings</li> </ul>

# RTT over 52 week waits

Committee Name

GroupName

MetricName



**385**  
 KGH: Current Value

**0**  
 KGH: Current Target

**1,506**  
 NGH: Current Value

**0**  
 NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/24	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	52+ Actuals continues to reduce despite operational pressures. End of Feb position unvalidated 1,508 from 1,596. Over 65+ has seen further reduction to 424 patients from previous month.	<ul style="list-style-type: none"> <li>- Current risk re. 78+ being worked through with Daily reporting to DCOO and COO on outstanding risk. Challenges around anaesthetic cover resulting in lists being cancelled risk delivery of trajectories and mandates around clearance.</li> <li>- Impact of IA on activity noted for long waiters in February.</li> <li>- H&amp;N collaborative to "go live" in April - impact not yet known on PTL.</li> </ul>	<ul style="list-style-type: none"> <li>- Continued outsourcing with Athena with ENT Teams have put in place additional theatre and outpatient lists with Audiology</li> <li>- Utilisation of independent sector capacity for General Surgery, Urology and T&amp;O to support ambition prior months has seen Outsourcing of Orthopaedic 150 cases and Gen surgery 60 cases to Woodlands. This is on-going however there financial constraints to support this going forward.</li> <li>- Daily reports to monitor the 78+ position have been put in place and weekly meetings chaired by Deputy COO.</li> </ul>	<ul style="list-style-type: none"> <li>- Daily monitoring of long waiting patients</li> <li>- Standing Agenda item at Access Committee</li> <li>- PTL weekly</li> </ul>





# Size of RTT waiting list



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Size of RTT waiting list



## 29,279

KGH: Current Value

KGH: Current Target

## 40,414

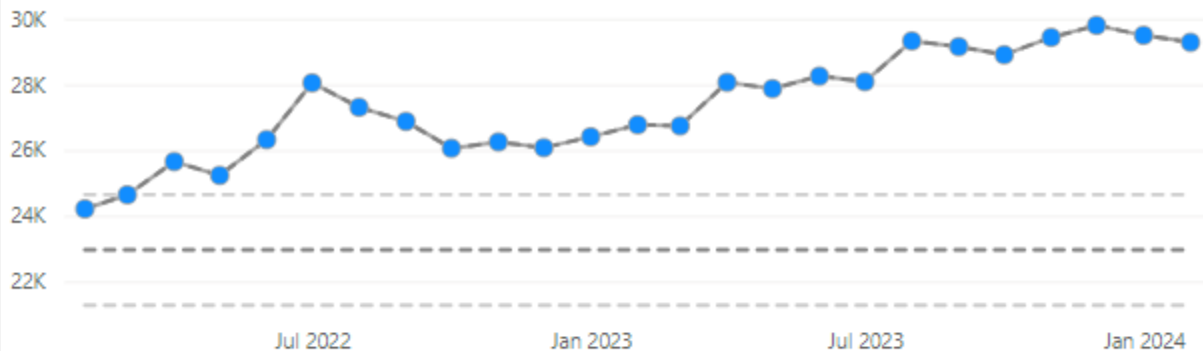
NGH: Current Value

## 0

NGH: Current Target

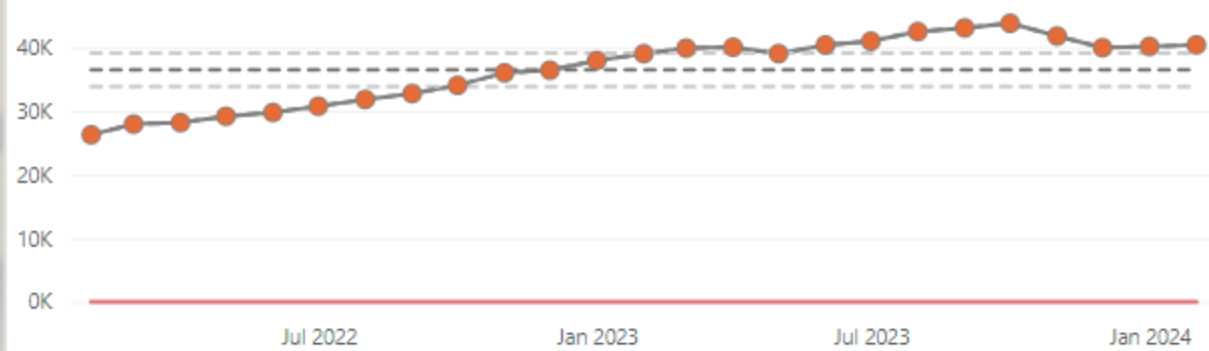
### Kettering General Hospital

Size of RTT waiting list: Systems and Partnerships



### Northampton General Hospital

Size of RTT waiting list: Systems and Partnerships



# Size of RTT waiting list

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Size of RTT waiting list

**29,279**

KGH: Current Value

KGH: Current Target

**40,414**

NGH: Current Value

**0**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Count of patients actively waiting against the 18 week RTT target	The unvalidated total PTL is 29279	<p>As part of collaborative services KGH have also taken on 30+ ENT patients from NGH to support in a system recovery for this service. In addition to this the planned collaboration of Head and Neck between NGH and KGH is due to go live in April 2024. There is an expectation that this will have an impact on the PTL, however this is yet to be understood.</p> <p>Capacity challenges within Medicine specialties specifically Neurology and Respiratory Patient Choice to delay next step in their care eg Diagnostics, OPAs, TCIs</p> <p>Complex pathways that require multiples tests and repeated tests</p> <p>General Capacity</p>	<ul style="list-style-type: none"> <li>- Continued WLI and Insourced activity for elective care. The impact of this is being discussed with heads of finance, elective care, performance and divisions.</li> <li>- Respiratory Medicine Services continues to struggle with capacity where patients are waiting in excess of 40 weeks for 1st appointments. The medical division has agreed WLIs to support allocation of additional capacity.</li> <li>- The waiting list office has been reminded of access policy guidance around disengaged patients who should be escalated for discharge in a timely manner.</li> <li>- Patient pathways with significant delays are being escalated to HoA for engagement with consultants and patients.</li> <li>- Orthodontic pathways have been a point of review in the past few weeks in establishing compliance with the access policy and clock stops. This has been worked on within the division and has been concluded with all the longest waiting patients now with plans in place. Assuming all patients turn up these will be the initiation of treatment.</li> <li>- Concerns remain within Respiratory and Neurology pathways where capacity has been significantly challenged. Consultant Connect has started work on review of Neurology pathways to support in the identification of patients who can be supported in Primary Care, creating space for acutely unwell patients.</li> <li>- Patient Choice Active Monitoring (PCAM) has gone live since November 2023 being applied to patients 45w+ who have declined two or more reasonable TCI dates. This has been expanded to patients on a Non-Admitted pathway.</li> </ul>	<p>Weekly PTL meetings</p> <p>Validation of pathways</p> <p>support of CCS with validations</p>



# Size of RTT waiting list



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Size of RTT waiting list

3/1/2020

3/1/2024



**29,279**

KGH: Current Value

KGH: Current Target

**40,414**

NGH: Current Value

**0**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/24	Count of patients actively waiting against the 18 week RTT target	PTL size had reduced from 43,000 to 40,149 with intensive focus from central validation team, continuing reduction with position at 40,103 (22/2/24)  · Validation has remained above 90%	Whilst there has been a reduction issues from previous month continue: -Continued increase in referrals overall with clock starts out of proportion with clock stops - Continued impact of IA - Referrals continue to increase with the Trust continually seeing 20-30% increase in referrals across specialties.	Same as for 52+ actions	- Standing agenda item Access Committee - Weekly PTL - CCS tool "Go live end of March to support PTL and monitoring of waiting list"

Committee Name

GroupName

MetricName

**74.00%**

KGH: Current Value

KGH: Current Target

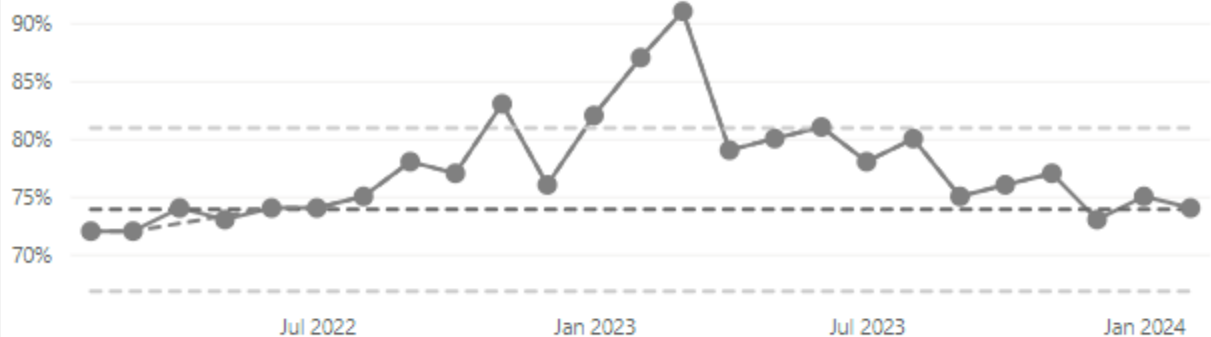
**77.00%**

NGH: Current Value

NGH: Current Target

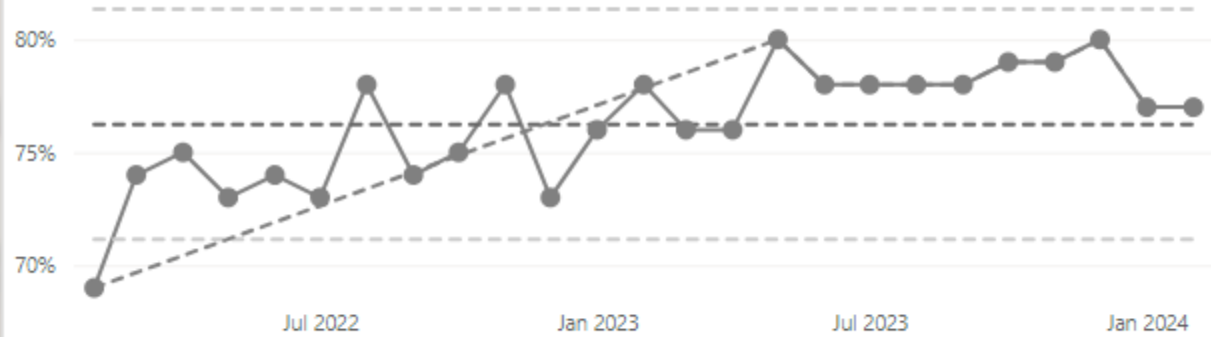
### Kettering General Hospital

Theatre utilisation: Systems and Partnerships



### Northampton General Hospital

Theatre utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 74% in February.	Theatre utilisation was affected by a decrease in gynaecology and obstetric list utilisation, largely impacted by the restrictions on Maple Ward capacity, and orthopaedic lists - impacted by a decrease in elective orthopaedic beds. Clinical cancellations on the day due to coughs and colds increased during February	Continued focus on theatre starting times and checking specialties with biggest difference between booked and actual operating time. Focus on cancellations on the day, which have increased across KGH and NGH, mainly due to patients having cough and cold symptoms on the day of planned surgery. Booking against adjusted procedure times to start mid-March.	Weekly 642 and theatre scheduling meetings have improved booking practice. New accommodation for Pre-Assessment Service approved through capital in August 2022 for increased face to face appointments - Estates work has been delayed again and has requested additional capital funding (this space was finally handed over in February 2024 but is being used to support Rockingham Wing requirements).
NGH	01/02/24	Theatre utilisation % against 85% national target	Theatre Utilisation - Touch time = 77% Theatre Utilisation - Touch time including turnover = 92%	Sustainment of utilisation. Nexus is not pulling surgeon timings into Palantir.	6-4-2 weekly meeting Planning meetings with Consultants	Newton investigating surgeons timings. Awaiting Nexus upgrade.



# Bed utilisation



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Bed utilisation

## 98.45%

KGH: Current Value

KGH: Current Target

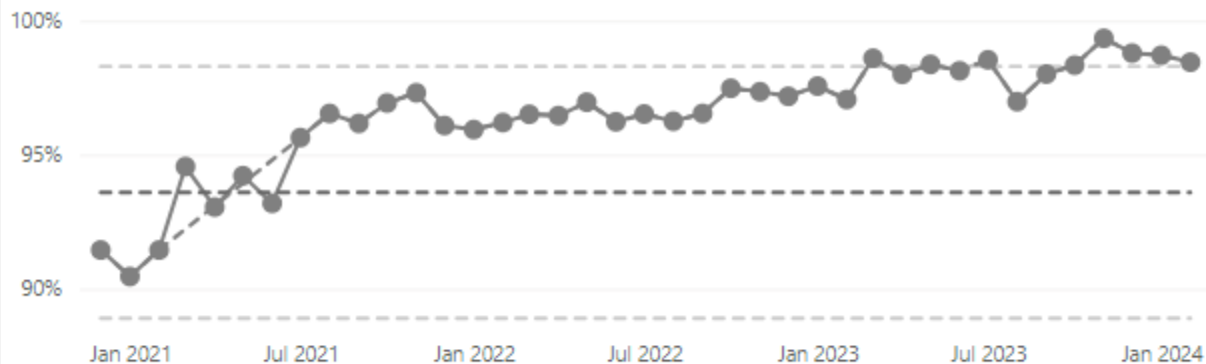
## 87.67%

NGH: Current Value

NGH: Current Target

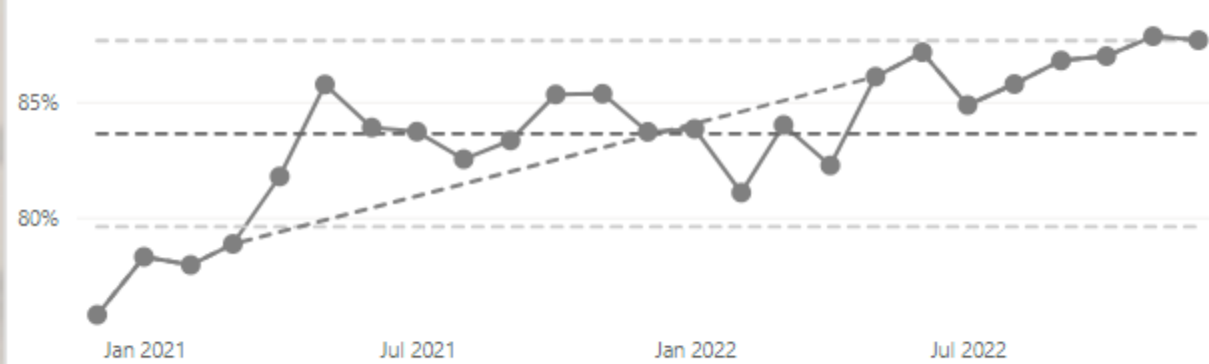
### Kettering General Hospital

Bed utilisation: Systems and Partnerships



### Northampton General Hospital

Bed utilisation: Systems and Partnerships



# Stranded patients (7+ day length of stay)

Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Stranded patients (7+ day length of stay)

279

KGH: Current Value

KGH: Current Target

405

NGH: Current Value

NGH: Current Target

## Kettering General Hospital

Stranded patients (7+ day length of stay): Systems and Partnerships



## Northampton General Hospital

Stranded patients (7+ day length of stay): Systems and Partnerships





# Super-Stranded patients (21+ day length of stay)



Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Super-Stranded patients (21+ day length ...

01/03/2020 01/03/2024

102

KGH: Current Value

0

KGH: Current Target

169

NGH: Current Value

0

NGH: Current Target

## Kettering General Hospital

Super-Stranded patients (21+ day length of stay): Systems and Partnerships



## Northampton General Hospital

Super-Stranded patients (21+ day length of stay): Systems and Partnerships





# Patients with a reason to reside



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Patients with a reason to reside



## 74.72%

KGH: Current Value

KGH: Current Target

## 66.72%

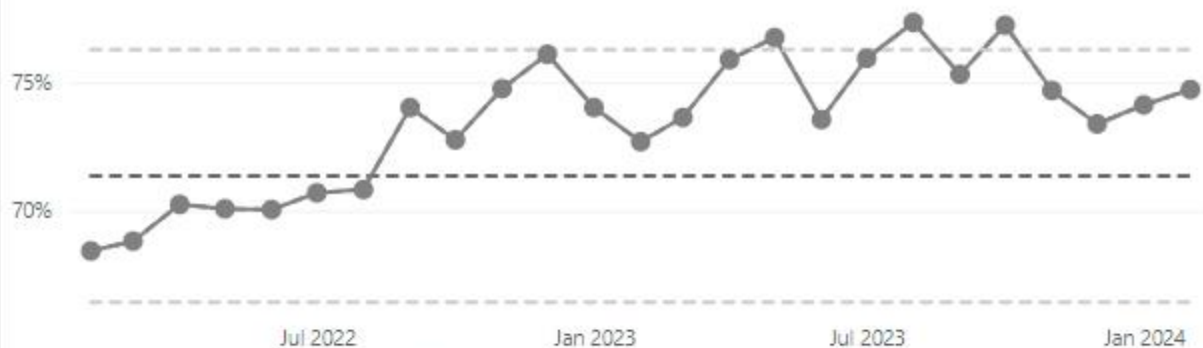
NGH: Current Value

## 95.00%

NGH: Current Target

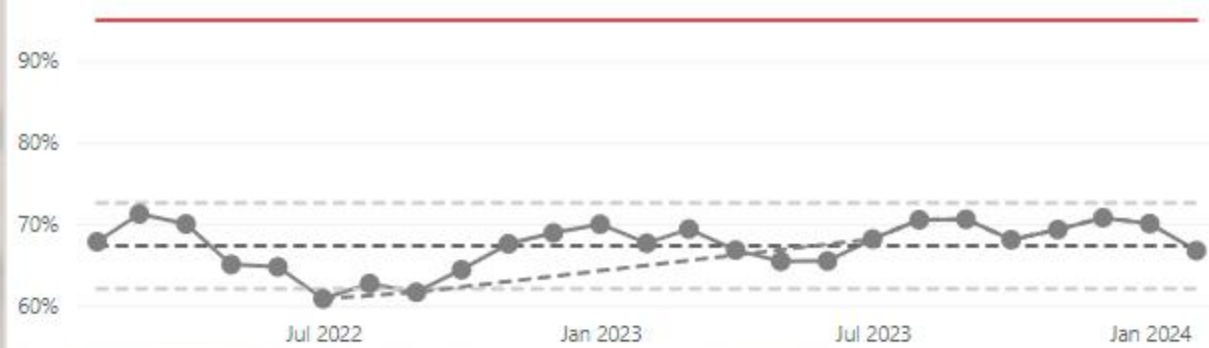
### Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships



### Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships





Committee Name

GroupName

MetricName

130

KGH: Current Value

KGH: Current Target

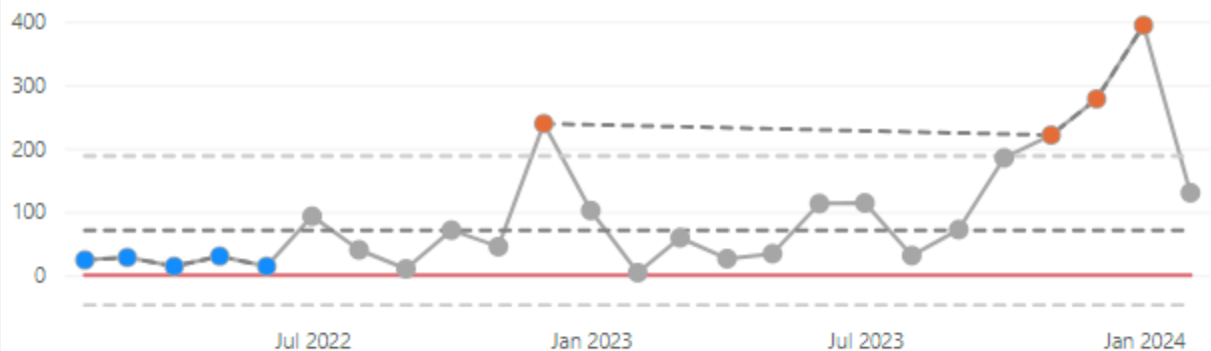
285

NGH: Current Value

NGH: Current Target

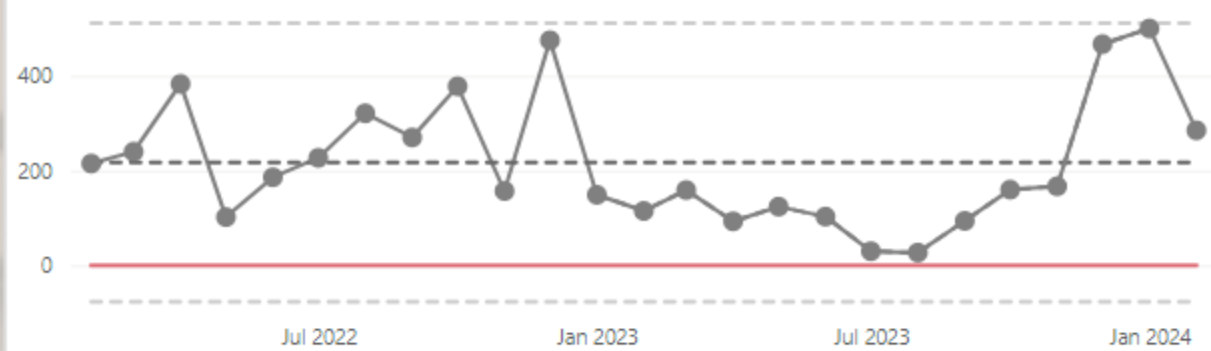
### Kettering General Hospital

Ambulance handover (delays over 60 minutes): Systems and Partnerships



### Northampton General Hospital

Ambulance handover (delays over 60 minutes): Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	EMAS ambulance handovers > 60 minutes	The organisation has seen a decrease in the number of black breaches during February. Overall, 130 black breaches were reported, of which 67 were validated as true KGH breaches.	We continue to see a surge in arrivals during peak times of the day; Continued Trust capacity pressures during the month impacting our ability to offload within 15 mins.	Continue to facilitate physician and nurse assessment for patients where handover is delayed to ensure safety and minimum care standards are maintained. Driving direct access pathway to MSDEC Ongoing discussion with EMAS the inclusion of additional departments on the arrival screen to assist the team with knowing how to direct conveyances and reduce avoidable delays.	No incidents of harm identified from the harm reviews undertaken.

Committee Name

GroupName

MetricName

**62.31%**

KGH: Current Value

KGH: Current Target

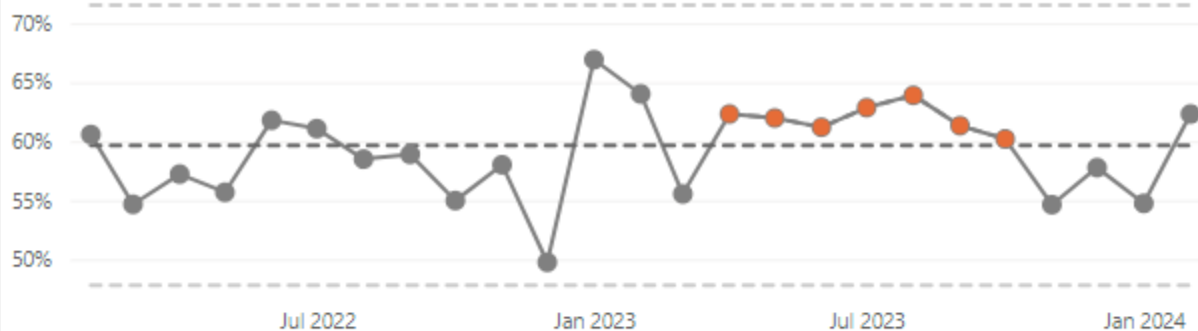
**47.57%**

NGH: Current Value

NGH: Current Target

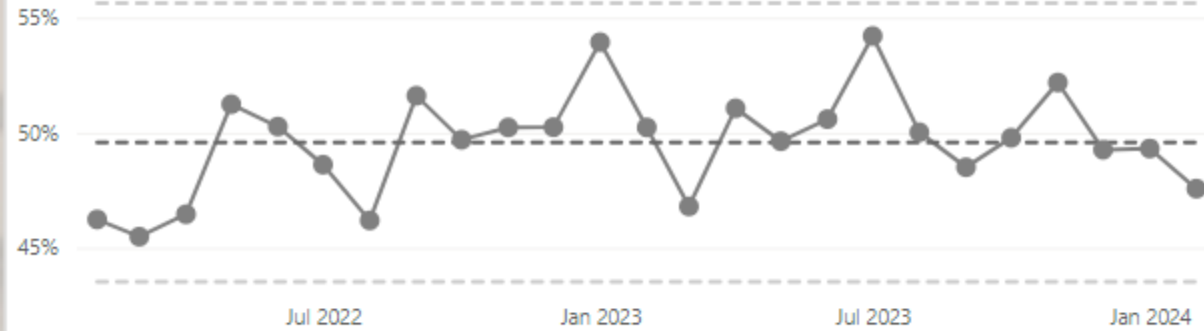
### Kettering General Hospital

Time to initial assessment: Systems and Partnerships



### Northampton General Hospital

Time to initial assessment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	We have seen an increase in compliance with TTIA during February 2024.	Our ability to complete TTIA within time standard is impacted during periods of heightened activity further impacted by nursing numbers inhibiting our ability to increase triage rooms in ED Assessment space available to increase triage rooms limited due to current estate footprint.	Continued focus on allocation of existing assessment rooms to support timely assessment, treatment and discharge. Promoting Senior clinician decision with ordering of diagnostics and onward referrals as per IPS. 4-hourly daily huddle in ED with real time monitoring of local IPS data to assess and assist with pre-empting surge areas. Allocation of additional triage nurse to support at times of a surge in activity	Staffing reviewed twice daily via staffing cell with staff re-deployed from other areas to support safe staffing levels.  MIAMI and resus patients excluded from denominator giving assurance that the metric is appropriately measured.

# Average time in department - Admitted

Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

Systems and Partnerships

Average time in department - Admitted

558

KGH: Current Value

KGH: Current Target

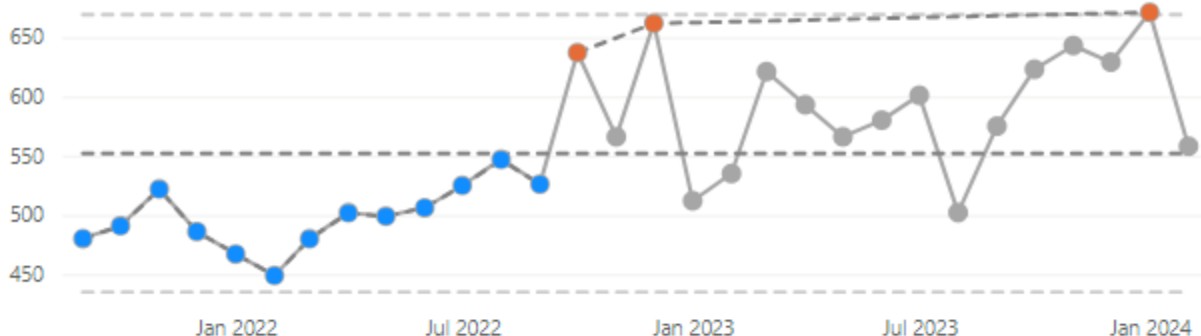
1,134

NGH: Current Value

NGH: Current Target

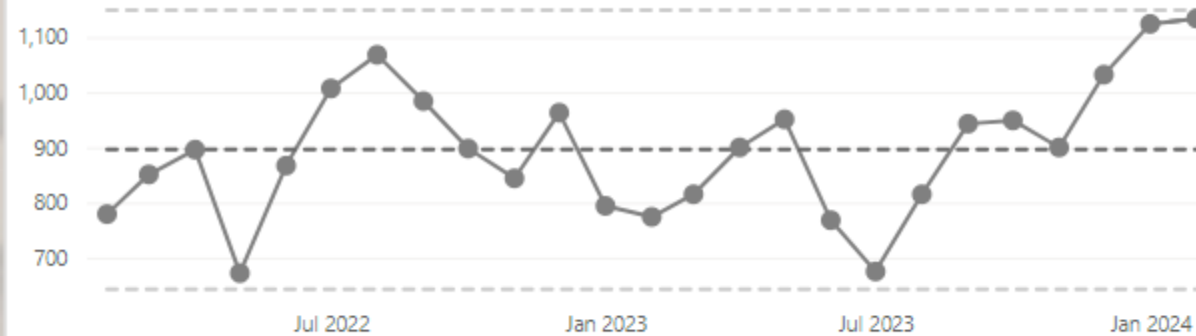
## Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



## Northampton General Hospital

Average time in department - Admitted: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Average time in department for those patients who are admitted to the hospital	The data shows a reduction from the previous month with average time to discharge for admitted patients	<p>This is not solely an ED Metric but a Whole System metric and largely impacted by capacity and flow out of ED.</p> <p>Admission of MH patients into UC wards due to the unavailability of inpatient beds in the community.</p>	<p>Continue with direct admission into acute medical wards for patients with EDD &gt;48hours</p> <p>Continue with MSDEC in reach to ED in the morning</p> <p>Established a standalone planned care unit with capacity to see returning MSDEC patients, thus, increasing capacity on MSDEC to receive emergency patients from ED, and avoiding the need for the suspension of referrals</p> <p>Implemented breach validation work to be used to identify pathway improvement</p> <p>Discussions ongoing regarding an A&amp;E cardiology pathway into MSDEC</p>	<p>Use of escalation areas and outlying capacity</p> <p>Rapid transfer protocol</p>

# Average time in department - Discharged

Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

Systems and Partnerships

Average time in department - Discharged

223

KGH: Current Value

KGH: Current Target

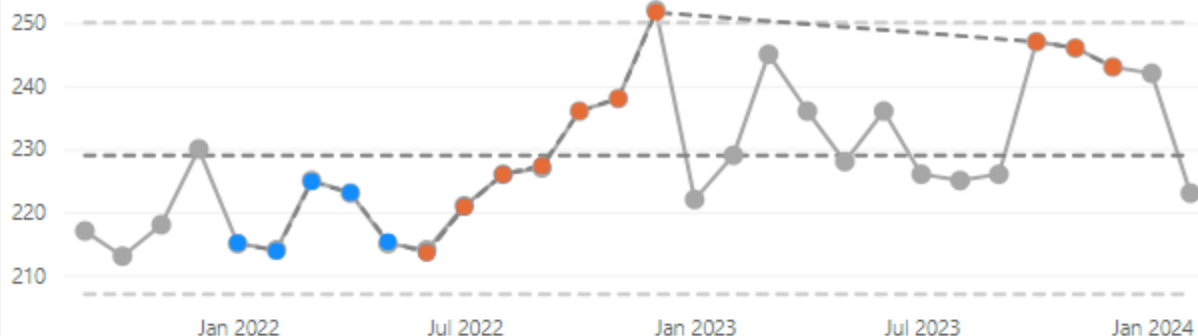
229

NGH: Current Value

NGH: Current Target

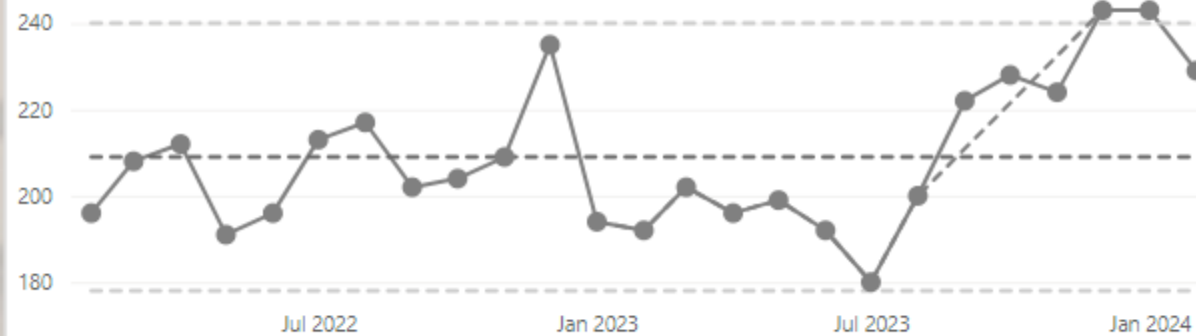
## Kettering General Hospital

Average time in department - Discharged: Systems and Partnerships



## Northampton General Hospital

Average time in department - Discharged: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Average time in department for those patients who are not admitted to the hospital	The data shows us that the average time to discharge for February 2024: 223 mins – against a target of 240 mins for all patients.	Recognised limitations with regards to existing streaming and re-direction pathways available from ED. Timely review of patients further challenged by lack of capacity within the department footprint It is recognised that this current data includes patients against which a confirmed admit has been applied; however, due to lack of Trust capacity these patients have experienced extended lengths of stay before becoming fit to be discharged home.	Continue to embed 4-hourly huddles focusing on safety and operational metrics around IPS/performance against 4-hour target. Established a standalone Planned Care Unit; Established an EDU – (adjacent to MIAMI) allowing the ability to move clinically appropriate patients away from main ED whilst awaiting treatment, and/or speciality intervention prior to discharge. Flow Coordinator resource allocated to Ambulatory Majors pathways at times of peak activity to support non-admitted patient flow.	Use of streaming pathways to MSDEC, MIAMI and in reach in the department to support medical on call for patients who can be discharged on the same day Post take of ED patients

Committee Name

GroupName

MetricName

**58.10%**

KGH: Current Value

KGH: Current Target

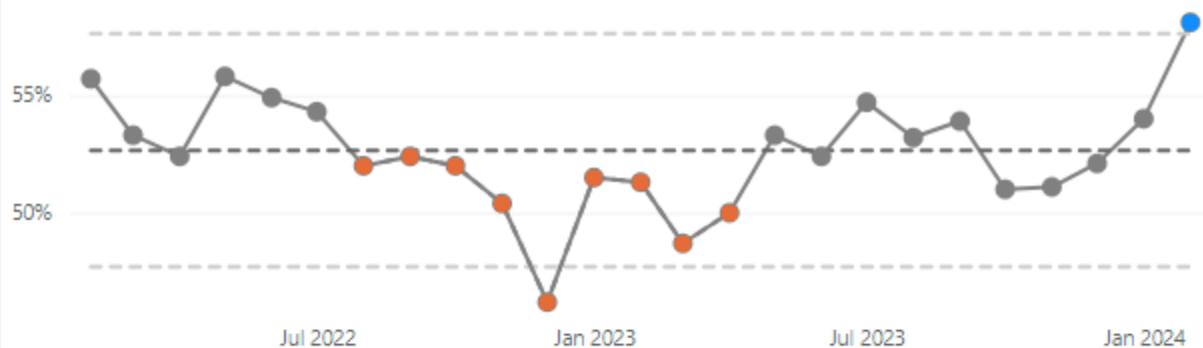
**64.95%**

NGH: Current Value

NGH: Current Target

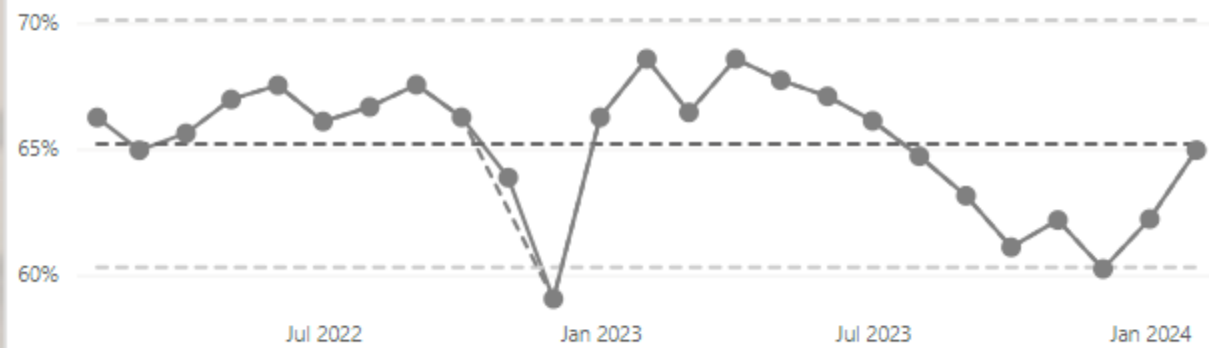
### Kettering General Hospital

4hr ED Performance: Systems and Partnerships



### Northampton General Hospital

4hr ED Performance: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	Overall performance for type 1 activity = 58%. As highlighted on the SPC graph, this is a special cause improvement.	<p>The requirement to embed renewed focus across the system with regards to working to the standard</p> <p>Patients requiring admission with an extended LOS in ED</p> <p>Inability to stream to an SDEC outside of the medicine division directly from triage</p> <p>Restricted pathways to stream and redirect outside of the Trust due to our current governance and workforce structure</p>	<p>Continue to embed 4-hour safety huddles focusing on quality and operational metrics around IPS and 4-hour target</p> <p>Established a standalone Planned Care unit with the aim of maximising non-elective flow through MSDEC by removing elective patient pathway</p> <p>Embedding of Ambulatory Majors patient pathway model – to include use of PIT rooms for patients presenting with GP letters.</p> <p>Established an EDU – (adjacent to MIAMI)</p> <p>Developing an A&amp;E cardiology pathway</p> <p>Ongoing discussions with Primary Care at interface meetings regarding re-direction to GP's.</p>	<p>2 Hourly In reach by MSDEC</p> <p>Implement rapid flow protocol</p> <p>Appropriate use of operational escalation protocol</p> <p>Weekly focus 4hr group for oversight of performance and monitoring of active workstreams</p>

# People Committee

# People Committee

Exec owners: Paula Kirkpatrick

*In reminder, this Committee monitors the 'people' metrics within the IGR.*

This cover sheet is designed to **highlight to the Committee salient messages from the IGR metrics** for this month:

1

Mandatory Training Compliance continues to show a positive trend showing impact of targeted sessions

2

Turnover rates continue to show a positive trend. Particular focus remains on health care support worker retention given higher turnover rates for this staff group.

3

Similar to mandatory training completion, the targeted approach is seeing a positive impact on appraisal completion rates with now a sustained period of positive progress shown on the SPC.

Key **developments with the IGR** itself for the Committee to note:

1

Cautionary note around aggregated data has been added to the introductory page to the wider IGR pack following feedback regarding mandatory training.

2

WRES and WDES data is picked up in wider People reporting

Committee Name

Group Name

Metric Name

Site

Variation

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	People	Mandatory training compliance	01/02/24	88.60%	85.00%	85.6%	86.52%	87.44%			Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/02/24	92.40%	85.00%	88.16%	90.57%	92.98%			Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/02/24	82.73%	85.00%	78.54%	81.9%	85.27%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/02/24	79.08%	85.00%	74.38%	76.38%	78.38%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/02/24	5.26%	5.00%	3.83%	5.48%	7.13%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/02/24	6.67%	5.00%	4.38%	5.98%	7.58%			Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/02/24	11.77%	8.00%	8.34%	10.25%	12.17%			Consistently Anticipated to Not Meet Target
NGH	People	Vacancy rate	01/02/24	9.49%	8.00%	9.56%	10.88%	12.19%			Consistently Anticipated to Not Meet Target
KGH	People	Turnover rate	01/02/24	7.80%	8.50%	9.11%	9.73%	10.34%			Consistently Anticipated to Not Meet Target
KGH	People	Formal procedures	01/02/24	12		2	8	13			Consistently Anticipated to Meet Target
NGH	People	Formal procedures	01/02/24	19			13				Consistently Anticipated to Meet Target
KGH	People	Roster publication performance	01/02/24	44	42	27	36	44			Not Consistently Anticipated to Meet Target
NGH	People	Roster publication performance	01/02/24	39	42	33	39	46			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/02/24	55.30	91	81.55	81.55	81.55			Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/02/24	78.00	91	97.89	97.89	97.89			Not Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/02/24	3,831		1936	2635	3335			Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/02/24	2,687		947	1304	1661			Consistently Anticipated to Meet Target



# Mandatory training compliance

Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

People

Mandatory training compliance

92.40%

KGH: Current Value

85.00%

KGH: Current Target

88.60%

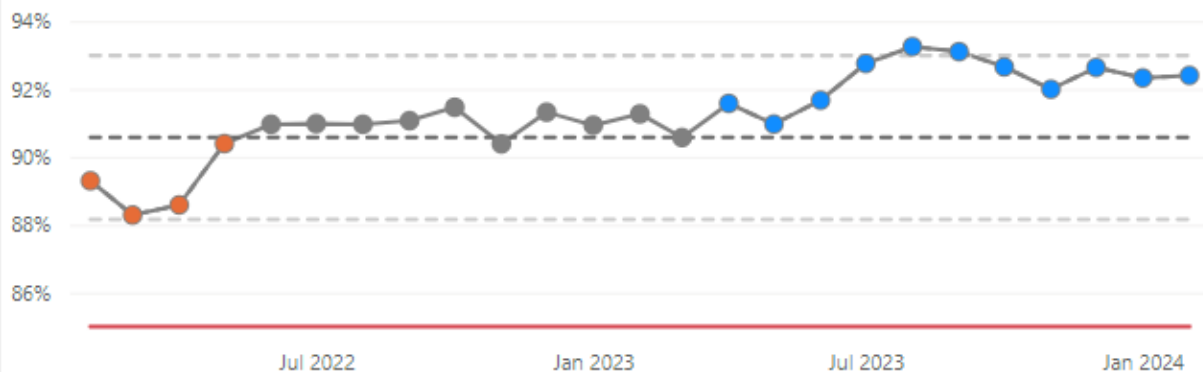
NGH: Current Value

85.00%

NGH: Current Target

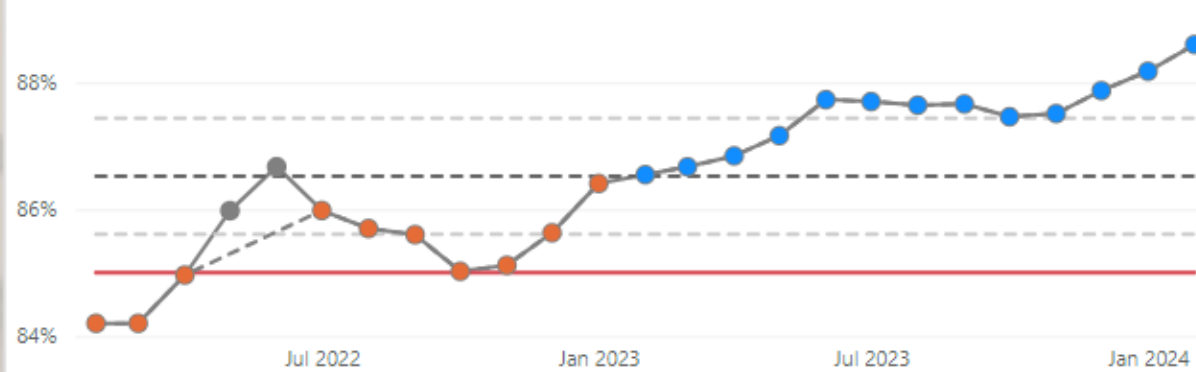
## Kettering General Hospital

Mandatory training compliance: People



## Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profiles	Areas have maintained compliance. Actions plans to support improvement in resuscitation are having an impact, the key clinical areas are showing good compliance and it is the smaller areas now with a focus.	A focus on the key areas with targeted training offerings	Operational pressures and staff release
NGH	01/02/24	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profiles	Medical compliance remains a challenge across the competencies	A new senior medical staff focused session offered with the first delivery in February. Personal invitations issues to encourage attendance	Industrial action and operations pressures

# Appraisal completion rates

Committee Name

GroupName

MetricName

**82.73%**

KGH: Current Value

**85.00%**

KGH: Current Target

**79.08%**

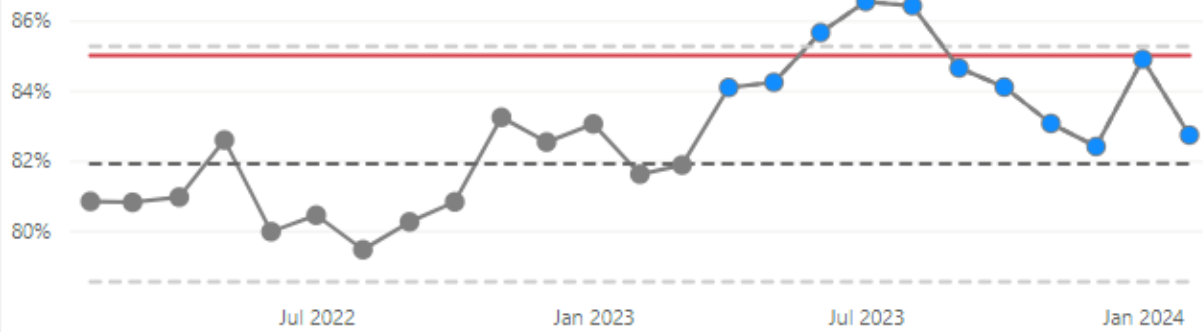
NGH: Current Value

**85.00%**

NGH: Current Target

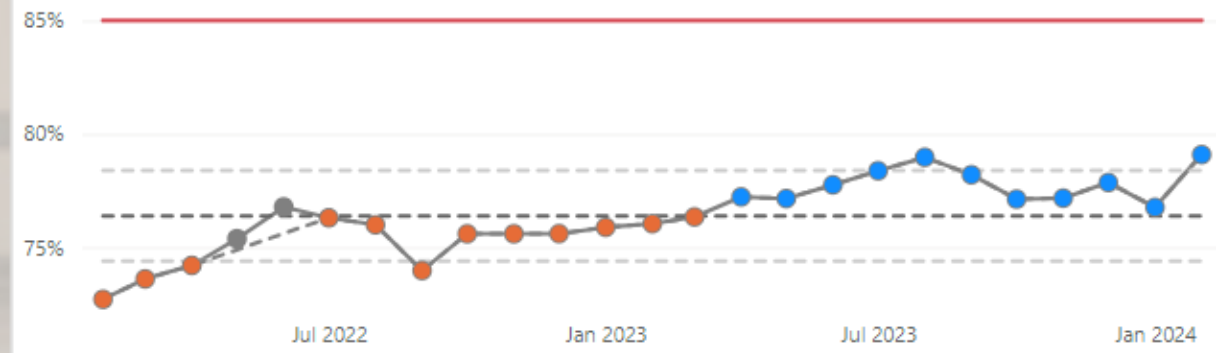
### Kettering General Hospital

Appraisal completion rates: People



### Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	There has been an improvement in completions in this reporting period.	On going focused targeting of staff member and manager, and ongoing development work	operational pressures
NGH	01/02/24	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	The level of compliance has maintained,	Ongoing targeted focus on areas below benchmark, with reminders having impact and action	Operational challenges and requirement for submission of completion

# Sickness and absence rate

Committee Name

GroupName

MetricName

**5.26%**

KGH: Current Value

**5.00%**

KGH: Current Target

**6.67%**

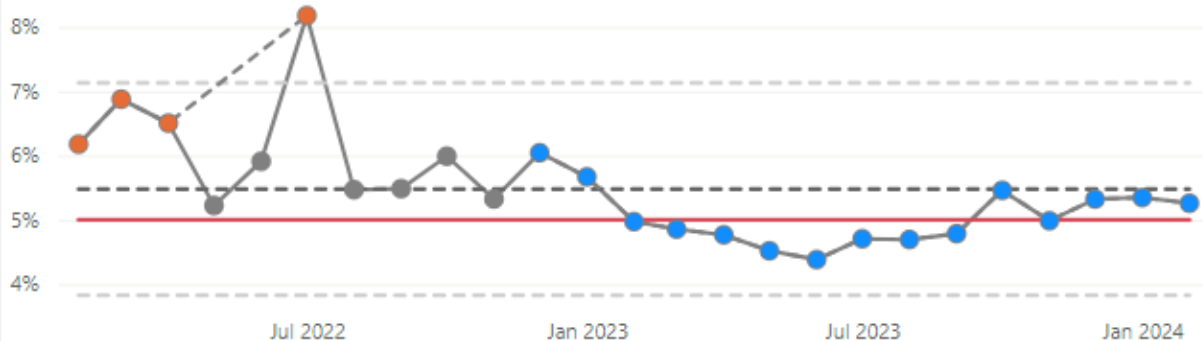
NGH: Current Value

**5.00%**

NGH: Current Target

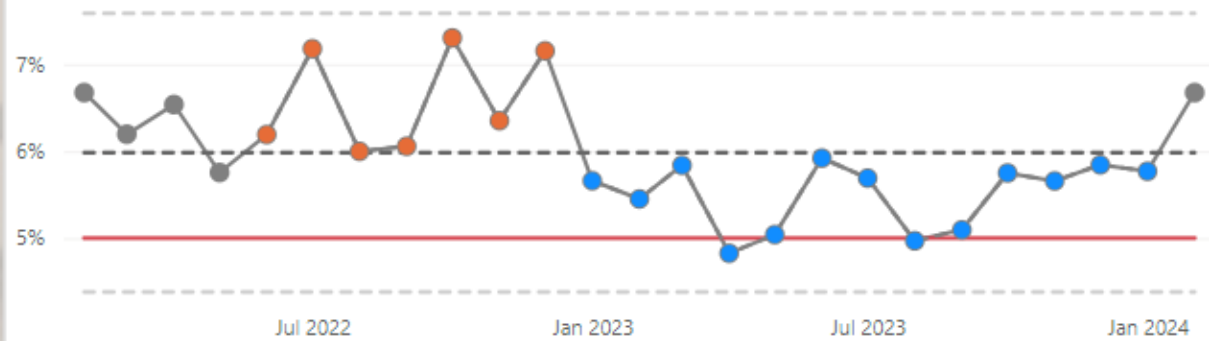
### Kettering General Hospital

Sickness and absence rate: People



### Northampton General Hospital

Sickness and absence rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	% of Staff absent	Sickness remains high at 5.26% in February a slight reduction from 5.35% in January.	There is still a significant pressure with short term absence with the main reasons for absence being cough, cold/Flu 372, Gastrointestinal issues 143.	Sickness Trigger reports are circulated to managers and formal stage 1 and long term sickness meetings scheduled as required.	Return to work interviews are scheduled and managers will advise staff when they are close to hitting triggers as well as discussing their wellbeing and any support we can offer to help maintain attendance.



# Vacancy rate



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

People

Vacancy rate



## 11.77%

KGH: Current Value

## 8.00%

KGH: Current Target

## 9.49%

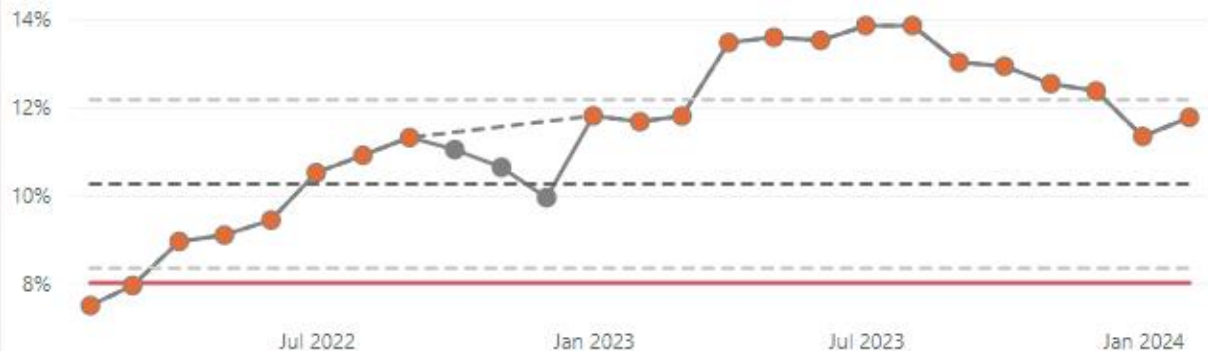
NGH: Current Value

## 8.00%

NGH: Current Target

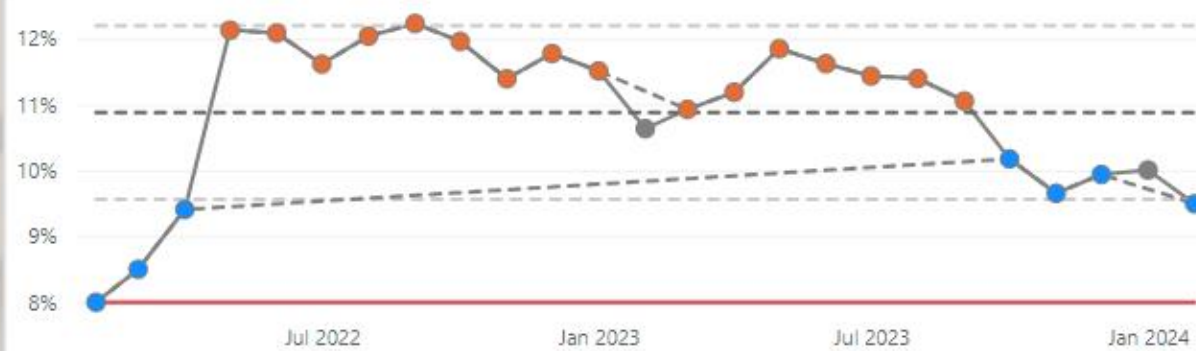
### Kettering General Hospital

Vacancy rate: People



### Northampton General Hospital

Vacancy rate: People





# Turnover rate



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

People

Turnover rate



## 7.80%

KGH: Current Value

## 8.50%

KGH: Current Target

## 7.09%

NGH: Current Value

## 8.50%

NGH: Current Target

### Kettering General Hospital

Turnover rate: People



### Northampton General Hospital

Turnover rate: People





# Formal procedures



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

People

Formal procedures



12

KGH: Current Value

KGH: Current Target

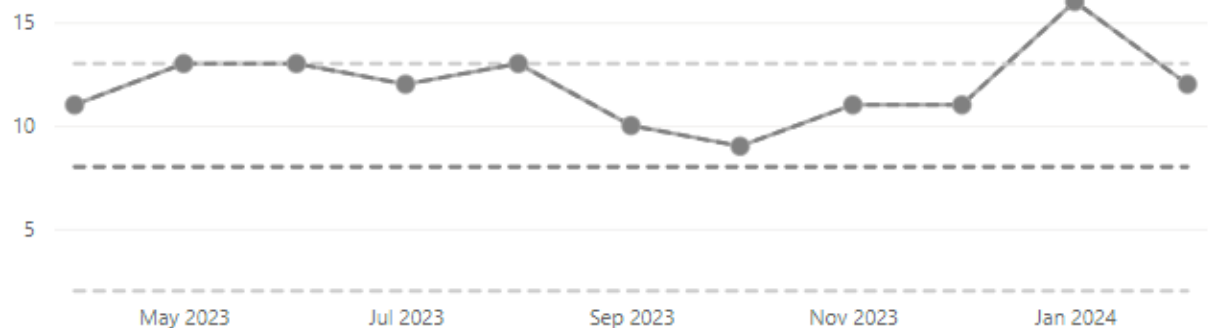
19

NGH: Current Value

NGH: Current Target

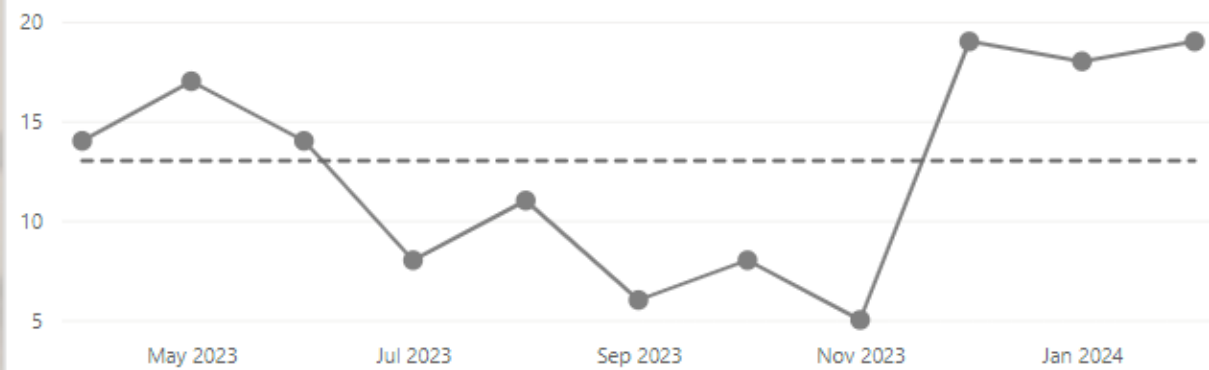
## Kettering General Hospital

Formal procedures: People



## Northampton General Hospital

Formal procedures: People



Committee Name: 
 GroupName: 
 MetricName: 
 -



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Number of formal complaints – active and open	There are 12 formal open disciplinary cases	There are a number of ongoing complex case, including theft, alleged abuse of position and sexual harassment. Currently 2 suspensions.	1 case is awaiting police authorisation to proceed, all others are being formally investigated and/or hearings scheduled.	Wherever possible cases are dealt with informally with an emphasis at the beginning of the process on fact finding using the just Culture approach. Suspension is a last resort and alternatives are actively explored.
NGH	01/02/24	Number of formal complaints – active and open	Number of formal complaints – active and open 19 active disciplinary/MHPS/ Grievance, Bullying & Harassment cases across the trust, with 6 Disciplinary/MHPS and 13 Grievance, Bullying & Harassment*	* Operational pressures and availability of staff and managers to meet * National context around industrial unrest and financial crisis * Concerned raised nationally around employment relation cases citing racism * Concerned raised nationally about levels of accountability and managers taking appropriate actions relating to concerns* A number of complex cases involving multiple people	* Monitoring and maintaining close position on number of formal cases. * Ongoing Supervision and review of cases, in light of recent national cases relating to racism - Bi Monthly events being planned. the next to look at the impact of the Letby case on HR practice * HR to be provided with understanding racism training as part of Inclusive HR action out of anti-racism action plan * Review of centralised mediation training and offering – round table training launched in October 2023 and delivered in October / November * Case management, partnership working with unions and formal supervision, deep dive at board are planned on a rolling basis	Disciplinary Policy manager toolkit launched to be included as part of leadership offering * Culture session to be planned with HRBP and Hospital Management Team * Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned * HRBP and Staff Side Chair trained on Restorative and Just Culture* 3 suspensions including an exclusion and one action short of suspension



# Roster publication performance



Committee Name

GroupName

MetricName

01/03/2020 01/03/2024

All

People

Roster publication performance



44

KGH: Current Value

42

KGH: Current Target

39

NGH: Current Value

42

NGH: Current Target

## Kettering General Hospital

Roster publication performance: People



## Northampton General Hospital

Roster publication performance: People







# Time to hire



Committee Name

GroupName

MetricName

01/03/2020

01/03/2024

All

People

Time to hire



55.30

KGH: Current Value

91

KGH: Current Target

78.00

NGH: Current Value

91

NGH: Current Target

## Kettering General Hospital

Time to hire: People



## Northampton General Hospital

Time to hire: People



# Number of volunteering hours

Committee Name

GroupName

MetricName

**2,687**

KGH: Current Value

KGH: Current Target

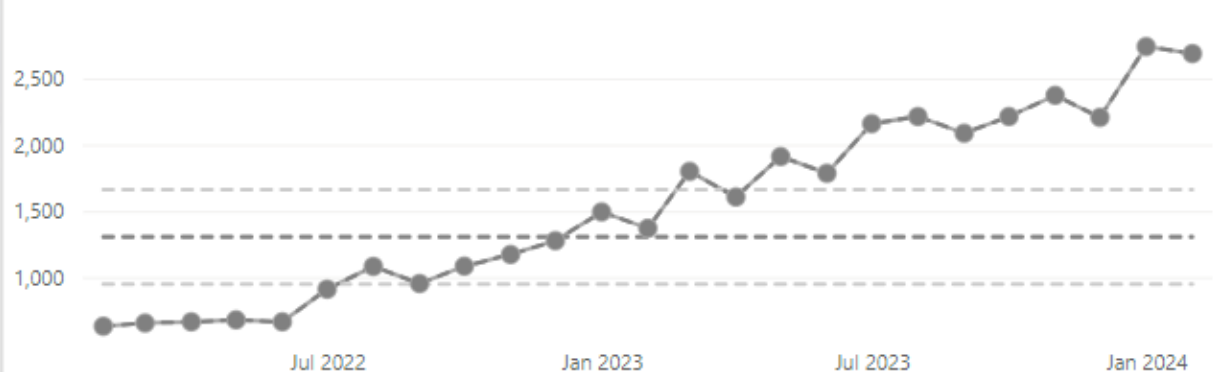
**3,831**

NGH: Current Value

NGH: Current Target

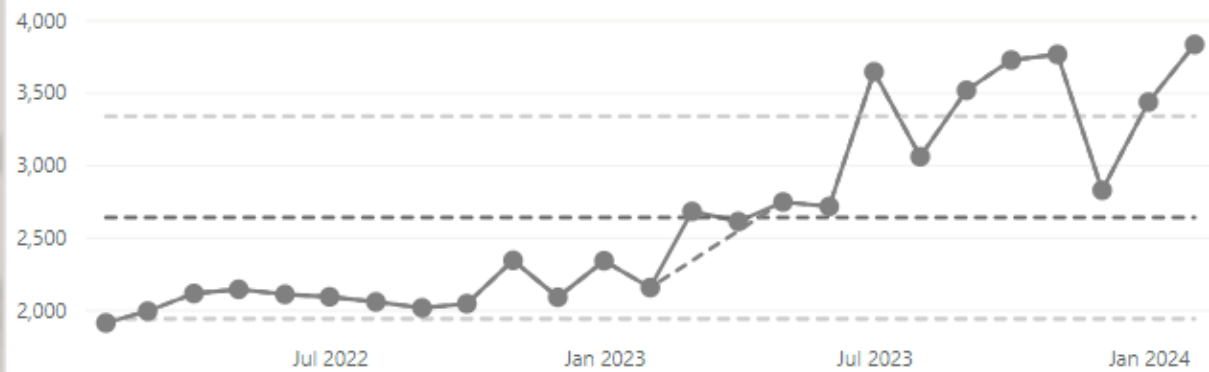
## Kettering General Hospital

Number of volunteering hours: People



## Northampton General Hospital

Number of volunteering hours: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/24	Number of volunteering hours	2687	On going staffing pressures has resulted in 2 months without a volunteer advert being open	Recruitment Freeze until March	Reduction in Staff which will further impacted over the next 4 weeks due to annual leave
NGH	01/02/24	Number of volunteering hours	3831	We currently have a number of applicants being processed through both NGH and KGH recruitment teams which has been challenging with explaining to those applicants in the system	Clear communication to applicants and both recruitment teams	.

Meeting	Boards of Directors of Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) meeting together
Date	9 April 2024
Agenda item	6

Title	Delivery of Financial Plan 23/24
Presenter	Richard Wheeler, UHN Chief Finance Officer
Author	Finance Team

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
<p>The Boards are asked to</p> <ol style="list-style-type: none"> <li>1. Consider the financial position and advice from the Finance and Performance Committee</li> <li>2. <b>Approve</b> the recommendation endorsed by the Finance and Performance Committee to support the draw down of Revenue Cash Support of £4.765m for KGH and £8.458m for NGH for Q1 of 2024/25</li> </ol>	<p>Finance and Performance Committee, 26 March 2024</p>

## Executive Summary

### Forecast Outturn Risks and Mitigations

Effective from month 9, UHN has agreed a revised forecast deficit for the year of £18.4m (KGGH £2.9m, NGH £15.5m) as part of the overall system forecast deficit of £38.4m.

The KGGH year to date position at month 11 was a £6.1m deficit which was £4.0m worse than plan, the NGH YTD position was a £17.5m deficit which was £15.6m worse than plan. KGGH requires a surplus of £3.2m and NGH a surplus of £2m in month 12 to meet the reset plan signed off by the Board.

Key actions in month included the release of provisions no longer needed and, following an accounting review, capitalising the cost of the data warehouse development intangible asset.

Risk areas were the new consultant pay award due to be back dated to 01 March 2024, if agreed and the re-banding of HCA's from B2 to B3, which was taking place from 1 April 2024, where it was expected back pay would be required to settle the current dispute.

Further risk related to the elective recovery fund and the process of agreeing this for year end which would require estimation. Audit Committee in February had considered and approved Accounting Policies for both trusts and received latest assessments on the material judgements and estimates expected to be made as part of the normal process for the year end accounts.

Industrial action funding has now been received which provides certainty for the financial position.

The Capital forecast required identified KGGH had spent 53% and NGH 66% of their allocation at month 11 and was an area of significant focus in the move toward year end.

### Reset Trajectory forecast

Organisation		Revised Forecast Trajectory							Month 12	Full Year
		Month 1-7	Month 8	Month 9	Month 10	Month 11	Year to Date			
		£m	£m	£m	£m	£m	£m	£m	£m	
KGGH	Agreed Trajectory	(8.2)	2.5	(0.5)	0.1	0.2	(5.9)	3.1	(2.9)	
	Actual / Forecast position (including IA impact M9-11)	(8.2)	2.7	(0.3)	(1.8)	(0.1)	(7.6)	3.2	(4.4)	
	Industrial action funding M9-11					1.5	1.5	0.0	1.5	
	Revised Actual/Forecast after IA funding	(8.2)	2.7	(0.3)	(1.8)	1.5	(6.1)	3.2	(2.9)	
	Variance to reset trajectory	0.0	0.2	0.2	(1.8)	1.3	(0.2)	0.2	(0.0)	
NGH	Agreed Trajectory	(15.4)	1.8	(1.3)	(1.3)	(1.3)	(17.6)	2.0	(15.5)	
	Actual / Forecast position (including IA impact M9-11)	(15.4)	1.7	(2.0)	(2.2)	(1.1)	(19.0)	2.0	(17.1)	
	Industrial action funding M9-11					1.5	1.5	0.0	1.5	
	Revised Actual/Forecast after IA funding	(15.4)	1.7	(2.0)	(2.2)	0.4	(17.5)	2.0	(15.5)	
	Variance to reset trajectory	(0.0)	(0.2)	(0.7)	(0.9)	1.8	0.1	(0.1)	(0.0)	
UHN Total	Variance to reset trajectory	(0.0)	0.0	(0.5)	(2.7)	3.1	(0.1)	0.1	(0.0)	

## Appendices

### KGGH and NGH Finance Reports Month 11

## Risk and assurance

UHN08

Risk of failure to deliver a breakeven plan in 23/24

Likelihood 5

Consequence 4

Overall Risk 20

## Financial Impact

Trusts need to operate in accordance with the undertakings approved by each Board.

## Legal implications/regulatory requirements

NHSE Enforcement undertakings are in place.

KGH

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

NGH

Any failure to comply with the above undertakings may result in NHS England taking further regulatory action. This could include giving formal directions to the trust under section 27B of the National Health Service Act 2006.

## Equality Impact Assessment

Efficiency plans require a QIA / EQIA process to be followed

# KGH Board of Directors, 9 April 2024

## Finance Performance

### Month 11 (February 2024)

### FY 2023/24

## Forecast Outturn

A forecast deficit for the year of £2.9m was agreed as part of a system reset with NHSE during Q3. Following receipt of further funding in Month 11 to support the impact of industrial action, the Trust is currently on track to deliver this forecast and is required to submit its draft annual accounts for NHSE and audit review on 24 April. The monthly profile since the forecast reset, adjusted for industrial action income is:

Organisation		Revised Forecast Trajectory							
		Month 1-7	Month 8	Month 9	Month 10	Month 11	Year to Date	Month 12	Full Year
		£m	£m	£m	£m	£m	£m	£m	£m
KGH	Agreed Trajectory	(8.2)	2.5	(0.5)	0.1	0.2	(5.9)	3.1	(2.9)
	Actual / Forecast position (including IA impact M9-11)	(8.2)	2.7	(0.3)	(1.8)	(0.1)	(7.6)	3.2	(4.4)
	Industrial action funding M9-11					1.5	1.5	0.0	1.5
	Revised Actual/Forecast after IA funding	(8.2)	2.7	(0.3)	(1.8)	1.5	(6.1)	3.2	(2.9)
	Variance to reset trajectory	0.0	0.2	0.2	(1.8)	1.3	(0.2)	0.2	(0.0)

## Risks

A level of financial risk and uncertainty remains as the forecast relies on the containment of a number of ongoing cost pressures, the delivery of the final elements of the efficiency programme and delivery of clinical and other income projections. Ongoing cost pressures include those due to UEC pressures, RAAC and other safety risks, utilities and pay award cost pressures.

## Capital

KGH year to date capital expenditure is £12.0m (£2.3m in February). Further capital commitments total £14.5m including elements of expenditure that will be incurred in 2024/25. Forecast slippage of £11.2m on the £13.3m CDC scheme has now been agreed with NHSE to be brokered into 2024/25 and a request to broker £1.6m forecast slippage in the New Hospitals programme has been submitted. A potential net slippage of £1.7m of BAU capital has been flagged along with a £0.5m forecast pressure on RAAC related expenditure and £0.1m likely pressure on ROU assets. The Trust is working to finalise the capital outturn for the year and liaising with system partners to ensure the system capital allocation is not exceeded.

## Cash

KGH cash balance at the end of February is £2.3m, an increase of £0.3m from January's balance of £2.0m.

The Trust's cash has remained challenged throughout the year and is reliant on PDC Revenue support in Q4 to ensure commitments can be met. Close working with the Trust's Commissioners maximised the level of contractual payments that could be paid by the end of the year to support the overall position and these processes will continue into 2024/25.

## 2024/25 Financial Plan

The Trust submitted the first iteration of the full 2024/25 plan on 21 March. This plan identified a planned deficit for the year of £37.1m. This plan position has been triangulated with the ICB and other Commissioners and is part of an overall system deficit plan of £69.9m. The Trust plan has been compiled taking account of known and anticipated cost pressures, an allowance for prioritised investments and the assumed delivery of a 5% in year efficiency target.

Work is ongoing to finalise detailed budget setting, review investment proposals via the identified governance routes and validate all other key planning assumptions including triangulation with workforce and activity plans. Any required amendments will be included in a second submission to be produced in April and submitted to NHSE by 2 May following relevant governance processes. Key dates in this process are shown below.

Date	UHN/ICB	Meeting	Requirements
Mon 8 <sup>th</sup> April	UHN	ILT	Review of operational planning guidance, gaps against current plan and next steps
w/c 8 <sup>th</sup> April	ICB	n/a	Feedback from NHS with CFO/CEO
w/c 8 <sup>th</sup> April	UHN	Executive Planning Group (including Clinical Leads)	Review of business cases, agree final list, workforce impact and priority order
Thu 11 <sup>th</sup> April	ICB	ICS Clinical Challenge Meeting	Clinical review of Business Cases – outcome of prioritisation and assessment of risks of not proceeding with any proposal
Thu 11 <sup>th</sup> April	ICB	System Executive Operational Planning Group	Discussion and decision following draft submission feedback -activity levels, performance trajectories, workforce levels, CIP / efficiency and financial plans, investment and disinvestment
Mon 15 <sup>th</sup> April	UHN	ILT	Review of updated plans and sign off submission to ICB of UHN final plans
Mon 15 <sup>th</sup> April	UHN	UHN Efficiency Group	Review and finalise efficiency plans
Fri 19 <sup>th</sup> April	UHN	n/a	UHN/NHFT CIP Plans to be submitted to ICB Finance Lead
Fri 19 <sup>th</sup> April	ICB	n/a	Completed and reviewed ERF plan including additional ERF income and activity
Fri 19 <sup>th</sup> April	ICB	n/a	Completed workforce plan and alignment with CIP assumptions
Mon 22 <sup>nd</sup> April	UHN	n/a	Completion of final cut provider activity plans and workforce plans, include agreed mitigations
Thu 25 <sup>th</sup> April	ICB	System Executive Operational Planning Group	Review progress on final submission of triangulated plans and any areas for escalation
Fri 26 <sup>th</sup> April Noon	UHN	n/a	Completed Provider finance templates submitted to ICB Finance leads
1 <sup>st</sup> May	UHN	Board Development Session	Approval of final UHN plans
1 <sup>st</sup> May	ICB	Delegated Board	Approval of final ICS plans
2 <sup>nd</sup> May	Submission to NHSE of final ICS and Trust plans		

## 2024/25 Cash

The Trust cash position will remain challenged in 2024/25 as a result of the planned £37.1m in year deficit. The Trust has submitted an application for revenue support PDC funding for Q1 totalling £4.765m. The Finance and Performance Committee were asked to support this draw down request at it's meeting on the 26<sup>th</sup> March and recommend it's approval by the Trust Board at it's April meeting. **The Trust Board are asked to approve this draw down.**



Description	Year to Date		
	Plan	Actuals	Variance
	£m	£m	£m
Total Income	345.7	351.9	6.2
Total Pay	(242.9)	(252.0)	(9.2)
Total Non Pay	(127.3)	(128.3)	(1.0)
<b>OPERATING DEFICIT</b>	<b>(24.4)</b>	<b>(28.4)</b>	<b>(4.0)</b>
Capital Charges	(4.3)	(4.0)	0.4
<b>Trust Surplus/(Deficit)</b>	<b>(26.4)</b>	<b>(30.0)</b>	<b>(3.6)</b>
System Support Funding	26.3	26.3	0.0
<b>I&amp;E Surplus/(Deficit)</b>	<b>(2.5)</b>	<b>(6.0)</b>	<b>(3.6)</b>
NHSE Accounting Adjustments	0.3	(0.1)	(0.4)
<b>NHSE Adjusted Surplus/(Deficit) Versus Plan</b>	<b>(2.1)</b>	<b>(6.1)</b>	<b>(4.0)</b>
<b>NHSE Adjusted Surplus/(Deficit) Versus Agreed Re-Forecast</b>	<b>(5.9)</b>	<b>(6.1)</b>	<b>(0.2)</b>

### KGH Finance Overview

The YTD position is an £6.1m deficit which is £4.0m worse than plan. This includes £1.0m under-delivery of efficiencies. As part of the re-forecast deficit agreed with NHSE, a trajectory was identified for that forecast between month 8 and Month 12. The table above shows that KGH had forecast to be £5.9m in deficit by month 11 but are £0.2m worse than this, largely as a result of ongoing UEC and other specific service pressures. Additional mitigations have been identified that should recover this position and enable the Trust to deliver the £2.9m outturn agreed with NHSE.

**Income** - £6.2m better than plan. This includes £2.8m of variable activity with NHSE and £0.8m ERF performance beyond target partly. The remainder includes Education & Training and other non clinical income better than plan partially offset by underperformance on CDC and virtual wards.

**Pay** - £9.2m worse than plan including £1.8m of efficiency slippage, £0.6m residual pay award pressure, cover for vacancies & sickness across the Trust and specific service pressures.

**Non-Pay** - £1.0m worse than plan. Includes continuing inflationary pressures, expenditure to support elective recovery and drugs and clinical devices overspends matched by income, partially offset by CDC expenditure lower than plan, underspends on Lung Health Check projects, COVID testing & Teleradiology and a number of other central budgets.

**NHSE Accounting adjustments** reflect the exclusion of certain grant and donation impacts to arrive at the adjusted surplus position against which Trusts are monitored.

# Statement of Financial Position KGH

The key movements / issues are:

## Non-Current Assets

- Capital expenditure in the month was £2.3m
- Depreciation and in year movements include the impact of right of use assets.

## Current assets

- The cash balance has increased to £2.3m, a £0.3m increase in month. Cash continues to be a concern and will be monitored to limit revenue and capital support.
- Cash support of £3.7m for M12 has been requested and agreed to manage M12 and potential disruption of ICB funding in M1 2024/25

## Current Liabilities

- Invoices are now paid on 30-day terms but are closely monitored to minimise BPPC breaches. The decrease in balance in the month contributes to the reduction in cash balances.

## Financed By

- I & E Account - £1.1m unadjusted surplus in month.
- YTD PDC Revenue Support - £3.2m
- YTD PDC Capital Support - £1.6m

### TRUST SUMMARY BALANCE SHEET MONTH 11 2023/24

	Balance at 31-Mar-23 £000	Current Month		
		Opening Balance £000	Closing Balance £000	Movement (in month) £000
<b>NON CURRENT ASSETS</b>				
OPENING NET BOOK VALUE	195,875	195,875	195,875	0
IN YEAR REVALUATIONS	0	0	0	0
IN YEAR MOVEMENTS	0	9,305	11,627	2,322
LESS DEPRECIATION	0	(12,493)	(13,751)	(1,258)
<b>NET BOOK VALUE</b>	<b>195,875</b>	<b>192,687</b>	<b>193,751</b>	<b>1,064</b>
<b>NON CURRENT RECEIVABLES</b>	<b>1,133</b>	<b>806</b>	<b>838</b>	<b>32</b>
<b>CURRENT ASSETS</b>				
INVENTORIES	5,309	6,258	6,163	(95)
TRADE & OTHER RECEIVABLES	16,422	16,557	15,326	(1,231)
CASH	4,401	2,045	2,277	232
<b>TOTAL CURRENT ASSETS</b>	<b>26,132</b>	<b>24,860</b>	<b>23,766</b>	<b>(1,094)</b>
<b>CURRENT LIABILITIES</b>				
TRADE & OTHER PAYABLES	42,286	43,161	42,122	(1,039)
LEASE PAYABLE under 1 year	1,764	1,355	1,275	(80)
DHSC LOANS	1,526	1,498	1,503	5
PROVISIONS under 1 year	815	506	503	(3)
<b>TOTAL CURRENT LIABILITIES</b>	<b>46,391</b>	<b>46,520</b>	<b>45,403</b>	<b>(1,117)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(20,259)</b>	<b>(21,660)</b>	<b>(21,637)</b>	<b>23</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>176,749</b>	<b>171,833</b>	<b>172,952</b>	<b>1,119</b>
<b>NON CURRENT LIABILITIES</b>				
LEASE PAYABLE over 1 year	5,748	4,748	4,748	0
LOANS over 1 year	2,240	760	760	0
PROVISIONS over 1 year	634	612	612	0
<b>NON CURRENT LIABILITIES</b>	<b>8,622</b>	<b>6,120</b>	<b>6,120</b>	<b>0</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>168,127</b>	<b>165,713</b>	<b>166,832</b>	<b>1,119</b>
<b>FINANCED BY</b>				
PDC CAPITAL	262,952	267,701	267,701	0
REVALUATION RESERVE	48,387	48,387	48,387	0
I & E ACCOUNT	(143,212)	(150,375)	(149,256)	1,119
<b>FINANCING TOTAL</b>	<b>168,127</b>	<b>165,713</b>	<b>166,832</b>	<b>1,119</b>

# NGH Board of Directors, 9 April 2024

## Finance Performance

### Month 11 (February 2024)

### FY 2023/24

## Forecast Outturn

A forecast deficit for the year of £15.5m was agreed as part of a system reset with NHSE during Q3. Following receipt of further funding in Month 11 to support the impact of industrial action, the Trust is currently on track to deliver this forecast and is required to submit its draft annual accounts for NHSE and audit review on 24 April. The monthly profile since the forecast reset, adjusted for industrial action income is:

Organisation		Revised Forecast Trajectory							
		Month 1-7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Month 11 £m	Year to Date £m	Month 12 £m	Full Year £m
NGH	Agreed Trajectory	(15.4)	1.8	(1.3)	(1.3)	(1.3)	(17.6)	2.0	(15.5)
	Actual / Forecast position (including IA impact M9-11)	(15.4)	1.7	(2.0)	(2.2)	(1.1)	(19.0)	2.0	(17.1)
	Industrial action funding M9-11					1.5	1.5	0.0	1.5
	Revised Actual/Forecast after IA funding	(15.4)	1.7	(2.0)	(2.2)	0.4	(17.5)	2.0	(15.5)
	Variance to reset trajectory	(0.0)	(0.2)	(0.7)	(0.9)	1.8	0.1	(0.1)	(0.0)

## Risks

A level of financial risk and uncertainty remains as the forecast relies on the containment of a number of ongoing cost pressures, the delivery of the final elements of the efficiency programme and delivery of clinical and other income projections. Ongoing cost pressures include those due to UEC pressures, utilities and pay award cost pressures.

## Capital

NGH year to date capital expenditure is £21.2m, (£3.6m in February). Further capital commitments total £6.7m. Forecast slippage of £1.9m on the NGH CDC scheme has now been agreed with NHSE to be brokered into 2024/25 and £0.5m of other slippage has been agreed to be delivered and transferred to partners in the system to support projected overspends in other organisations. The Trust is working to finalise the capital outturn for the year and liaising with system partners to ensure the system capital allocation is not exceeded.

## Cash

NGH cash balance at the end of February is £5.3m, an increase of £2.7m from January's balance of £2.6m, this increase includes the impact of the Northamptonshire ICB updating their payment mandate for additional allocations and ERF performance payments.

The Trust's cash has remained challenged throughout the year and is reliant on PDC Revenue support in Q4 to ensure commitments can be met. Close working with the Trust's Commissioners maximised the level of contractual payments that could be paid by the end of the year to support the overall position and these processes will continue into 2024/25.

## 2024/25 Financial Plan

The Trust submitted the first iteration of the full 2024/25 plan on 21 March. This plan identified a planned deficit for the year of £36.2m. This plan position has been triangulated with the ICB and other Commissioners and is part of an overall system deficit plan of £69.9m. The Trust plan has been compiled taking account of known and anticipated cost pressures, an allowance for prioritised investments and the assumed delivery of a 5% in year efficiency target.

Work is ongoing to finalise detailed budget setting, review investment proposals via the identified governance routes and validate all other key planning assumptions including triangulation with workforce and activity plans. Any required amendments will be included in a second submission to be produced in April and submitted to NHSE by 2 May following relevant governance processes. Key dates in this process are shown below.

Date	UHN/ICB	Meeting	Requirements
Mon 8 <sup>th</sup> April	UHN	ILT	Review of operational planning guidance, gaps against current plan and next steps
w/c 8 <sup>th</sup> April	ICB	n/a	Feedback from NHS with CFO/CEO
w/c 8 <sup>th</sup> April	UHN	Executive Planning Group (Including Clinical Leads)	Review of business cases, agree final list, workforce impact and priority order
Thu 11 <sup>th</sup> April	ICB	ICS Clinical Challenge Meeting	Clinical review of Business Cases – outcome of prioritisation and assessment of risks of not proceeding with any proposal
Thu 11 <sup>th</sup> April	ICB	System Executive Operational Planning Group	Discussion and decision following draft submission feedback -activity levels, performance trajectories, workforce levels, CIP / efficiency and financial plans, investment and disinvestment
Mon 15 <sup>th</sup> April	UHN	ILT	Review of updated plans and sign off submission to ICB of UHN final plans
Mon 15 <sup>th</sup> April	UHN	UHN Efficiency Group	Review and finalise efficiency plans
Fri 19 <sup>th</sup> April	UHN	n/a	UHN/NHFT CIP Plans to be submitted to ICB Finance Lead
Fri 19 <sup>th</sup> April	ICB	n/a	Completed and reviewed ERF plan including additional ERF income and activity
Fri 19 <sup>th</sup> April	ICB	n/a	Completed workforce plan and alignment with CIP assumptions
Mon 22 <sup>nd</sup> April	UHN	n/a	Completion of final cut provider activity plans and workforce plans, include agreed mitigations
Thu 25 <sup>th</sup> April	ICB	System Executive Operational Planning Group	Review progress on final submission of triangulated plans and any areas for escalation
Fri 26 <sup>th</sup> April Noon	UHN	n/a	Completed Provider finance templates submitted to ICB Finance leads
1 <sup>st</sup> May	UHN	Board Development Session	Approval of final UHN plans
1 <sup>st</sup> May	ICB	Delegated Board	Approval of final ICS plans
2 <sup>nd</sup> May	Submission to NHSE of final ICS and Trust plans		

## 2024/25 Cash

The Trust cash position will remain challenged in 2024/25 as a result of the planned £36.2m in year deficit. The Trust has submitted an application for revenue support PDC funding for Q1 totalling £8.458m. The Finance and Performance Committee were asked to support this draw down request at it's meeting on the 26<sup>th</sup> March and recommend it's approval by the Trust Board at it's April meeting. **The Trust Board are asked to approve this draw down.**

Description	NGH Trust Position		
	Year to Date		
	Plan	Actuals	Variance
	£m	£m	£m
Total Income	444.7	456.0	11.2
Total Pay	(306.3)	(321.0)	(14.6)
Total Non Pay	(140.5)	(152.7)	(12.2)
<b>OPERATING DEFICIT</b>	<b>(2.1)</b>	<b>(17.7)</b>	<b>(15.6)</b>
Capital Charges	(4.9)	(4.7)	0.3
<b>Trust Surplus/(Deficit)</b>	<b>(7.0)</b>	<b>(22.4)</b>	<b>(15.4)</b>
System Support Funding	13.6	13.6	-
<b>I&amp;E Surplus/(Deficit)</b>	<b>6.5</b>	<b>(8.8)</b>	<b>(15.4)</b>
NHSE Accounting Adjustments	(8.5)	(8.7)	(0.2)
<b>NHSE Adjusted Surplus/(Deficit)</b>			
<b>Versus Plan</b>	<b>(1.9)</b>	<b>(17.5)</b>	<b>(15.6)</b>
<b>NHSE Adjusted Surplus/(Deficit)</b>			
<b>Versus Agreed Re-Forecast</b>	<b>(17.6)</b>	<b>(17.5)</b>	<b>0.1</b>

**NGH Finance Overview**

The YTD position is a £17.5m deficit which is £15.6m worse than plan. This includes £2.4m under-delivery of efficiencies. As part of the re-forecast deficit agreed with NHSE, a trajectory was identified for that forecast between month 8 and Month 12. The table above shows that NGH had forecast to be £17.6m in deficit by month 11 but are £0.1m better than this and remain on track to deliver the £15.5m outturn agreed with NHSE.

**Income** – £11.2m better than plan including £2.65m ERF income and £0.8m PSDS income ahead of plan. Remaining values include excluded medicines Cost & Volume Income, EPR funding & Emerging Technology Income.

**Pay** – £14.6m worse than plan including £7.6m efficiency slippage and £1.5m pay award pressures net of additional funding received.

**Non-Pay** – £12.2m worse than plan including £2.5m of inflationary pressures, £1.8m of NHSE drugs & devices covered by income. Remaining pressures include efficiency delivery, RPA/Training/EPR/Consultancy expenditure and clinical expenditure to support elective recovery offset by income.

**NHSE Accounting adjustments** reflect the exclusion of certain grant and donation impacts to arrive at the adjusted surplus position against which Trusts are monitored. The majority of this impact relates to the grant funding to support the PSDS scheme.

# Statement of Financial Position NGH

The key movements from the opening balance are:

## Non Current Assets

- M11 Capital additions of £3,647k, includes Estates PSDS Spend of £398k, Estates BAU Schemes £1,644k, Digital £709k (including £110k of EPR Spend), Clinical Diagnostic Centres £146k, MESC Spend £452k and Right of Use Assets £298k.

## Current assets

- Inventories – £244k. Decreases in Pathology (£173k) and Pacing (£192k) offset by increases in Pharmacy (£119k) and Gynae Endoscopy (£2k) stockholdings.
- Trade and Other Receivables - £4,757k due to: Decreases in NHS Receivables (£3,491k), including settlement of invoices by Northants ICB (£2,615k), VAT Debtor (£95k), Capital Receivables (Salix) (£851k) and Prepayments (£1,595k), of which £1,126k relates to Clinical Negligence Insurance. Increases in NHS Income Accruals (£1,249k), including Northants ICB Overperformance (£1,761k), excluded medicines and ERF (£259k), NHS England Overperformance (-£251k),
- Cash – Increase of £2,724k.

## Current Liabilities

- Trade and Other Payables – £6,168k. Increases in PDC Dividend (£656k), Capital Payables (£288k) and Tax, NI and Pensions (£419k). Decreases in NHS Payables (£786k), Trade Payables Revenue (£5,601k), Accruals (£150k) and Receipts in Advance (£973k).

## Non Current Liabilities

- Finance Lease Payable – £49k. Nye Bevan and Car Park lease repayment (£107k). Right of Use (ROU) Assets monthly charge (£143k). Extension of Right of Use (ROU) Assets lease terms (£135k). Lease car additions and extensions (£163k).
- Loans over 1 year - £61k. Repayment of Salix Loan.

## Financed By

- PDC Capital - £5,146k – drawdown of Revenue Support
- I & E Account - £942k surplus

TRUST SUMMARY BALANCE SHEET						
MONTH 11 2023/24						
Balance at 31-Mar-23 £000	Current Month			Forecast end of year		
	Opening Balance £000	Closing Balance £000	Movement £000	Closing Balance £000	Movement £000	
<b>NON CURRENT ASSETS</b>						
OPENING NET BOOK VALUE	244,116	244,116	244,116	0	244,116	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	17,875	21,522	3,647	30,791	30,791
LESS DEPRECIATION	0	(14,548)	(16,006)	(1,458)	(17,812)	(17,812)
<b>NET BOOK VALUE</b>	<b>244,116</b>	<b>247,443</b>	<b>249,632</b>	<b>2,189</b>	<b>257,095</b>	<b>12,979</b>
<b>CURRENT ASSETS</b>						
INVENTORIES	6,723	7,448	7,204	(244)	6,864	141
TRADE & OTHER RECEIVABLES	31,984	25,256	20,499	(4,757)	16,676	(15,308)
CLINICIAN PENSION TAX FUNDING	790	790	790	0	790	0
CASH	1,838	2,545	5,269	2,724	1,500	(338)
<b>TOTAL CURRENT ASSETS</b>	<b>41,335</b>	<b>36,039</b>	<b>33,762</b>	<b>(2,277)</b>	<b>25,830</b>	<b>(15,505)</b>
<b>CURRENT LIABILITIES</b>						
TRADE & OTHER PAYABLES	52,996	54,030	47,862	(6,168)	35,535	(17,461)
FINANCE LEASE PAYABLE under 1 year	1,303	1,343	1,347	4	1,254	(49)
SHORT TERM LOANS	271	271	271	0	217	(54)
PROVISIONS under 1 year	1,084	915	915	0	868	(216)
<b>TOTAL CURRENT LIABILITIES</b>	<b>55,654</b>	<b>56,559</b>	<b>50,395</b>	<b>(6,164)</b>	<b>37,874</b>	<b>(17,780)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(14,319)</b>	<b>(20,520)</b>	<b>(16,633)</b>	<b>3,887</b>	<b>(12,044)</b>	<b>2,275</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>229,797</b>	<b>226,923</b>	<b>232,999</b>	<b>6,076</b>	<b>245,051</b>	<b>15,254</b>
<b>NON CURRENT LIABILITIES</b>						
FINANCE LEASE PAYABLE over 1 year	13,890	11,869	11,918	49	12,983	(907)
LOANS over 1 year	439	229	168	(61)	222	(217)
PROVISIONS over 1 year	2,027	2,027	2,027	0	2,027	0
<b>NON CURRENT LIABILITIES</b>	<b>16,356</b>	<b>14,125</b>	<b>14,113</b>	<b>(12)</b>	<b>15,232</b>	<b>(1,124)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>213,441</b>	<b>212,798</b>	<b>218,886</b>	<b>6,088</b>	<b>229,819</b>	<b>16,378</b>
<b>FINANCED BY</b>						
PDC CAPITAL	273,256	282,373	287,519	5,146	295,633	22,377
REVALUATION RESERVE	57,665	57,665	57,665	0	57,666	1
I & E ACCOUNT	(117,480)	(127,240)	(126,298)	942	(123,480)	(6,000)
<b>FINANCING TOTAL</b>	<b>213,441</b>	<b>212,798</b>	<b>218,886</b>	<b>6,088</b>	<b>229,819</b>	<b>16,378</b>

## Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital and Northampton General Hospital meeting together in public
Date	9 <sup>th</sup> April 2024
Agenda item	7

Title	Maternity CQC report and response
Presenter	Mara Tonks – Director of Midwifery
Author	Mara Tonks – Director of Midwifery

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
In October 2023 the Maternity Service at KGH was inspected against the CQC domains of Safe and Well-led. This paper invites the Boards to receive the report and for the KGH Board of Directors to indicate its assurance in respect of the Trust's response and action plan, having particular regard to next steps for the service against the CQC 'must' and 'should' Dos.	Clinical Quality, Safety and Performance Committee, 27 March 2024 – the committee indicated 'substantial' assurance in respect of the Trust's response and action plan,



## Executive Summary

KGH Maternity Services CQC report was published on 7<sup>th</sup> March 2024 following inspection in October 2023 and is available to view here: [KGH final CQC report 7 March 2024 \(link\)](#). The services were inspected for the domains of Safe and Well-Led. Both domains received a reduction in their previous rating (in 2019) from 'Good' to 'Requirements Improvement'. The overall rating of the Maternity Service has also been downgraded to 'Requires Improvement'.

A staff briefing was held the day before the publication by the Head of Midwifery. Staff were informed of the findings and have engaged in the actions required to make improvements.

A Maternity Service Quality Improvement Plan has been designed to ensure all MUST and SHOULD do recommendations are imbedded by the service. This plan will be monitored and tracked through the Bi-weekly (every other week) Maternity Assurance Committee (Chaired by the Director of Midwifery, who will act as the SRO for the plan). Exceptions on the progress of Maternity Improvement Plan will be reported to the Clinical Quality, Safety and Performance Committee to ensure continuing Board-level oversight.

Challenges were made by the organisation on receipt of the report for factual accuracy and, despite not all challenges being addressed in the final report, the Maternity Service fully accepts the recommendations and fully endorses the final report.

**Recommendation** – The KGH Board of Directors is asked to receive, review and note the final CQC report and to indicate its assurance, through the Clinical Quality, Safety and Performance Committee, in respect of the Trust's response, as set out in the Maternity Services Quality Improvement plan

## Appendices

Maternity Quality Improvement Plan available in 'documents' section of Board portal; non-Board members should contact [richard.may1@nhs.net](mailto:richard.may1@nhs.net) if they wish to request access.

[KGH final CQC report 7 March 2024 \(link\)](#)

## Risk and assurance

Non delivery of National and Local recommendations and improvements in maternity care which compromises our Trust strategic objectives and may result in increased claims, poor patient outcomes/ experience and Trust reputation.

## Financial Impact

Potential for increased/changes to workforce estates and equipment

## Legal implications/regulatory requirements

It is a requirement by the CQC that Board members are aware of key maternity risk through the Perinatal Scorecard.

## Equality Impact Assessment

This is applicable to all staff within Northamptonshire Maternity Service (LMNS) and all women accessing care within the LMNS.

## Cover sheet

Meeting	Boards of Directors (Part I) Meeting in Public
Date	9 April 2024
Agenda item	8

Title	UHN Procurement Strategy 2023-2028
Presenter	Richard Wheeler, Chief Finance Officer
Author	Richard Wheeler, Chief Finance Officer

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
For the Boards' ratification	Finance and Performance Committee (endorsed), February 2024

Executive Summary
The UHN Procurement Strategy 2023-2028 is enclosed for the Boards' consideration. The strategy was endorsed by the Group Executive Meeting and Finance and Performance Committee and is submitted now for Boards' approval in

response to a specific recommendation, and agreed management response, set out in the External Auditor's Report on the 2022-23 accounts:

'It is noted that the Group Executive Meeting (GEM) is not a formal Board Committee, and is a management meeting that operates (operated, GEM has since been abolished) within the existing mandates of the individual Executives to progress process improvement. It does not have delegated authority to approve items on behalf of the Board, and all directors work within the schemes of delegation. The Group Procurement Strategy 2023-2028, for example, was discussed at GEM to ensure all executives had input, and it will be presented at the relevant Board Committee for review, and then the Boards of Directors for approval'.

The strategy's Vision statement provides for it 'to position University Hospitals of Northamptonshire as innovative leaders in NHS Procurement through collaboration, continuous improvement and creativity that attracts and retains talent. A Procurement function that adopts best practice, leading change nationally for the benefit of the Trust, the wider NHS and our patients.'

The strategy outlines the key priorities and strategic aims that support our vision statement. It describes our aspiration to be a high performing, shared, leading public body Procurement team striving to provide an excellent service to our Trust and other stakeholders in our community whilst pro-actively managing current challenges on the healthcare system.

This strategy brings together the two Trusts within the University Hospitals of Northamptonshire (UHN) for the first time, leveraging the benefits that come with forming a Hospital Group and subsequent Group Procurement Function.

#### *Committee feedback*

FPC endorsed the procurement strategy with additional comments on developing key performance indicators to monitor how progress would be tracked, which is set out on page 10 and identifies the development path required. The CFO had clarified the focus for him on budget ownership and contract management which would form part of the financial recovery plan currently in development, alongside building clinical engagement through the single UHN procurement function and category management.

Procurement already took place at a local health system level with Northamptonshire Healthcare NHS Foundation Trust and, whilst there had been acute connections with UHL (Leicester) for a while, these were being strengthened alongside working through the East Midlands Acute Providers network.

The Boards are recommended to consider and **APPROVE** the Procurement Strategy 2023-2028 (enclosed).

Appendices
UHN Procurement Strategy 2023-2028
Risk and assurance
No direct implications for the Board Assurance Framework
Financial Impact
No direct implications relating to this report and recommendation. The purpose of the procurement function, is to support the delivery of safe patient care with the responsibility of obtaining best value for money, and awarding compliant, fit for purpose contracts.
Legal implications/regulatory requirements
As above
Equality Impact Assessment
Neutral

# Procurement Strategy

## 2023-2028



► Compassion



► Accountability



► Respect



► Integrity



► Courage

## Vision Statement

To position University Hospitals of Northamptonshire as innovative leaders in NHS Procurement through collaboration, continuous improvement and creativity that attracts and retains talent. A Procurement function that adopts best practice, leading change nationally for the benefit of the Trust, the wider NHS and our patients.

## Introduction

This strategy outlines the key priorities and strategic aims that support our vision statement. It describes our aspiration to be a high performing, shared, leading public body Procurement team striving to provide an excellent service to our Trust and other stakeholders in our community whilst pro-actively managing current challenges on the healthcare system.

This strategy will bring together the two Trusts within the University Hospitals of Northamptonshire (UHN) for the first time, leveraging the benefits that come with forming a Hospital Group and subsequent Group Procurement Function.

Procurement is a vital strategic function. It is one of the few strategic functions that can have a positive impact upon every product, every service, every supplier and every member of staff and is critical to the success of running a safe, effective, productive and efficient hospital.

The purpose of the function, is to support the delivery of safe patient care with the responsibility of obtaining best value for money, and awarding compliant, fit for purpose contracts.

The strategy will focus on five priority areas:-

- **People and Structure**
- **Systems and Processes**
- **Resilience and Sustainability**
- **Integrated Care Board and Wider Collaboration**
- **National Agenda**

As well as traditional cash releasing savings we will develop how we look at other ways of delivering benefits, including process efficiencies, talent management, value-based procurement and robust contract and supplier management.

## Scope

This paper sets out the 5-year strategy for UHN's Procurement Department from 2023 to 2028. It covers the procurement of all goods and services.

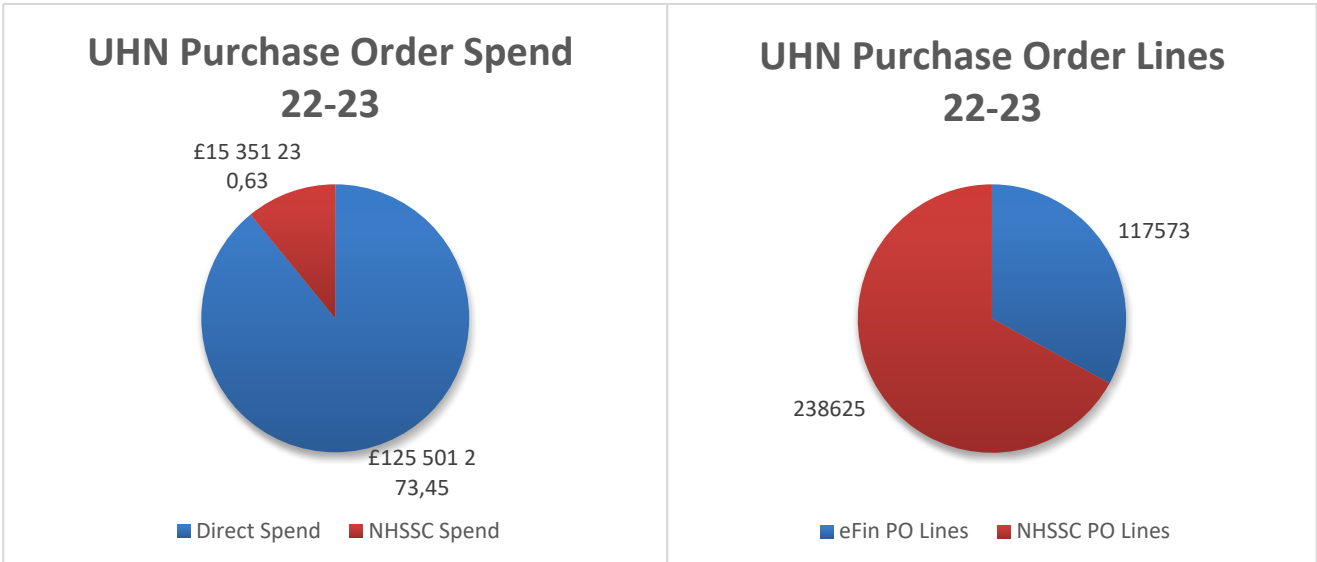
The Procurement team provide an end-to-end procurement service and is formed of the following teams;

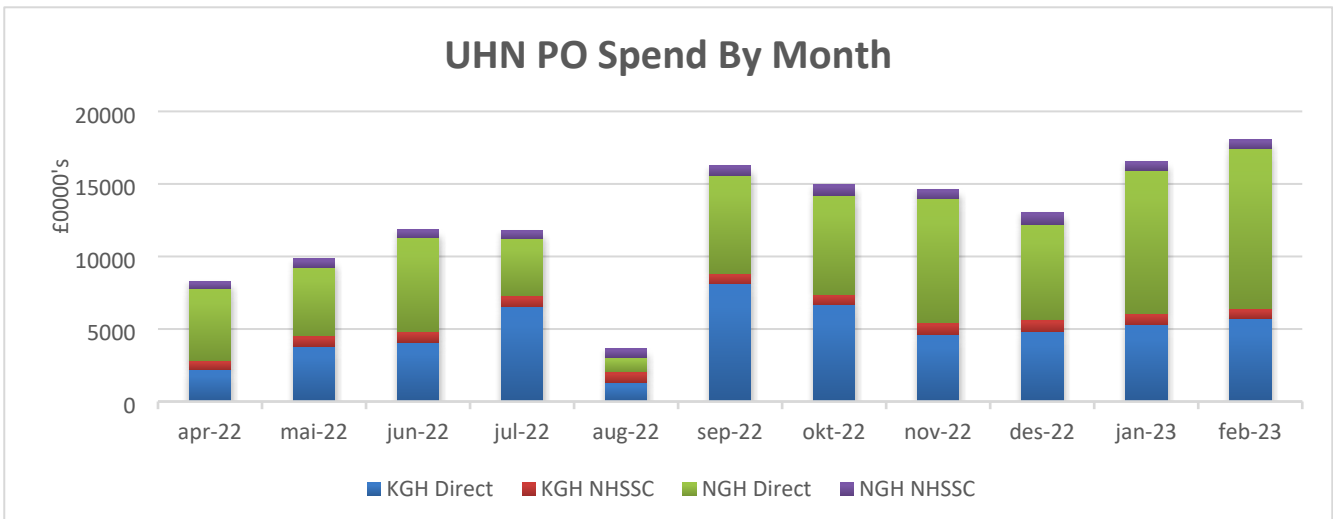


**Department overview – Statistics Snapshot**



During 22/23 YTD (11 months), the department raised purchase orders with approximately 2000 suppliers, with an order committed value of £126 million. The largest transacted supplier was NHS Supply Chain who supply approximately 30 roll cages and 16 pallets each day, to both of our sites, from their Rugby depot. NHSSC accounts for a disproportionate (compared to spend) volume of transacted orders, such orders being largely fast moving consumables.





\*August affected by system outage

## Financial Context and the Importance of Procurement

Procurement has a key role to play in ensuring value for money is achieved within a framework of consistent approach and practices whilst fundamentally supporting the delivery of high quality patient care.

From analysis of spend through the Trust's Procurement and Finance systems we know that the Group has an annual non pay spend £119 million (ex VAT) for goods and services. Although not all spend is influenceable, a significant proportion of this spend gives us an opportunity to drive out cost, improvements and value. How we manage this spend is therefore a critical part of addressing the Trust's deficit and creating a financially sustainable organization whilst delivering best value. This is one of the areas that will support our agenda for group financial sustainability, procuring on a value for money basis with effective contract management driving further efficiencies.

## Cost Improvement

Although a key priority for Procurement is the delivery of cash releasing savings, a strong focus of the department is to source products that improve efficiency, quality, the patient outcome and journey, and support sustainability. In addition to this, ensuring robust, compliant, fit for purpose contracts are awarded, and managed is another key priority to driving out efficiency.

CIP delivery was consistently achieved in the years prior to Covid with a target of approximately £2million across both Trusts for revenue savings alone. This target was always achieved and sometimes exceeded, with cost avoidance savings (e.g. inflation negation) recorded separately.

UHN will have a joint savings target for the first time in 2023/2024, of £1.8million revenue.

## Clinical Engagement

Clinical engagement is a key focus of the Procurement Team to enable standardized and rationalized products, and utilize the buying power across the Group.

Currently, clinical procurement is successfully engaging clinical staff across the Group on specific projects where previous individual Trust contracts are concluding. Individual clinical procurement contracts will not be entered into unless the group view has first been considered. Examples include Invasive Cardiologist Physiologists for pacing services, Lead Audiologists for hearing aids and Orthopedic Consultants for Sports Medicine. Resus Services were also engaged to make a Group decision on Trust capital purchases of defibrillators.



This is a relatively new process and the strategy moving forward will be to enhance and expand the newly introduced approach. The current approach engages with the Group Lead, if there is one i.e. Cardiology. In the absence of an appointed Group lead, the clinical decision maker for each Trust is approached and meetings are held through MS Teams, to enable joint discussion around scope for change, including any issues impacting a Group approach. The category towers, appointed by the cabinet office, are included in these meetings, which enables a national perspective to be shared.

Further development of this approach will form part of the overall Procurement strategy, and a process will need to be determined for Procurement to escalate, where, despite best endeavours, clinical staff will not engage or joint discussions do not bring standardisation and rationalisation to fruition.

Where clinical teams have made a business case, approved for introducing new practice and product, Procurement will actively employ best practice and perform a national price benchmark. Clinical staff are engaged to support Procurement in tactical discussions to enable introduction of new products within the lower quartile of national pricing. Price positioning is an important step with new products which are often below SFI's in the first year and less likely to have contracts in place with the category towers.

National stock shortages are forcing discussions to rationalise and, noted when chest drains were a national issue with serious implications to patient safety, changes in clinical practice were made across the Group, led by clinical procurement, and implemented by Chief Consultants in A&E.

The Strategy will be to engage the right expertise for the relevant procurement ensuring clinical teams are fully guided through any procurement processes, and understanding the implications and possibilities from doing so.

## Our Strategic Goals

### People and Structure

To realise the potential of the other four areas and deliver the vision, the Procurement teams at both Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) will be restructured into a Group structure in early 2023/24. This follows the appointment of a Group and Deputy Group Head of Procurement in the summer of 2022. To avoid ambiguity, the definition of Procurement covers those roles under the Strategy field in 'Scope' above, and are the roles associated with procurement and contracting activity, not reliant on a specific place of work.

We recognise that our staff are our greatest asset. In a small pool of professional Procurement experts, we know that we need to attract and retain excellent staff by our reputation and team ethos but also to support, develop and home-grow our own talent.

The restructure will result in a specialised team for category management, allowing team members to specialise in their chosen category across UHN, and negating the thin spread of resource and knowledge across Procurement. It will also allow for career progression within each category, employing a Category Assistant, Category Specialist and Category Manager, in each specialist category area.

### What are our priorities:

- We uphold the UHN values of compassion, accountability, respect, integrity and courage. We recognise that advanced professional skills are vital in key areas such as commercial management,

contract management and supplier relationship management. We shall continue to develop our staff by promoting access to training and professional development including supporting our staff to achieve Chartered Institute of Purchasing and Supply qualification (CIPS), and funding two places per year for the Procurement Development Programme (PDP) in conjunction with the Health Care Supply Association (HCSA). We will also encourage and fund attendance at HCSA conferences for knowledge growth and networking opportunities.

- We will listen to our staff and ensure there are regular opportunities to feedback and challenge and suggest alternative ways of doing things.
- We will support the local Procurement and Finance Skills Development networks and encourage our staff to broaden their experiences through the courses offered by these Groups.
- We will support and encourage the employment of apprentices within our department.
- We have achieved Level 1 in NHS Standards of Procurement at KGH and Level 2 at NGH. We will begin working towards accreditation to Level 3 from 2024/25 across the UHN function.

The operational function defined as 'supplies' which covers inventory, materials management and logistics, relies on a specific place of work and sits outside of initial proposed Group Structure, although is still managed by, and reports to Procurement. We will look to bring this part of the team under the Group umbrella to build resilience within the existing team.

## Systems and Processes

We are committed in supporting clinical services to provide the most appropriate quality of goods and services that support clinical and operational colleagues to do the best job possible, and ultimately benefit our patients. To enable this, the UHN structure will embed the principles of category management, drive efficiencies, and leverage expertise, through a single point of contact across both hospitals. Category Management is a systematic way to group segments of procurement spend; create specialists that conduct spend analysis, market research, maintaining partnerships with suppliers and end users, and overall boosting the effectiveness of procurement efforts and thus avoiding duplication of effort.

It is noted that the Group will need to address differences that have been identified between the two Trusts across the Group. Currently at NGH, there is a Clinical Sustainability group chaired by the sustainability lead, with key stakeholders including IPC, Anaesthetists, Theatre leads and Finance colleagues. KGH are just starting a discussion around setting up a similar group led by the Deputy Clinical Director. Once KGH stakeholders are in place then a group structure can be discussed for collaborative activity.

### What are our priorities:

- We will expedite the promotion of product standardization across both hospitals through development of specialized knowledge and relationships with end users, due to the category management strategy.
- We will extract value from the group financial system, by implementing product standardization that will enable best value, clinical safety and resilience.
- We will align procurement policies and procedures across UHN to give a single set up guidelines, templates and ways of working, maximizing the benefit of the Group function.

- We will roll out a formal contract management framework to ensure strategic and high value contracts are managed by the Procurement team with regular contract management meetings, and measurement of performance against KPI's. For other contracts, we will issue training to operational owners and key stakeholders at contract go live, to ensure they are given the tools to manage contracts effectively.
- Category Management in a group structure will enable release of time to manage contracts more effectively throughout the life cycle. Focus will be on continuous improvement and how cost can be taken out through joint efficiencies, how inflationary changes are managed over the period along with currency changes and where appropriate, the use of national benchmarking tools, to continually challenge suppliers on value for money.
- We will develop and align a savings work plan across UHN and work towards a shared savings target, incorporating traditional revenue, and cost avoidance savings, as well as introducing process efficiencies and value based procurement.

We recognise the enormous benefits that the use of appropriate and well-designed digital technologies can bring to our organization. We will continue to be a proactive partner of the Digital Services team but will also look to make full use of digital technology within our own team.

- We will look to standardize inventory management (IM) systems across both Trusts, allowing for shared systems and processes in relation to Scan4Safety, and adding resilience to goods and people alike – the standardization agenda across both Trusts will aid this and have a positive impact on our clinical staff, supporting the collaboration agenda.
- We will use our IM system to collect procedure costings to contribute to a reduction in the variation in the cost of similar operations.
- We will develop a shared group platform for the ordering of goods and services via e-procurement for our end users. This will entail establishing a single catalogue of goods, which will aid standardization of goods and services, and clinical processes, giving a seamless ordering platform to key stakeholders, regardless of Trust base.
- We will continue to align and perfect our Contracts Database, which will allow our users to be aware of all contracts within their area and receive automatic notifications when these are due to expire. This will help to the team to work pro-actively, and ensure that contracts are renewed compliantly, obtaining best value for money, and supporting the collaboration agenda.
- We will adopt the use of online tools to efficiently identify and keep up to date with the volume of public sector frameworks to help increase contract coverage and minimize the need for waivers.
- We will continue to develop and improve the use of digital forms, such as Docusign, as part of our ongoing support of UHN's Digital Strategy, showing clear and transparent processes for our stakeholders, that are fully tracked and auditable. Currently used in KGH for waivers, this will be rolled out across NGH, allowing for standardized processes and enhancing the existing use in relation to elements such as pre-procurement sign off forms.
- We understand the importance of good data and analytics to inform key decisions. We will develop a shared Business Intelligence platform across UHN, linked to the Group financial system. This will also support the category management structure.
- We will continue to advance our Business Intelligence maturity including the development of dashboards to provide continuous reporting, Supplier Relationship Management (SRM) dashboards

and improving our data to aid forecasting and supporting contract management.

## Resilience and Sustainability

A corporate risk is stated by both trusts following unprecedented national and international supply issues, primarily driven by global raw materials shortages and, unique to the UK, regulatory changes. The issues have significantly increased by volume since the Autumn of 2022 and cover medical, pharmacy and non-clinical.

### What are our priorities:

- To create resilience, the procurement team will escalate standardisation across both Trusts. There is acceptance to use clinical brands that either trust has in use. This approach avoids long processes when speed of decision making is paramount. This does not include implantable or specialised devices where training required. Where clinical engagement is necessary then specialists at both sites will be engaged by a single category lead to enable one procurement decision. Priority will be given to products, no longer supplied to UK market, under national suspension and or restriction.
- We will work with relevant colleagues to develop a joint financial system which will help to facilitate the goal of a single catalogue that optimises efficiency and value with focus on the quick wins.
- We will look at alternative re-usable products and devices that can be procured, to support the NHS sustainability and net zero agenda, reducing the carbon footprint at both Trusts and working towards to national carbon reduction target. Priority will be given to escalate moving away from single use and adopting re-usable where restriction or unavailability is perceived to be a threat to patient safety.
- It is recognised industry may not have kept pace with emerging technologies such as new methodologies of decontamination. Engagement will be sought at a national level to support challenging supplier practise and promote reviews of material construction with these new technologies.
- We will also look at innovative partnerships with suppliers and explore external funding. The purpose is to develop new processes and pathways in conjunction with key clinical colleagues to enable the transition to sustainable products and provide resilience. The goal will be to secure royalty payments through innovative partnerships and thereby creating a self funded route for new projects that conform to sustainable protection of resources.

## ICB and Wider Collaboration

Within the Department we recognise that we have a wide range of partners including suppliers, other health and care organisations, national procurement bodies and our internal stakeholders. As well as a commercial relationship we believe it is important to offer a responsible and ethical partnership.

### What are our priorities:

Therefore, our priorities over the next 5 years are to:

- Continue to proactively engage in procurement opportunities within our ICS and with neighbouring Trusts and Collaborative.

- Make it easier to do business with us by improving the information publicly available to external partners and simplifying our processes where allowable.
- Improve how we engage with clinical staff and key stakeholders and inspire them to want to work with us more closely.
- Adopt a constructive supplier relationship management approach to working with our suppliers.
- Promoting the use of local suppliers within the community where appropriate within the procurement regulation.

## National Agenda

We recognise the importance of full engagement with the national agenda, to enable us to fulfil our vision statement in becoming an exemplar in best practice, and leading change nationally.

### What are our priorities:

- Move to national system for Pipeline procurements, e-tendering, contract management, and contracts database functions.
- Full training compliance and engagement with the Transforming Public Procurement agenda, with the ability to apply all new Public Procurement Regulations as and when they come into effect.
- Full pro-active engagement with the Supply Chain Customer Board, National Procurement Forum and Central Commercial Function.
- Full engagement and adoption of the Target Operating Model (TOM) principles and guidance.

### Tracking our Progress

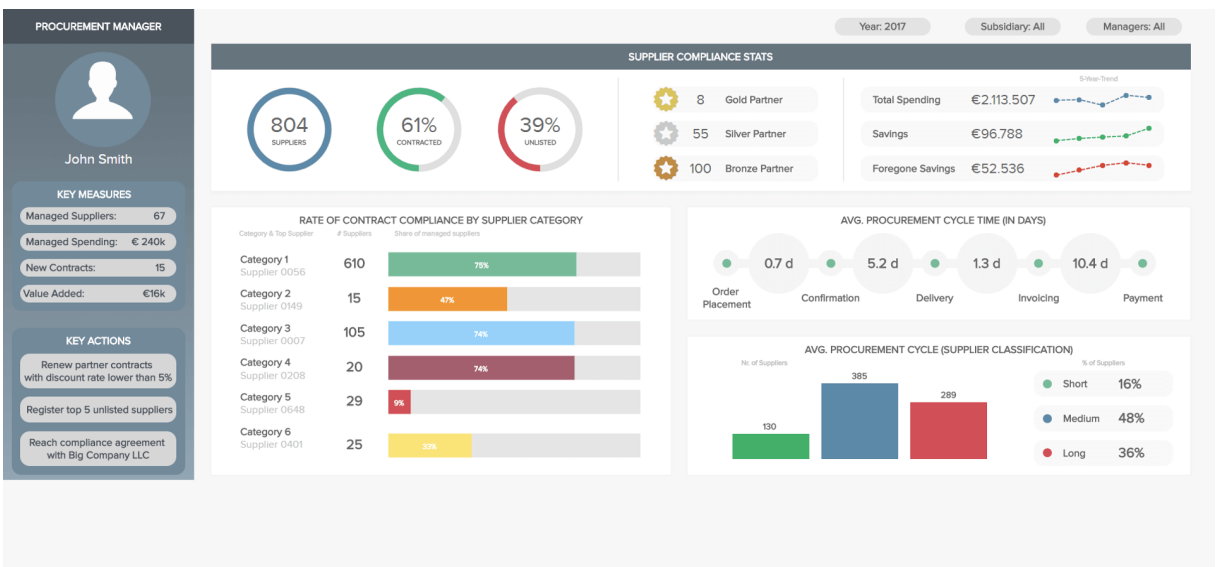
We will track our progress through the following metrics, predominantly drawing from the Model Hospital (MH) Metrics and the Procurement Transformation Plan. It should be noted that currently, many of these metrics are not being updated by NHSE and may change, but below shows an example of these.

Measures		Performance			
		Carter Target	Current		Goal
			KGH	NGH	UHN
1	Metric 2 - Total % purchase order lines through a catalogue	80%	96.7%	97.1%	97.1%
2	Metric 3a - % of invoice value matched to an electronic purchase order	90%	98.6%	88.4%	98.6%

3	Metric 3b - % by count of invoices matched to an electronically generated purchase order	90%	71.9%	62.2%	90%
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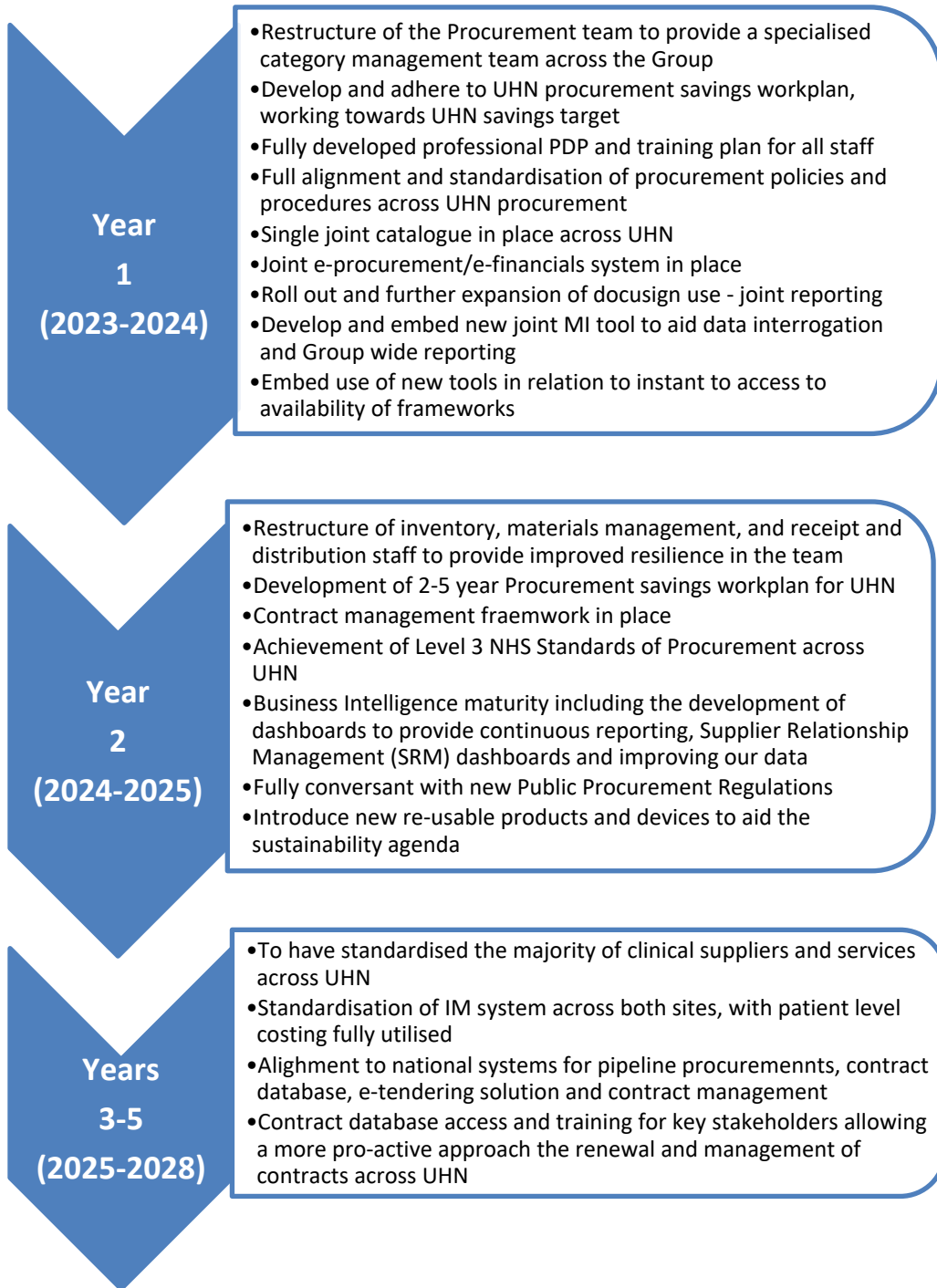
We will also develop our own dashboards which will track areas such as those listed below, and be presented in a dashboard format, similar to the example below;

- Rate of contract compliance by category
- Expenditure/Savings/Missed opportunities
- Progress against Strategy
- Procurement Cycle – time from requisition raised to product delivery
- Number of requisitions – catalogue vs non catalogue



## High-level delivery plan highlights

Parts of our strategy (especially workforce and data) will form the building blocks to achieve the strategy as a whole and these will be our initial focus. Our five year plan is summarised below:



## Summary

This strategy builds on the ambition of University Hospitals of Northamptonshire vision in relation to collaborative working and a joined up approach. It aspires to develop the professionalism and effectiveness of the Procurement support to the organisation and aids in delivery of the overall vision.

Our key themes of the strategy are to maximise the benefit of moving to a group function, recognising that our staff are our greatest asset and that we need to be able to retain our existing staff, and grow our own talent with promotion opportunity and succession planning built in. The group restructure will give us an opportunity to do this, along with meeting what is recognised as a best in class approach, but moving to a specialised category management structure.

Additionally, we will maximise the benefits of standardisation across both Trusts, by developing and utilising joint processes and systems across the Group, with the standardisation of the Inventory Management system being the largest transformational project that the department will undertake.

We are wholly committed to successfully delivering the key priorities within this strategy, for the benefit of the University Hospitals of Northamptonshire, our colleagues, stakeholders and ultimately, our patients.



## National Staff Survey 2023 Report

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital and Northampton General Hospital meeting together in public			
Date	9 April 2024			
Agenda item	9			
Title	National Staff Survey (NSS) Results 2023			
Presenter	Paula Kirkpatrick, Chief People Officer (CPO)			
Author	Paula Kirkpatrick, CPO			
<b>This paper is for</b>				
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Assurance	
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place	
<b>Group priority</b>				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference
<b>Reason for consideration</b>		<b>Previous consideration</b>		
To give an overview of the NSS 2023 results, and assurance around next steps		None		
<b>Executive Summary</b>				
This report summarises the NSS 2023 results for both KGH and NGH, highlighting areas of focus and giving recommendations for priority actions moving forward.				
<b>Appendices</b>				
None				
<b>Risk and assurance</b>				
UHN 01 Creating a working environment where people are included and empowered to make a difference will support the organisations to ensure we have the right people, working in the right places and with the right skills to deliver excellent patient care.				
<b>Financial Impact</b>				
None				
<b>Legal implications/regulatory requirements</b>				
None to note				
<b>Equality Impact Assessment (EIA)</b>				
Specific areas of work within this report will require EIAs, which will be carried out as necessary.				

# National Staff Survey 2023 Report

## Situation

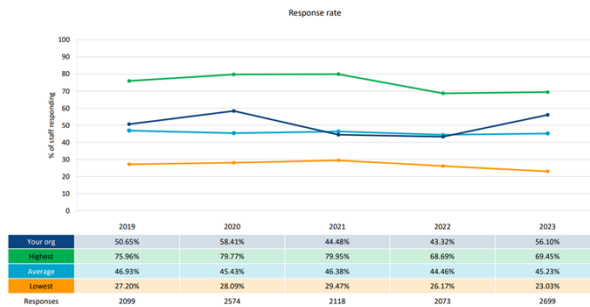
All organisations within the NHS are required to participate in the annual NHS Staff Survey. KGH and NGH are part of the 122 strong benchmark group 'Acute and Acute & Community Trusts'. The survey was carried out through October and November 2023 with results available nationally from March 2024. Results are mapped against the NHS People Promise themes which set out, in the words of NHS staff, the things that would most improve their working experience.

## Background

### Response rates

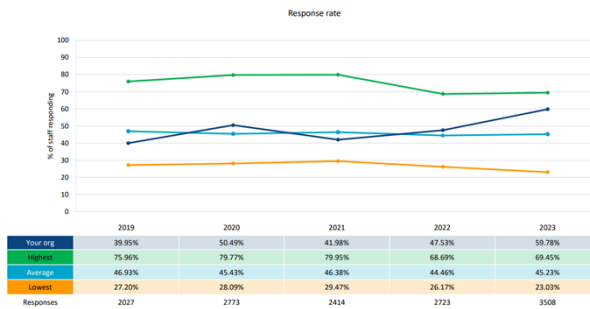
#### KGH

In KGH 2,699 people completed the survey which equates to 56%. This is a significant increase on last year when only 43% of colleagues responded. The response is not as high as the best response (2020).



#### NGH

In NGH 3,508 people completed the survey which equates to 60%. This is a significant increase on last year when only 48% of colleagues responded. This is NGH's best response rate in the last five years.



Both Trust response rates were significantly above the national average response rate this year, which was 45% (last year it was 44%).

## Assessment

### What are our colleagues telling us?

***“I would recommend my organisation as a place to work”***

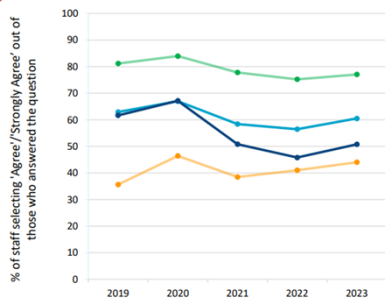
Both Trusts have improved in this question:

- **NGH** 57.43% up from 52.17%
- **KGH** 50.78% up from 45.81%
- **Average** 60.52% up from 56.48%

## KGH



Q25c I would recommend my organisation as a place to work.

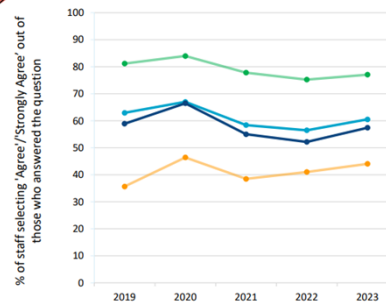


	2019	2020	2021	2022	2023
Your org	61.65%	67.18%	50.83%	45.81%	50.78%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	2045	2552	2100	2057	2672

## NGH



Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	58.90%	66.49%	55.02%	52.17%	57.43%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	1970	2745	2398	2706	3480

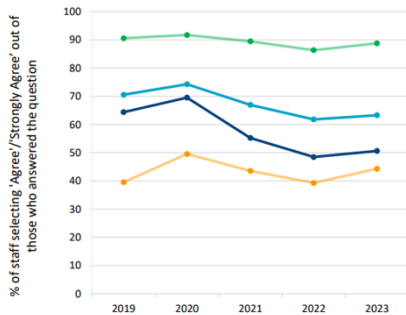
***"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"***

Both Trusts have improved against this question:

- **KGH 50.64% up from 48.49%**
- **NGH 58.43% up from 54.68%**
- **Average 63.32% up from 61.82%**

## KGH

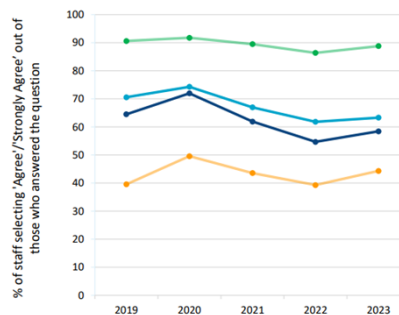
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	64.40%	69.56%	55.24%	48.49%	50.64%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	2036	2551	2097	2051	2666

## NGH

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	64.48%	71.99%	61.89%	54.68%	58.43%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	1968	2745	2403	2707	3474

**How did both Trusts rate against the People Promise elements and themes?**

Staff Survey results in 2022 were disappointing with the following points noted:

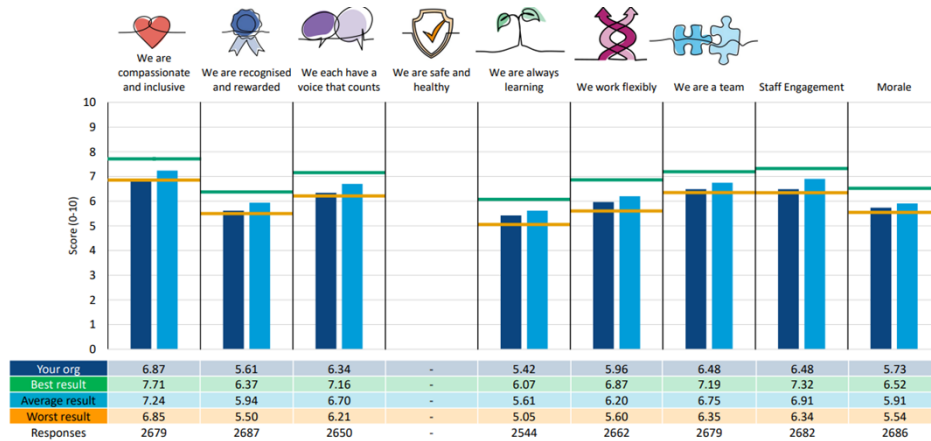
- Both organisations reported below average on all pillars of the People Promise
- KGH was the lowest scoring organisation for 'We are compassionate and inclusive'

- In all elements of the People Promise, plus staff engagement and morale, neither hospital ranked above 97<sup>th</sup> (out of 125) - the only exception was 'We are always learning' at NGH (72<sup>nd</sup>)

In 2023 we have seen improvements in all pillars of the People Promise, with both organisations also improving in the ranks, as follows:

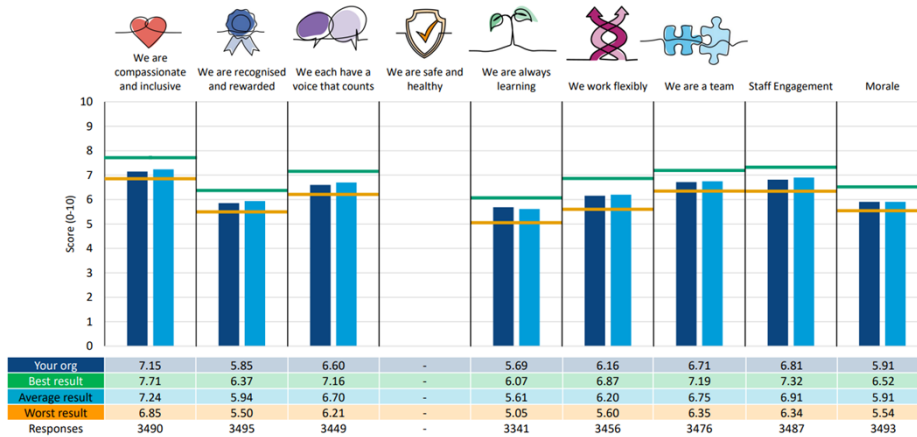
### KGH

- 95<sup>th</sup> for 'We are always learning' (up 4 places)
- 'We are compassionate and inclusive' has moved from worst performing to 121<sup>st</sup> (up one place)
- Between 102<sup>nd</sup> and 116<sup>th</sup> for all other pillars



### NGH

- 42<sup>nd</sup> (of 122) for 'We are always learning' (up 30 places)
- 62<sup>nd</sup> (of 122) for 'Morale' (up 36 places)
- Between 71<sup>st</sup> and 86<sup>th</sup> for all other pillars



### Most improved scores

KGH	2023	2022
I feel worn out at the end of my working day/shift	43%	51%
Colleagues said there were enough staff at this organisation for me to do my job properly	31%	24%
I feel burnt out because of my work	32%	39%
The team I work in often meets to discuss the team's effectiveness	60%	53%

NGH	2023	2022
My organisation is committed to help me balance my work and home life	47%	39%
There are enough staff at this organisation for me to do my job properly	30%	23%
Teams work well together to achieve their objectives	53%	46%
I have adequate materials, supplies and equipment to do my work	58%	51%

### Scores showing highest deterioration

KGH	2023	2022
I have been discriminated against because of my ethnic background	60%	55%
My organisation encourages us to report errors, near misses or incidents	82%	84%
I do additional hours over and above my contracted hours	46%	44%
My organisation offers me challenging work	62%	64%

NGH	2023	2022
I have been discriminated against because of my ethnic background	60%	53%
I have been discriminated against because of my religion	5%	3%
I have experienced discrimination at work from patients/service users, their relatives or members of the public	11%	10%
The last time I experienced harassment, bullying or abuse at work, I or a colleague reported it	49%	48%

### Key themes and actions

For the last two years we have focused on four areas to drive improvement in colleague experience:

- Leadership and Management
- Teamwork
- Reward and Recognition
- Respect

This year we will add a further priority “*Career development*” to further strengthen NGH’s performance in this element of the People Promise and in recognition of the weakness in this area at KGH.

### Leadership and Management

#### KGH

- 64% of colleagues said their manager cares about their concerns (average 69%)
- 67% said there were frequent opportunities for them to show initiative in their role (average 74%)
- 64% of colleagues say their manager cares about their health and wellbeing (average 69%)
- 65% said they were able to make suggestions to improve their department (average 71%)
- 51% said they felt safe to speak up about anything concerning them (average 61%).
- 40% said they felt confident the organisation would address a concern (average 49%)

## NGH

- 66% of colleagues say their manager works with them to understand problems (average 68%)
- 57% said they felt safe to speak up about anything that concerns them (average 61%).
- 46% said they felt confident the organisation would address a concern (average 49%)
- 63% of colleagues said their manager gives them clear feedback on their work (average 65%)
- 72% said there were frequent opportunities for them to show initiative in their role (average 74%)

### How we are responding

- Executive leaders will be visible in both Trusts engaging with colleagues across all areas
- We will add the established leaders programme to our leadership development offer
- We will review our bitesize leadership modules and identify additional support needed
- We will strengthen our improvement work in both Trusts to ensure you can contribute your ideas and are supported to lead improvements in your area
- We will improve speed and clarity of decisions through clearer, simpler governance
- We will simplify our Health and Wellbeing Offer ensuring it is easy for colleagues to access and for managers to share
- We will revise our Supporting Attendance at Work policy, putting wellbeing at its heart
- We will continue to promote speaking up via our Freedom to Speak Up service and ensure other routes to raise concern are promoted

### Teamwork

	KGH	NGH	Ave
Colleagues said relationships feel strained	41%	42%	46%
Colleagues said the people they work with are understanding and kind to each other	64%	69.5%	70%
Colleagues said team members show appreciation to each other	63%	66%	67%
Colleagues are reporting bullying and harassment from colleagues	23%	21%	

### How we are responding

- We will publicise our UHN priorities and support the translation of these into team objectives.
- We will strengthen staff networks and support our staff side colleagues so we can work together to support teams across UHN.
- We will use our trained mediators to support team cohesion when problems arise.
- We will ensure our leadership training emphasises the value and importance of compassionate leadership and developing a culture of kindness.
- We will support teams to develop ideas to recognise and show appreciation to each other.
- We will make it easier to work across UHN if your role requires it – creating a single portal where you can request access (car park, doors and digital systems) to work across UHN.
- Where it is within our control, we will standardise rates of pay.

### Reward and Recognition

	KGH	NGH	Ave
Colleagues say they get recognition for good work	47%	52%	54%
Colleagues said their manager values their work (worst performing Trust 65.5%)	66%	70.6%	71%
Colleagues said they were satisfied with how the organisation values their work	37%	43.5%	44%

## How we are responding

- We will continue to provide our staff restaurants, reviewing and responding to customer feedback.
- We will review car parking arrangements at both Trusts, seeking to ensure we manage our limited car park capacity for the benefit of patients and fairly for colleagues
- We will host our UHN Excellence Awards for the second time, focusing on ensuring as many people as possible can be included by reviewing our award categories, access and judging
- We will improve the way we support divisions to spread good news and celebrate our colleagues' achievements
- We will enhance our Long Service Awards with an afternoon tea event in both Trusts

## Respect

This is an ongoing area of focus for both Trusts, with both seeing the largest deteriorations in scores in "discrimination on the grounds of race".

## KGH

KGH has seen a continual pattern of deterioration for 4 years for:

- Discrimination at work from colleagues, and service users
- Colleagues feeling the organisation respects difference.
- Equal opportunities for career progression

	KGH	NGH	Ave
Colleagues have experienced discrimination from patients/service users	11%	11%	8%
Colleagues have experienced discrimination from their line manager/colleagues (9% of white colleagues, 14%(NGH) 23% (KGH) of all other ethnic groups)	14%	15%	9%
Colleagues with a long-term condition report harassment, bullying or abuse from their line manager (9% (NGH), 11%(KGH) of those without a LTC)	19%	15%	
Colleagues with a long-term condition report harassment, bullying or abuse from their colleagues (18%(NGH), 21%(KGH) of those without LTC)	31%	29%	
Colleagues report experiencing unwanted sexual behaviours from colleagues	4.27%	3.6%	3.82%

## How we are responding

- We will deliver cultural understanding education to all middle and senior leaders
- We will continue to offer reverse mentoring
- We will have a full programme of cultural events to inform, educate and celebrate with colleagues
- We will host our third Cultural Celebration Event to mark South East Asian Heritage Month and Black History Month
- We will implement and embed 'Just and Restorative Learning' approaches to incidents and events
- We will strengthen our Staff Networks, ensuring they all have an executive sponsor to improve outcomes for diverse groups of colleague

## Career Development

	KGH	NGH	Ave
Colleagues think the organisation acts fairly with regards career progression and promotion	50%	54%	56%
Colleagues think there are opportunities to develop their career in the Trust	48%	56%	55%
Colleagues say they feel supported to achieve their potential	49% *	56%	57%
Colleagues said their appraisal helped them to improve how they do their job	30%	28%	25%

\*worst performing Trust score

### How we are responding

- We will launch our new Appraisal process in 2024 with a focus on wellbeing
- We will develop a career pathway programme to showcase career opportunities for all staff groups
- We will showcase senior leaders career pathways to inspire others
- We will develop our Volunteer to Career pathway opening up new opportunities for people to work for UHN

### Engagement and developing our plans

Since we received the results, we have conducted engagement sessions across both Trusts. These sessions have helped us to develop UHN plans to address the overarching priority areas in the survey. Divisional results have been shared and we will be supporting the divisions to develop their own action plans ensuring we have both a corporate and local response to what our colleagues have told us.

### Recommendation(s)

The Boards are recommended to take **assurance** that work we have been doing is impacting on colleague experience as shown by improvements in the survey results for both Trusts.

The Boards are further recommended to take **note** of the areas of focus and commitments for action in 2024/25.



## Cover sheet

<b>Meeting</b>	Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) Meeting in Public
<b>Date</b>	9 April 2024
<b>Agenda item</b>	10

<b>Title</b>	University Hospitals of Northamptonshire (UHN) NHS Group: Proposed Governance Operating Model
<b>Presenter</b>	Richard Apps, Director of Corporate and Legal Affairs
<b>Authors</b>	Richard May, UHN Company Secretary Lucy Thorp, Teneo

This paper is for			
<input checked="" type="checkbox"/> <b>Decision</b>	<input type="checkbox"/> <b>Discussion</b>	<input type="checkbox"/> <b>Note</b>	<input type="checkbox"/> <b>Assurance</b>
To formally receive and discuss a report and make a decision based on the recommendations within it	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input type="checkbox"/> <b>Patient</b>	<input type="checkbox"/> <b>Quality</b>	<input checked="" type="checkbox"/> <b>Systems &amp; Partnerships</b>	<input type="checkbox"/> <b>Sustainability</b>	<input type="checkbox"/> <b>People</b>
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
Proposed changes to governance operating models are presented to Boards of Directors for adoption – the establishment of committees is reserved to Boards of Directors within the KGH Constitution and NGH Standing Orders.	Board Development (UHN), 1 February 2024 Boards of Directors (UHN), December 2023 and February 2024 Boards' Committees, March 2024 (Audit, People, Finance and Performance, Clinical Quality, Safety)

	and Performance): endorsed, subject to changes which have been incorporated Partnership Board Terms of Reference have been approved by the Board of the University Hospitals of Leicester NHS Trust (UHL)
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### Executive Summary

A review of the UHN Board Committees has been undertaken and the following changes are presented for the Boards' approval following endorsement by Committees during the March 2024 cycle:

1. To split the responsibilities of the Finance and Performance Committee into the Financial and Investment Committee and the Operational Performance Committee
2. To establish the Partnership Board as a Joint Committee of KGH, NGH and UHL
3. To disestablish the Group Strategic Development Committee, the Group Digital Hospital Committee, the Group Transformation Committee and the Elective Care Collaborative Committee
4. To approve updated Terms of Reference for all Committees as set out at Appendices A-E (enclosed) to ensure the effective re-distribution of responsibilities from the disestablished Committees.
5. To increase the membership of the Audit Committees to four members;
6. To implement the proposals with immediate effect, subject to reviews at three and six months.

The proposals are designed to simplify and streamline the UHN governance structure.

### Appendices

Revised Terms of Reference:

- A: Finance and Investment Committee
- B: Operational Performance Committee
- C: Partnership Board (UHN/UHL)
- D: People Committee
- E: Clinical Quality and Safety Committee

### Risk and assurance

Strategic risks from the UHN Board Assurance Framework will be reallocated in accordance with updated roles and responsibilities set out in revised Terms of Reference (enclosed).

### Financial Impact

No direct implications.

### Legal implications/regulatory requirements

As set out in the report.

### Equality Impact Assessment

Neutral

# Paper

## Introduction

We have been reviewing UHN's governance to ensure it best supports integration across the trusts and meets the needs of the trusts, collectively and individually. Through this work, we seek to address known challenges (such as the risks outlined in Deloitte's and NHS England reviews) and further develop our governance to support our work with UHL.

As part of this work, we have engaged with the Boards collectively, and with Non-Executive Directors and Executive Directors individually. At the Boards' development event on 1st February, we shared several initial proposals and posed some questions for discussion. Feedback from this meeting has informed the proposals set out in this paper.

We propose to hold three- and six-month evaluations of the new structure to assess how well the changes are addressing our risks and achieving our objectives.

## Proposals

### **(1) Finance and Performance Committee**

We propose to split the responsibilities of the Finance & Performance Committee to create Finance and Investment and Operational Performance Committees. This will:

- (1) Provide more space on agendas for effective discussion, challenge and problem solving;
- (2) Allow us to dedicate more time and attention to the financial sustainability and operational performance of the trusts;
- (3) Keep Committee meetings short (no longer than two hours), focused and with manageable agenda.

Acknowledging the interconnectedness of finance and performance, particularly the link between activity and income and around areas such as productivity, (learning from the experience of UHL colleagues) we intend to keep the remit of the Operational Performance Committee fairly contained to begin with by focusing on the trusts' performance around Emergency Care, including ambulance handovers; Elective Care, with a particular emphasis on 104 week waits, recovery of activity levels, 62 day cancer performance and improving access to timely diagnostics.

Nevertheless, there will be items where we need to make a judgement call as to whether it is best suited to discussion at the Finance and Investment Committee or the Performance Committee. This is not new – there is also overlap between performance and quality, which we manage through the careful planning of agendas and close liaison between Committee Chairs and Convenors.

Finance and Performance held its latest meeting on 26 March 2024. The new Committees will be established from April onwards.

Proposed draft Terms of Reference for the new committees are enclosed at **Appendices A-B**.

### **(2) UHN/UHL Partnership Board**

The purpose of the Partnership Board is to:

- (1) set the direction of travel for integration across UHN and UHL;
- (2) approve significant strategic decisions (such as joint investments), across UHN and UHL; and
- (3) set and oversee a programme of integration between UHN and UHL.

The Partnership Board will predominantly focus on axis 2 (between UHN and UHL), but may also consider other matters that require a view/ decision across UHL and UHN (for example, those relating to Axis 3 (East Midlands Acute Providers - EMAP)).

Integration along Axis 1 (between NGH and KGH) will be overseen by the UHN Boards and committees – this is aligned with UHN integration being the default position. There may be some initiatives which are predominately about UHN, but where UHL would add value as a minor partner – these initiatives would be overseen by the UHN governance, but with the Partnership Board being made aware.

The specific responsibilities and duties of the Partnership Board are outlined in the terms of reference included at **Appendix C** to this paper (approved by the UHL Board of Directors).

The Partnership Board will be constituted as a Joint Committee of the UHL, KGH and NGH Boards of Directors under Section 71 of the Health and Care Act 2022. This represents a departure from the 'in common' model of working which UHN has used for its committees since 2021 as it provides for decisions to be made jointly rather than in parallel. In effect, KGH, NGH and UHL will be formally delegating decision-making authority to a single body so that, in practice (subject to quoracy requirements), KGH and NGH members will have authority to commit UHL to specific courses of action, and vice versa. This model also provides the option to pool budgets and oversee joint functions (should the requirement to do so arise in the future).

As a general principle, we are seeking to reduce duplication and therefore, matters taken to the Partnership Board will not be taken to other Board Committees in parallel, unless they involve decisions which are reserved for the Boards of Directors. There will be engagement through key executive fora before items are taken to the Partnership Board.

The Partnership Board is proposed to meet four times per year as a minimum, with additional meetings scheduled as necessary. It will be chaired by the joint Chair of the three Trusts, and will include as members:

- Chair of UHL and UHN (Partnership Board chair)
- 2 Non-Executive Directors from UHL
- 2 Non-Executive Directors from UHN
- Group CEO of UHN and UHL
- UHN CEO
- UHL Chief Operating Officer
- UHL Deputy CEO
- UHN Director of Strategy
- 1 Clinical Executive Director (Chief Nurse or Medical Director) from UHL
- 1 Clinical Executive Director (Chief Nurse or Medical Director) from UHN
- UHL Chief Financial Officer

- UHN Chief Financial Officer

Other individuals may be asked to attend the Partnership Board to contribute to specific agenda items.

After each meeting of the Partnership Board, the Chair will be responsible for providing an update to the Boards of Directors at their next meetings.

The Group CEO of UHL and UHN will ensure that the UHL and UHN Executives remain sighted on all key issues raised and decisions made by the Partnership Board.

Subject to UHN Boards' approval, the Partnership Board will meet for the first time on 23 April 2024.

### (3) UHN People and Clinical Quality and Safety Committees

These committees are well-established and are recommended to continue to meet and perform existing functions; Terms of Reference for these committees are set out in **Appendices D-E** enclosed following consideration by the committees at March 2024 meetings.

### (4) Dis-establishment of Committees

We propose to disestablish the Group Strategic Development Committee, the Group Digital Hospital Committee, the Group Transformation Committee and the Elective Care Collaborative Committee. The rationale for disestablishing these Committees, proposals for the reallocation of their duties, and the transition dates are outlined in Table 1 below:

*Table One*

Committee	Proposal	Final meeting
Elective Care Collaborative Committee	<ul style="list-style-type: none"> <li>• The Committee was established in anticipation of UHN becoming the lead provider for an elective care collaborative across the Northamptonshire Integrated Care System (ICS); UHN would assume commissioning functions as part of this arrangement.</li> <li>• Due to delays in implementation of the statutory framework enabling the formal delegation of commissioning functions from the Integrated Care Board (ICB), the Committee has been unable to fulfil its original remit, and has met only twice since its creation in May 2022.</li> <li>• Given the opportunity to transform elective care at scale with UHL, it is proposed that the original lead provider case is revisited as part of the current collaboration. It is therefore recommended that the Committee is disestablished, and that elective care strategic direction is developed by the Partnership Board on a UHN/UHL 'at scale' basis.</li> </ul>	<i>No meetings are currently scheduled.</i>
Group Strategic	<ul style="list-style-type: none"> <li>• The Committee was established in 2020 to over the KGH rebuild as part of the national (HIP2) scheme and was reconstituted as a UHN-wide committee to</li> </ul>	<i>No meetings are currently scheduled.</i>

Development Committee	<p>enable oversight of wider strategic estates initiatives. Most the committee's business has continued to focus on the KGH hospital redevelopment, however.</p> <ul style="list-style-type: none"> <li>• The KGH HIP2 programme is overseen by a New Hospitals Programme Board (NHPB). This group carries out the programme board and sponsoring group function where the individuals upon it may exercise their delegated powers for key programme decisions in a consultative environment, with significant exceptions and assurance to the Board of Directors and business case approvals (for investment and drawdown from national funds) referred to the Finance and Investment Committee and Boards, depending on their value.</li> <li>• It is considered that the NHPB has sufficient seniority to fulfil the programme oversight function for KGH and that a Board Committee is no longer required to provide this function. It is considered that the Partnership Board can assume oversight of UHN and UHL engagement with the new hospitals programme. This is aligned with the identified opportunity to share, learn and align across UHL and KGH NHPs.</li> <li>• Non-Executive input and challenge has added considerable value to the work of the committee and, in order to maintain and enhance this and to strengthen external challenge and stakeholder engagement, it is proposed that the KGH Board designate Trevor Shipman as NED HIP2 lead and formally request the NHPB to establish a consultative forum, chaired by Trevor and comprising KGH Governor, local authority, ICB, patient/customer and potentially primary care representatives.</li> <li>• Programme governance arrangements are in place for other key programmes e.g. community diagnostic centres. These programmes are proposed to be overseen by the other Board Committees in Common – in the same way as outlined below for cross-cutting transformation programmes.</li> </ul>	<i>Last meeting held in February 2024</i>
Group Digital and Transformation Committees	<ul style="list-style-type: none"> <li>• The Group Transformation Committee was established to oversee the delivery of the large scale transformation across the hospitals and group required to deliver the Group's Dedicated to Excellence Strategy, adopted in 2021. The Group Digital Hospital Committee was created to oversee strategic aspects of the UHN digital, technology and information agenda. The Committees started meeting jointly in July 2023.</li> <li>• Given the cross-cutting nature of transformation programmes and to avoid duplication, the role of the</li> </ul>	<i>No meetings scheduled. Last meeting held in February 2024</i>

	<p>Transformation Committee is proposed to be subsumed into the work of the People, Finance and Investment, Performance, and Clinical Quality and Safety Committees, with tailored quarterly transformation updates provided to each committee. These reports can be tailored to the areas relevant to each committee’s remit and can also cover digital aspects of transformation programmes, while strategic digital issues are reported to the UHN Partnership Board.</p> <ul style="list-style-type: none"> <li>The strategic oversight responsibilities of the Digital Hospital Committee can be subsumed into the work of the Partnership Board. Operational Trust level digital groups are in place, and can be reconstituted as internal programme boards, with business cases requiring approval submitted to the Group Finance and Investment Committee.</li> </ul>	
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**(5) Audit Committees**

The Trusts are recommended to retain separate Audit Committees within the proposed governance structure, due to the importance of independent oversight of the UHN governance framework. The Boards are recommended to approve an increase in the membership of each committee from three to four Non-Executive Directors, in order to reflect the importance of this role and to make optimum use of the skills and experiences of the Trusts’ non-executive cohorts.

**(6) Transition**

The Partnership Board is proposed to meet for the first time on 23 April 2024. It will meet on a quarterly basis (as a minimum) going forwards.

Subject to Boards’ approval on 9 April, the new structure and Terms of Reference will come into effect immediately. The table below shows the dates.

Table 1: Committee transition dates (taking into account three-month trial period, for review at August 2024 Boards of Directors)

Committee	March	Q1			Q2		
		April	May	June	July	Aug	Sep
Clinical Quality, Safety and Performance	No change						
People	No change						
Finance and Investment	26 <sup>th</sup> (final meeting as FPC)	30 <sup>th</sup>	28 <sup>th</sup>	25 <sup>th</sup>	23 <sup>rd</sup>	Tbc	Tbc
Performance		30 <sup>th</sup>	28 <sup>th</sup>	25 <sup>th</sup>	23 <sup>rd</sup>	Tbc	Tbc
Partnership Board	n/a	23 <sup>rd</sup>			25 <sup>th</sup>		
Group Strategic Development	No meetings planned	Disestablished – responsibilities subsumed by other committees					

Digital & Transformation	No meetings planned	
Elective Care Collaborative	No meetings planned	

**Recommendations**

The following proposals are recommended to be **APPROVED** by the Boards of Directors:

1. To split the responsibilities of the Finance and Performance Committee into the Financial and Investment Committee and the Operational Performance Committee
2. To establish the Partnership Board as a Joint Committee of KGH, NGH and UHL
3. To disestablish the Group Strategic Development Committee, the Group Digital Hospital Committee, the Group Transformation Committee and the Elective Care Collaborative Committee, designating Trevor Shipman as the KGH HIP2 lead Non-Executive Director
4. To approve updated Terms of Reference for all Committees as set out at Appendices A-E (enclosed) to ensure the effective re-distribution of responsibilities from the disestablished Committees.
5. To incorporate delegated duties and responsibilities, agreed as part of recommendation (4) above, into schemes of delegation;
6. To increase membership of the Audit Committees to four non-executive directors, and
7. To implement the proposals with immediate effect, subject to reviews at three and six months.



# UHN Finance and Investment Committee Terms of Reference

## 1. Purpose and authority

- 1.1. The Finance and Investment Committee has delegated authority from the Boards to :
  - 1.1.1. Assure the stewardship of the organisation's finances and investments, including planning, financial performance, capital expenditure, and the delivery of the financial plan and annual capital programme
  - 1.1.2. Approve revenue and capital business cases in accordance with limits set out in approved schemes of delegation

## 7. Membership and attendance

- Non-executive chair from each trust, one of whom shall convene meetings, by Committee agreement
- One non-executive director from each trust
- UHN Chief Finance Officer
- UHN Director of Transformation and QI

### *Attendees*

- KGH Observer governor
- Trust directors of finance

- Corporate Governance Team
- Others by invitation

The committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The Trust Chair(s), Chief Executives or other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trusts' operation that are the responsibility of that director. The KGH nominated Governor (and their Deputy) will attend the meeting as an observer.

## **Meetings and Quorum**

- 3.1 A quorum of the Committee shall be three members, including a Non-Executive Director from each organisation and an Executive Director. Members of the Committee can nominate a deputy but not for more than two consecutive meetings without prior permission of the Convenor.
- 3.2 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings may be recorded with the Convenor's agreement, and Minutes/Action Logs produced, in the normal way.
- 3.3 The Committee shall meet not less than six times per year on times and dates to be agreed with the Chairs.
- 3.4 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be
  - circulated to voting members of the body for comment and approval, or:
  - taken by Chair's action, in liaison with the Chief Executive and Group Chief People Officer for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

## **4. Support arrangements**

The Committee shall be supported administratively by resources from within the two Trusts' whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting

- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within ten working days, and
- Keeping an accurate record of attendance.

## 5. Declaration of Interests

- 5.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly.
- 5.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

## 6. Duties and responsibilities

- 6.1 Develop, making recommendations to Boards for approval as required, review and monitor documents making up the UHN financial strategy, including (but not limited to) UHN contributions to annual Integrated Care Board operating plans, annual and medium term revenue budgets and capital plans, and cost improvement targets.
- 6.2 Agree, Review and monitor the following, receiving assurance on the progress against financial plans and where off plan, understand the controls and mitigations in place to manage any risk:
  - Cost improvement programmes (or equivalent)
  - Performance against identified KPIs, reviewing the suite of metrics as required
  - Financial and investment implications of corporate strategy and annual business plans as they affect UHN
- 6.3 Provide oversight and assurance regarding trusts' financial performance whilst maximising the benefits of group working.
- 6.4 Determine revenue and capital business case requests for funding in accordance with values set out in approved schemes of delegation, ensuring the outcomes and benefits are clearly defined, and making recommendations to Boards in respect of cases outside of the committee's delegated authority to act.

- 6.5 To ensure that robust processes are followed to evaluate, scrutinize and monitor investments to confirm benefits realisation arising from collaboration, transformation, efficiency and productivity programmes.
- 6.6 To inform the development and delivery of group transformation and efficiency schemes, ensuring that the right resources are available and that the balance between quality and efficiency is maintained.
- 6.7 Approve procurement strategy and ensure delivery and review.
- 6.8 Work collaboratively with local health system partners to address any operational or performance issues in the short term, and to support working across the Integrated Care System in respect of longer term transformational aims.
- 6.9 Provide a forum for shared learning between the trusts, enabling the identification, review and monitoring of unwarranted financial variation to ensure that they are understood and investigated with any associated analysis and actions
- 6.10 The Chairs will liaise with other Board Committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan
- 6.11 The Finance and Investment Committee may establish other working groups or sub-committees which report into it as required.
- 6.12 To review and monitor strategic risks to both organisations within the Committee's area of responsibility, as set out on the Group Board Assurance Framework.

## 7. Reporting responsibilities

- 7.1 The Finance and Investment Committee is accountable to the Boards, and it will formally escalate issues and decisions as required in these Terms of Reference, at the request of the Boards, or at the discretion of the Chairs.
- 7.2 The Finance and Investment Committee will make whatever recommendations to the Board it deems appropriate in any area within its remit.
- 7.3 On a regular basis the Finance and Investment Committee will receive and review the following information:
  - 7.3.1 Reports from any sub-groups
  - 7.3.2 Papers on key risks / topics for discussion or decision.
- 7.4 A written summary of each meeting shall be submitted to the next scheduled meeting of the Boards, focussed on items of escalations, items which have

been approved and items connected to strategic risks and strategic direction. The Convenor will present the report.

## **8. Monitoring Effectiveness**

- 8.1 The Chair of the committee will seek feedback on the effectiveness of committee meetings following each meeting.
- 8.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.
- 8.3 The Committee will review its terms of reference annually, and recommend any changes for Board approval.

**Approved: *April 2024***

**Review: *July 2024***

# Operational Performance Committee

## Terms of Reference

### 1. Purpose and authority

- 1.1. The Operational Performance Committee is a committee in common of the Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust with delegated authority from the Boards to seek and provide assurance that the Trusts meet and surpass key local and national performance indicators in respect of urgent, emergency and elective care, whilst maintaining and enhancing quality, safety and the patient and staff experience.

### 2. Membership and attendance

- Non-executive chair from each trust, one of whom shall convene meetings, by Committee agreement
- One non-executive director from each trust
- Chief Operating Officers
- UHN Director of Transformation and QI
- UHN Director of Strategy
- Medical Director **or** Chief Nurse from each Trust

### Attendees

- KGH Nominated Governor and Deputy
- Corporate Governance Team (administration)
- Director of Corporate and Legal Affairs
- Others by invitation

The committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The Trust Chair(s), Chief Executives or other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trusts' operation that are the responsibility of that director. The KGH nominated Governor (and their Deputy) will attend the meeting as an observer.

### **3. Meetings and Quorum**

- 3.1 A quorum of the Committee shall be four members, comprising a Non-Executive Director and an Executive Director from each organisation. Members of the Committee can nominate a deputy but not for more than two consecutive meetings without prior permission of the Convenor.
- 3.2 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings may be recorded with the Convenor's agreement, and Minutes/Action Logs produced, in the normal way.
- 3.3 The Committee shall meet not less than six times per year on times and dates to be agreed with the Chairs.
- 3.4 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be
  - circulated to voting members of the body for comment and approval, or;
  - taken by Chair's action, in liaison with the Chief Executive and Group Chief People Officer for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

### **4. Support arrangements**

The Committee shall be supported administratively by resources from within the two Trusts' whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
- Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.

- Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
- Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within ten working days, and
- Keeping an accurate record of attendance.

## **5. Declaration of Interests**

5.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly.

5.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

## **6. Duties and responsibilities**

6.1 Oversee Trust performance against local and national Emergency and Elective Care standards, ensuring that:

- A comprehensive suite of metrics is in place, bringing together key national and local targets to provide oversight of operational performance, as part of the Integrated Governance Report, aligned to relevant metrics set out in the NHS Oversight Framework;
- Key underlying issues and risks in these areas are known and evidence based.
- Robust and clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories
- Learning mechanisms in place to ensure areas of strong performance can be sustained and replicated, within and between trusts and the wider health economy.
- Transformation programmes are aligned with national, system and service priorities and are set to deliver tangible annual and longer term gains.
- The implementation of action plans is having the right impact and resulting in the intended outcomes

6.2 Agree, and ensure implementation of, a Performance Management Strategy and Framework for UHN.

6.3 Oversee any other significant operational and performance issues which may arise

6.4 Ensure quality improvement within clinical pathways drives sustained improvement on operational performance, noting that collaboration on clinical pathways between UHL and UHN is overseen by the Partnership Board

6.5 Regularly review the Board Assurance Framework (and linked corporate risks) to ensure that risks pursuant to the Committee's duties are appropriately captured and monitored.



6.6 Alert the Boards and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.

6.7 Seek assurance that the Trusts are working effectively within the local health system to understand the healthcare needs of the local population and ensure equity of access to healthcare to identify and address local health inequalities.

6.8 Receive appropriate internal audit reports pertinent to the committee's remit and be assured the necessary actions are in place to address any risks identified.

6.9 Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Integrated Care System in respect of longer term transformational aims.

6.10 Provide a forum for shared learning between the trusts, enabling the identification, review and monitoring of unwarranted variation in quality and performance to ensure that they are understood and investigated with any associated analysis and actions

6.11 The Chairs will liaise with other Board Committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan

6.12 The Committee may establish other working groups or sub-committees which report into it as required.

## 7. Reporting responsibilities

### Accountabilities and flow of decision authority

7.1 The Committee is accountable to the Boards, and it will formally escalate issues and decisions as required in these Terms of Reference, at the request of the Boards, or at the discretion of the Convenor.

7.2 The Committee will make whatever recommendations to the Boards it deems appropriate in any area within its remit.

7.3 On a regular basis the Operational Performance Committee will receive and review reports from any sub-groups and apers on key risks / topics for discussion or decision.

7.4 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance. Draft minutes shall be sent to the Convenor following the meeting and submitted for formal agreement at the next meeting.

7.5 A written summary of each meeting shall be submitted to the next scheduled meeting of the Boards, focussed on items of escalations, items which have been approved and items connected to strategic risks and strategic direction. The Chair of the Committee will present the report.

## 8. Monitoring Effectiveness

8.1 The Chair of the committee will seek feedback on the effectiveness of committee meetings following each meeting.

8.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

8.3 The Committee will review its terms of reference annually, and recommend any changes for Board approval.

**Approved:** *April 2024*

**Review date:** *July 2024*

DRAFT



# UHN & UHL Partnership Board Terms of Reference

## 1. Constitution

- 1.1. The Partnership Board is constituted as a standing Partnership Board of the Kettering General Hospital NHS Foundation Trust Board of Directors, the Northampton General Hospital NHS Trust Board of Directors and the University Hospitals of Leicester NHS Trust Board of Directors (hereafter collectively referred to as “the Boards”). The Partnership Board is constituted as a Joint Partnership Board of the three Boards.
- 1.2. Its terms of reference are as set out below, subject to review and amendment by the Boards of Directors.

## 2. Purpose and scope

### Context

- 2.1. University Hospitals of Northamptonshire NHS Group (UHN) and University Hospitals of Leicester NHS Trust (UHL) have entered a formal partnership. UHN is formed from Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH).
- 2.2. Working together at scale provides the trusts with exciting opportunities to deliver benefits over and above what could be achieved as individual organisations. The trusts will work more closely together to strengthen clinical and support services and will improve efficiency, productivity and quality. Together, the trusts will work to improve the health and wellbeing of patients and create better employment opportunities.

### Purpose and scope

- 2.3. The purpose of the Partnership Board is to:
  - Set the direction of travel for integration across UHN and UHL;
  - Approve significant strategic decisions (such as joint investments), across UHN and UHL; and
  - Set and oversee a programme of integration between UHN and UHL.
- 2.4. The scope of the Partnership Board covers all aspects of partnership working.

## 3. Membership and attendance

### Membership

- 3.1. The Partnership Board will be chaired by the Chair of UHN and UHL.
- 3.2. Members of the Partnership Board are:
  - Chair of UHL and UHN
  - 2 UHN Non-Executive Directors
  - 2 UHL Non-Executive Directors
  - Group CEO of UHN and UHL
  - UHN CEO
  - UHL Chief Operating Officer
  - UHL Deputy Chief Executive
  - UHN Director Strategy

- 1 Clinical Executive Director (Chief Nurse or Medical Director) from UHL
  - 1 Clinical Executive Director (Chief Nurse or Medical Director) from UHN
  - UHL Chief Financial Officer
  - UHN Chief Financial Officer
- 3.3. If a member is unable to attend a meeting of the Partnership Board, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues under discussion. The deputy should be approved by the Chair in advance of the relevant meeting, is eligible to vote and should count in the quorum.
- 3.4. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:
- Executive Directors who are not members of the Partnership Board;
  - Programme Directors / leads for specific projects / programmes of work relevant to the work of the Partnership Board; and
  - External stakeholders or advisers.
- 3.5. All members should make every effort to attend all the meetings of the Partnership Board.

## 4. Secretary

- 4.1. The UHN Corporate Affairs team will provide secretariat support to the Partnership Board.

## 5. Meetings and Quorum

- 5.1. The quorum for meetings is six members. The following roles must be represented for the meeting to be quorate: at least one Non-Executive Director from each trust, at least one Executive Director from each trust. No more than two deputies shall count towards the quorum.
- 5.2. A duly convened meeting of the Partnership Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers, and discretions vested in or exercisable by the Partnership Board.

### Frequency of meetings

- 5.3. The Partnership Board will meet at least four times per year in person, as determined by the Chair.

### Notice of meetings

- 5.4. Unless otherwise determined by the Chair, notice of each meeting confirming the venue, time and date, together with an agenda and supporting papers shall be circulated to each member of the Partnership Board and any other person required to attend, no later than five working days before the date of the meeting.

## 6. Declarations of Interest

- 6.1. All members must declare any actual or potential conflicts of interest relevant to the work of the meeting, which shall be recorded in the Minutes accordingly.

- 6.2. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

## 7. Responsibilities and duties

### Responsibilities

- 7.1. The Partnership Board will provide the formal leadership for the integration of UHL and UHN. It will be responsible for setting strategic direction and providing strategic oversight of all joint activities. It will take decisions on a range of delegated matters where a joint decision across UHN and UHL is required.

Its responsibilities are to:

- 7.2. Consider recommendations from the trusts' leadership teams and make decisions where delegated by Boards on:
- The strategic priorities for integration across UHL and UHN; and
  - The objectives of specific projects or programmes across UHN and UHL.
- 7.3. Regularly receive updates in order to review and scrutinise progress against the agreed objectives of integration.
- 7.4. Provide oversight of joint programme risks and ensuring organisational risks arising from the integration are identified, reported on and effectively managed.
- 7.5. Approve joint revenue and capital business case requests for funding (where funding is being sought from 2 or more trusts) in accordance with the limits set out in approved schemes of delegations, ensuring the outcomes and benefits are clearly defined.
- 7.6. Recommend to the Boards for approval business case requests for funding (where funding is being sought from 2 or more trusts) that are above the delegated limits set out in the approved scheme of delegations.
- 7.7. Provide a mechanism for joint action and joint decision-making across UHN and UHL.
- 7.8. Consider and propose to Boards changes in governance or processes that would enable the trusts to collaborate more effectively or efficiently.
- 7.9. Review and monitor risks associated with integration across UHN and UHL. Escalate these risks to the Boards where required.
- 7.10. Provide a forum for shared learning, enabling the identification and dissemination of best practice across UHN and UHL.

### Duties

- 7.11. In carrying out these responsibilities, the Partnership Board has a duty to:
- Act as leadership role models, demonstrating what can be achieved with strong collaboration across the trusts;
  - Balance the need to work together at scale, with the development of local partnerships in each Place;
  - Ensure that risks and unintended consequences from working together are considered and mitigated;

- Ensure learning and best practice is identified and shared across the three trusts.

## 8. Reporting responsibilities

### Accountabilities and flow of decision authority:

- 8.1. The Partnership Board is accountable to the Boards, and it will formally escalate issues and decisions as required in these Terms of Reference, at the request of the Boards, or at the discretion of the Chair.
- 8.2. The Partnership Board will make whatever recommendations to the Boards it deems appropriate in any area within its remit.
- 8.3. The Partnership Board may establish other working groups or sub-Partnership Boards which report into it as required.

### Inputs:

- 8.4. On a regular basis the Partnership Board will receive and review the following information:
  - Programme updates and reports
  - Reports from any sub-groups or working groups; and
  - Papers on key risks / topics for discussion or decision.

### Outputs:

- 8.5. The secretary will minute the proceedings and decisions of all meetings of the Partnership Board, including recording the names of those present and in attendance. Draft minutes shall be sent to the Partnership Board Chair following the meeting and submitted for formal agreement at the next meeting.
- 8.6. A written summary of each meeting shall be submitted to the next scheduled meeting of the Boards, focused on items of escalations, items which have been approved and items connected to strategic risks and strategic direction. The Chair of the Partnership Board will present the report.
- 8.7. The Group CEO of UHL and UHN will ensure that the UHL and UHN Executives remain cited on all key issues raised and decisions made by the Partnership Board.
- 8.8. An annual report will be produced, informed by a self-assessment conducted by the Partnership Board and received and approved by the Boards. The report will cover the Partnership Board's:
  - Compliance with its terms of reference
  - Performance of its duties
  - Strategic priorities for the next 12 months

## 9. Other matters

- 9.1. Amendments to these Terms of Reference must be approved by the trusts' Boards.

The Partnership Board will:

- 9.2. Have access to sufficient resources to carry out its duties, including access to the Governance team for assistance as required; and

9.3. Consider any other matters where requested to do so by the Boards.

## 10. Authority

10.1. The Partnership Board has delegated authority from the Boards to deliver the objectives and benefits of the three trusts working together.

The Partnership Board is authorised to:

- 10.2. Seek any information it requires, or request attendance at a meeting, from any employee of KGH and NGH, in order to perform its duties;
- 10.3. Obtain, at the trusts' expense, legal or other professional advice on any matter within its terms of reference, subject to UHN Executive approval. For legal advice, the Director of Corporate & Legal Affairs shall be consulted prior to procurement of external advice; and
- 10.4. To appoint, with the agreement of the UHN Executives, Executive Groups with such membership and terms of reference as the Partnership Board may determine and delegate any of its responsibilities to such an Executive Group.

### **Approved:**

UHL Board of Directors, March 2024

*UHN Boards of Directors, 9 April 2024*

Review: July – August 2024





## UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE NHS GROUP (UHN) PEOPLE COMMITTEE TERMS OF REFERENCE

### 1. Context

Kettering General Hospital (KGH) NHS Foundation Trust and Northampton General Hospital NHS Trust (NGH) are collaborating to strengthen acute service provision across Northamptonshire, under the leadership of a jointly appointed Chair and Chief Executive Officer for both Boards.

As part of collaboration planning, delivery and governance, both Trusts have agreed to establish Committees in Common to provide oversight of the delivery of group objectives in respect of people. The People Committee is therefore Constituted as a Committee in Common of both Boards.

### 1. PURPOSE AND AMBITION

#### 1.1 Purpose:

The committee will oversee an aligned and integrated approach to ensure 10,000 colleagues across NGH and KGH are engaged and supported through the successful delivery of strategic people plans agreed by the Boards.

The committee will escalate items to the Boards, seeking their direction and decision making as required.

#### 1.2 Ambition: NGH/KGH to be an inclusive place to work where people are empowered to be the difference.

### 2. AUTHORITY

2.1 The Committee has delegated authority from the Boards of Directors as set out in the Trusts' Scheme of Delegations. The committee is authorised, subject to the scheme of delegation, to oversee the delivery of the Group People Plan across the Trusts. The committee is charged with providing assurance to the Boards and is authorised to investigate any activity within its Terms of Reference. The committee is required to escalate items to the Boards, where Boards' direction and decision making is required. The committee has authority to review information and report to regulators as required.

2.2 The committee will be accountable for diversity and inclusion steering groups in both Trusts.

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### 3. MEMBERSHIP AND ATTENDANCE

<b>Chairs of Committee</b>	Non-Executive Director (KGH) Non-Executive Director (NGH) Each Trust will appoint a Chair. The Committee shall designate one of the Chairs to Convene meetings.
<b>Members</b>	Non-Executive Director (KGH) Non-Executive Director (NGH)
	UHN Chief People Officer
	Chief Nurses
	Chief Operating Officers
	Medical or Deputy Medical Directors
	UHN Director of Communications and Engagement
<b>Attendees</b>	Nominated Governor and Deputy (KGH)
	Others by invitation to discuss pertinent issues/topics
	Meeting Administrator
	Deputy UHN Chief People Officer
	Staff Side Representatives
	Group Head of OD and Inclusion
	Freedom to Speak Up (FTSU) Guardians
	Guardians of Safe Working
	Trust Directors of People

Notes on membership and attendance:

- 3.1 The committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The Trust Chair(s), UHN/UHL Chief Executive, UHN Chief Executive or other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trusts' operation that are the responsibility of that director. The nominated Governor (and their Deputy) will attend the meeting as observers.

#### 4. MEETINGS AND QUORUM

- 4.1 A quorum of the Committee shall be four members, including a Non-Executive Director from each organisation. Members of the Committee in Common can nominate a deputy but not for more than two consecutive meetings without prior permission of the Convenor.
- 4.2 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings may be recorded with the Convenor's agreement, and Minutes/Action Logs produced, in the normal way.
- 4.3 The Committee shall meet not less than six times per year. Twice-yearly Strategy Sessions will be held at which assessments of progress against strategic priorities will be considered as well as an in-depth review of specific matters identified by the Committee.

4.4 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be

- circulated to voting members of the body for comment and approval, or:
- taken by Convenor's action, in liaison with the Chief Executive and Group Chief People Officer for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

## **5. SUPPORT ARRANGEMENTS**

5.1 The Committee shall be supported administratively by resources from within the two Trusts' whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Convenor and attendees and collation of papers;
  - Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting
  - Taking and issuing the minutes and preparing action lists in a timely way;
  - Keeping a record of matters arising and issues to be carried forward.
  - Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
  - Drafting of minutes for approval by the Convenor within five working days of the meeting and then distributed as outlined above within ten working days, and
- Keeping an accurate record of attendance.

## **6. DECLARATION OF INTERESTS**

6.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly.

6.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Convenor will decide whether a declared interest represents a material conflict of interest.

## **7. DUTIES**

7.1 To be assured that people and nursing strategies and supporting policies are effectively implemented and reviewed through the development, agreement and monitoring of delivery plans and associated common performance metrics across the Trusts.

- 7.2 Monitor people strategy implementation and progress in realising the plans, especially the reductions in the direct cost to the Trust of temporary (agency) workers.
- 7.3 Seek assurance that the people management processes are in place and are being followed.
- 7.4 Seek assurance that there are mechanisms in place to deliver effective staff engagement and to regularly review staff feedback, including through, but not limited to, the annual staff survey and quarterly) People Pulse surveys.
- 7.5 To ensure that the Group values are embedded and demonstrated within the culture of both Trusts.
- 7.6 Risk assess the organisational development interventions to direct the Committee's activities and feed into Corporate Risk Registers. Provide any required updates to the UHN Board Assurance Framework, relevant to the work of the Committee,.
- 7.7 Approve the annual Medical Revalidation process on behalf of Boards of Directors.
- 7.8 Receive reports from both Trusts' Freedom to Speak Up Guardians and Guardians of Safe Working, and refer key issues and learning arising to the Board of Directors and relevant Board Committees, as required.
- 7.9 Provide oversight to ensure the delivery of communications strategic frameworks, including performance against associated qualitative and quantitative performance measures.
- 7.10 Seek assurance that strategies for staff health and wellbeing are aligned to workforce needs and embody the culture and values of the organization.
- 7.11 Seek assurance that strategies connected to attracting, recruiting and retaining staff are effective.
- 7.12 Receive safe staffing reports seeking assurance in respect of compliance with national best practice requirements, working with the Clinical Quality, Safety and Performance Committee to identify and respond to issues giving rise to significant risks to patient safety.
- 7.13 Receive reports in respect of the Trusts' strategies to promote equality, diversity and inclusion, including annual Workforce Race and Disability Equality Standard (WRES/WDES) reports prior to publication and submission.

**8. STANDING AGENDA THEMES**

1.	Chief People Officer's report and Integrated Governance Report, focusing on shared workforce metrics
2.	Reports related to Strategy Implementation
4.	Group Board Assurance Framework (in accordance with approved work plans)
5.	Reports from Sub-Groups aligned to strategic plan themes
6.	Safe staffing reports

7.	Freedom to Speak Up Guardians and Guardians of Safe Working Reports (in accordance with approved work plans)
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## **9. REPORTING**

- 9.1 The Committee will provide an assurance report to Boards following each meeting.
- 9.2 The Committee will receive assurance reports from sub-groups, which it may establish to progress Group People Plan priorities.

## **10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE**

- 10.1 These terms of reference may be amended in consultation with both Boards of Directors, to reflect changes in circumstances that may arise. This Committee in Common is recognised as undertaking a role to support and enable the delivery of the Group People Plan and its associated plans and policies and, as such, solutions considered may be iterative and designed to evolve over time. Together, both Boards of Directors will implement and regularly review the Terms of Reference, to ensure they are fit for purpose in meeting the continuing business needs of the Group.

## **11. REVIEW**

Agreed: April 2024

Next Review: March-April 2025

**UHN Clinical Quality and Safety Committee**

**Terms of Reference**

<p><b>Membership</b></p>	<p><b>KGH</b></p> <ul style="list-style-type: none"> <li>• 2 Non-Executive Directors (including Co-Chair and Convenor)</li> <li>• Medical Director</li> <li>• Chief Nurse</li> <li>• Chief Operating Officer</li> <li>• Director of Corporate and Legal Affairs</li> </ul> <p><b>NGH</b></p> <ul style="list-style-type: none"> <li>• 2 Non-Executive Directors (including Co-Chair and Convenor)</li> <li>• Medical Director</li> <li>• Chief Nurse</li> <li>• Chief Operating Officer</li> <li>• Director of Corporate and Legal Affairs</li> </ul>
<p><b>Quorum</b></p>	<ul style="list-style-type: none"> <li>• Four members from each organisation (one of whom should be a Non-Executive Director)</li> </ul>
<p><b>In Attendance (at the Convenor's discretion)</b></p>	<p><b>Both Trusts</b></p> <ul style="list-style-type: none"> <li>• Group Director of Transformation and Quality Improvement</li> <li>• Trust Board Secretary (or representative)</li> <li>• Clinical quality and safety leads to attend and present reports (by invite)</li> </ul> <p><b>KGH</b></p> <ul style="list-style-type: none"> <li>• Nominated Governor and Deputy</li> </ul>
<p><b>Frequency of Meetings</b></p>	<ul style="list-style-type: none"> <li>• Up to 12 scheduled meetings per year, plus extraordinary meetings at the Chairs' discretion.</li> </ul>

	<ul style="list-style-type: none"> <li>• Chairs may convene meetings of the constituent Trust Committee to consider Trust-specific matters.</li> </ul>
<b>Accountability &amp; Reporting</b>	<ul style="list-style-type: none"> <li>• Accountable to KGH &amp; NGH Trust Boards</li> <li>• Approved minutes available to all Trust Board members</li> <li>• Exception reports to be presented to Boards of Directors</li> </ul>
<b>Date of Approval by Committee in Common</b>	<i>27 March 2024</i>
<b>Date of Approval by KGH &amp; NGH Trust Boards</b>	<i>9 April 2024</i>
<b>Review Date</b>	<i>March-April 2025</i>



## Group Clinical Quality, Safety and Performance Committee

### Terms of Reference

#### 1. Context

Kettering General Hospital (KGH) Foundation Trust and Northampton General Hospital (NGH) are working together to strengthen acute care service provision across Northamptonshire, under the leadership of a jointly appointed Chair and CEO for both Boards. A common approach of working across both organisations and emphasis on acute pathway transformation and quality improvement is recognised as a priority. The approach of working as a Group Model across both organisations maintains the statutory duties and responsibilities of two separate Boards.

#### 2. Purpose, Objectives and Duties

The Committee's overarching purpose is to assure the Boards, patients, visitors and staff of the UHN Group that services at Kettering and Northampton General Hospitals are safe and that they conform to, and surpass, the required quality and safety standards required within a culture of learning and continuous improvement.

In fulfilling this purpose, the Committee will

1. Oversee the delivery of strategic priorities covering quality and patient elements as expressed in the Trusts' strategies and strategic frameworks);
2. Provide a forum for shared learning enabling the identification, review and monitoring of unwarranted variation in quality and performance across both Trusts to ensure that they are understood and investigated with any associated analysis and actions.
3. Enable hospital-level and cross-trust assurance, commissioning sub-group/trust-only working on issues of specific concern/priority and receiving exception reports from sub-groups specified in section 3 below
4. Develop, review and maintain oversight of key metrics providing integrated group reporting by exception
5. Monitor the Trusts' systems and processes in place in relation to compliance with the CQC and other relevant regulatory compliance standards and external sources of assurance, including the receipt of draft and final reports and recommendations and oversight of action plans and other statutory undertakings,
6. Ensure that there are effective mechanisms for integrated governance, risk management and control for quality, safety, clinical audit and effectiveness within the hospitals and in a group context, receiving the Group Board Assurance Framework and assurance in respect of linked corporate risks within the Committee's area of responsibility,
7. Oversee the development of robust integrated quality systems for quality planning, quality improvement and quality assurance
8. Evaluate transformational change for agreed acute countywide service provision against agreed key KPI's and improve clinical outcomes for patients. Ensure that

quality and service outcomes are an integral part of the redesigned acute clinical pathway(s).

9. Oversee the safe transition and integration of quality and performance for service provision into a new architecture and transition from individual organisation to enable clinical collaboration across UHN, seeking assurance in respect of quality and safety implications of collaboration and service transformation proposals
10. Oversee the development and delivery of recovery plans to drive overarching performance and quality improvements for acute care provision.
11. Share learning, enable participative/collegiate contributions to be timely and enable better-informed discussions and considerations for acute clinical service priorities and transformation, aligned with local system (Integrated Care System) requirements and national imperatives.
12. Seek assurance for timely alignment of key enablers (finance, workforce/HR, digital and estate) for countywide service provision to enable acute clinical service transformation to be progressed with neither organisation becoming compromised during the process.
13. Approve the annual Quality Report (KGH) and Quality Account (NGH) on behalf of Boards of Directors.
14. Receive, and make recommendations to the Boards of Directors (where statutorily required) regarding external compliance process including (but not confined to) annual Emergency Planning, Response and Resilience (EPRR) compliance, Maternity Safety (CNST) clinical audit and Infection Prevention and Control.

### **3. Accountability and Reporting Arrangements**

The Committee will provide assurance to both Boards through the Co-Chairs of the Committee on its proceedings after each meeting through a highlight report.

Two Non-Executive Co-Chairs will be appointed (one from each Trust Board) , one of whom shall convene each meeting.

The Committee in Common will only operate within the parameters of the responsibilities delegated to it by both Boards and as described in these Terms of Reference. Each Board will record the delegation within its Scheme of Reservation & Delegation.

The Convenor will report any specific concerns regarding the effectiveness of the risk management framework to the Audit Committee.

The Chairs will liaise with other Board Committees to ensure co-ordinated and comprehensive oversight of cross-cutting issues via the annual work plan, including (but not confined to) safe staffing, quality and safety implications of operational performance trends and clinical engagement in digital transformation.

The Committee shall receive exception reports from sub-groups responsible for specific aspects of quality and safety within the trusts:

<b>KGH</b>	<b>NGH</b>
Quality Governance Steering Group	Clinical Quality and Effectiveness Group
Health and Safety Steering Group	Health and Safety Group
Patient Experience Steering Group	Patient and Carer Experience Group
Radiation Protection Committee	Radiation Protection Committee
Safeguarding Steering Group	Safeguarding Committee
Assurance, Risk and Compliance Group	Assurance, Risk and Compliance Group
Other Groups established by the Committees in pursuance of their purpose and duties as specified in sections (1) and (8) of these Terms of Reference.	

#### **4. Declaration of interests**

All members and attendees must declare actual or potential conflicts of interest relevant to the work of the Committee and this shall be recorded in the minutes accordingly and added to the Conflict of Interest Register of individual Trusts.

Members and attendees should exclude themselves from any part of a meeting in which they have material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

#### **5. Quorum, and required frequency of attendance**

Four members from each organisation (one of whom should be a Non-Executive Director) will constitute a quorum.

The Director of Governance will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the relevant Board of Directors.

The agenda and supporting papers for meetings will be circulated to all members at least five working days before the date the meeting will take place. Extraordinary meetings may also be called giving at least five working days' notice before the meeting can take place.

Members of the Committee in Common are required to attend a minimum of 80% of the meetings held and not be absent for two consecutive meetings without prior permission of the Chair. Members of the Committee in Common can nominate a deputy but not for more than two consecutive meetings without prior permission of the Chair.

Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings will be recorded, and Minutes/Action Logs produced, in the normal way.

In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be

- circulated to voting members of the body for comment and approval, or:
- taken by Chair's action, in liaison with the Hospital Chief Executive and Lead Executive Director for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

## 6. Administration

The Committee shall be supported administratively by resources from within the two Trusts whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chairs/Convenor and attendees and collation of papers;
  - Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting
  - Other members of the Committee should request agenda items to the Chairs or Convenor for the meeting
  - Taking and issuing the minutes and preparing action lists in a timely way;
  - Keeping a record of matters arising and issues to be carried forward.
  - Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
  - Drafting of minutes for approval by the Convenor within five working days of the meeting and then distributed as outlined above within ten working days
- Keeping an accurate record of attendance

Other Trust Board members from either organisation may request or be required to attend meetings of the Committee when matters concerning their responsibilities are to be discussed or they are presenting papers submitted to the Committee.

## 7. Requirement for Review

These terms of reference may be amended in consultation with both Boards, to reflect changes in circumstances that may arise. This Committee in Common is recognised as undertaking a role to support and enable collaboration of clinical service delivery and as such solutions considered may be iterative and designed to evolve over time. Together the Boards will implement and review annually the Terms of Reference.

## 8. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

The Convenor will seek feedback on the effectiveness of committee meetings following each meeting during the period of Board governance review.

The Committee will undertake an annual self-evaluation of its effectiveness and report the outcomes to the Audit Committees and Boards of Directors. The secretary will monitor the frequency of the Committee meetings and the attendance records to ensure attendance figures are complied with. The Terms of reference to be reviewed at least annually.

<b>Meeting</b>	Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) Meeting in Public
<b>Date</b>	9 April 2024
<b>Agenda item</b>	11

<b>Title</b>	Appointments to Boards' Committees and Non-Executive Board and lead roles
<b>Presenter</b>	John MacDonald, Trusts' Chair
<b>Author</b>	Richard May, UHN Company Secretary

This paper is for			
<input checked="" type="checkbox"/> <b>Decision</b>	<input type="checkbox"/> <b>Discussion</b>	<input type="checkbox"/> <b>Note</b>	<input type="checkbox"/> <b>Assurance</b>
To formally receive and discuss a report and make a decision/decisions based on the option/options recommended	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Group priority				
<input type="checkbox"/> <b>Patient</b>	<input type="checkbox"/> <b>Quality</b>	<input type="checkbox"/> <b>Systems &amp; Partnerships</b>	<input type="checkbox"/> <b>Sustainability</b>	<input checked="" type="checkbox"/> <b>People</b>
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
Appointments to Committees is reserved to Boards of Directors as specified within the KGH Constitution and NGH Standing Orders	None

Executive Summary
<p>The University Hospitals of Northamptonshire NHS Group (UHN) is formed of two hospital trusts, Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH), who have worked together as a group since 2021.</p> <p>Over the last few months, further joint working of the KGH and NGH Boards and governance arrangements across UHN have been agreed and taken forward. This</p>

has included a revised Committee structure (see item 10), the appointment of Non-Executive Directors who are members of both KGH and NGH and the appointment of new Non-Executive Directors. Considering this, the membership of the committees has been reviewed and discussed by the chair and vice chairs. The proposed membership of the Board committees and of designated Board and Non-Executive lead roles has been revised and appointments proposed, as set out in the Appendix. Subject to the approval of revised governance proposals at item 10 on this agenda, the Boards of Directors are requested to **APPROVE** the appointments with immediate effect, and for the duration of the appointees' current terms of office as Non-Executive Directors.

**Appendices**

None

**Risk and assurance**

No direct implications for risks on the Board Assurance Framework

**Financial Impact**

None.

**Legal implications/regulatory requirements**

As specified in 'reason for consideration' section above.

**Equality Impact Assessment**

Neutral

**APPENDIX – A. Proposed Membership of Board Committees**

	UHN Committees in Common					UHN Trust Specific Committees		Joint Committee with UHL
	Clinical Quality and Safety	Operational Performance	People	Finance and Investment	Remuneration and Appointments (Core Members)**	KGH Audit Committee	NGH Audit Committee	Partnership Board
<b>Chair and Convener</b>	Chris Welsh (K)	Trevor Shipman (K)	Deborah Manger (K)	Rachel Parker (N)	Denise Kirkham (N)	Alice Cooper	Elena Lokteva	John MacDonald
<b>Non-Execs</b>	Jill Houghton* (N)	Rachel Parker* (N)	Denise Kirkham* (N)	Damien Venkatasamy* (K)	Trevor Shipman* (K)	Andrew Moore	Caroline Stevens	Rachel Parker (N)
	Natalie Armstrong (K)	Andrew Moore (K)	Caroline Stevens (N)	Denise Kirkham (N)	Rachel Parker (N)	Trevor Shipman	Rachel Parker	Trevor Shipman (K)
	Caroline Stevens (N)	Chris Welsh (N)	Alice Cooper (K)	Andrew Moore (K)	Alice Cooper (K)	Jill Houghton	Jill Houghton	
					Caroline Stevens (N)			
					Chris Welsh (K)			
<b>Associate NED</b>	Andre Ng	Ballu Patel	Ballu Patel			Ballu Patel		

\*Co-Chair

\*\*All Non-Executive Directors are entitled to attend, and vote at, these meetings. Associate Non-Executive Directors are entitled to attend meetings but not to vote.

## B – External Committees and Non-Executive Champion roles

	NGH	KGH
ICB Board	No NED Members except by invitation	
ICB Committees	Convenor of Corresponding Committee or agreed other member	
Vice Chair	Rachel Parker	Trevor Shipman
Senior Independent Director	Rachel Parker	Trevor Shipman
Freedom to Speak Up	Denise Kirkham	Trevor Shipman
Maternity	Jill Houghton	Natalie Armstrong
Security	Rachel Parker	Trevor Shipman
Health & Wellbeing	Denise Kirkham	Deborah Manger
Medical Disciplinary	Andre Ng	Chris Welsh