

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

Wed 07 February 2024, 09:30 - 12:00

Boardroom, Northampton General Hospital

## 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 070224.pdf (2 pages)

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**09:30 - 10:00** **2. Staff Story: Evidence-based practice**

30 min


*Presentation* *Jayne Skippen*


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**10:00 - 10:05** **3. Minutes of the previous meeting held on 8 December 2023 and Action Log**

5 min

*Decision* *John MacDonald*

 3.1 081223 UHN Public Part I Boards of Directors Draft Minutes.pdf (9 pages)

 3.2 Action Log Updated Post 081223 Part I Boards.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**

*Assurance* *Richard Mitchell*

 4. CEO update public board February 2024.pdf (7 pages)

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**10:15 - 11:10** **5. Board Committee Chairs' reports and Integrated Governance Report**

55 min

*Assurance* *Richard Mitchell / Board Committee Chairs*

BREAK 11:00-11:10

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

 5.0 Group Upward Reporting to UHN 070224 Boards (1).pdf (10 pages)

 5. Jan24 IGR final.pdf (105 pages)

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**11:10 - 11:25** **6. Delivery of Financial Plan 23/24**

15 min

Assurance / Approve

Richard Wheeler

 6. Board report 070224 Delivery of Financial Plan.pdf (3 pages)

 6. M9 KGH Board 2.pdf (4 pages)

 6. M9 NGH Board 2.pdf (4 pages)


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**11:25 - 11:35 7. Communications and Engagement (C&E) Key Performance Indicators**

10 min

Decision

Sam Holden

 7. Comms KPIs - UHN Board Paper - Feb 2024.pdf (7 pages)

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**11:35 - 11:45 8. Group Board Assurance Framework (BAF)**

10 min

Assurance

Richard Apps

 8. Boards BAF Cover Paper\_Feb24.pdf (2 pages)

 8. Appendix A\_Group BAF\_18JAN24.pdf (17 pages)

 8. Appendix B\_Corporate risks aligned to BAF risks @15JAN24.pdf (2 pages)

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**11:45 - 11:50 9. UHN governance operating model: Integrated Leadership Team**

5 min

Decision

Richard Apps

 9. Boards 072224 cover paper ILT.pdf (3 pages)

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**11:50 - 11:55 10. Board Composition (NGH) and Appointments to Committees (KGH)**

5 min

Decision

Richard Apps

 10. Board report composition and Committee appointments.pdf (2 pages)


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**11:55 - 12:00 11. Use of the Trusts' Seals**

5 min

Information

Richard Apps

 11. UHN Cover Sheet Trusts Seal 070224.pdf (2 pages)

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**12:00 - 12:00 12. Questions from the public**

0 min

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**12:00 - 12:00 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>	Wednesday 7 February 2024, 09:30-12:00
<b>Location</b>	Boardroom, Northampton General Hospital

**Purpose and Ambition**

The Board is accountable to the public and stakeholders; to formulate the Trust's strategy; ensure accountability; and to shape the culture of the organisation. The Board delegates 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.

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Staff story: Evidence based practice	KGH Chief Nurse	09:30	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 8 December 2023 and Action Log	Chair	10:00	Approve Receive	Attached Attached
4	4 Chair's Report 4.1 Chief Executive's Report	Chair 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
<b>Operations</b>					
	BREAK		11:00		
6	Delivery of 2023-24 financial plan	Chief Finance Officer	11:10	Assurance / Approve	Attached

7	Communications and Engagement (C&E) Key Performance Indicators	Director of Communications and Engagement	11:25	Approve	Attached
<b>Governance</b>					
8	Group Board Assurance Framework	Director of Corporate Affairs	11:35	Assurance	Attached
9	UHN governance operating model: Integrated Leadership Team	Director of Corporate Affairs	11:45	Approve	Attached
10	Boards composition and Committee appointments	Chair	11:50	Approve	Attached
11	Use of the Trusts' Seals	Director of Corporate Affairs	11:55	Information	Attached
12	Questions from the Public	Chair	12:00	Information	Verbal
13	Any Other Business and close	Chair	12:00	Information	Verbal

**Date and venue of Next Meeting: Tuesday 9 April 2024 at Moulton Community Centre**

P = Paper, P\* = Paper to follow, V = Verbal, S = Slides (to be added to agenda pack)



## 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>	Friday 8 December 2023, 09:30-12:45
<b>Location</b>	William Wilson Room, Cripps Postgraduate Centre, 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	Director of Corporate Affairs, KGH
	Professor Natalie Armstrong	Non-Executive Director, KGH
	Natasha Chare	Chief Digital Information Officer, 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
	Paula Kirkpatrick	Chief People Officer, UHN
	Elena Lokteva	Non-Executive Director, NGH
	Deborah Manger	Non-Executive Director, KGH
	Andrew Moore	Non-Executive Director, KGH
	Hemant Nemade	Medical Director, NGH
	Nerea Odongo	Chief Nurse, NGH
	Rachel Parker	Non-Executive Director, NGH
	Trevor Shipman	Non-Executive Director, KGH
	Jayne Skippen	Chief Nurse, KGH
	Becky Taylor	Director of Transformation and Quality Improvement, UHN
	Damien Venkatasamy	Non-Executive Director, KGH
Professor Chris Welsh	Non-Executive Director, UHN	
Richard Wheeler	Interim Chief Finance Officer, UHN	
Palmer Winstanley	Chief Operating Officer, NGH	

<b>In Attendance</b>	Farhana Ahmedabadi-Patel Jenny Lancaster Wendy Lilley Richard May Sally Miah	Senior Diversity & Inclusion Specialist, UHN (Item 8) McMillan Team (Item 2) McMillan Team (Item 2) Trust Board Secretary, UHN McMillan Team (Item 2)
<b>Apologies for absence</b>	Simon Baylis Denise Kirkham Deborah Needham Professor Andre Ng Heidi Smoult Anette Whitehouse	Lead Governor (KGH) Non-Executive Director (NGH) Hospital Chief Executive (KGH) Associate Non-Executive Director (NGH) Hospital Chief Executive (NGH) Associate 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 first public meeting together of the NGH and KGH Boards and noted apologies for absence as listed above. There were no declarations of interest relating to specific agenda items.</p>	
2	<p><b>Patient and Staff Story: NGH McMillan Information and Support Centre</b></p> <p>The Boards welcomed guests to talk about the work of the centre to support patients and their families living with cancer from diagnosis through treatment to post-treatment and recovery phases. The centre provided a wide support package, developed in response to patient and family feedback, including a drop-in service, citizen's advice, complementary therapy, health and wellbeing advice and support and community outreach. The team had recently received a McMillan Professional Excellence Award in recognition of its work to develop a Youtube channel, the Northants Cancer Information Hub, which included 97 videos (to date) on a variety of topics including tumour sites, personalised care and Q&amp;A sessions with clinicians.</p> <p>The Board welcomed Mick Jackson who described his experiences of cancer diagnosis and treatment; Mick was very complimentary about many aspects of his care and identified valuable learning for the Trust in respect of helping patients and families to navigate sometimes complex internal structures in situations where patients felt they were required to co-ordinate different teams to ensure timely actions. Managing expectations in terms of the extent of post-treatment care was also important. Mick emphasised the psychological impacts of diagnosis on relationships with friends and family, and urged clinicians to be mindful of these issues in their interactions. Mick was co-producing a Podcast with the McMillan team in which he hoped his articulation of his experiences would help others; this would be launched during the week beginning 11 December 2023.</p> <p>Members of the Boards thanked Mick, Wendy, Sally and Jenny for their contributions and commended the excellent work of McMillan within and outside the hospital, as well as the work by the Oncology service to reduce rebookings. The Boards noted collaborative work with KGH</p>	

	<p>counterparts which included a recent joint fatigue workshop, and looked forward to opportunities to further enhance the patient and clinician’s experience through the electronic patient record and ‘one stop shop’ initiative to simplify treatment pathways. Following a question, the Director of Operational Estates undertook to explore opportunities to promote the oncology service via the AccessAble facility on the Trust’s website.</p>	
3	<p><b>Minutes of the last meetings held on 5-6 October 2023 and Action Log</b></p> <p>The Minutes of the last meetings of the Boards of Directors of KGH and NGH held on 5-6 October 2023 respectively were approved as correct records.</p> <p>The Boards noted closed and ongoing items on the Action Logs; when referring items to committees, the Boards requested confirmation of follow up and resolution to be provided before Action Oct 23 (5) (and future actions) could be closed.</p>	
4	<p><b>Chair’s Report</b></p> <p>The Chair congratulated Jill Houghton and Chris Welsh following their appointments to KGH and NGH Board positions respectively; Jill and Chris now held non-executive director positions on both Boards.</p> <p>The Chair congratulated Ballu Patel and Caroline Stevens following their appointments as Associate Non-Executive Directors of KGH and NGH respectively; it was anticipated that both would commence their roles in January 2024.</p> <p>The Chair advised that he considered that the Trusts’ plans and ambitions were becoming clearer, referencing written support for the work being undertaken from the NHS England Deputy Chair.</p> <p>The Boards noted the Chair’s report.</p>	
4.1	<p><b>Chief Executive’s Report</b></p> <p>The Chief Executive presented his report and thanked all colleagues for the welcomes he had received at KGH and NGH since taking up post on 30 October 2023. He highlighted several positive initiatives underway at UHN, whilst acknowledging an extremely tough operating environment and anticipating a challenging winter period. The trusts needed to stabilise some areas and drive radical change in others, and would be focussing on a small number of clear priorities in order to do this. Improving the experience of working in UHN for all colleagues was the highest priority.</p> <p>UHN had recently submitted a revised financial and operating plan for 2023-24 (as part of the Integrated Care Board plan) which balanced quality of, and access to services, with the resources available to deliver them in the context of reducing a significant deficit by the end of the current financial year and of continuing high demand for urgent and</p>	

	<p>emergency care in both hospitals, exacerbated by the recent announcement of further industrial action by Junior Doctors either side of the busy Christmas and New Year period.</p> <p>Chief Operating Officers drew attention to key highlights and operational issues within each Trust, as detailed in the report.</p> <p>In response to questions, the Chief Executive provided feedback from his initial engagement meetings with colleagues including NGH Consultants, in which their commitment to the organisation, excellent care and closer collaboration with KGH and Leicester (UHL) stood out, alongside frustrations around factors which hindered the daily effectiveness such as digital immaturity, connectivity and access.</p> <p>The Boards indicated concern regarding pressures on staff and received assurance in respect of the wellbeing offer at both hospitals, including financial assistance and psychological support; they reiterated their commitment to role modelling cultural change through their leadership and behaviours. The Boards noted the importance of collaboration within the Integrated Care System (ICS) to enable winter pressures to be managed, particularly preventative measures to redirect patients from A&amp;E and subsequent discharge events and community provision to enable safe and efficient patient flow through the hospitals.</p> <p>The Boards noted the Chief Executive's report and expressed their sincere desire for the industrial dispute between the government and the British Medical Association to be resolved given the increasing risks to staff wellbeing and consequently patient experience, timely treatment and safety.</p>	
5.	<p><b>Board Committee Summaries and Integrated Governance Report (IGR)</b></p> <p>Committee Chairs and Executive Leads brought the following matters to the Boards' attention:</p> <p><i>Transformation and Digital Hospital Committees (meeting together)</i></p> <p>The Committees</p> <ul style="list-style-type: none"> <li>- Noted significant progress over the summer with the outpatient transformation programme despite continued disruption caused by industrial action; there was a need for increased engagement from external partners, particularly in primary care, to ensure momentum was not lost (assurance level: Limited). The Boards reiterated the importance of successful outpatient transformation to be able to effectively manage waiting lists and meet national targets, noting that UHN was working with the national 'Getting it right first time' (GIRFT) lead to drive improvements in outpatient diagnostic performance;</li> <li>- Indicated 'reasonable' assurance in respect of the Electronic Patient Record programme for NGH following the agreement of a preferred supplier, noting potential funding gaps to be addressed as part of the full business case being developed;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Indicated 'limited' assurance in respect of the implementation of the 'Grow 2.0' maternity platform for monitoring foetal growth at NGH due to ongoing external provider issues in enabling connectivity. The Board was assured that the provider would be on site to resolve these issues within the next two weeks. Following implementation at NGH, it was hoped to introduce the platform at KGH;</li> <li>- Noted the latest position regarding the data warehouse project, which was paused due to procurement issues, giving rise to important learning in respect of governance, financing and project timescales;</li> <li>- Received an update from the ICB Digital Director, noting encouraging progress in relation to digital maturity within the county.</li> </ul> <p>The Board noted and welcomed notification that 2,850 colleagues had enrolled for single sign on to systems and that the NGH Shared Care Record implementation had commenced in the Pharmacy service.</p> <p><i>Clinical Quality, Safety and Performance</i></p> <p>In addition to the items identified in the report, the Boards' particular attention was drawn to the trusts' responses to the National Neonatal audit programme: the committee noted the NGH action plan in response to the audit but indicated 'limited' assurance due to gaps in the KGH equivalent. The Boards were assured that these were being addressed, and would be subject to quarterly updates to the committee going forward.</p> <p><i>Finance and Performance Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Expressed concern over the closure of 16 community beds given the number of 'stranded' and 'super stranded' patients experiencing lengthy hospital stays; discussions continued with ICS partners to mitigate this situation. The Chief Operating Officer (KGH) clarified that there was no direct impact upon paediatric bed provision;</li> <li>- Received an updated on the RAAC concrete situation at KGH (specified in the report and for further consideration as part of the KGH Private Board meeting), noting the likely impacts of the loss of 17 beds on the Rockingham wing on operational plan delivery;</li> <li>- 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); the committee was also concerned at the lack of comparable data on the size of waiting lists across regional and national providers. The Boards requested the audit committees review data quality within UHN, commissioning specialist external support as required;</li> <li>- Requested further clarity on the assumed efficiencies in the revised financial outturn, as well as an updated position</li> </ul>	<p><b>RMI</b></p> <p><b>RA/RW</b></p>
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	<p>regarding key risks identified in the report.</p> <p>The Boards noted that the committee co-chairs had attended the ICB Planning and Resources Committee meeting on 5 December, at which continuing delays to hospital discharge onto community patient pathways were acknowledged.</p> <p>The Boards commended the trusts' performance against the 28-day faster diagnosis standard for cancer, which remained the best in England.</p> <p>The Committee Co-Chairs undertook to provide assurance levels against each item within future reports.</p> <p><i>Audit Committees (meeting together)</i></p> <p>The Committees recommended approval (by the NGH Board of Directors, see item 13 below, and the KGH Council of Governors) of an extension to the external audit contracts to cover the 2024-25 financial year.</p> <p><i>People Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>- Approved an anti-racism statement for the trusts, co-produced by colleagues and other key stakeholders. The Boards unanimously <b>ENDORSED</b> this statement;</li> <li>- Reviewed speaking up arrangements within the trust, ensuring avenues to speak up were open and accessible and that staff could raise issues safely, without fear of detriment;</li> <li>- Considered people-related impacts of the group's efficiencies programme,</li> <li>- Indicated 'limited' assurance in respect of measurement of rotating doctors' compliance with statutory and mandatory training requirements;</li> <li>- Indicated 'limited' assurance in respect of continuing safe staffing challenges, noting recent improvements which it was hoped could be sustained;</li> <li>- Indicated 'limited' assurance due to data gaps regarding the maternity workforce position;</li> <li>- Received Guardians of Safe Working reports, noting that no fines had been levied in response to the breaches identified but indicating 'limited' assurance due to lack of senior representation at Junior Doctors' fora in both trusts and the need to promote wellbeing offers more clearly and extensively.</li> <li>- Received the NGH Medical Education report, noting ongoing support from NHS England and the trust's response to issues raised in recent GMC surveys.</li> </ul>	<b>DV/RP</b>
6.	<p><b>Dedicated to Excellence Strategy: In-Year Review</b></p> <p>The Boards received a report providing assurance regarding the delivery of strategic priority plans for 2023-24, and recommending</p>	

	<p>changes for delivery for the remainder of the financial year, brought forward following consideration by committees. The review sought to provide a clearer focus on benefits realization in response to previous concerns raised, and had provided opportunities for learning in respect of executive ownership and prioritisation, which would inform work to identified 2024-25 priorities which was already underway.</p> <p>Lead executives drew attention upon key achievements specified in the report, against the group priorities: patient, quality, sustainability, systems and partnerships and workforce.</p> <p>In response to a question, the Board was assured that monitoring reports identified detailed actions required to address items which were off track for delivery, though this level of detail was not shown in the summary report enclosed.</p> <p>The Boards of Directors noted the latest position, endorsing the changes proposed for the remainder for 2023-24 and, whilst commending the achievements set out in the report, requested further work to ensure current and future year priorities were properly aligned to operational plans and identified clearer monitoring mechanisms, outcome measures and associated benefits, including analysis of return on investment in specific cases.</p>	
7.	<p><b>Group (UHN) Academic Strategy – review of current position and recommendations for future delivery</b></p> <p>The Boards of Directors considered a report setting out the latest position regarding delivery of the Group Academic Strategy and proposing key principles to underpin a new strategy from 2024. It was considered that the objectives of the strategy, as specified in the report, remained valid, but that progress had been hindered by gaps in ownership and governance reporting, inaccurate financial assumptions, inability to recruit clinical academics and limited promotion of the UHN brand.</p> <p>The Boards noted the latest position and indicated their support for the key design principles presented; concerns were expressed regarding the proposed separation of education and research and innovation within the updated strategy which, while appropriate for operational delivery, must be undertaken within a single overarching strategic framework. The new strategy should be realistic but ambitious given the extent of the opportunities, should include a short-term focus on increasing student numbers and the associated infrastructural changes required to enable this, and should set clear expectations and accountabilities for Board level engagement by KGH and NGH. Subject to these points, been taken on board, the Boards <b>APPROVED</b> the following key design principles and objectives for the development of an updated UHN Academic Strategy:</p> <ol style="list-style-type: none"> <li>1. Separation of the education and research and innovation in the future strategy.</li> <li>2. Increased emphasis on UHN as opposed to KGH and NGH.</li> <li>3. Review financial grip of the various research and education</li> </ol>	

	<p>income streams</p> <ol style="list-style-type: none"> <li>4. Reinstate governance to manage Academic Strategy.</li> <li>5. Use the new partnership with University Hospitals of Leicester to explore further collaboration opportunities.</li> <li>6. Secure investment in academic roles.</li> </ol>	
8.	<p><b>Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES) 2023 for Kettering General Hospital (KGH) Foundation NHS Trust and Northampton General Hospital (NGH) NHS Trust</b></p> <p>The Boards considered a report setting out results from the annual WRES and WDES equality data analyses relating to race and disability, welcoming Farhana Ahmedabadi-Patel, UHN Senior Diversity and Inclusion specialist, to provide an update on her work to deliver an ambitious work programme with staff equality networks and colleagues in all areas of the organisations; this included the anti-racism statement, co-produced by stakeholders across the organisation, which had been approved by the People Committee on behalf of the trusts and endorsed by the Boards (see item 5 above).</p> <p>The Boards noted the reports and commended the work to develop the anti-racism statement, which was considered a model for co-production that should be replicated, where possible, in formulating the UHN response to the latest Staff Survey results, which would be available in early 2024. The Boards welcomed initiatives such as the launch of a cultural calendar to celebrate religious and cultural festivals, and provided anecdotal evidence of an increased willingness by colleagues to challenge inappropriate language and behaviours towards those with protected equality characteristics.</p> <p>Following discussion, the Boards noted the latest position and undertook to continue challenging themselves to define ambitions for truly inclusive organisations, reiterating support for the anti-racism statement and committing to immediate and ongoing engagement with all stakeholders, particularly attendance at diversity network events.</p>	
9.	<p><b>UHN Board Assurance Framework (BAF)</b></p> <p>The Boards of Directors received the UHN BAF and noted work since the last review, including ‘deep dive’ reviews of the risks to the delivery of the academic strategy (see item 7 above), and financial strategy, the current risk score for which had increased from 16 to 20 due to risks to the delivery of the revised ICS finance and operating plan for 2023-24, recently submitted to NHS England.</p> <p>The Boards noted the latest position and expressed concern that the trajectory for risk scores was away from targets and that the risk appetites were not met for any of the BAF risks. The Boards requested further work, linked to the forthcoming governance and risk management strategy reviews, to review risk appetite and seek closer sight of, and alignment with partners’ strategic risks, particularly the ICB. The UHN BAF was structured around Dedicated to Excellence strategic priorities; however, this alignment was not always evident in business</p>	



	as usual risk management. The Boards were assured that there would be opportunities to contribute to this work via the UHN Board Development programme for 2024.	
10.	<p><b>Emergency Preparedness, Resilience and Response (EPRR): annual reports 2023</b></p> <p>The Boards considered a report summarising the outcomes showing overall non-compliance by both trusts against the 62 national core EPRR standards, following a considerably more stringent compliance assessment by regional EPRR teams this year, compared to self-assessment in previous years. Changes to key EPRR personnel in both trusts also resulted in gaps of expert support whilst significantly reducing timescales to ensure all policies and plans were updated, consulted on and ratified.</p> <p>The Boards of Directors noted the positions and indicated assurance that EPRR teams were now fully resourced, and action plans in place to address the issues identified; the nature and extent of specific risks of non-compliance for patient and staff safety, were not clear; it was considered that the non-compliance of both trusts, as of the Northamptonshire Integrated Care Board, needed to be further explored in this context.</p>	
11.	<p><b>Remuneration and Appointments Committees Terms of Reference</b></p> <p>The Boards <b>APPROVED</b> revised Terms of Reference for their respective Remuneration and Appointments Committee as enclosed with the report, subject to amendments to enable chair and vice-chair appointments at the Boards' discretion, rather than for the fixed period of one calendar year.</p>	
12.	<p><b>Appointments to Committees and Non-Executive lead roles for 2024</b></p> <p>The Board of Directors <b>APPROVED</b> the continuation of existing appointments to Committee as Non-Executive Director lead roles as specified in the report, subject to review at the next meeting to take account of the outcomes of the UHN governance review.</p>	
13.	<p><b>Appointment of NGH External Auditor</b></p> <p>The NGH Board of Directors <b>APPROVED</b> the recommendation of the Audit Committee to exercise the option of a one-year extension of the existing external audit contract with Grant Thornton LLP to cover the financial year 2024-25, with a full tender process to commence in 2024 covering financial years from 2025-26, including evaluation of the current provider.</p>	
14.	<p><b>Questions from the public</b></p> <p>There were no questions from the public.</p>	
15.	<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 8 December 2023 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	SH	Feb 2024	On agenda	CLOSE
Oct 23 5ii	The NGH Board requested close review of patient satisfaction data by the Group Clinical Quality, Safety and Performance Committee	NO	A 2024	Added to work plan; feedback via February committee report to April 2024 Boards' meeting	NOT YET DUE
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		NEW
Dec 23 5ii	The Boards requested the audit committees review data quality within UHN, commissioning specialist external support as required.	RW / RA	Apr 2024	Audit Committees discussed drafting scoping document at January 2024 meetings and agreed to convene a workshop to progress	OPEN
Dec 23 5iii	The Committee Co-Chairs undertook to provide assurance levels against each item within future reports.	DV/RP	Feb 2024	Assurance levels set out at Agenda Item 5	CLOSE



Cover sheet

Meeting	Boards of Directors (Kettering General Hospital - KGH and Northampton General Hospital - NGH) Part I Meeting in Public
Date	Wednesday 7 February 2024
Agenda item	4

Title	Chief Executive's report
Presenters	Richard Mitchell, CEO UHN, Debbie Needham, Hospital CEO KGH, Palmer Winstanley, Acting Hospital CEO NGH
Authors	Richard Mitchell, CEO UHN, Debbie Needham, Hospital CEO KGH, Palmer Winstanley, Acting Hospital CEO NGH

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
For the Boards' receipt and discussion.	None

Executive Summary

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

Appendices

None

Risk and assurance

No direct implications for the Group Board Assurance Framework.

Financial Impact

There is no financial impact

Legal implications/regulatory requirements

There is no legal impact

### **Visits over Christmas**

Thank you to the many colleagues who worked over Christmas and New Year. It was lovely to visit different services over the festive period. Becky Taylor and I visited many services at NGH on Saturday 23 December and I visited KGH services including the Kettering Dialysis Unit on Tuesday 26 December.

### **Global conflict**

I want to acknowledge the impact the ongoing conflict in Gaza is having on so many. The suffering experienced by Palestinians and Israelis in the Middle East, and here in the UK, is deeply distressing. To all colleagues and patients who are personally affected, we continue to hold you all in our thoughts every day. At UHN we are supporting colleagues and patients who are directly impacted by the devastating scenes we see in the Middle East. We must continue to support each other as we also see the knock-on effects of the conflict, with increasing instances of Islamophobia and Antisemitism throughout the UK. Colleagues in UHN come from a range of backgrounds providing care to a diverse population. We will not stand for any form of hate directed at colleagues or patients and we take robust action when unlawful incidents are reported to us. Colleagues that witness or experience discrimination are encouraged and supported to raise it immediately.

### **Industrial action**

Since our last Board meeting we have experienced nine days of industrial action and it is clear this is continuing to impact on patient care at the busiest time of year. In January UHN and the wider Northamptonshire Integrated Care System declared a system critical incident for five days in response to extreme pressures.

### **University Hospitals of Northamptonshire NHS Group and University Hospitals of Leicester NHS Trust Collaboration**

On Wednesday 17 January, the executive teams at UHN and UHL met for the second time to agree how we will work together. We all agreed that collaborating is the right thing to do. We recognise there is so much that we could do, but we have finite resources. We need to prioritise, because if we do not, we risk spreading ourselves too thinly, over promising and underdelivering. We have been through a process to agree a set of Year One (FY2024/25) priorities which reflect where we plan to focus our attention and efforts over the next 12 months. However, they are not the totality of everything we will do together. We are also keen that all UHN and UHL colleagues work together to find opportunities to collaborate on a bottom-up basis. We are focusing on year one to get some successes and quick wins and this will give us the platform we need to go further and faster in years two, three and beyond.

At this session we agreed to focus on the following areas in year one; Making the best use of our shared capacity, Driving improvements in productivity, Leadership development, Building an inclusive culture, Head and Neck service, Oncology service, Improving safety ratings, Research and Innovation, Digital Integration, Transforming our People Services, Consolidating corporate functions, Automating corporate processes and Aligning our two

New Hospital Programmes. We will continue to update the Boards as this collaboration develops.

## **Two key areas of focus in 2024**

As well as working closely with UHL, we have identified two key areas of work within UHN which complement the above:

### **Improve UHN as a place to work**

We received a record response to our staff survey in 2023 and the embargo on the results is lifted in early March. We will work with all colleagues, including governors, unions and staff networks, to really understand what colleagues have said and to turn comments into specific agreed actions early this year. I imagine a key focus needs to be consistently offering the basics to all colleagues.

If you think about Maslow's hierarchy of needs, at UHN this includes improving the food and hydration offer to all, improving staff break facilities, better access to the necessary equipment and Wi-Fi, on-call rooms and car parking.

One of the themes emerging in the UHN and UHL staff survey is insufficient progress with reducing discrimination. Discrimination can take many forms and we have work to do to support all colleagues, including those with protected characteristics. This year we will launch our anti-racism strategy with specific actions to remove discrimination. In the Guardian newspaper last year, Nesrine Malik, a columnist, wrote: "Multicultural Britain continues to do its thing, to evolve, merge and affirm its right to difference in ways the state has no means of managing." At UHN, we all can play a vital role in shaping an inclusive and multicultural society. I believe we should all encourage and support community initiatives, cultural festivals and intercultural dialogue.

This year we also aim to; improve the appraisal process so every colleague receives feedback on their work and are clear on their objectives; strengthen our Freedom to Speak Up service; and strengthen our support for and work with staff networks and unions to amplify their voice and enable them to better advocate for our colleagues.

It is also important we act early this year to standardise the rates of pay across UHN and UHL. We have more work to do to recognise the contributions of individuals and to ensure all colleagues feel supported and included in decision making.

The way we communicate is so important and we will strengthen and change our internal communication. We need to make it easier for you to receive, in one place, the vital information you need to do your jobs, to support this we have taken steps to reduce the number of corporate emails our colleagues receive.

As we continue to improve the way we share and collaborate across UHN, we also want to make it easier for colleagues to work across our different sites and we will remove barriers that get in the way of this.

Finally, I am keen all leaders and managers (most certainly including me) are more visible. We all must spend more time with our teams and listening to colleagues. I believe there is more we can do across the NHS and UHN to establish truly clinically-led services, where local teams feel empowered with appropriate autonomy and accountability to deliver change. As stated last week, a key part of my job is to serve others. If I can improve the working lives of the people who provide direct patient care, that can only be good for the people who use our services.

### **Improve UHN as a place to receive care**

As referenced above, consistently improving UHN as a place to work is the most important thing we can do to improve UHN as a place to receive care. Beyond this, we have already identified additional actions to take.

I passionately believe in the benefit modern technology brings to patient care and we will expand our robotic surgical programme beyond NGH and UHL. We will continue to develop our electronic patient record with the aim of giving teams better access to the tools and information they need to make quicker, safer and more efficient clinical decisions.

In February we have national leaders joining us for a Getting It Right First Time workshop and we will agree a single plan for productivity, innovation and shared capacity. We are still far too reliant on the independent sector, and we need to make it easier for UHN clinicians to care for patients in UHN.

Like the wider NHS, emergency care remains problematic, and we need to work with partners to safely reduce the volume of patients requiring acute care and to increase community capacity. The better performing systems are ones where organisations have found ways to strengthen close working between general practice, acute and community partners.

We will make progress on our new hospital programme at KGH and we need to identify ways to use the huge combined influence UHN and UHL have to access national capital to improve all of our estate.

As with our internal communication, we need to improve the way we communicate and engage with patients. I want to form trusted and strong relationships with our diverse communities, but I recognise this will take time.

### **National Honour**

Congratulations to Mr Robert Hicks, a Consultant Vascular Surgeon at NGH for 23 years, who received an MBE in the King's New Year's Honours List for his services to health in Northern Ghana, Africa. He has led a multi-disciplinary surgical team and other healthcare workers to support the villages of the Savannah region surrounding Carpenter in Northern Ghana. Robert started his work in Africa in 2011 working with a worldwide charity, Hernia International.

## **Kettering General Hospital (KGH) update**

### **Patient**

The CQC reinspected our Childrens and Young peoples (CYP) service in early December, this was part of an unannounced visit to inspect Medicine, Urgent care, Surgery and Diagnostics as well as CYP. The informal feedback was positive and did not include any safety warnings or immediate action to be taken in any area, there were some minor improvements required which have been acted on and the full inspection report is awaited.

Also, in early December 2023 we formally opened the Crazy Hats waiting lounge. The lounge was funded by a generous donation from a charity called Crazy Hats which was led by Glennis Hooper MBE. The lounge which is located in the treatment centre is a quiet area where patients can wait before they attend their appointments with breast specialists. We are extremely grateful to Glennis and team for the many years they have fundraised to support patients with breast cancer across Northamptonshire & Leicestershire.

### **Quality**

Following several assessments on Lilford Ward, I am pleased to inform the Board that the ward has now been assessed as a star ward. This is the highest level of accreditation which our wards can achieve and is a testament to the ward manager for her leadership in ensuring safe care, great teamwork and a great place to work and develop.

### **People**

This month, we have opened our new restaurant, the Basement Brasserie. The area which is currently designated for colleagues only is an impressive and vibrant space where colleagues can meet to enjoy their rest breaks regardless of the time of day. We are looking forward to seeing an expansion of the restaurant in the coming year to provide an outdoor area and space for relatives to also enjoy refreshments.

This month, we were also awarded the prestigious National Pastoral Care Quality Award by NHS England for the tailored pastoral support we offer our Internationally trained nurses and midwives. This recognises the huge amount of work teams do across KGH to ensure we are an inclusive and supportive employer for colleagues coming to work with us from overseas.

### **Operations**

Throughout Christmas and into January our hospital has been extremely busy with patients attending the Emergency Department seeking urgent care, and in January for a period of 4 days the system declared a critical incident across health and care. This was due to the numbers of patients requiring admission being greater than the number of beds available. Our operational teams worked with North Northampton Council (NNC) to jointly open additional beds at Thackley Green Specialist Care Centre. The additional bedded capacity was provided for patients who no longer required acute care but were not quite ready to



return home. This is a great example of integrated care in the community with the patients being cared for by both KGH and NNC colleagues.

## **Sustainability**

Two key areas of focus over the last two months include our neonatal service, which was redesignated as a special care unit in November 2023. Clinical colleagues are reviewing the future focus for neonatal care across the county to ensure we can provide the best care possible within the most appropriate environment whilst considering both the clinical and financial sustainability of neonatal care across UHN. I will further update the Boards in the coming months when the review concludes.

The second area is the Rockingham wing estate, we reported in November that the roof in Rockingham wing has panels containing Reinforced Autoclaved Aerated Concrete (RAAC), surveying and assessments of the panels commenced in December, and we have been unable to reoccupy some areas within the top floor of Rockingham wing whilst some remedial work takes place. Colleagues and some services have been relocated to other parts of the hospital to ensure the full roof area can be inspected without impacting on daily patient care and treatment.

## **Northampton General Hospital (NGH) update**

### **People**

Significant focus has been placed on further strengthening the Trust's grip on agency reliance and workforce productivity through the design, funding and implementation of a centralised temporary staffing hub to enable stronger governance. An exciting transformation project has been initiated to ensure the Trust and the Group can maximise its capability to distinguish itself in the job market to and attract and retain the best candidates for job roles across the Trust. In 2023/24, we met our commitment of onboarding 60 Internationally Educated Nurses, 13 Internationally Educated Midwives and 9 Internationally Educated AHPs. In addition to this, we were successful in being part of the Displaced Talent Programme whereby we onboarded 3 refugee nurses who are currently on their path to becoming NMC registered Nurses.

### **Nursing**

*Allied Health Professionals (AHP) Multi Professional Preceptorship:* NGH is one of only 50% nationwide hospitals who are now able to offer a bespoke multi-professional AHP specific Preceptorship programme, Over the past 3 months we have trained over 50 AHP preceptors to enable them to support, coach and supervise our newest members of the AHP community within the trust. AHP Workforce Lead Pilot; We have finished our two-year pilot of a Workforce Lead for Allied Health Professionals. A particular thank you and well done to Nicky Warden who was in post and is an absolute credit to the organisation.

*Professional and Practice Development;* our programme has been extended to two weeks and a day to incorporate safe breakaway training and there has been a 66% increase in

colleagues completing their care certificates within a four-month period from 33 to 91% compliance across the Trust.

### **Strategy**

We've completed a feasibility study for an extended and refurbished Emergency Department at NGH to deliver reduced overcrowding, improved patient experience and reduced ambulance delays along with patients able to get to the right clinician for their condition promptly through dedicated zones and improved ability to flow through them. Next steps are to develop this into a Full Business Case to review funding options and workforce implications.

### **Quality**

Mortality metrics recognised and the NGH team have been asked to present nationally at a forum on the journey over the last 2-3 years. Additionally, the 28-day Faster Diagnosis Standard has been top in the country for a second month in the last six. As a result, the team have been asked to share learning at the regional Cancer Board.

### **Digital**

NGH has selected Nerve Centre as its future Electronic Patient Record provider following an enormous effort by the team. The Trust is now excited about the next 12-18 months of implementation.

### **Equality & Diversity**

As part of our ongoing commitment to inclusivity and respect for all patients, we have developed a process for recording accurate identifiers and markers for transgender individuals. This process aims to create a safe and affirming environment, ensuring that transgender patients feel acknowledged, respected, and properly represented at UHN. Our form has been rolled out at NGH for the last 12 months with a plan to formalise our new Transgender policy imminently, which will then be replicated at KGH in 2024.

## Cover sheet

<b>Meeting</b>	Boards of Directors (Part I) Meeting in Public
<b>Date</b>	7 February 2024
<b>Agenda item</b>	5

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

This paper is for			
<input type="checkbox"/> <b>Approval</b>	<input type="checkbox"/> <b>Discussion</b>	<input type="checkbox"/> <b>Note</b>	<input checked="" type="checkbox"/> <b>Assurance</b>
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"/> <b>Patient</b>	<input checked="" type="checkbox"/> <b>Quality</b>	<input checked="" type="checkbox"/> <b>Systems &amp; Partnerships</b>	<input checked="" 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
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, October - December 2023

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 December 2023 and January 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, December 2023 and January 2024  
Integrated Governance Report, October 2023  
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: 7 February 2024

### AGENDA ITEM 5

Strategic Development Committee: 14 December 2023

KGH Audit Committee: 15 January 2024

NGH Audit Committee: 17 January 2024

People Committee: 25 January 2024

Transformation and Digital Hospital Committees (meeting together): 29 January 2024

Finance and Performance Committee: 30 January 2024

Clinical Quality, Safety and Performance Committee: 31 January 2024

<b>Strategic Development Committee Upward Report to Board of Directors</b>	<b>Date of reporting group's meeting: 14 December 2023</b>
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**Reporting Non-Executive Director: Trevor Shipman**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
KGH Energy Centre Business Case	The Committee was informed that the updated outline business case (OBC) had been approved by the UHN Finance & Performance Committee. The project costs had increased on those set out in the original Outline Business Case. The revised OBC had been submitted to that national programme team (NHP) on 30 November. The works had a completion date by summer 2026. The final part of the work involved swap heating systems which cannot be done in winter. The Committee noted the need for the business case to be completed by May 2024.	-	Reasonable
KGH Estates Reprovision of Office Space	A business case had been developed to draw down capital for the new modular building. This would then move ahead with procurement to agree the costs. The Trust would not be committing to any spend at this stage. The Committee APPROVED the Estates Reprovision of Office Space.	-	-
KGH updated approach for delivering new multi-storey carpark (MSCP)	The Committee was provided an update from NHP – which required KGH to produce a paper that set out the background to the Trust's scheme, business need, its procurement route and how this could be adapted, the reasons/evidence for the proposal not being supported by NHS England and a request for public capital to build the car park. The Trust's lawyers have considered procurement options and have advised that a flex to the current process can be delivered and will allow the Trust to proceed without further delay. The Committed SUPPORTED the proposed next steps.	-	Substantial

<b>Audit Committee - KGH Report to the Boards of Directors</b>	<b>Date of reporting group's meetings 15 January 2024</b>
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<b>Reporting Chair: Alice Cooper</b>			
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Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
External Audit	The report was noted, with special reference to the accelerated timing for the Value for Money fieldwork/management interviews and full reporting this year, which needed to all be completed by June 2024. Full briefing to go out to draft list of possible interviewees for value for money work as soon as possible.	-	Substantial
Internal Audit Summary Report	The Committee received the update report and was pleased with the progress of work during recent months. It noted those 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	March-24	Reasonable
Anticrime Summary Report	The Committee received the report and was pleased with the progress of work during recent months. It noted those areas where further assurance was likely to be required, including the findings of the standards review which is ongoing (and likely to generate lots of learning and performance improvement opportunities) and the feedback from the involvement in the Budget Holder Training.	March-24	Reasonable
Financial Governance Report	The committee noted the report, and discussed 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 are typically occurring, and that the report itself give more context in respect of these. Re-emphasising of procurement processes to teams as soon as possible. A reworked format of report was requested for the next committee.	March-24	Reasonable
Board Assurance Framework and Corporate Risk Register	The Committee noted the update and thanked the other committees for their work in updating the BAF risks	On Boards agenda at item 8	Reasonable
Assurance deep-dives: Areas for possible further work	The committee discussed a number of areas of potential focus for future assurance activity, as follows: Data Quality (with specific reference to the IGR data), Compliance with the Enforcement Undertakings, Follow up on External Audit value for money Recommendations from 2022-23 report, progress on remediation in the area of Salary Overpayments, the financial budget reforecasting/efficiencies programmes, and the fitness of the FTSU infrastructure.	Apr 24	-

**Audit Committee - NGH  
Report to the Boards of Directors**

Date of reporting group's meetings: 17 January 2024

**Reporting Chair: Elena Lokteva**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Statement of Internal Controls (internal audit)	It was raised by the Committee that only 25% of audits, scheduled for 2023-24, had been completed, with the outstanding to be done by the end of the financial year. Concern were also raised over the Trust ability to implement internal audit recommendations efficiently due to 13 P2 and 1 P1 recommendations with revised implementation timelines, some significantly delayed. The Committee invited the Accountable Officer to join the next meeting	-	Limited
Financial Governance Report	The Committee noted with concern the high number of digital 'maverick' transactions without accompanying requisitions, and requested that the Chief Finance Officer take steps to address this.	Apr 24	-
Overseas Debt	The Committee endorsed the write-off the material overseas debt detailed in the financial governance report of circa £132k.	For Board approval (Private Agenda)	-



<b>Group People Committee Upward Report to Boards of Directors</b>	Date(s) of reporting group's meeting(s): 25 January 2024
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<b>Reporting Group Chairs: Deborah Manger (KGH) and Denise Kirkham (NGH)</b>			
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Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
CPO Paper	Committee pleased to see an approach to the Staff Survey that was proactive; using early high level data to consider key themes ahead of full data report. Workforce productivity and the impact of temporary staffing was discussed at length with an agreement to take a more detailed view at the next meeting.	-	Reasonable
Tackling racism strategy	The 'I Matter' strategy was approved.	-	Substantial
Health and wellbeing	The committee discussed the development of a collaborative strategy for our Northamptonshire colleagues and communities. The developing strategy will continue to remain a focus for the committee. There were some concerns about reduced availability for psychological support services at KGH.	-	Reasonable
Employee Relations	A reduction in cases and duration of cases was noted with more cases being resolved locally in teams.	-	Substantial
Volunteer Workforce	Collaboration across UHN is yielding an approach that will benefit staff, patients and the wider communities. Areas of success included programmes identified as follows: volunteer to career, supporting admissions, improving site accessibility. Volunteer feedback is showing that they feel welcomed, respected and valued.	-	Substantial
Safe Staffing	The committee noted the safe and effective management of unavailability whilst acknowledging the challenges to finances due to increased use of temporary staffing. From the 1 <sup>st</sup> February 2024 the organisations will be using the new Safer Nursing Care Tool and launch the Safecare tool.	-	Reasonable
Medical Education (KGH) Report	Noted areas of success for the doctors in training: cancer care, gastroenterology, o & G. The GMC survey feedback has highlighted areas of challenge which are being addressed, including the capturing of feedback throughout the year to enable a more contemporaneous approach. The committee noted the collaborative approach to medical staff development across UHN	-	Substantial
Equality Delivery System (EDS)	The committee accepted the findings and subsequent areas of focus for the organisations that are focused on an inclusive workforce who enjoy working here and are happy for friends and family to receive care here.	-	Paper approved

<b>Joint Group Transformation and Group Digital Hospital Committees (meeting together) Upward Report to Board of Directors</b>	<b>Dates of reporting group's meeting: 29 January 2024</b>
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**Reporting Non-Executive Directors: Andrew Moore (Convenor, KGH) and Jill Houghton (NGH and KGH)**

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
<b>Subgroup reports</b>	The committee received upward reports from the Digital Operational, Digital Communications and Digital Programmes groups. The committee noted that while the go-live date for Grow 2.0 at NGH is delayed, work is ongoing and plans are in place to move forward. The committee noted that the situation has improved significantly in relation to the connectivity issues at the community hubs. As there were no items of limited assurance reported from the subgroups, the committee confirmed that it had received reasonable assurance on this item.	n/a	Reasonable assurance
<b>NGH EPR programme full business case</b>	The committee considered the EPR full business case and discussed the clinical and safety benefits of this and the resource that would be required to ensure successful implementation to deliver transformation. The risk in relation to this was discussed and noted by the committee. The need for a clear benefits realisation and accountability plan was highlighted by the committee, together with a robust plan on how the current funding gap will be managed. The committee also noted a potential risk regarding the technical and operational capacity of Nervecenter to deliver to plan given the size of company and volume of new contracts being awarded to them by other NHS trusts. Following a thorough discussion of the business case, the committee confirmed it had received reasonable assurance in relation to this and endorsed the business case, while noting the risks.	On Private Board Agenda for approval, 7/2/24	Reasonable assurance
<b>Board Assurance Framework</b>	The committee noted the Board Assurance Framework and confirmed it had received reasonable assurance in relation to this.	Agenda item 8	Reasonable assurance

<b>UHN Finance and Performance Committee Upward Report to Boards of Directors</b>	<b>Date(s) of reporting group's meeting(s): 30 January 2024</b>
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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 *
Operational Performance - ED	Urgent care pressures remained high in December and continued into January. Performance was off trajectory to achieve the 4-hour target by March-24. It was noted that 12-hour performance had dipped, and there had been deterioration in performance for ambulance handovers. This has prompted the Trusts to be moved from NHS tier 3 to tier 2, which would involve further external scrutiny.	-	Limited
Efficiencies	A delivery update for 2023-24 & 2024-25 was provided. The Committee raised concerns regarding the assumption that £20m would be achieved in the remaining months and requested clarity on how much of the £20m was assumed in the financial forecast. It was requested in future papers that an overview is provided on what would be different in 24-25 to 23-24, and how the efficiencies numbers were broken down.	Feb-24	Limited
Planning for 2024-25	The national planning guidance had still not been released. The draft plan was due for submission end of Feb-24 and was likely to involve only the financial plans. The assumptions within the plan concerned the Committee and an update was requested to the Feb-24 Committee.	Feb-24	Reasonable
Finance Report 08 & 09	The Committee supported the recommendation to increase the NGH maximum revenue cash support draw down to £17.247m (therefore an increase of £3.047m over the previously approved value of £14.2m) to match the revised FOT deficit (including industrial action)	-	Limited
Business Cases	The following business cases were discussed: <ul style="list-style-type: none"> <li>• Estates Enabling Work (KGH) – approved.</li> <li>• Head and Neck – approved.</li> <li>• CDC Business Case Change – verbal update shared, the third CDC was out to procurement and risks were noted with revenue. Update to the Feb-24 Committee</li> <li>• EPR Business case (NGH) - approved (recommendation to the NGH Board of Directors).</li> </ul>	Feb-24	Reasonable

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

Date of reporting group's meeting: 31 January 2024 (1 of 2)

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

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Items of Urgent business	<p><b>The committee:</b></p> <p>Received and noted updates on the following items of urgent business. The committee:</p> <ul style="list-style-type: none"> <li>Received an update on the actions that are being undertaken at KGH following the identification of RAAC.</li> <li>Was updated on Urgent and Emergency Care pressures which have resulted in the system being escalated to tier 2. The committee noted that that both hospitals have experienced unprecedented levels of emergency activity in December and January.</li> <li>Was informed that NGH has received a regulation 28 order. The committee received a summary of the case relating to this for which a system response is being collated by NHS England.</li> <li>Was informed that Issues relating to medical records that are being investigated at KGH.</li> </ul>	RAAC report on Private Board agenda	Reasonable
Quarterly maternity updates	Approved the CNST for both organisations' maternity services. The committee received reasonable assurance in relation to the quarterly maternity updates and the joint maternity and neonatal safety report however, escalates to the Board of Directors' attention the ongoing challenges in relation to vacancies in the midwifery workforce.	Escalate to Board the continuing challenge of midwifery workforce vacancies.	Reasonable
Subgroup reports	Received upward reports from KGH and NGH Health and Safety Committees, KGH and NGH Assurance and Risk Committees, NGH Clinical Quality and Effectiveness Group, KGH Quality Governance Steering Group, and NGH and NGH Radiation Protection Committees. Noting some items of limited assurance, with concern raised regarding an item of no assurance relating to a medical devices report not being received by the KGH Health and Safety Committee, the committee confirmed it had received reasonable assurance from the subgroup reports.	-	Reasonable

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

Date of reporting group's meeting: 31 January 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 *
Chief Nurses' joint exception report and IPC updates	Received the Chief Nurses' joint exception report and IPC updates, and confirmed reasonable assurance on these items.	-	Reasonable
Integrated Governance Report	Received an update on referral to treatment and received reasonable assurance in relation to this, particularly concerning the review of harm undertaken for all RTTs.	-	Reasonable
NGH EPR Full Business Case	Confirmed reasonable assurance on the clinical quality benefits of the EPR and endorsed the full business case.	Private Boards' agenda item 5	Reasonable.
KGH Patient Safety Incident Response Framework Plan and Policy	Confirmed reasonable assurance in relation to the KGH PSIRF plan and policy, noting concerns about the capacity to delivery this. The committee endorsed the KGH PSIRF plan and policy.	-	Reasonable
Board Assurance Framework	Confirmed reasonable assurance in relation to the Board Assurance Framework and noted that deep dives of the risks relevant to the committee, will be scheduled.	Agenda item 8	Reasonable

\*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

January 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 40) covering metrics aligned to our 'patient' and 'quality' dedicated to excellence values
- 2) Finance and Performance Committee (pages 41 to 90) covering metrics aligned to our 'sustainability' and 'systems and partnerships' dedicated to excellence values
- 3) People Committee (pages 91 to 105) 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, 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

QI projects: Life QI is now launched. Comms are now live in both hospitals to promote the capturing of QI projects.

2

Safe Staffing – Fill rates are high at both hospitals. However, KGH and NGH indicate in the commentary, the usage of Temporary Staffing to support these fill rates.

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

1

Safeguarding metrics/ data can be found within wider safeguarding report

2

Proposal for the COVID metrics to be removed - tbc

3

Develop HSMR and SHMI metrics

Committee Name All	Group Name Patient	Metric Name Multiple selections	Site All	Variation All
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Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/12/23	94.00%	95.00%	83.24%	89.45%	95.67%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/12/23	89.00%	95.00%	85.86%	88.67%	91.49%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/12/23	94.00%	95.00%	80.84%	89.55%	98.25%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/12/23	93.40%	89.50%	85.48%	91.29%	97.09%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/12/23	75.00%	95.00%	66.92%	76.71%	86.5%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/12/23	75.90%	88.00%	69.15%	76.91%	84.67%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/12/23	95.30%	96.80%	83.66%	92.27%	100.88%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/12/23	97.00%	95.00%	65.56%	91.23%	116.91%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/12/23	97.00%	95.00%	84.01%	93.39%	102.78%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/12/23	93.90%	93.80%	91.36%	93.3%	95.24%			Not Consistently Anticipated to Meet Target
NGH	Patient	Number of complaints	01/12/23	49	0	13	33	52			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/12/23	35	0	13	40	67			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/12/23	100.00%	90.00%	85.62%	96.7%	107.78%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/12/23	54.00%	90.00%	4.68%	43.25%	81.82%			Consistently Anticipated to Not Meet Target

Committee Name

GroupName

MetricName

**94.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**89.00%**

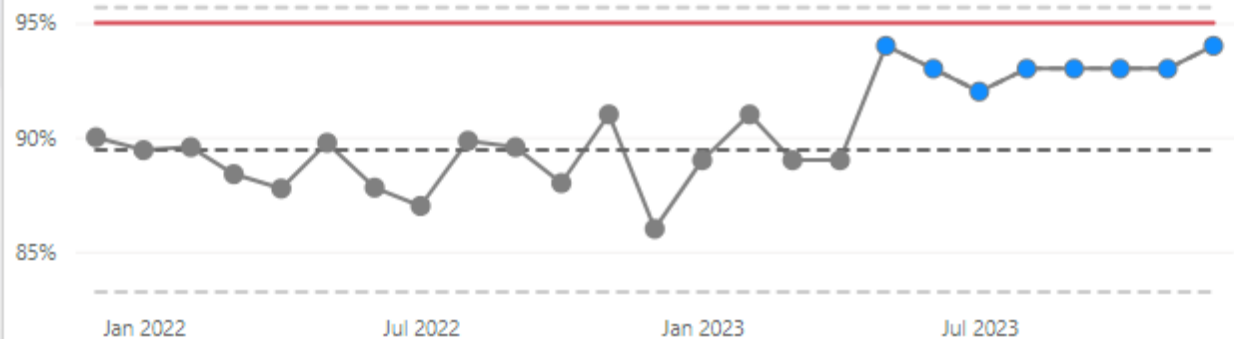
NGH: Current Value

**95.00%**

NGH: Current Target

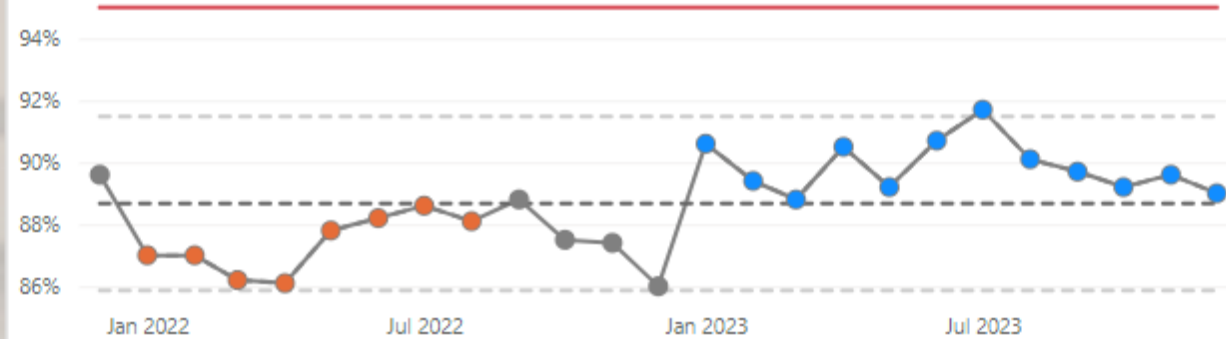
### Kettering General Hospital

% 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	01/12/23	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 an overall recommendation score of 94% in the Friends and Family Test (FFT).	There was an increase of 1% when compared with November, however as a Trust we saw a decline of 766 feedback responses to the FFT in December.	Focus is to have more visibility in January in low/no responding areas. We see the highest uplift in responses when the Patient Experience Team are out in departments supporting the collection of FFT. We are still focusing on driving the digital collection of FFT.	Performance is being monitored and shared with Service leads to determine a suitable plan of action to increase FFT participation.
NGH	01/12/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Slight decrease in satisfaction scores (0.6%). However the score is still above the mean average for the 12th consecutive month. Dec was naturally a month with less FFT responses, however we still captured satisfaction scores from 5471 patients.	Satisfaction scores within the emergency department have negatively impacted December's FFT score.	This has been highlighted to the relevant senior teams.	The twice daily board rounds continue with a focus on improving bed flow.



Committee Name

GroupName

MetricName

**94.00%**  
 KGH: Current Value

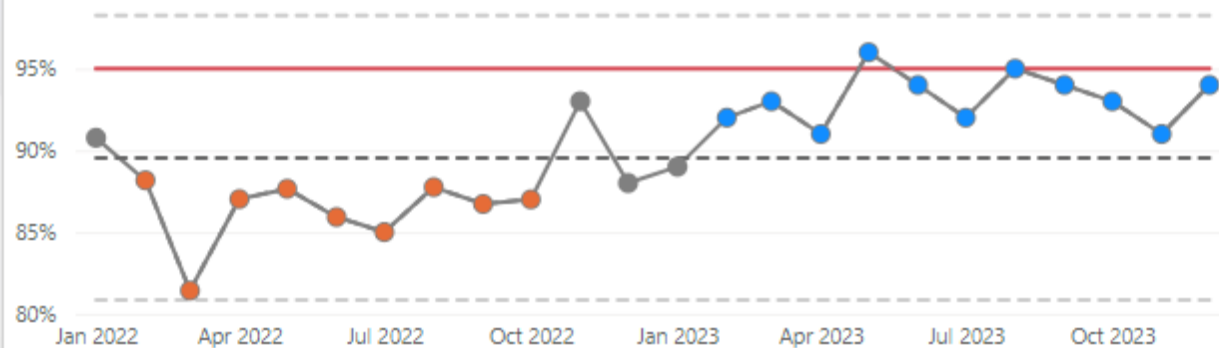
**95.00%**  
 KGH: Current Target

**93.40%**  
 NGH: Current Value

**89.50%**  
 NGH: Current Target

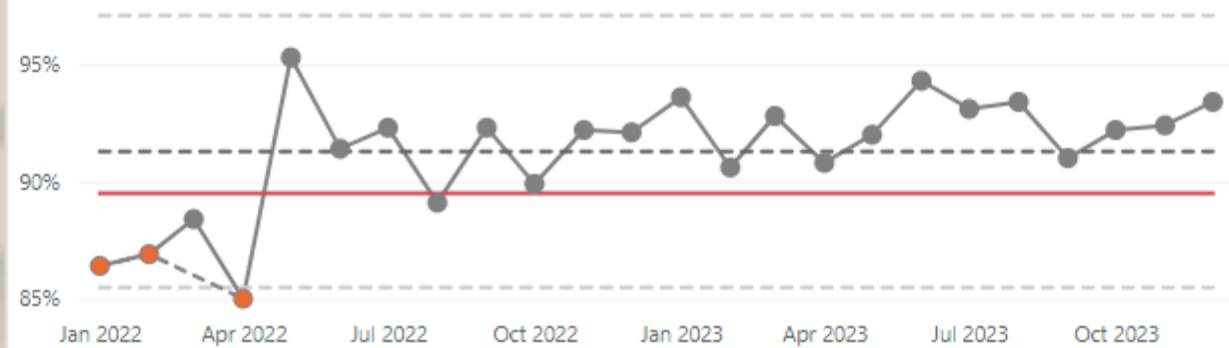
### Kettering General Hospital

% 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	01/12/23	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 received a recommendation rating of 94% within our inpatient areas in December.	We achieved an increase of 3% when compared with November 2023, and the responses within this area also increased by 181. Inpatient areas were the only services that saw an increase of FFT participation in December.	Monthly reports are sent to departments where service leads can understand the patient perspective of being an inpatient in our hospital. This allows us to focus on improvements to the experience of our patients.	Continue to monitor actions, and sustain/increase the recommendation scores in high performing areas, and offer support to the areas where scores need to improve.
NGH	01/12/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The patient satisfaction for inpatient wards at NGH increased by 1% from Nov (92.4%) to Dec (93.4%).	Improved performance for inpatient ward areas. 814 FFT responses were received during Dec 2023.	FFT performance is shared with all wards and managers, especially where exceptional performance has been fed back for example in the case of Esther White Ward.	Continuous monitoring of performance and trends to recognise areas of good performance and any areas which may need support to raise their score(s).

Committee Name

GroupName

MetricName

**75.00%**

KGH: Current Value

**95.00%**

KGH: Current Target

**75.90%**

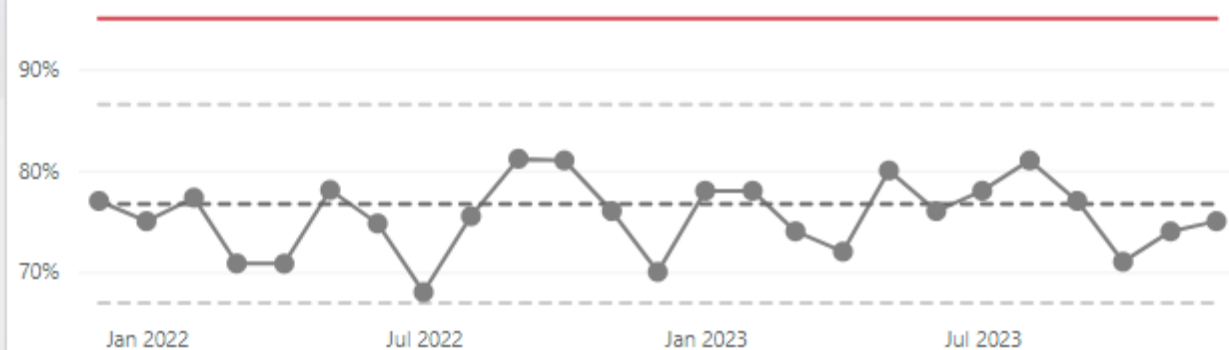
NGH: Current Value

**88.00%**

NGH: Current Target

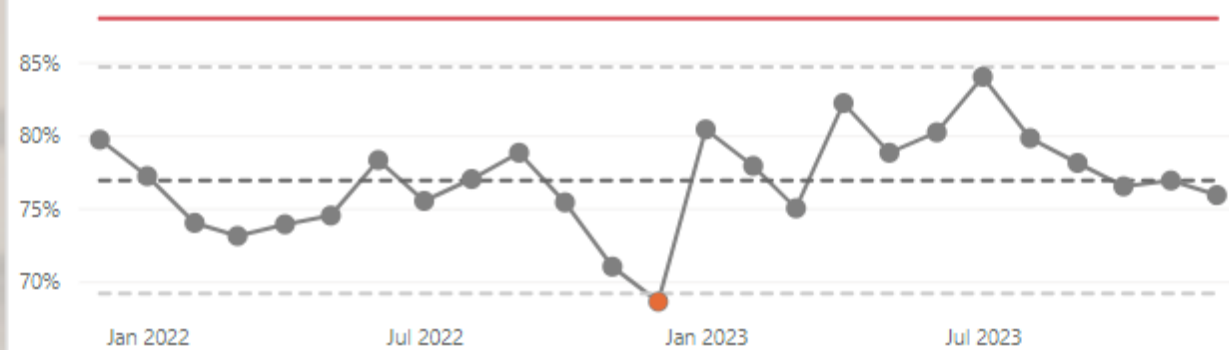
### Kettering General Hospital

% Patients satisfaction score - A&E: Patient



### Northampton General Hospital

% Patients satisfaction score - A&E: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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 75% in December 2023.	This is an increase of 1%, however we saw a decline in feedback responses received in our Emergency Department vs last month.	Continue to promote the usage of paper feedback forms in Main ED. In Paediatric ED, we are already collecting over 95% of feedback received in this way.	Additional support from the Patient Experience Team will focus on the collation of feedback within this area throughout January.
NGH	01/12/23	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% from Nov 2023 (76.9%) to Dec 2023 (75.9%).	Significant decrease in main Adult ED during December 2023 (69.2%). All other ED areas saw an increase against the Nov data. The Trust was also on internal Opel 4 during Dec 2023.	Senior management twice daily board rounds in place to improve patient flow.	ED locations that saw a decline (Dec + Main Adult ED) have been highlighted to the relevant the Division Manager, Associate Directors of Nursing and ED Matron.

Committee Name

GroupName

MetricName

**97.00%**  
 KGH: Current Value

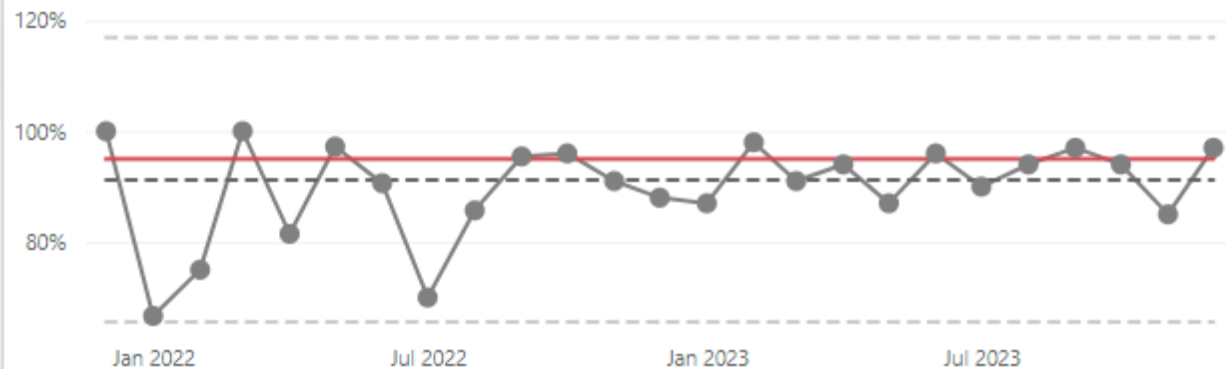
**95.00%**  
 KGH: Current Target

**95.30%**  
 NGH: Current Value

**96.80%**  
 NGH: Current Target

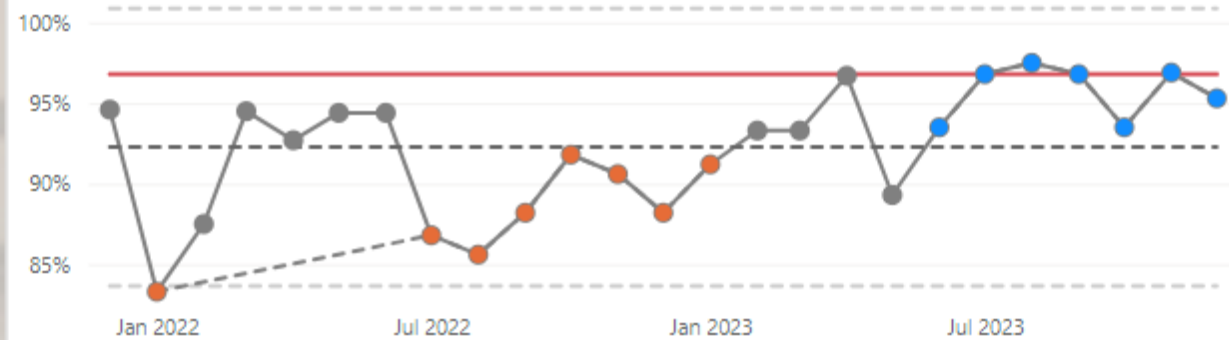
### Kettering General Hospital

% 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	01/12/23	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 received an overall recommendation score of 97% across Maternity services in December 2023.	This is an improvement of 12% when compared with November, however feedback responses continue to decline within this area.	A copy of feedback forms are now being included within patient notes to prompt clinical staff to collect feedback.	We are relaunching the collection of FFT within Maternity Services in January. This will include a digital drive, with new signage, support from the Patient Experience Team, and feedback collection coaching.
NGH	01/12/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Satisfaction score for Dec 2023 decreased from Nov 2023 by 1.6%. This was attributed to by Birth (92.9% in Nov 2023 to 88.8% in Dec 2023).	A decrease in patient satisfaction at the birth stage of the maternity pathway.	Decrease in satisfaction scores for birth have been highlighted to relevant leads in Maternity.	Maternity leads and Patient Experience Midwife to focus on improving satisfaction scores.



Committee Name

GroupName

MetricName

**97.00%**  
 KGH: Current Value

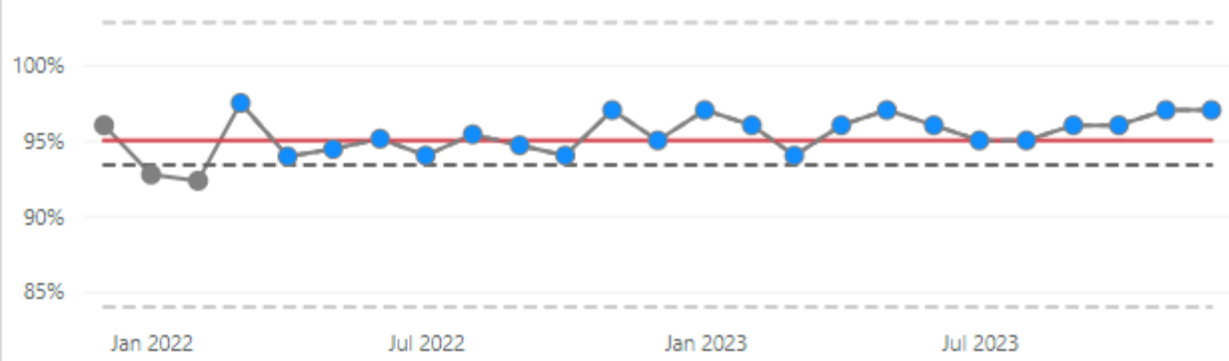
**95.00%**  
 KGH: Current Target

**93.90%**  
 NGH: Current Value

**93.80%**  
 NGH: Current Target

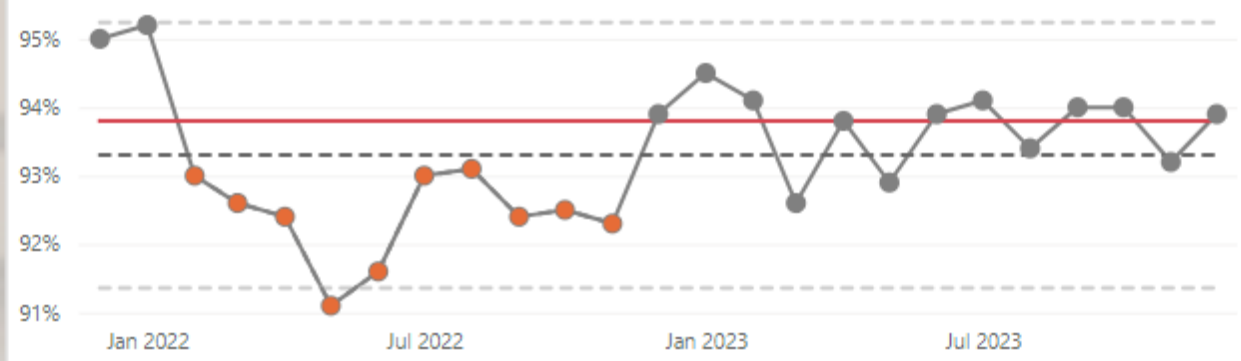
### Kettering General Hospital

% 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	01/12/23	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 received a recommendation score of 97% within Outpatient areas for December 2023.	The score remains steady, however we had a decrease of 919 feedback responses in this area when compared with November.	Performance to be monitored and actions to be agreed to increase the FFT participation in this area.	Due to holidays, there was less activity within this area in December 2023. This explains the decrease in feedback participation.
NGH	01/12/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Satisfaction scores increased from Nov 2023 to Dec 2023 by 0.7% taking this 0.1% above target.	Number of responses less than previous month although this did not affect the performance score.	Ensure all manual FFT postcards are collected from all areas.	Monitor performance and escalate should any areas show a significant decrease in performance.

# Number of complaints

Committee Name: All

GroupName: Patient

MetricName: Number of complaints

01/03/2020 to 01/12/2023

35

KGH: Current Value

0

KGH: Current Target

49

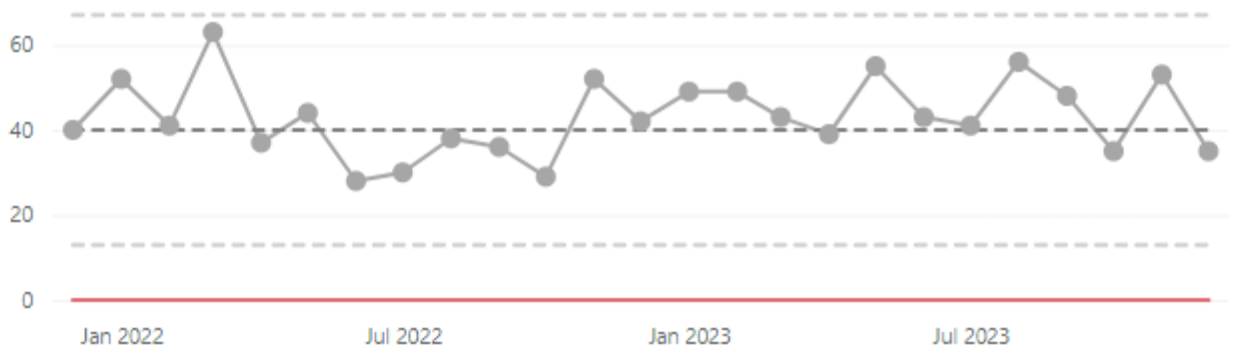
NGH: Current Value

0

NGH: Current Target

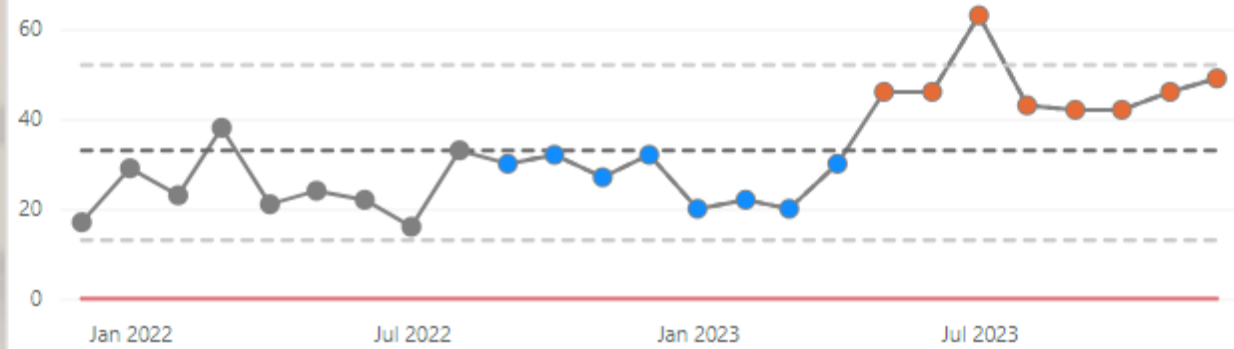
### Kettering General Hospital

Number of complaints: Patient



### Northampton General Hospital

Number of complaints: Patient



# Number of complaints

Committee Name

All

GroupName

Patient

MetricName

Number of complaints

35

KGH: Current Value

0

KGH: Current Target

49

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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.	Reduction in number of complaints logged in December 2023	Nil	Continue streamlining our processes and trying to manage concerns informally if able.	None
NGH	01/12/23	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.	The number of complaints received in December (39) has decreased when compared to November (46). However, this does not reflect the complexity of the complaints received.	There continues to be a backlog of complaints due to the resourcing issues experienced within the Complaints team. This was further compounded during December with sickness across the team.	Both the Complaints Manager and Head of Services have been supporting the team on a day to day basis to try to maintain the service and respond to complaints.	Resource problems due to sickness and long term maternity. Temporary members of staff left in December creating additional pressures for existing team members. Additionally, many statements were late being received due to pressures across the Trust.

Committee Name  
All

GroupName  
Patient

MetricName  
Complaints response performance

01/03/2020 01/12/2023

**54.00%**  
KGH: Current Value

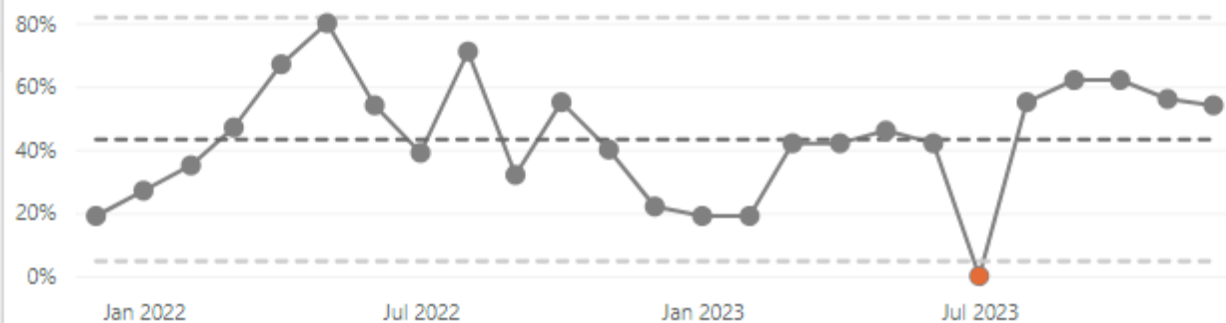
**90.00%**  
KGH: Current Target

**100.00%**  
NGH: Current Value

**90.00%**  
NGH: Current Target

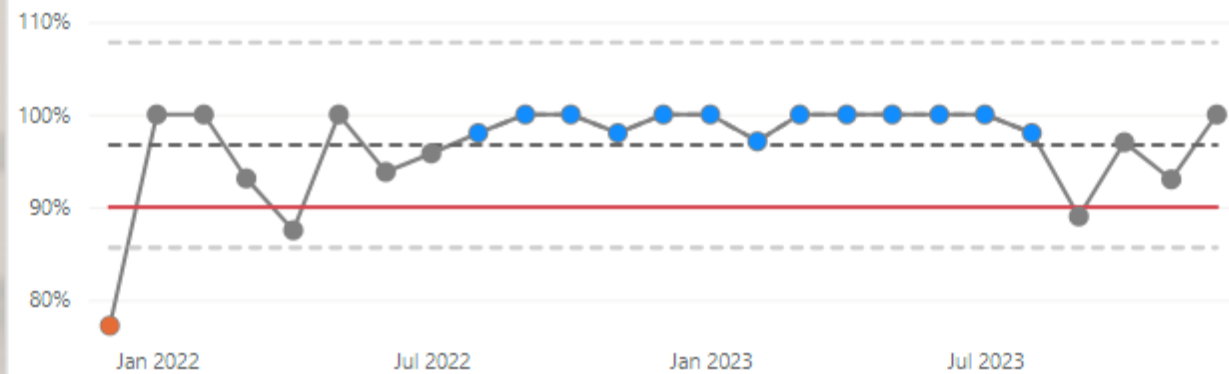
### Kettering General Hospital

Complaints response performance: Patient



### Northampton General Hospital

Complaints response performance: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	Slight reduction this month from 56%	Doctor strikes affecting clinical responses	Focus on getting responses from division by the internal due date. Clinical engagement around responses needs to improve.	Doctor strikes affecting clinical responses
NGH	01/12/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	We continue to report on our response rate including and excluding extension of time requests. When including extension of time requests, in December our response rate decreased to 79% from 93% in November. When excluding extension of time requests (in line with KGH reporting) our response rate decreased from 60% in November to 34% in December. This fully reflects the current situation within the Complaints team, as detailed in issues.	Significant backlog of complaints due to resources within the Complaints team. Staffing challenges due to maternity and sickness compounded by the loss of the two temporary staff members who have both moved on to new roles. Delays in the receipt of staff statements have also impacted the response rate but this has been due to service pressures across the Trust.	Overdue statements are escalated to senior staff. The Complaints Manager and Head of Services have been provided backfill support to the Complaints team to maintain service as much as possible. However, this comes at a detriment to other aspects of their roles.	Resources Trust pressures Doctors strikes



# Summary Table



Committee Name

All ▼

Group Name

Quality ▼

Metric Name

Multiple selections ▼

Site

All ▼

Variation

All ▼

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Serious or moderate harms	01/12/23	14	0	8	33	58			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/12/23	4	8	-1	7	14			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/12/23	0.06	0.18	0.4	0.4	0.4			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/12/23	0.09	0.06	0.45	0.45	0.45			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/12/23	0.18	0.69	0.87	0.87	0.87			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/12/23	5	0	-4	5	15			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/12/23	102		34	109	184			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/12/23	57		35	75	114			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/12/23	9	7	0	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/12/23	11	7	0	10	20			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/10/23	1	0	0	0	0			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/12/23	0	0	0	0	0			Not Consistently Anticipated to Meet Target
KGH	Quality	C diff	01/12/23	5	3	-3	3	9			Not Consistently Anticipated to Meet Target
NGH	Quality	C diff	01/12/23	10	4	-1	7	15			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/12/23	86		88	90	92			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/12/23	106.85		111.06	111.06	111.06			Consistently Anticipated to Not Meet Target
KGH	Quality	HSMR	01/12/23	97.90	100	131.18	131.18	131.18			Not Consistently Anticipated to Meet Target
NGH	Quality	HSMR	01/12/23	88	100	89	91	93			Consistently Anticipated to Meet Target



Committee Name

All ▼

Group Name

Quality ▼

Metric Name

Multiple selections ▼

Site

All ▼

Variation

All ▼

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	SMR	01/12/23	99.00		121.41	121.41	121.41			Consistently Anticipated to Not Meet Target
NGH	Quality	SMR	01/12/23	88			89				Consistently Anticipated to Not Meet Target
NGH	Quality	Safe Staffing	01/11/23	103.80%	96.00%	96.23%	101.25%	106.27%			Consistently Anticipated to Meet Target
KGH	Quality	Safe Staffing	01/12/23	99.76%	96.00%	86.01%	92.1%	98.19%			Not Consistently Anticipated to Meet Target
KGH	Quality	30 day readmissions	01/12/23	0.00%	12.00%	8%	15.22%	22.44%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/12/23	12.65%	12.00%	9.14%	13.55%	17.96%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/12/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/12/23	0	0	0	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	QI projects undertaken	01/12/23	3		-11	5	22			Not Consistently Anticipated to Meet Target
KGH	Quality	QI projects undertaken	01/12/23	3		-4	6	16			Not Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/12/23	6.05		9.42	9.42	9.42			Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/12/23	8.13		11.4	11.4	11.4			Consistently Anticipated to Meet Target

# Serious or moderate harms

Committee Name

GroupName

MetricName



4

KGH: Current Value

8

KGH: Current Target

14

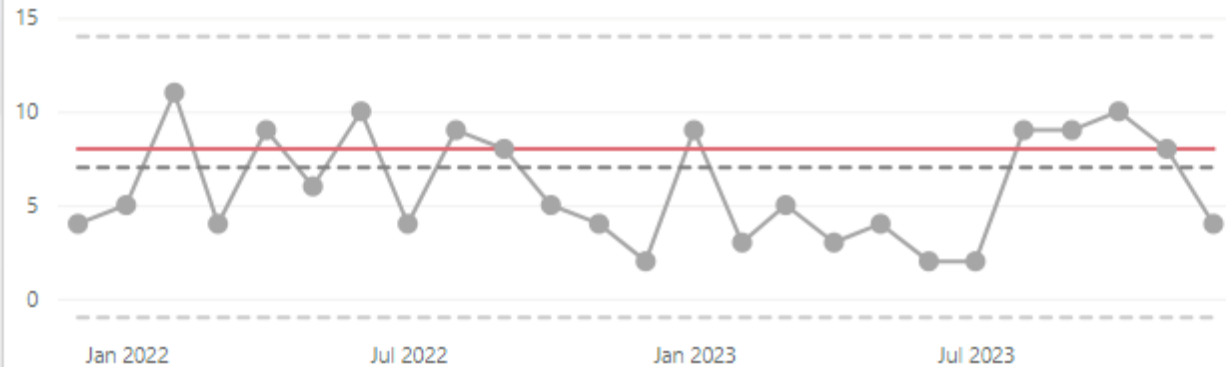
NGH: Current Value

0

NGH: Current Target

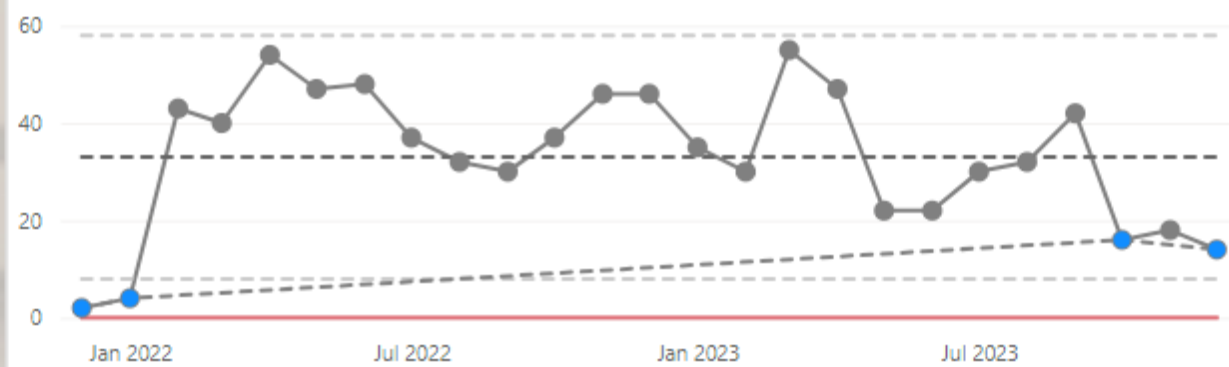
## Kettering General Hospital

Serious or moderate harms: Quality



## Northampton General Hospital

Serious or moderate harms: Quality



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms

4

KGH: Current Value

8

KGH: Current Target

14

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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 1.9% of all incidents with a patient harm incurred, and 0.46% of all incidents reported.
NGH	01/12/23	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 of a serious incident.	Serious incidences are investigated using a root cause analysis technique, and include recommendations and actions to mitigate against further occurrences.



Committee Name

GroupName

MetricName



0.06

KGH: Current Value

0.18

KGH: Current Target

0.09

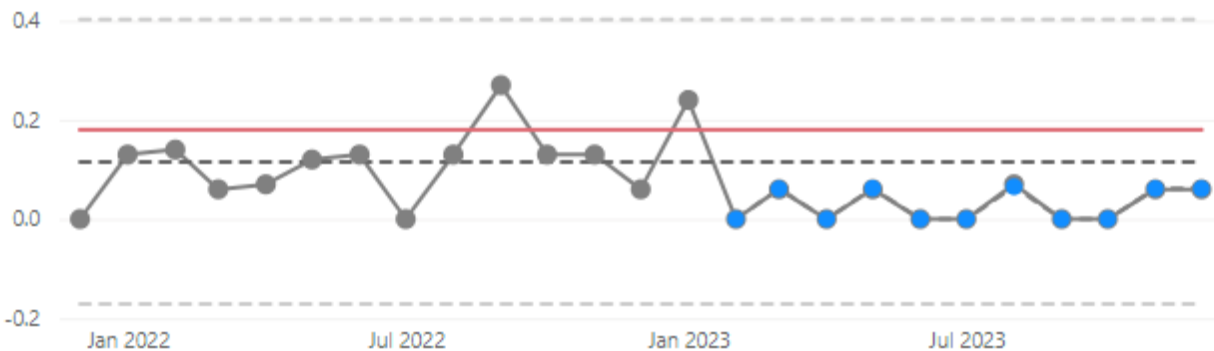
NGH: Current Value

0.06

NGH: Current Target

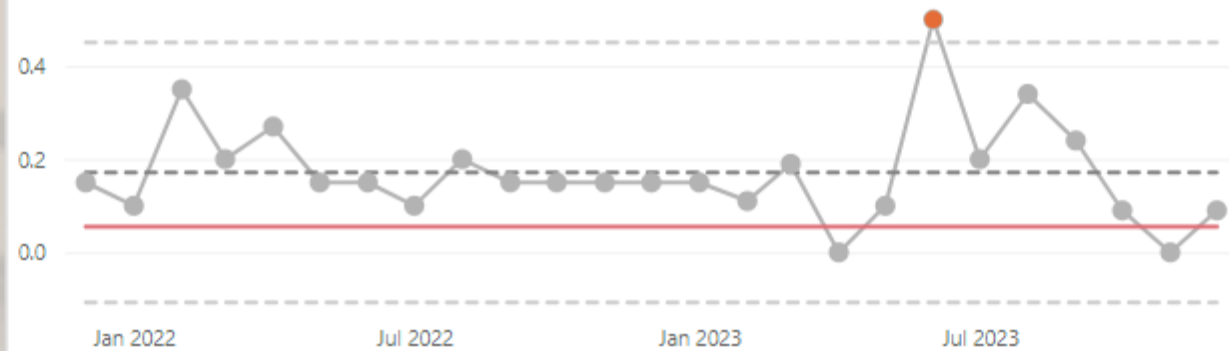
### Kettering General Hospital

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	01/12/23	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 was one fall with harm in December. This was reviewed at the Harm Free Scrutiny panel and has been escalated for review at SIRG.	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
NGH	01/12/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	There was 0.09 moderate, severe and catastrophic falls/1000 bed days	There was 1 catastrophic harm fall and 1 fall remains under investigation as a severe harm incident	Both incidents have been reviewed at IRG. 1 incident has been declared a serious incident and 1 incident remains under review.	All moderate and above harm falls are reviewed through IRG and learning is shared through the trust wide falls multidisciplinary working group.

Committee Name  
All

GroupName  
Quality

MetricName  
Serious or moderate harms – pressure ulcers

01/03/2020 01/12/2023

0.18

KGH: Current Value

0.69

KGH: Current Target

5

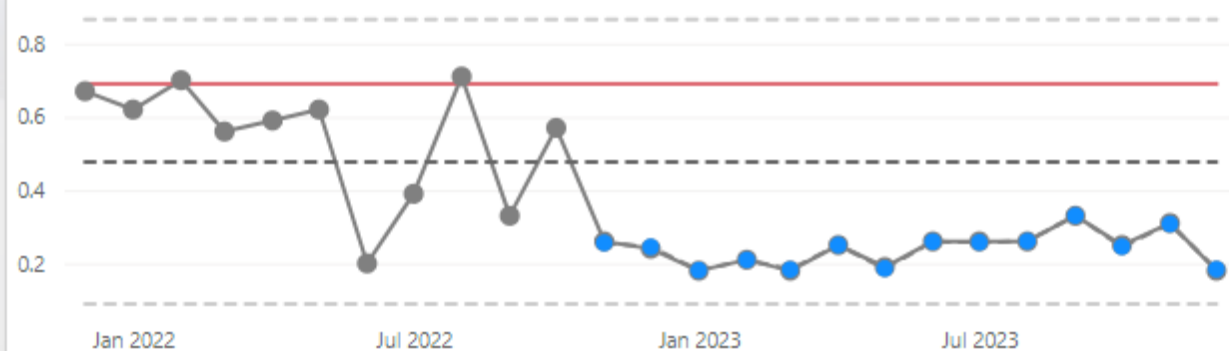
NGH: Current Value

0

NGH: Current Target

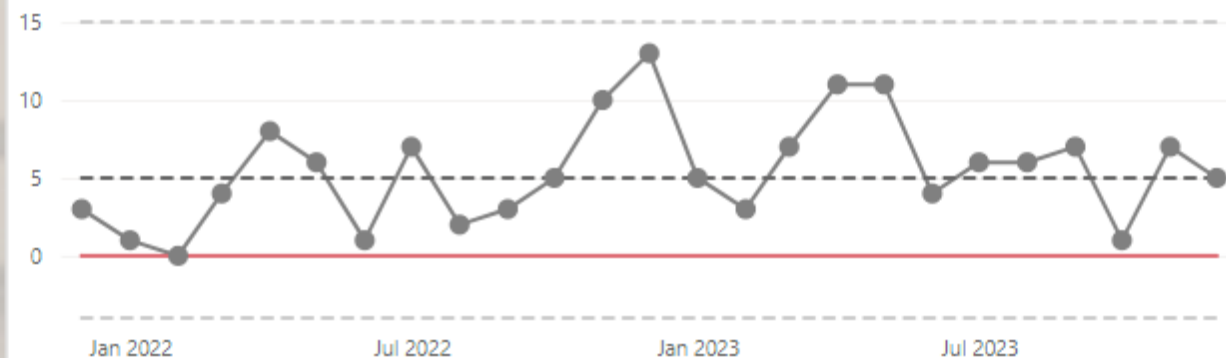
### Kettering General Hospital

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	01/12/23	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	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.
NGH	01/12/23	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	there has been an increase in pressure ulcers in December 2023 per 1000 bed days from 0.88 to 0.97	there were 16 patients sustaining 21 pressure ulcers 9 category 2, 4 of which was device related 1 category 3 device related pressure ulcer 2 unstageable pressure ulcers 9 Deep Tissue Injury	the primary themes was device related pressure ulcer	All incidents are discussed at share and learn and the unstageable are discussed at IRG

# Number of medication errors

Committee Name  
 All

GroupName  
 Quality

MetricName  
 Number of medication errors

01/03/2020 01/12/2023

57

KGH: Current Value

KGH: Current Target

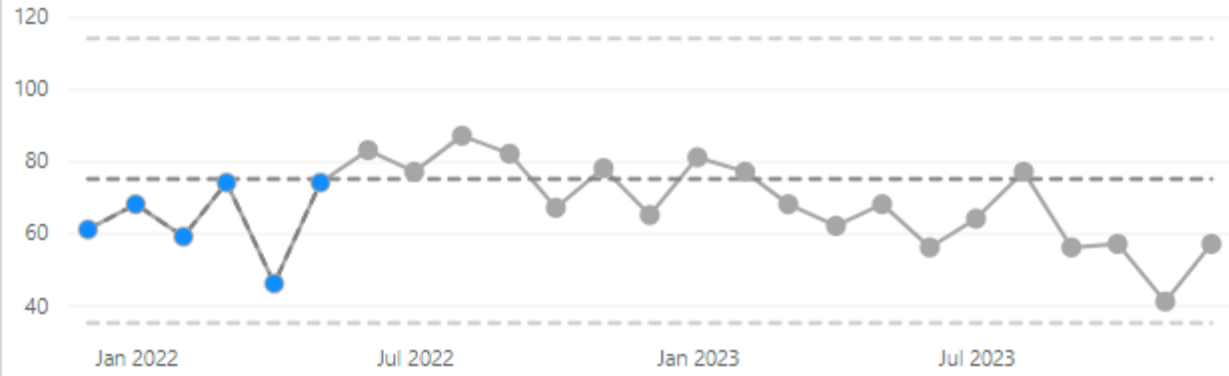
102

NGH: Current Value

NGH: Current Target

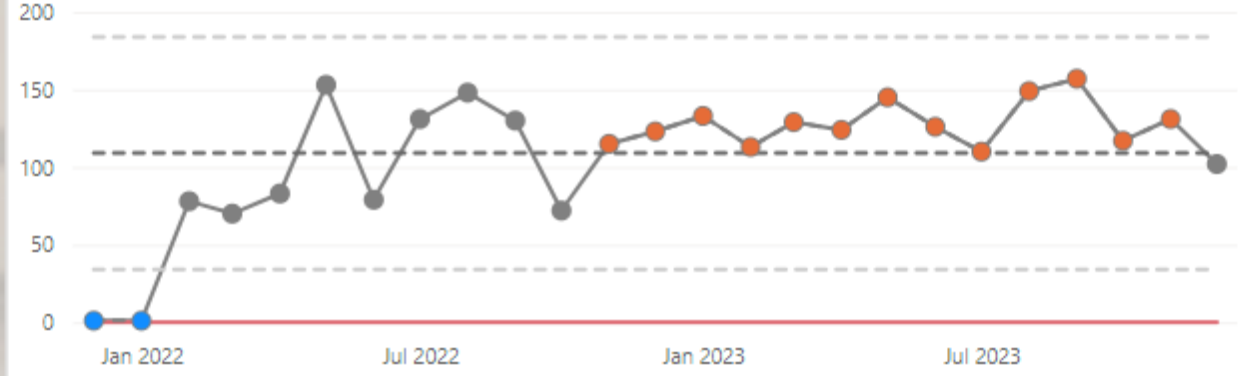
### Kettering General Hospital

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

57

KGH: Current Value

KGH: Current Target

102

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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 were no medication errors resulting in moderate or above harm. 20 were low harm incidents equating to 35.08%.
NGH	01/12/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Reporting on December data, there has been a reduction in overall number of incidents reported. The reduction was in 'no harm' reports. The number of 'low harm' and above reports is in line with previous months.	Overall reporting patterns have remained within usual range over this quarter across incident groups and themes.	Reviews continue to be done for reported medicines incidents, with feedback for learning.	Review and reporting via Medicines Safety and Governance Group.

Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

01/03/2020 01/12/2023

11

KGH: Current Value

7

KGH: Current Target

9

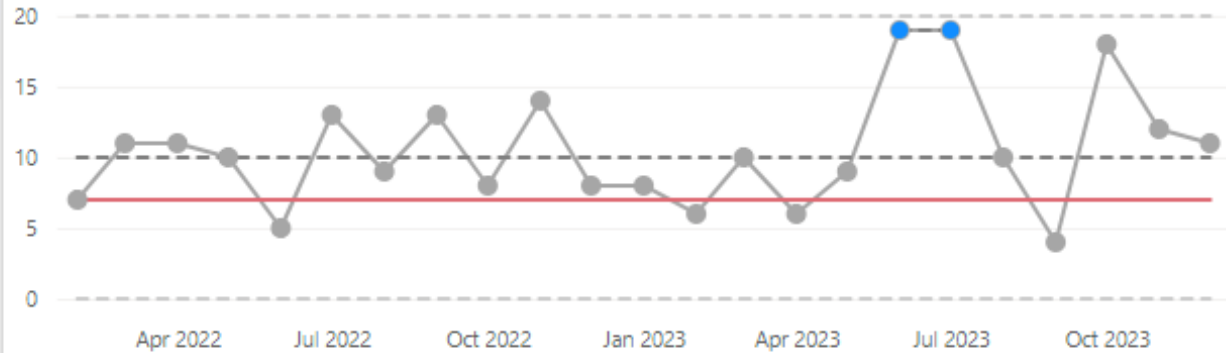
NGH: Current Value

7

NGH: Current Target

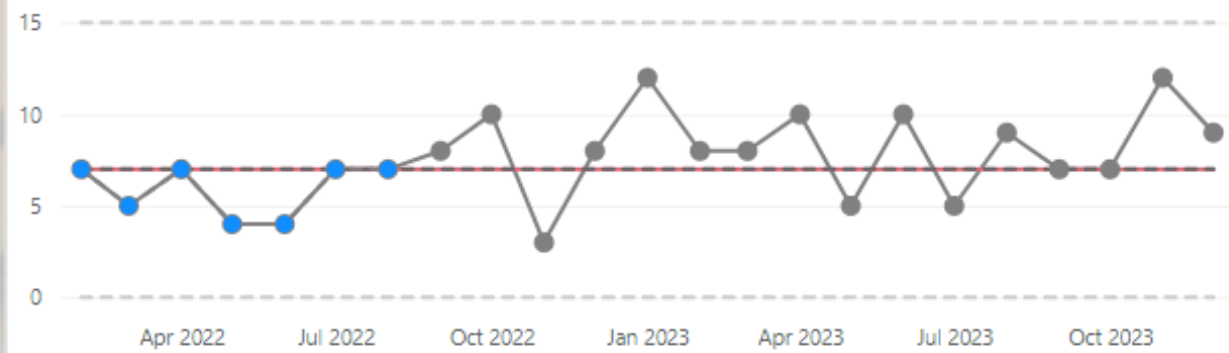
### Kettering General Hospital

Hospital-acquired infections: Quality



### Northampton General Hospital

Hospital-acquired infections: Quality







# Hospital-acquired infections



Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

11

KGH: Current Value

7

KGH: Current Target

9

NGH: Current Value

7

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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. E-Coli 60/40 Pseudomonas aeruginosa 9/6 Klebsiella species 26/19	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	01/12/23	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.	9 patients developed a Gram-negative bloodstream infection in December.	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. A third issue is around not removing urinary catheters at the earliest opportunity.	The IPC Team continue to deliver on the GNB section of the HCAI Improvement Plan and are continuing with three key workstreams in December around the catheter prevention pathway, blood culture training and EPIC skills sessions to reduce the risk of these infection to patients.	The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and the monthly DON report to CSIP and CQEG and sits on the IPC risk register.

Committee Name

GroupName

MetricName

0

KGH: Current Value

0

KGH: Current Target

1

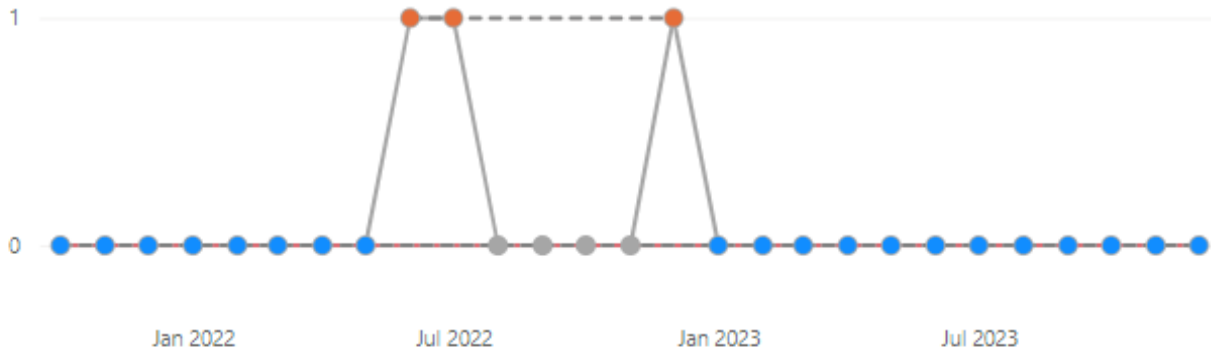
NGH: Current Value

0

NGH: Current Target

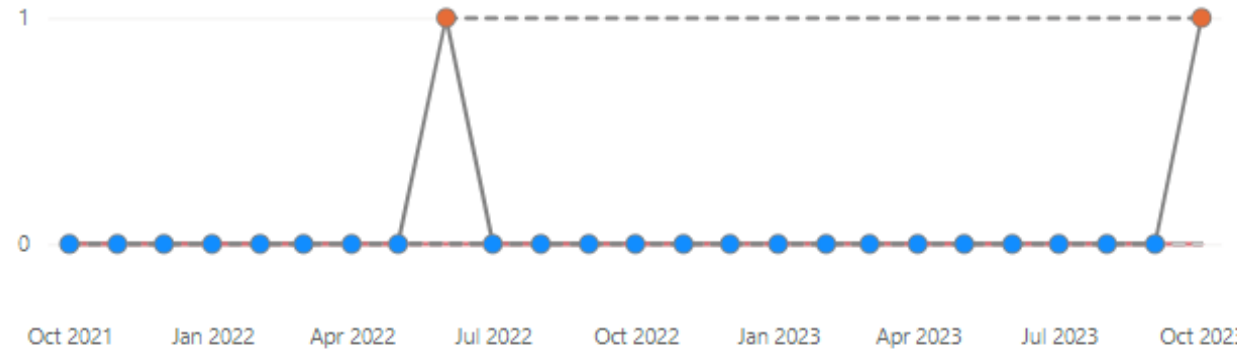
### Kettering General Hospital

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	01/12/23	Patients experiencing a MRSA Bacteraemia	The chart shows common cause variation with variable assurance	None	All MRSA bacteraemia undergo robust root cause analysis	IPC measures are reviewed and revised in line with National Changes.

Committee Name: All

GroupName: Quality

MetricName: C diff

01/03/2020 to 01/12/2023

5

KGH: Current Value

3

KGH: Current Target

10

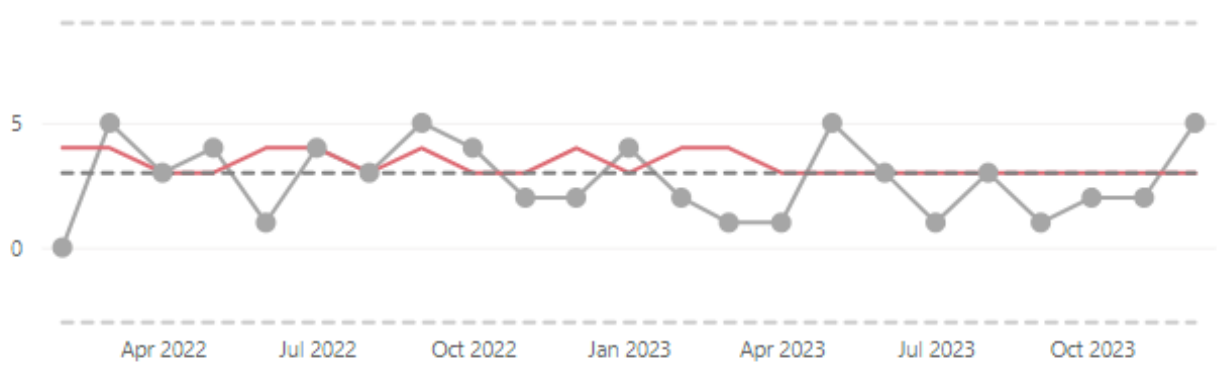
NGH: Current Value

4

NGH: Current Target

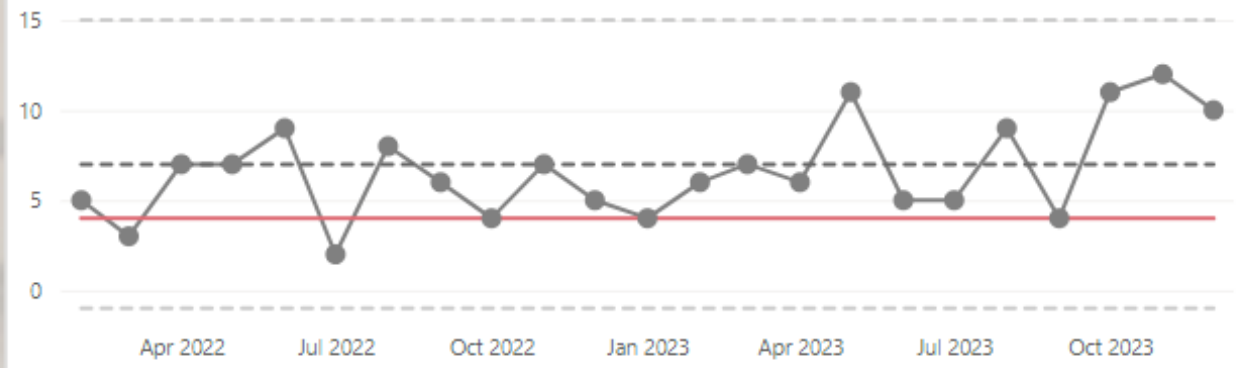
### Kettering General Hospital

Clostridium difficile: Quality



### Northampton General Hospital

Clostridium difficile: Quality





Committee Name

All

GroupName

Quality

MetricName

C diff

5

KGH: Current Value

3

KGH: Current Target

10

NGH: Current Value

4

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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 23 cases to date (DEcember), which is below the rolling trajectory of 26.	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

5

KGH: Current Value

3

KGH: Current Target

10

NGH: Current Value

4

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/23	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.	10 patients developed C.diff infection in December.	The NHSE standard contract for CDI for NGH 2023/24 is 50 cases. The Trust is currently over trajectory for this with 73 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 developed following antibiotics that were inappropriate and out of Trust guidelines.	Post-infection reviews and review meetings are completed for every HOHA and COHA CDI case. 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. Of the 10 patients, there were 7 lapses in care due to inappropriate antibiotic prescribing. The IPC Team have commenced a weekly Antibiotic Stewardship round in addition to the weekly Consultant Micro stewardship round. In December CAP and HAP guidance at a glance was disseminated screensavers with key learning points on regarding antibiotics prescribing. Also, a table of antibiotics to access, watch and reserve will be disseminated in January and incidents raised when patients receive Co-amoxiclav or Meropenem inappropriately. The IPC plan rolled out new Hand rub product and environmental cleaning and disinfectant chemicals in December that have better efficacy against C.diff than current products. In January IPC have joined the Board Rounds in the Assessment Units to support improvements to prescribing at the start of the patient journey. The patients have a variety of ribotypes.	The CDI position, Improvement Plan and actions are monitored monthly through IPSG, are raised quarterly via the IPC report to CQEG and SQIP and monthly via the DON report to SQIP for discussion and oversight. A supportive visit from the ICB IPC leads was undertaken on Tuesday 19th December. The feedback letter has been received, visitors were assured with the progress made with the CDI improvement plan and actions that the IPC Team are delivering, noted the strong engagement that the Associate Director for IPC and the IPC team have with both senior management, ward matrons and ward sisters, and they found staff to be both professional and compassionate with caring for patients safely and effectively in extremely challenging times.  The ICB found that antimicrobial prescribing is a significant issue, with Trust prescribing guidance not always followed. Inappropriate prescribing for hospital and community acquired pneumonia was a theme and that there is a need for senior medical engagement to support and drive forward the antimicrobial stewardship work within the Trust; 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

**106.85**

KGH: Current Value

KGH: Current Target

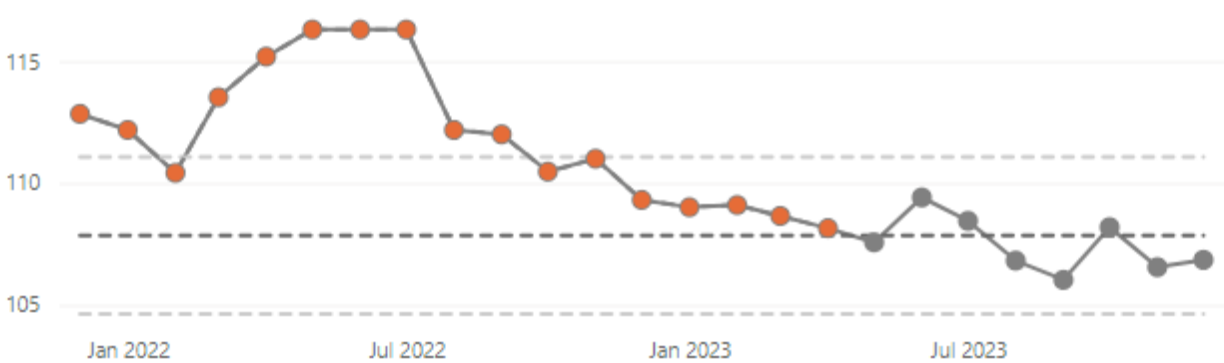
**86**

NGH: Current Value

NGH: Current Target

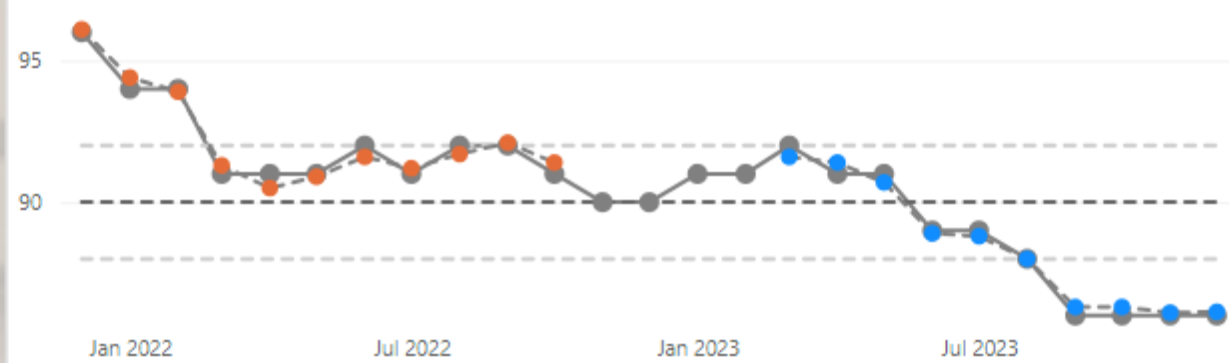
### Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



### Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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.	106.85 - 'as expected' (Data Period: August 22 - July 23)	SHMI is 'as expected' overall but higher than expected for 2 individual diagnosis groups: Septicaemia; except in labour (129.10) and Cancer of Bronchus; Lung (149.09).	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.	Nil - Alerts are early warning indicators. KGH currently within 'as expected' banding when compared Nationally (Data via NHS England & supported by Dr Foster HSMR / SMR figures).
NGH	01/12/23	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=86.13 Which falls within the below expected range	Nil exceptions	Nil exceptions	Nil exceptions

Committee Name: All

GroupName: Quality

MetricName: HSMR

01/03/2020 to 01/12/2023

97.90

KGH: Current Value

100

KGH: Current Target

88

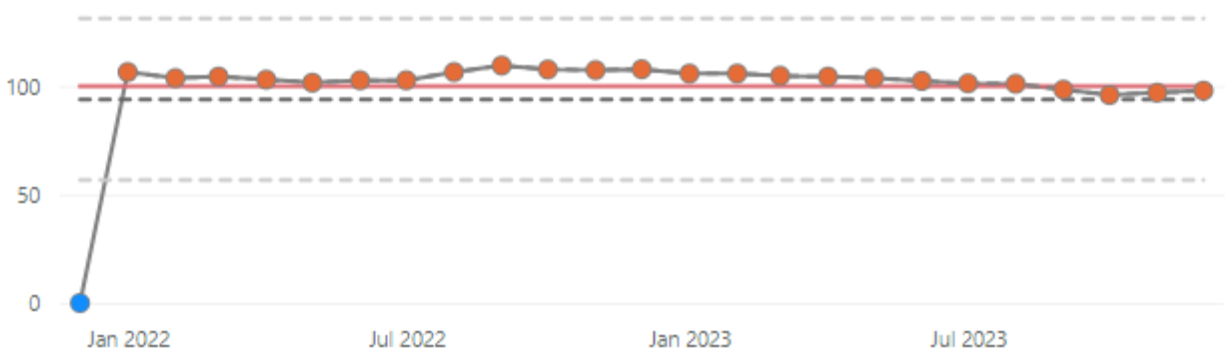
NGH: Current Value

100

NGH: Current Target

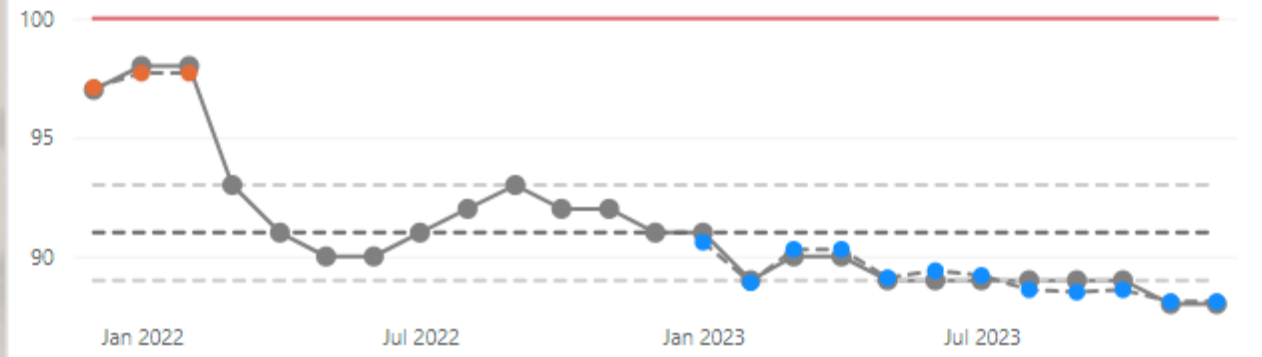
### Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



### Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



Committee Name

All

GroupName

Quality

MetricName

HSMR

**97.90**

KGH: Current Value

**100**

KGH: Current Target

**88**

NGH: Current Value

**100**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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.	97.9 - 'as expected' range (October 2022 - September 2023)	There are 3 outlying group attracting significantly higher than expected deaths: Septicemia (except in labour), Congestive Heart Failure (non hypertensive) and Liver disease (alcohol-related).	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	01/12/23	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 = 88.1 which continues in the "below expected" range	Nil exceptions	Nil exceptions	Nil exceptions



Committee Name: All

GroupName: Quality

MetricName: SMR

01/03/2020 to 01/12/2023 date range selector

99.00

KGH: Current Value

KGH: Current Target

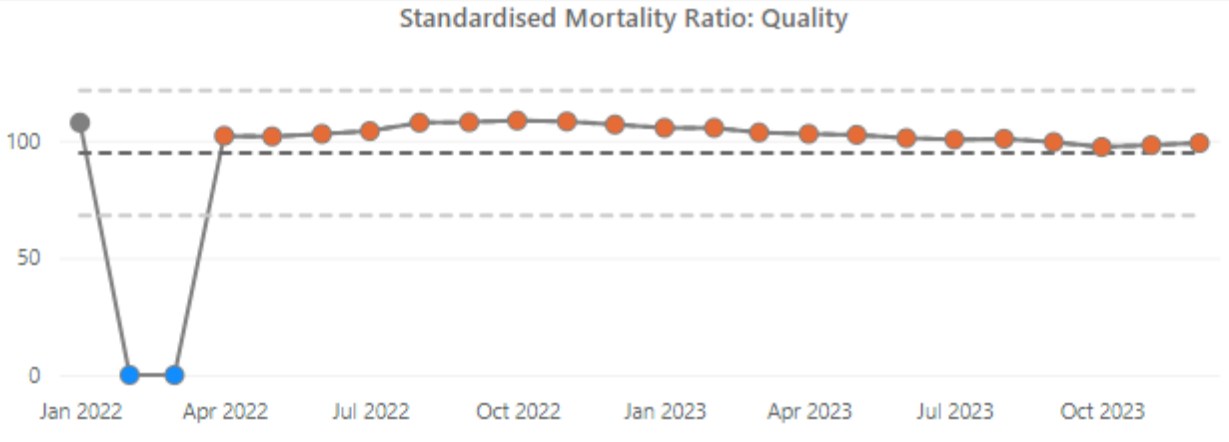
88

NGH: Current Value

NGH: Current Target

### Kettering General Hospital

Standardised Mortality Ratio: Quality



### Northampton General Hospital

Standardised Mortality Ratio: Quality



Committee Name All	GroupName Quality	MetricName SMR	
<b>99.00</b> KGH: Current Value		<b>88</b> NGH: Current Value	
	KGH: Current Target		NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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.	99.0 - 'as expected' range (October 2022 - September 2023)	There are 5 outlying group attracting significantly higher than expected deaths: Septiceamia (except in labour), Congestive heart failure (non-hypertensive), Coma, stupour, and brain damage, Liver disease (alcohol-related) and Peri/Endo/Myocarditis (Cardiomyoptahy)	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	01/12/23	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 = 88.3 which continues in the below expected range	Nil exceptions	Nil exceptions	Nil exceptions

Committee Name

GroupName

MetricName

**99.76%**

KGH: Current Value

**96.00%**

KGH: Current Target

**103.80%**

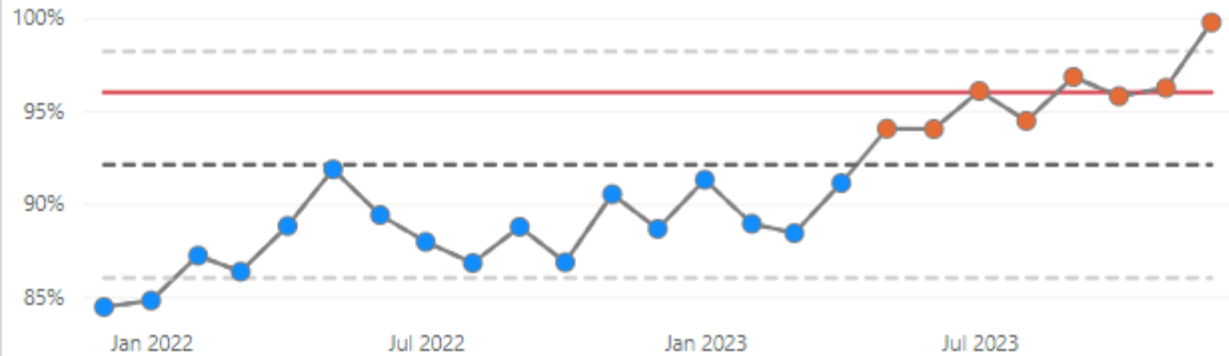
NGH: Current Value

**96.00%**

NGH: Current Target

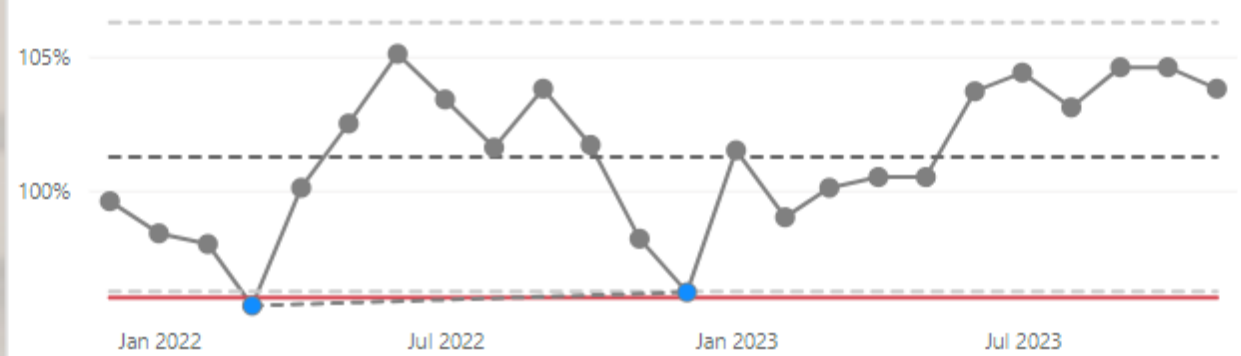
### Kettering General Hospital

Safe Staffing: Quality



### Northampton General Hospital

Safe Staffing: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	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 the overall combined nursing fill rate is at the highest value in the last 2 years.	Fill rates are high but include temporary staffing utilization	Continue recruitment practices to fill substantive posts	Operational mitigation via staffing cell



Committee Name

GroupName

MetricName

**0.00%**

KGH: Current Value

**12.00%**

KGH: Current Target

**12.65%**

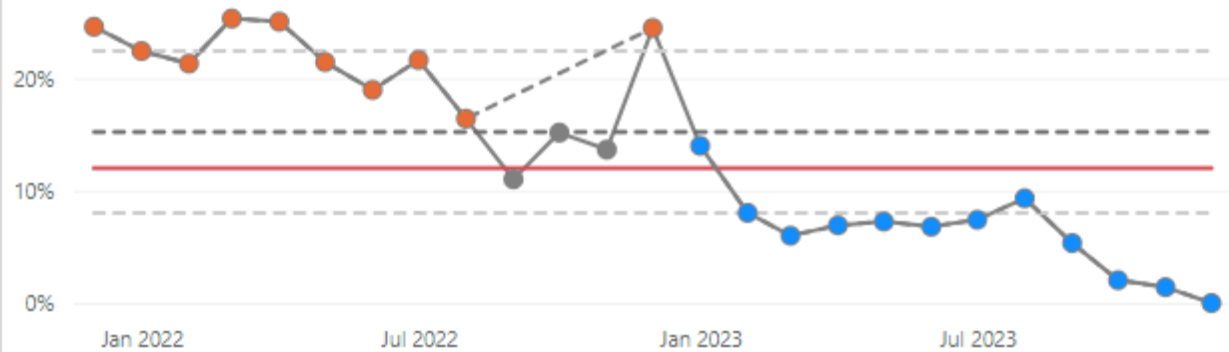
NGH: Current Value

**12.00%**

NGH: Current Target

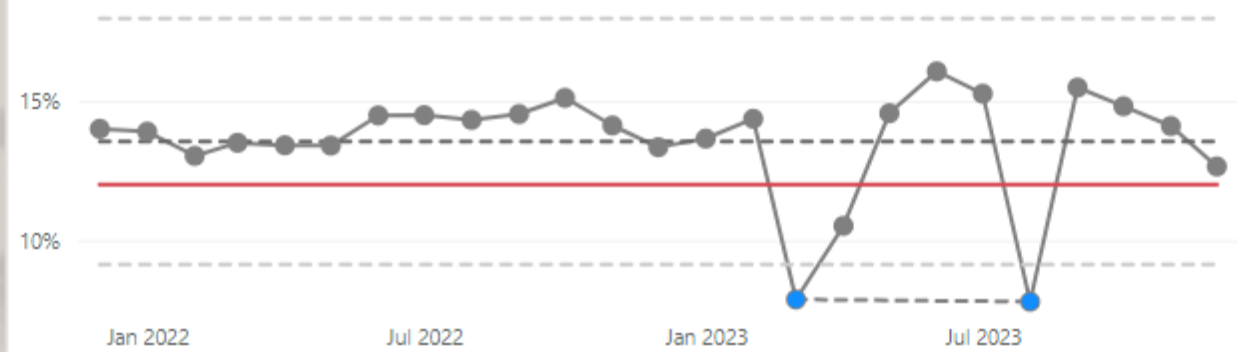
### Kettering General Hospital

30 day readmissions: Quality



### Northampton General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of patients readmitted within 30 days of discharge	Current trend is in a steady downward trajectory & remains below local and national target	Root cause of re-admissions are: - shortfall in community service provision result in packages failing - patients care requirements deviate from original requirement - re-occurrence of original problem / issue	Concerns raised via safeguarding form a core part of discharge governance work which meets on a monthly basis actioning plans to improve communication and the quality of discharge assessments to reduce the risk of failed discharges	monthly discharge governance across all divisions with support from senior clinical staff

Committee Name: All

GroupName: Quality

MetricName: Never event incidence

01/03/2020 to 01/12/2023

0

KGH: Current Value

0

KGH: Current Target

0

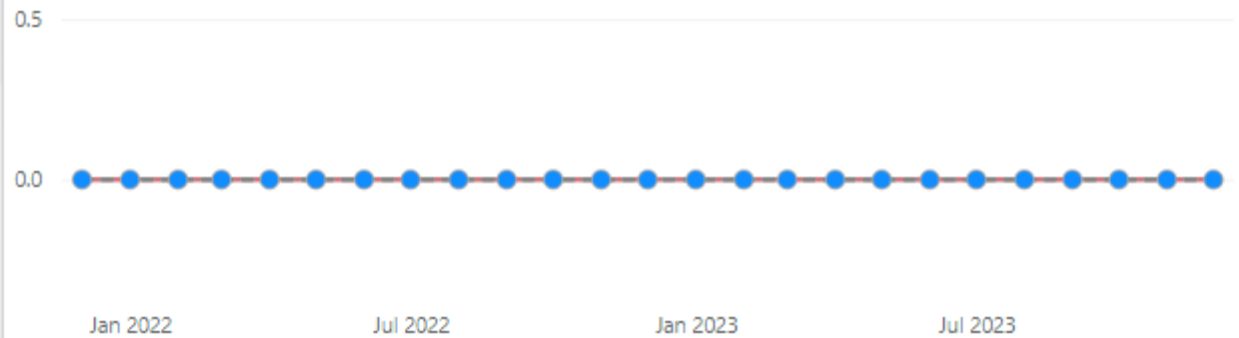
NGH: Current Value

0

NGH: Current Target

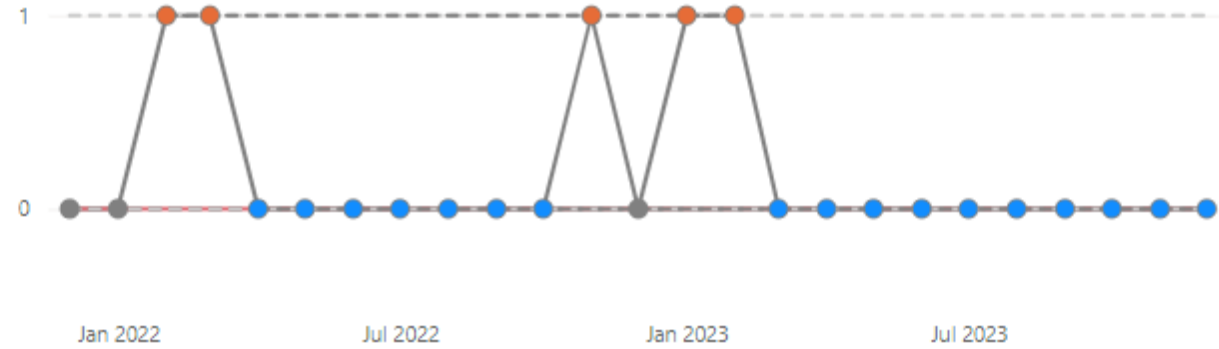
### Kettering General Hospital

Never event incidence: Quality



### Northampton General Hospital

Never event incidence: Quality





# Never event incidence



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	01/12/23	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	01/12/23	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 December 2023	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.	Declarations of serious incidences that meet the never even criteria are investigated using a root cause analysis technique and include recommendations and actions to mitigate against further occurrence.

Committee Name

All

GroupName

Quality

MetricName

QI projects undertaken

01/03/2020 01/12/2023

3

KGH: Current Value

KGH: Current Target

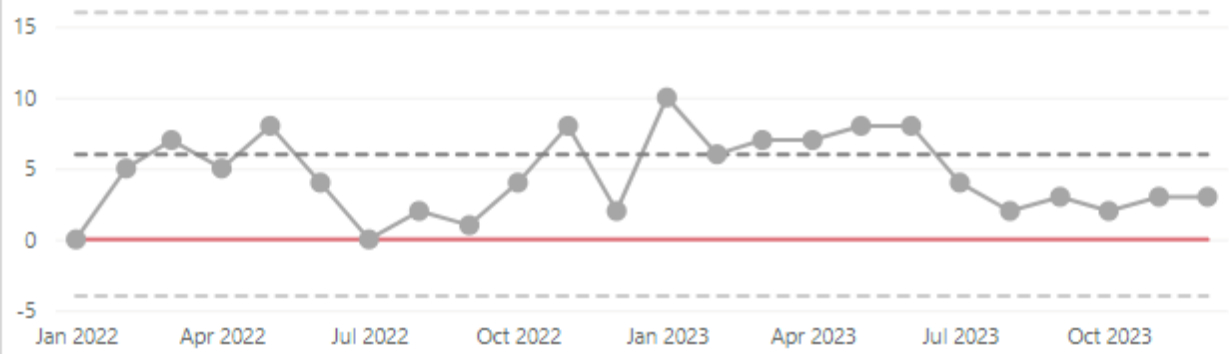
3

NGH: Current Value

NGH: Current Target

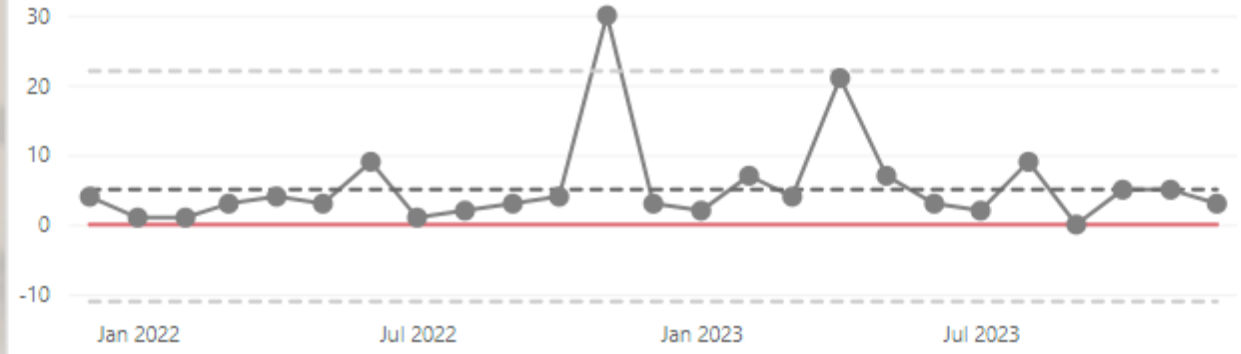
### Kettering General Hospital

QI projects undertaken: Quality



### Northampton General Hospital

QI projects undertaken: Quality



# QI projects undertaken

Committee Name All	GroupName Quality	MetricName QI projects undertaken	
<b>3</b> KGH: Current Value	KGH: Current Target	<b>3</b> NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of QI projects undertaken	The number of QI projects registered and approved to start in October in KGH was 3.	Some proposals for projects submitted need further developing as a project proposal before progressing to be a project. Several projects have come through which are not QI projects, instead educational projects or clinical audit. QI are working with the Med Ed & audit teams to identify an approach to these projects. There is no target for the number of QI projects we are aiming for. Low uptake of registration of QI projects.	Life QI software has launched and comms are now live in both hospitals to promote capturing QI projects. Increased awareness of the QI team through embedding QI coaches in divisions, who will begin bringing QI work through divisional assurance / oversight. Comms plan to engage staff in our improvement approach, share and celebrate improvement. Regular sharing of QI projects through re-invigorated 'Improvement club' / 'Yokoten' sessions monthly. Development of Improvement Strategy needs to set a target for QI projects, and to develop maturity against self-assessment of NHS Impact domains.	Promotion of Life QI now the system has gone live. QI virtual cafe launch in January to support QI conversations and QI projects. Representation of QI coaches in Let's Talk and identification of QI priorities with divisional leadership. QI project group supporting joint conversations between QI, audit, clinical effectiveness and patient safety. QI in UHN newsletter and on Richard Mitchell UHN brief.
NGH	01/12/23	Number of QI projects undertaken	The number of QI projects registered and approved to start in October in NGH was 0.	Some proposals for projects submitted need further developing as a project proposal before progressing to be a project. Several projects have come through which are not QI projects, instead educational projects or clinical audit. QI are working with the Med Ed & audit teams to identify an approach to these projects. There is no target for the number of QI projects we are aiming for. Low uptake of registration of QI projects.	Life QI software has launched and comms are now live in both hospitals to promote capturing QI projects. Increased awareness of the QI team through embedding QI coaches in divisions, who will begin bringing QI work through divisional assurance / oversight. Comms plan to engage staff in our improvement approach, share and celebrate improvement. Regular sharing of QI projects through re-invigorated 'Improvement club' / 'Yokoten' sessions monthly. Development of Improvement Strategy needs to set a target for QI projects, and to develop maturity against self-assessment of NHS Impact domains.	Promotion of Life QI now the system has gone live. QI virtual cafe launch in January to support QI conversations and QI projects. Representation of QI coaches in CEI and identification of QI priorities with divisional leadership. QI project group supporting joint conversations between QI, audit, clinical effectiveness and patient safety. QI in UHN newsletter and on Richard Mitchell UHN brief.

Committee Name

GroupName

MetricName

**6.05**

KGH: Current Value

KGH: Current Target

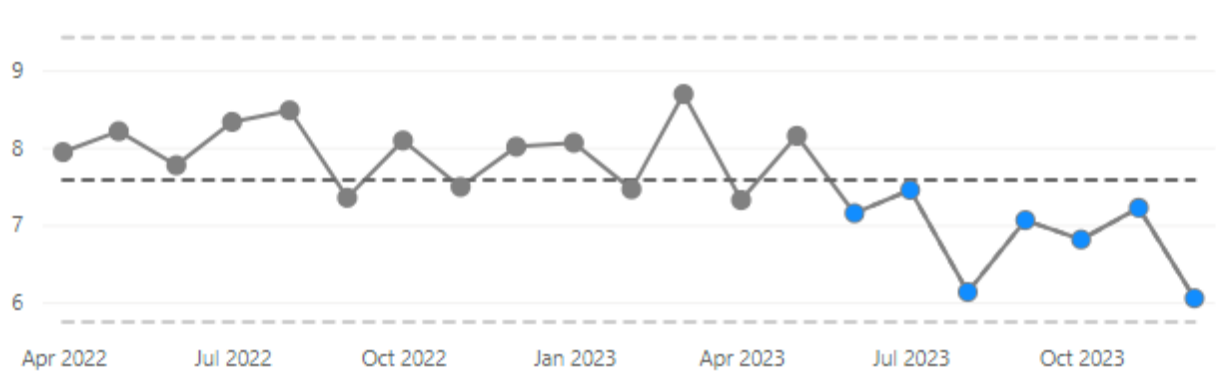
**8.13**

NGH: Current Value

NGH: Current Target

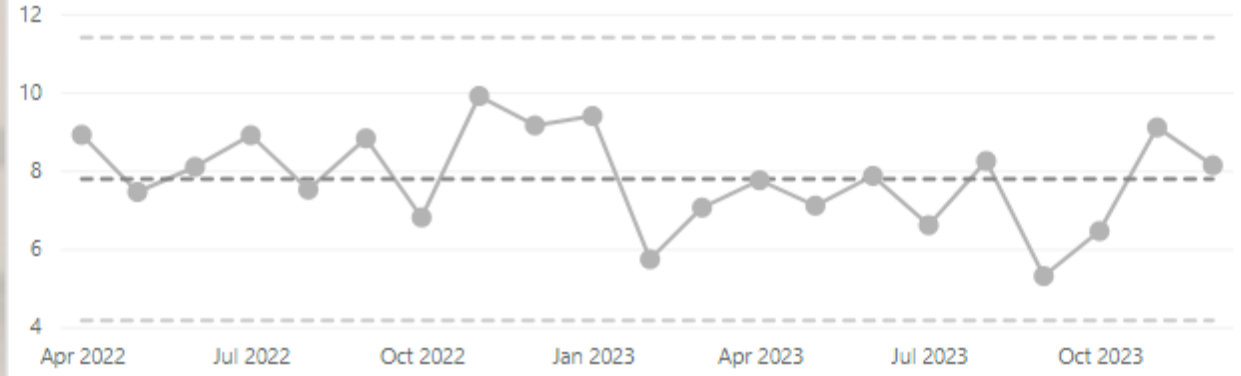
### Kettering General Hospital

Food wastage (t): Quality



### Northampton General Hospital

Food wastage (t): Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	food waste was down on previous months	none to report	keep looking at way to reduce food waste	None
NGH	01/12/23	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	No change materially from previous as no additional works has been undertaken	none to report	none - awaiting Group food waste group actions.	None - awaiting Group food waste group actions.



# Finance and Performance Committee



# Finance and Performance Committee

Exec owners: Fay Gordon, Palmer Winstanley, 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 £21.5m deficit which is £15.5m worse than plan. This is in broadly line with the trajectory included in the recent re-forecast of £18.4m deficit by year end agreed with NHS England, despite ongoing industrial action in December. NHSE have recognised that December and January Industrial action impacts will be an allowable variance from the £18.4m forecast if they can not be mitigated 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 £1.4m 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 – Occupancy Rates continue to rise. Recommended bed utilisation is 85-92% to enable efficient flow throughout the system. Bed Utilisation above this puts undue pressure on the system.

3

EMAS Ambulance Handover > 60mins continue to increase for KGH and NGH. Surge in arrivals during peak times, combined with Department capacity have impacted on the ability to offload within 15 mins.

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

1

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



# Sustainability



KGH

NGH

Committee Name

All

GroupName

Sustainability

5

Exec comments KGH

0

Exec comments NGH

13

Total No. of Metrics

Site	MetricName	Value
KGH	Theatre sessions planned	299
KGH	Surplus / Deficit YTD (M)	-0.29
KGH	Pay YTD (M)	23.12
KGH	Outpatients activity (& vs plan) 2	26,877
KGH	Non-elective activity (& vs plan) 2	2,366
KGH	Non Pay YTD (M)	9.99
KGH	Income YTD (M)	34.43
KGH	Elective inpatient activity (& vs plan) 2	265
KGH	Elective day-case activity (& vs plan) 2	3,366
KGH	CIP Performance YTD (M)	1.86
KGH	Beds available	520
KGH	Bank and Agency Spend (M)	3.81
KGH	A&E activity (& vs plan) 2	9,652

Metric	Comment
M5 Position	The in-month position is a £0.3m deficit which is £0.9m worse than plan. This is in slightly better than the trajectory included in the recent re-forecast of £2.9m deficit by year end shared with NHS England and is despite ongoing industrial action in December.
YTD Position	The YTD position is an £5.8m deficit which is £2.5m worse than plan but remains ahead of the trajectory included in the recent re-forecast of £2.9m deficit by year end shared with NHS England. Residual pressures include continued UEC pressures, pay awards and other inflationary pressures and costs to enhance support to specific services to address quality concerns. The delivery of elective recovery is ahead of plan for the year to date as is efficiency delivery. Risks to the forecast include UEC pressures, inflationary pressures, costs to support specific services to address quality concerns, further industrial action and the ability to deliver on ERF projections. Efficiency delivery is better than plan in the month.
Income	Year to date income is £4.4m better than plan plan. This includes £2.2m NHSE variable income higher than plan, £1.2m of ERF delivery higher than plan and £1.0m 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 £0.8m 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 £6.1m worse than than plan. This includes £0.3m of further industrial action in December. Residual pressures continue to include ongoing pay award pressures, cover for vacancies & sickness across the Trust and specific service pressures to address quality concerns.



# Sustainability



KGH
NGH

Committee Name

GroupName

0

Exec comments KGH

5

Exec comments NGH

13

Total No. of Metrics

Site	MetricName	Value
NGH	Theatre sessions planned	568
NGH	Surplus / Deficit YTD (M)	-2.00
NGH	Pay YTD (M)	29.20
NGH	Outpatients activity (& vs plan) 2	37,478
NGH	Non-elective activity (& vs plan) 2	5,854
NGH	Non Pay YTD (M)	13.20
NGH	Income YTD (M)	42.00
NGH	Elective inpatient activity (& vs plan) 2	339
NGH	Elective day-case activity (& vs plan) 2	3,582
NGH	CIP Performance YTD (M)	2.40
NGH	Beds available	711
NGH	Bank and Agency Spend (M)	5.90
NGH	A&E activity (& vs plan) 2	11,544

Metric	Comment
M5 Position	The in-month position is a £2.0m deficit which is £2.2m worse than plan. This is slightly worse than the trajectory included in the recent re-forecast of £15.5m deficit by year end shared with NHS England, largely as a result of ongoing industrial action in December.
YTD Position	The YTD position is an £15.7m deficit which is £12.9m worse than plan but only slightly worse than the trajectory included in the recent re-forecast of £15.5m deficit by year end shared with NHS England as a result of ongoing industrial action in December. 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 £6.9m better than plan. This includes £2.3m industrial action funding, £2.3m training and education income, £0.9m PSDS income, £1.5m variable income with NHSE and £0.8m ERF delivery ahead of plan. Further variances include RPA and Emerging technologies funding partially offset by CDC and non clinical income under delivery.
Non Pay	Year to date non pay excluding capital charges is £8.5m 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 £11.8m worse than plan including £2.4m relating to industrial action for which £2.2m of income has now been received, £5.4m of efficiency slippage, £1.2m of pay award pressures and other smaller operational variances.



# Summary Table



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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Income YTD (M)	01/12/23	42.00	40.4	50.94	50.94	50.94			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/12/23	34.43	32.53	39.62	39.62	39.62			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/12/23	29.20	26.7	35.17	35.17	35.17			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/12/23	23.12	20.5	26.22	26.22	26.22			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/12/23	13.20	11.5	15.2	15.2	15.2			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/12/23	9.99	9.9	10.99	10.99	10.99			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/12/23	-2.00	0.3	2.66	2.66	2.66			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/12/23	-0.29	0.52	3.91	3.91	3.91			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/12/23	1.86	2.7	1.53	1.53	1.53			Consistently Anticipated to Not Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/12/23	2.40	3		0				Consistently Anticipated to Not Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/12/23	5.90	3.7	7.02	7.02	7.02			Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/12/23	3.81	2	4.05	4.05	4.05			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/12/23	711		632	676	719			Consistently Anticipated to Meet Target
KGH	Sustainability	Beds available	01/12/23	520		503	517	532			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/12/23	299		156	286	415			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/12/23	568		457	580	703			Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/12/23	9,652	9850	4704	7972	11240			Not Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/12/23	11,544	12705		11471				Consistently Anticipated to Not 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	Non-elective activity (& vs plan) 2	01/12/23	2,366	1868	1333	2107	2881			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/12/23	5,854	4702		5821				Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/12/23	265	306	124	281	439			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/12/23	339	303		355				Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/12/23	3,366	3117	1409	2909	4408			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/12/23	3,582	3485		3969				Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/12/23	26,877	28374	18411	27288	36166			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/12/23	37,478	40208		43252				Consistently Anticipated to Meet Target



Committee Name: All

GroupName: Sustainability

MetricName: Income YTD (M)

01/03/2020 to 01/12/2023

34.43

KGH: Current Value

32.53

KGH: Current Target

42.00

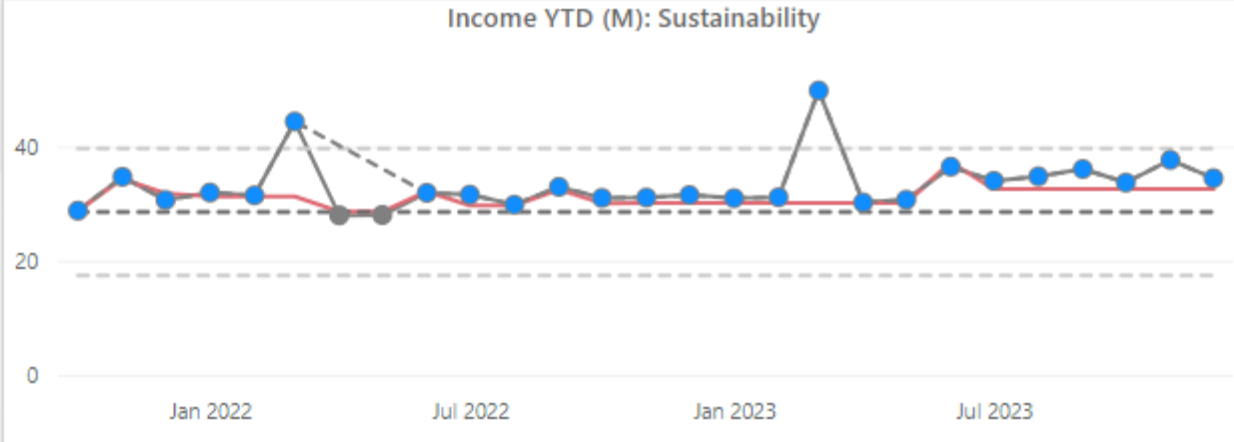
NGH: Current Value

40.4

NGH: Current Target

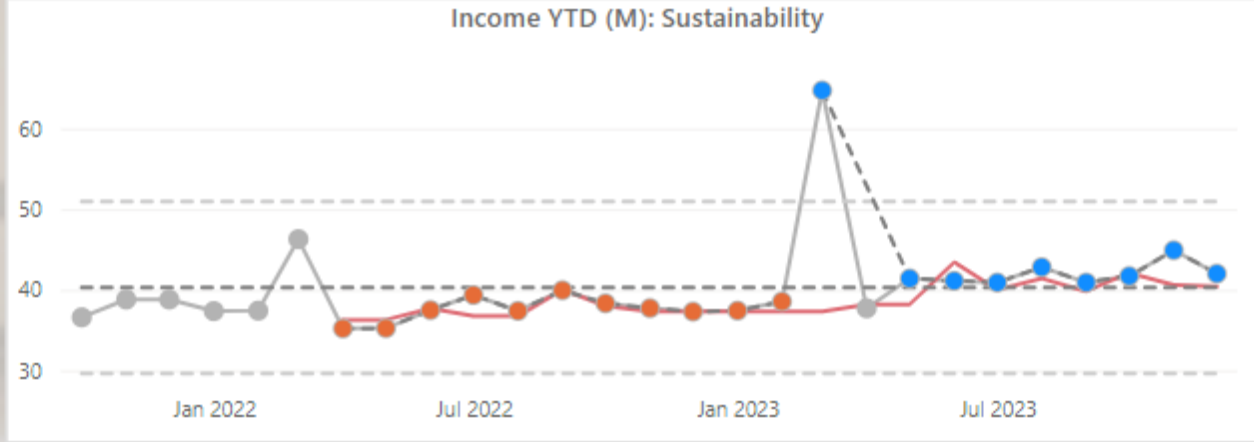
### Kettering General Hospital

Income YTD (M): Sustainability



### Northampton General Hospital

Income YTD (M): Sustainability



Committee Name

GroupName

MetricName

**23.12**

KGH: Current Value

**20.5**

KGH: Current Target

**29.20**

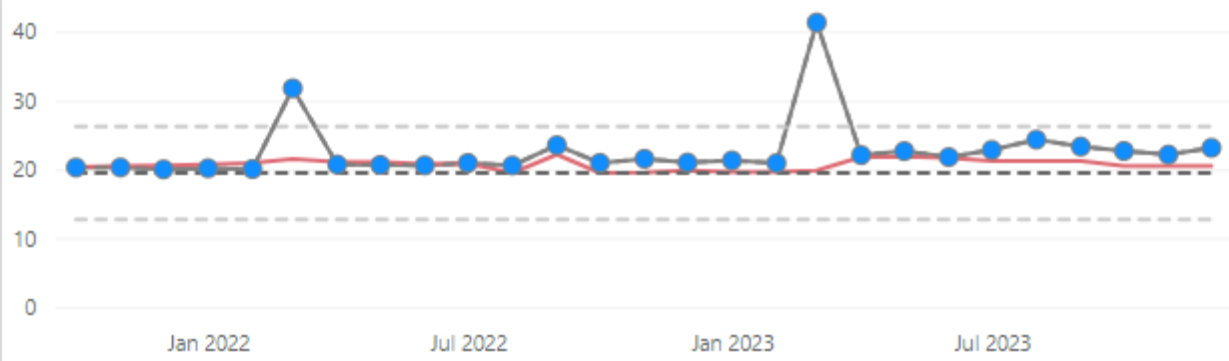
NGH: Current Value

**26.7**

NGH: Current Target

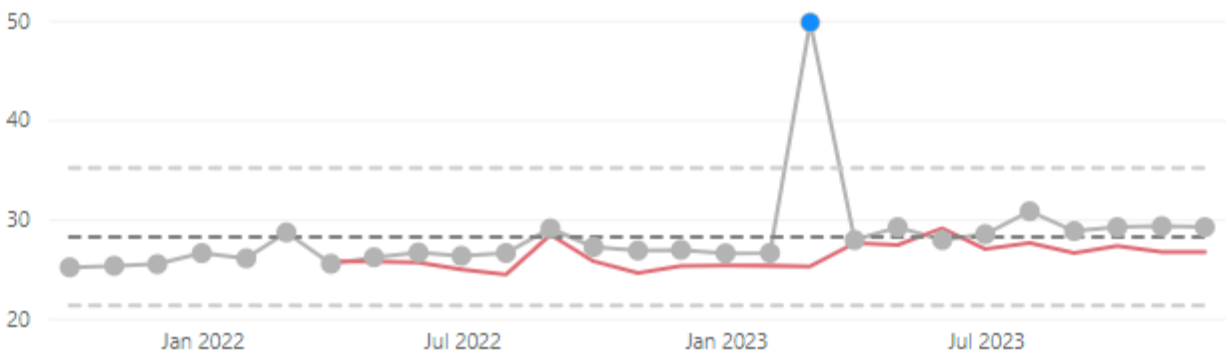
**Kettering General Hospital**

Pay YTD (M): Sustainability



**Northampton General Hospital**

Pay YTD (M): Sustainability





Committee Name

All

GroupName

Sustainability

MetricName

Non Pay YTD (M)

01/03/2020 01/12/2023

9.99

KGH: Current Value

9.9

KGH: Current Target

13.20

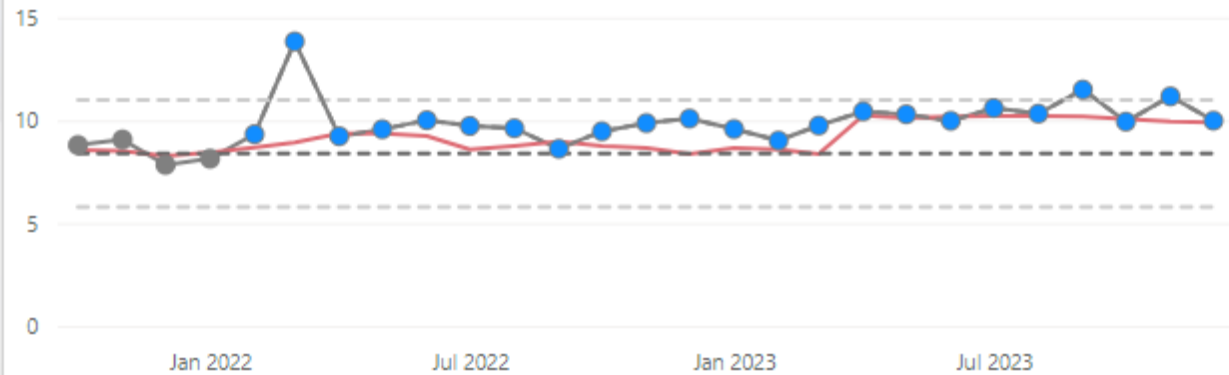
NGH: Current Value

11.5

NGH: Current Target

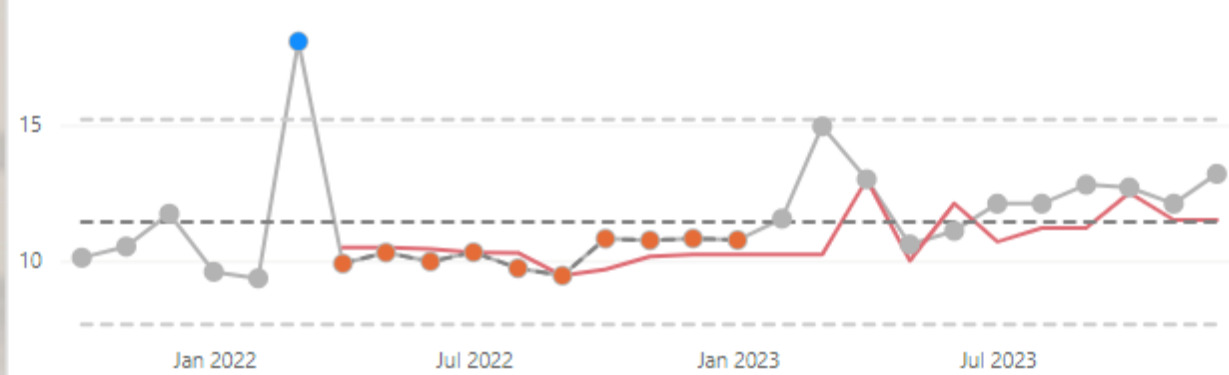
### Kettering General Hospital

Non Pay YTD (M): Sustainability



### Northampton General Hospital

Non Pay YTD (M): Sustainability



Committee Name

GroupName

MetricName

**-0.29**

KGH: Current Value

**0.52**

KGH: Current Target

**-2.00**

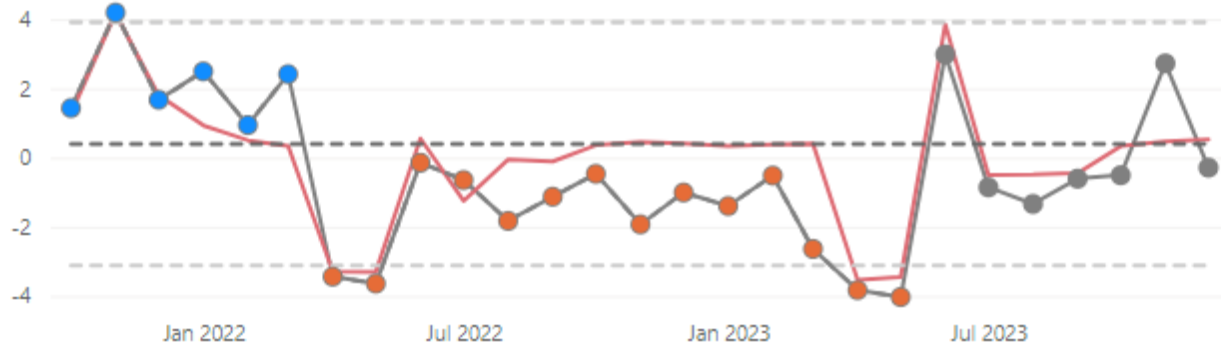
NGH: Current Value

**0.3**

NGH: Current Target

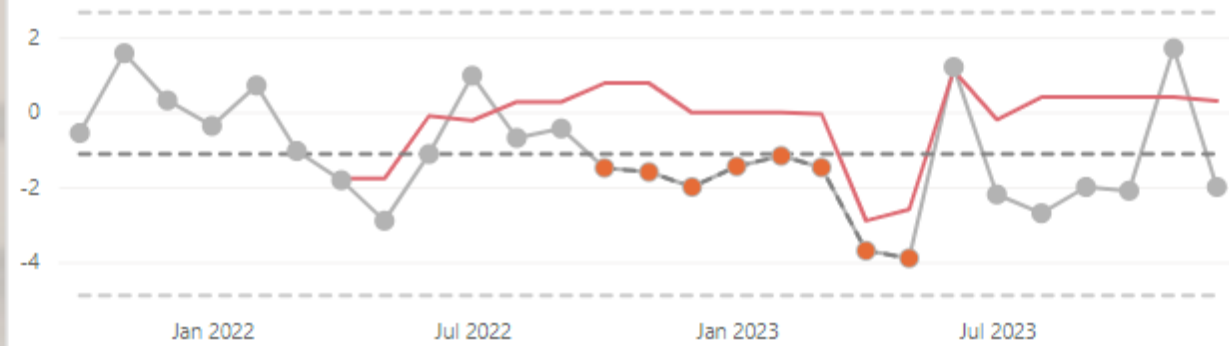
### Kettering General Hospital

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

01/12/2023



1.86

KGH: Current Value

2.7

KGH: Current Target

2.40

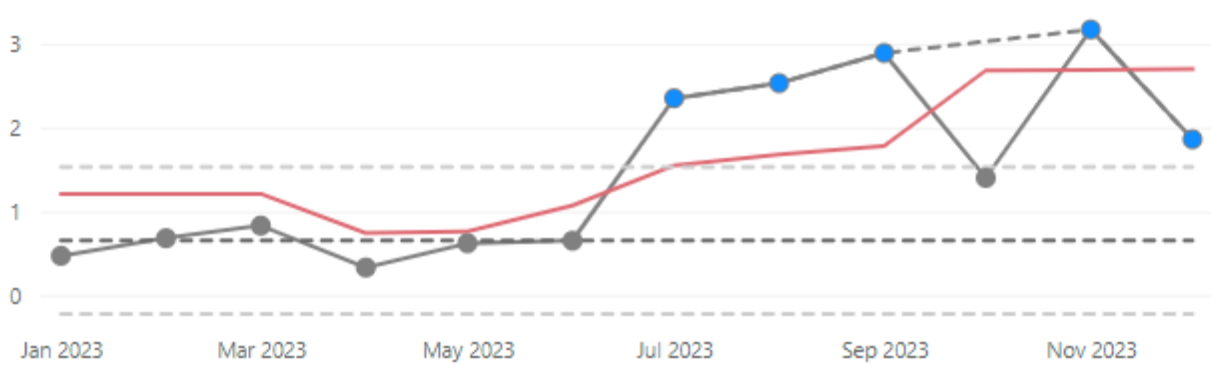
NGH: Current Value

3

NGH: Current Target

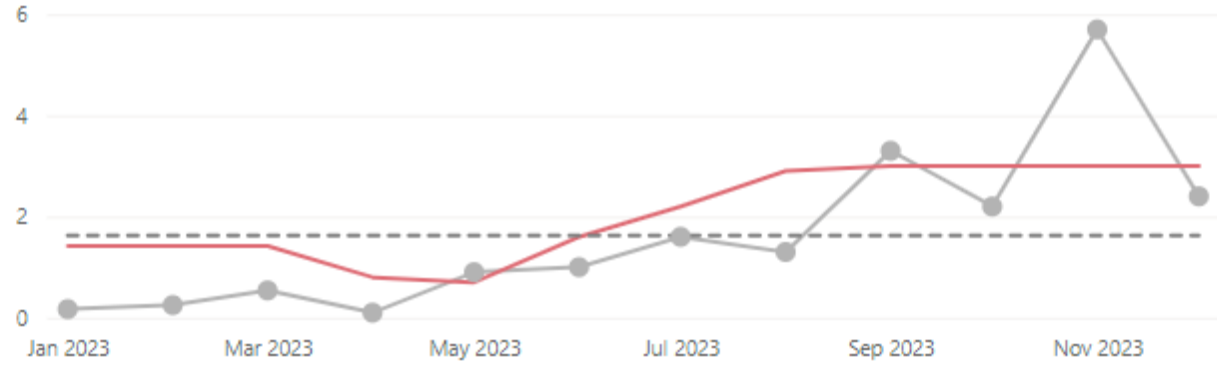
## Kettering General Hospital

CIP Performance YTD (M): Sustainability



## Northampton General Hospital

CIP Performance YTD (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Bank and Agency Spend (M)

01/03/2020 01/12/2023

3.81

KGH: Current Value

2

KGH: Current Target

5.90

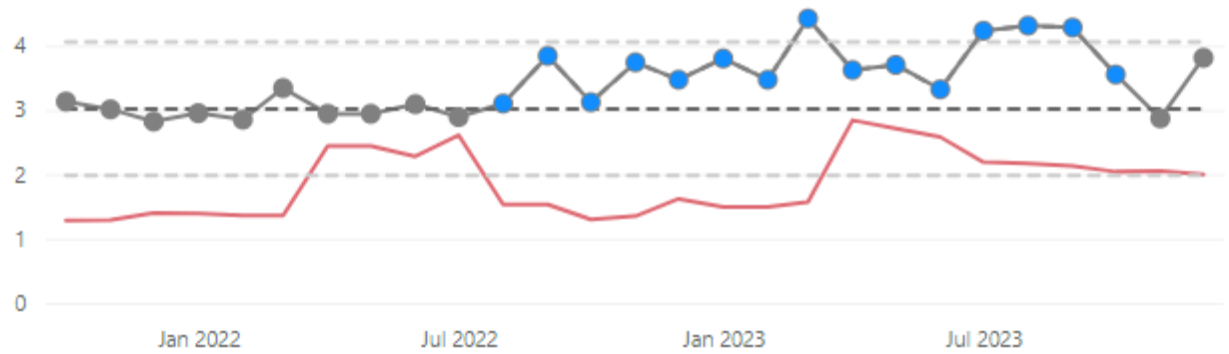
NGH: Current Value

3.7

NGH: Current Target

### Kettering General Hospital

Bank and Agency Spend (M): Sustainability



### Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Committee Name

GroupName

MetricName

**520**  
 KGH: Current Value

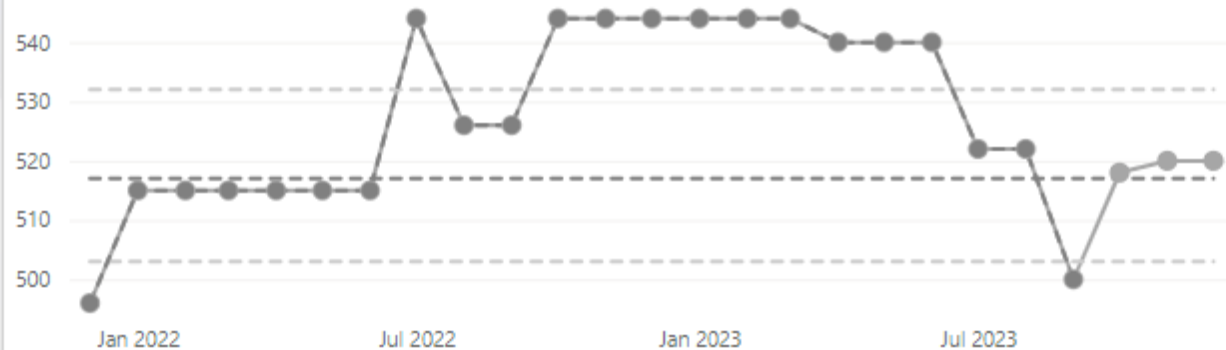
**520**  
 KGH: Current Target

**711**  
 NGH: Current Value

**711**  
 NGH: Current Target

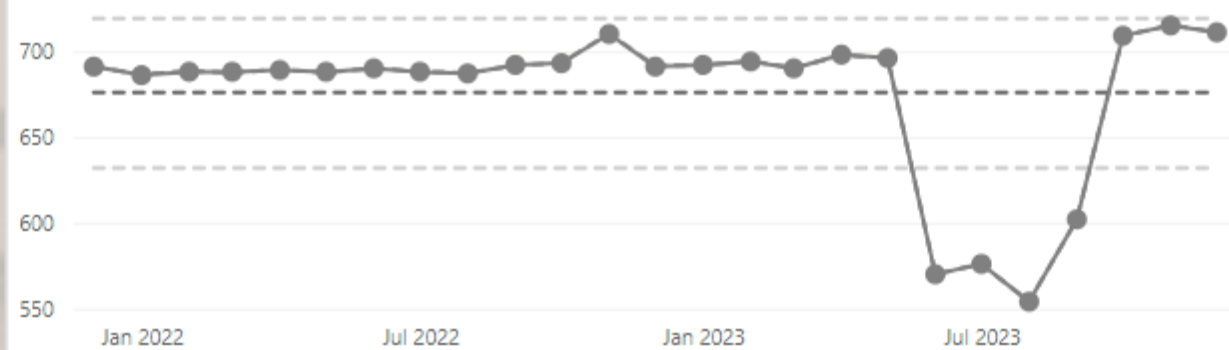
### Kettering General Hospital

Beds available: Sustainability



### Northampton General Hospital

Beds available: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of General and Acute Beds (G&A)	The value has changed to exclude paediatric beds meaning the trend data is not correct. Paed beds account for 22 which is consistent with previous months. Thomas Moore (18 beds) re-opened as part of winter plan from 1/10/23.	ideally the capacity needed to support safe and timely admission flow from ED requires enough beds at 92% bed occupancy. Modelling shows we are 40-90 beds short to deliver this between Oct and March.	Continue work with the system to develop plans to admission avoid, increase virtual ward capacity and increase discharge capacity	Unfunded escalation beds are used when demand exceeds capacity and safety is compromised

Committee Name

GroupName

MetricName

**299**  
 KGH: Current Value

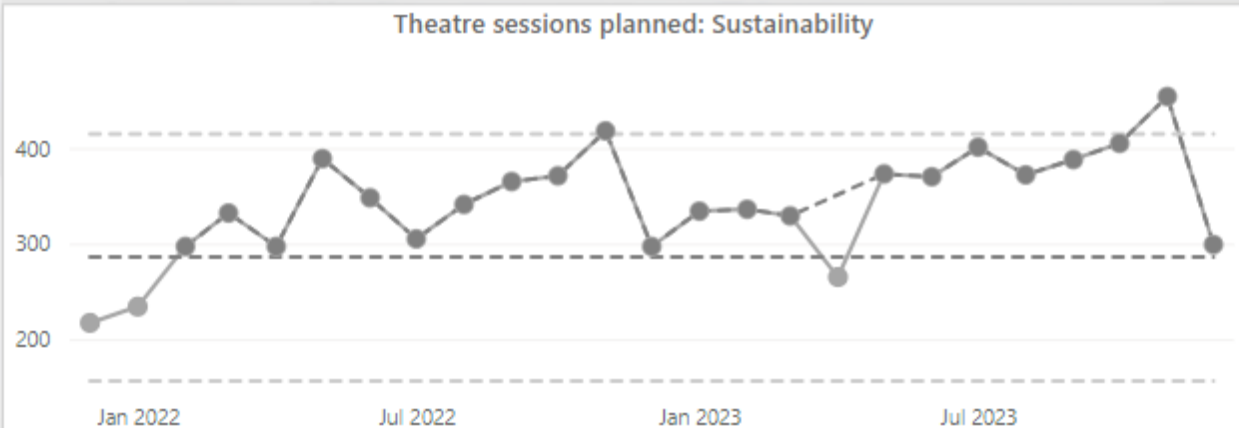
**300**  
 KGH: Current Target

**568**  
 NGH: Current Value

**600**  
 NGH: Current Target

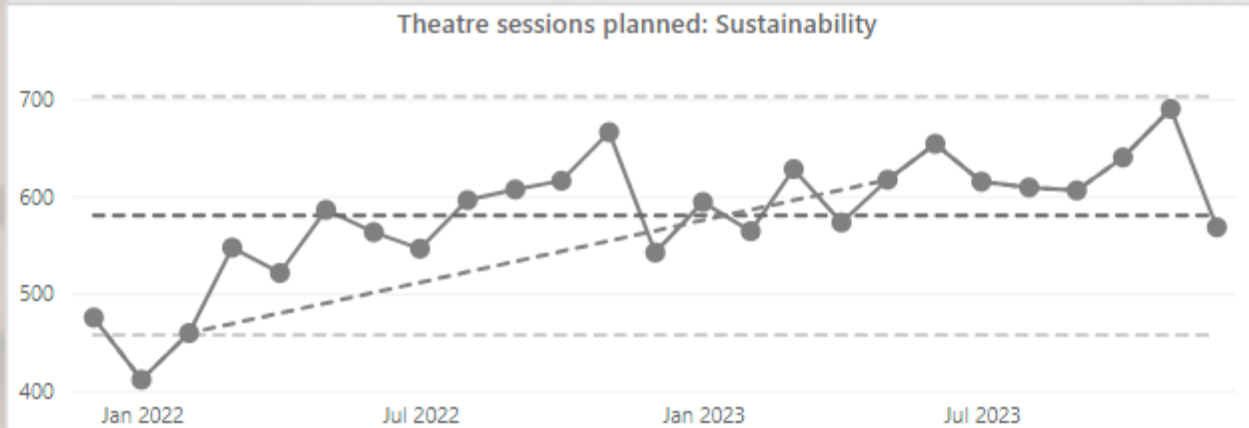
### Kettering General Hospital

Theatre sessions planned: Sustainability



### Northampton General Hospital

Theatre sessions planned: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	To monitor number of elective theatre sessions	The chart tells us the number of theatre sessions used during December was 299.	Industrial action and an increase in non-working days adversely affected the number of theatre lists run during December.	Continued recruitment to Theatres with ongoing planning at weekly Theatre Planning meeting with all specialties represented. Recruitment to ITU consultant posts to decrease the backfilling from theatre anaesthetic staff	Weekly Theatre Planning meeting and use of premium costs anaesthetists (locums, WLI and insourced). Proposal to increase ITU consultant staffing (at lower cost than WLIs) to free up theatre anaesthetics approved staff
NGH	01/12/23	To monitor number of elective theatre sessions	568 sessions planned for this month	Lack of Anaesthetists resulting in the cancellation of some planned lists. Reduction in planned lists due industrial action and annual leave during the month of December 23.	Ongoing recruitment. Development of a workforce plan	Use of locum and agency staff. Additional weekend lists for long waiting and cancer patients



Committee Name: All

GroupName: Sustainability

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

01/03/2020 01/12/2023

**9,652**  
KGH: Current Value

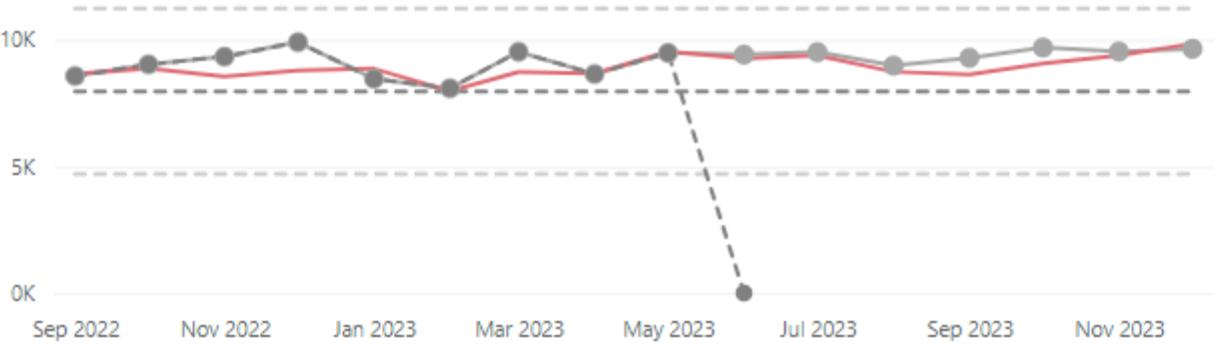
**9850**  
KGH: Current Target

**11,544**  
NGH: Current Value

**12705**  
NGH: Current Target

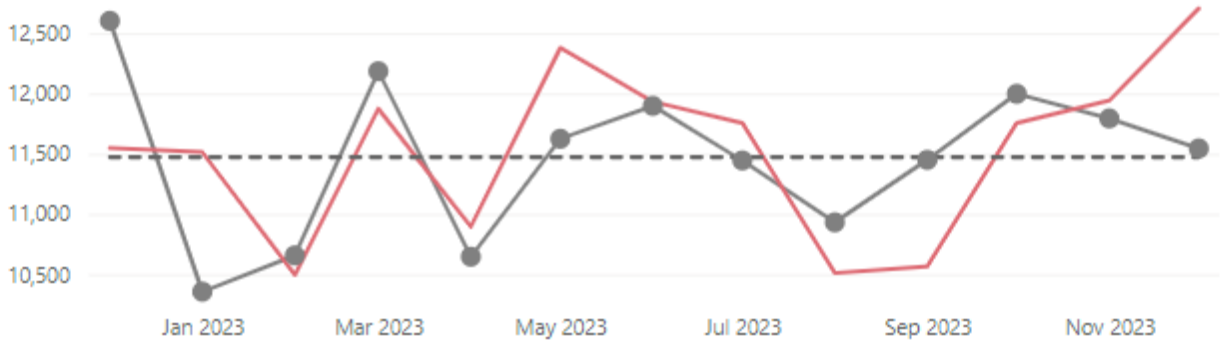
### Kettering General Hospital

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	01/12/23	A&E attendances	<p>We have seen a slight increase (=2%) in the total number of attendances in December 2023 from the previous month, this is attributed to our adult patient attenders.</p> <p>Ambulance conveyances in December 2023 is a 9.5% increase from December 2022.</p>	<p>Safety concerns remain in respect of the risk of overcrowding in ED, which further impacts the following: High number of self-presenters increasing the risk of overcrowding in the waiting room impacting patient experience and outcomes.</p> <p>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. Trust capacity impacting performance against the 4-hour National Standard and Ambulance handovers</p>	<p>Continuing with ED workstreams focusing on pathways in Ambulance streaming, ambulatory majors and MIAMI. MIAMI SOP updated to include the paed's ED minor illness and minor injury Promoting use of IPADs; and plan to complete testing and go live of CUCC re-direction pathway end January 2024.</p>	<p>Implementation of the Trustwide escalation protocol Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.</p>



Committee Name

GroupName

MetricName

**2,366**

KGH: Current Value

**1868**

KGH: Current Target

**5,854**

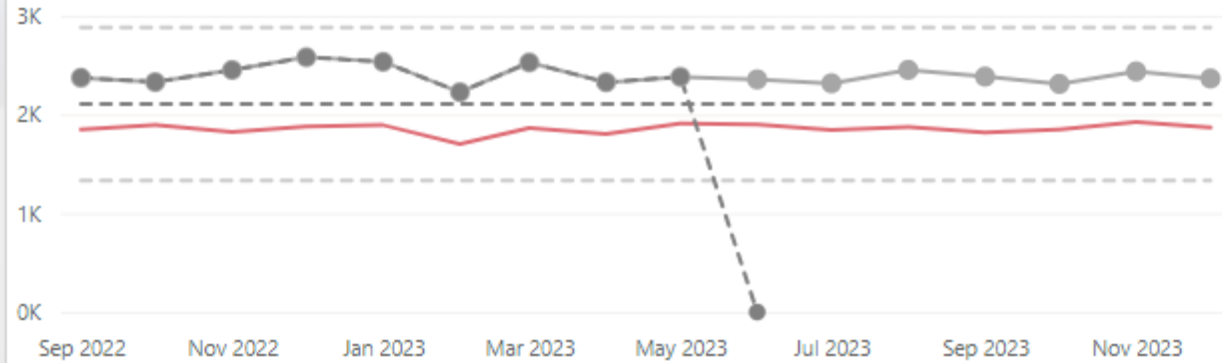
NGH: Current Value

**4702**

NGH: Current Target

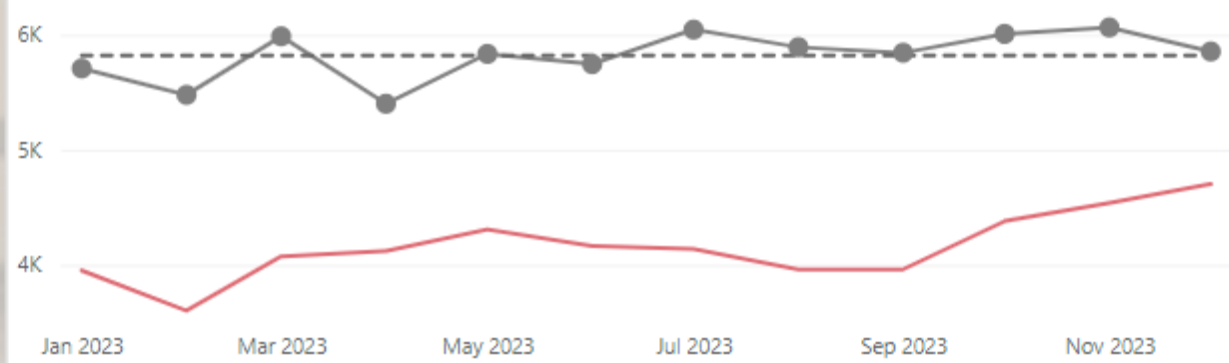
### Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



### Northampton General Hospital

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



Committee Name

GroupName

MetricName

265

KGH: Current Value

306

KGH: Current Target

339

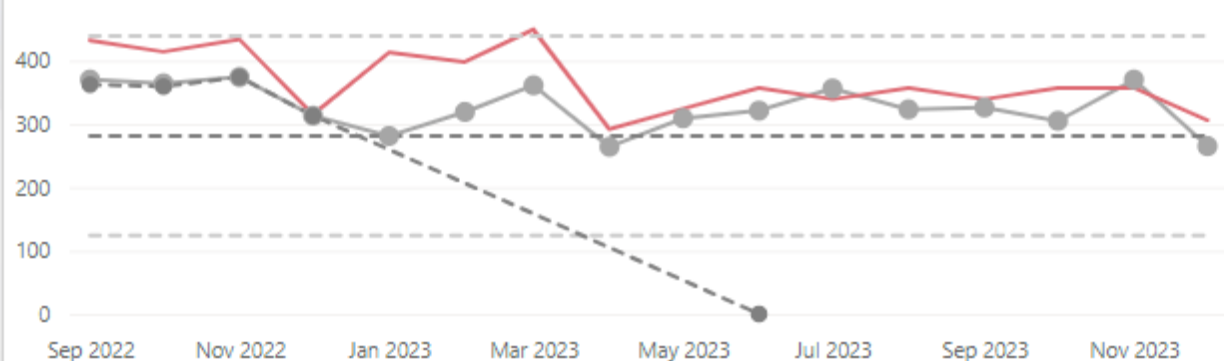
NGH: Current Value

303

NGH: Current Target

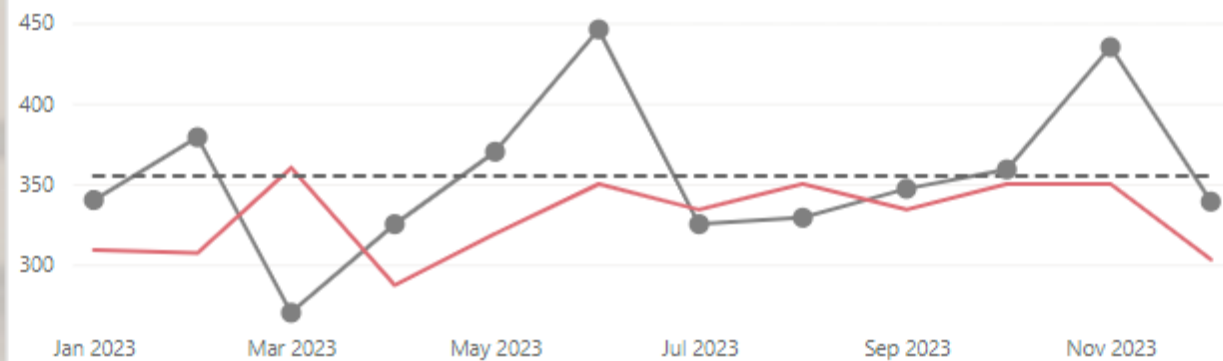
### Kettering General Hospital

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	01/12/23	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 84.46% of plan for December (overall elective activity at 103.49% of plan)	Inpatient activity was below plan due to Industrial action and an increase in non-working days during December.	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	01/12/23	Elective inpatient activity actuals v plan	Performance above plan despite Industrial Action	Target is to ensure we have no patients waiting over 65 weeks by March 24. We are further exploring support from our Local Independent Sector providers		

Committee Name

GroupName

MetricName

**3,366**  
 KGH: Current Value

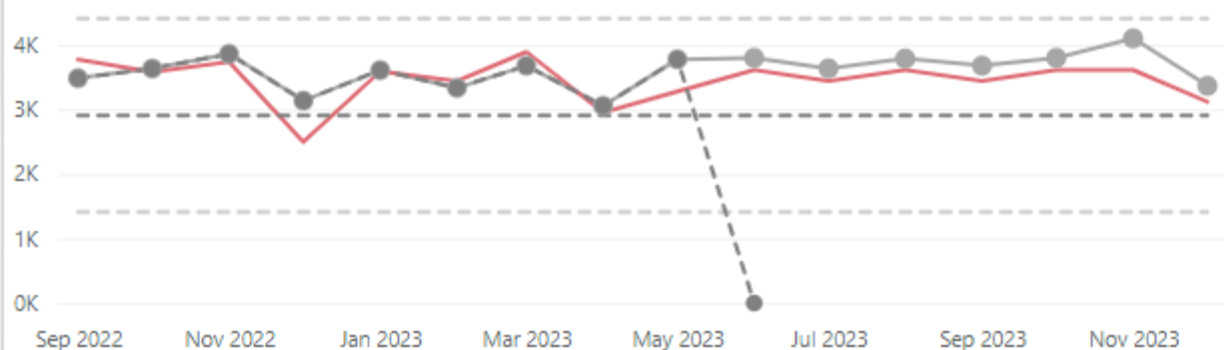
**3117**  
 KGH: Current Target

**3,582**  
 NGH: Current Value

**3485**  
 NGH: Current Target

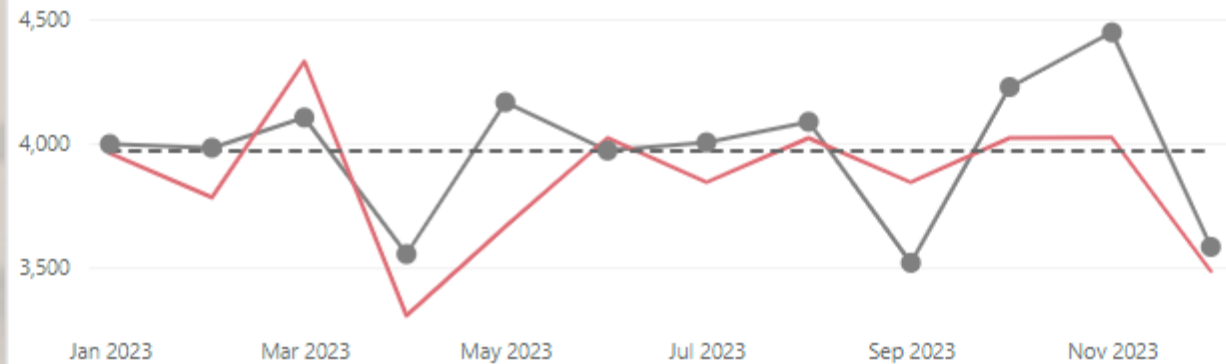
### Kettering General Hospital

Elective day-case activity (actual vs plan): Sustainability



### Northampton General Hospital

Elective day-case activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Elective day case activity actuals v plan	The chart tells us that day case activity is at 105.27% of plan for December (overall elective activity at 103.49% of plan)	Day case activity was above plan despite Industrial action and an increase in non-working days during December.	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	01/12/23	Elective day case activity actuals v plan	Data shows that we are delivering at 103% (3,582 patients vs 3,485 target) against the plan for December	Performance above plan. Plan was reduced for December compared to November to take into account Christmas and New Year breaks	Performance above plan despite Industrial Action	

Committee Name: All | 
 GroupName: Sustainability | 
 MetricName: Outpatients activity (& vs plan) 2 | 
 Date Range: 01/03/2020 to 01/12/2023

**26,877**  
KGH: Current Value

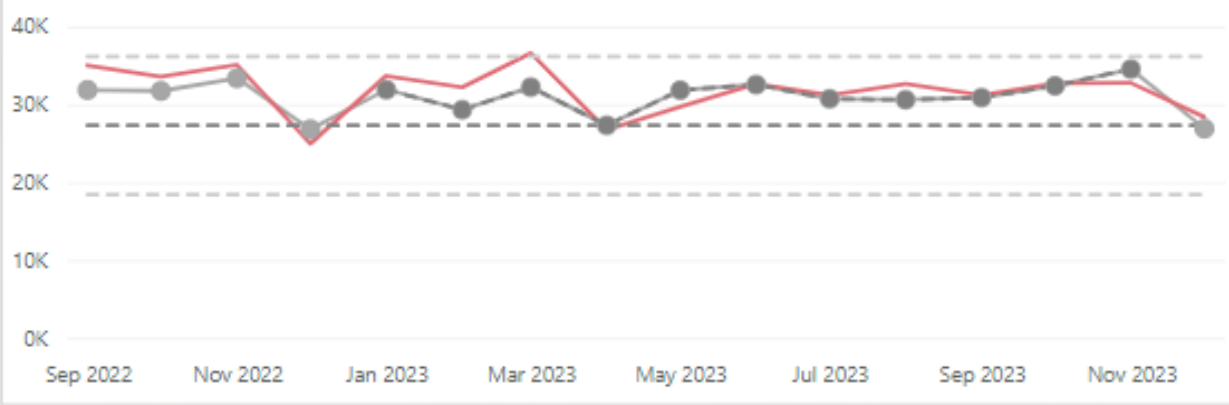
**28374**  
KGH: Current Target

**37,478**  
NGH: Current Value

**40208**  
NGH: Current Target

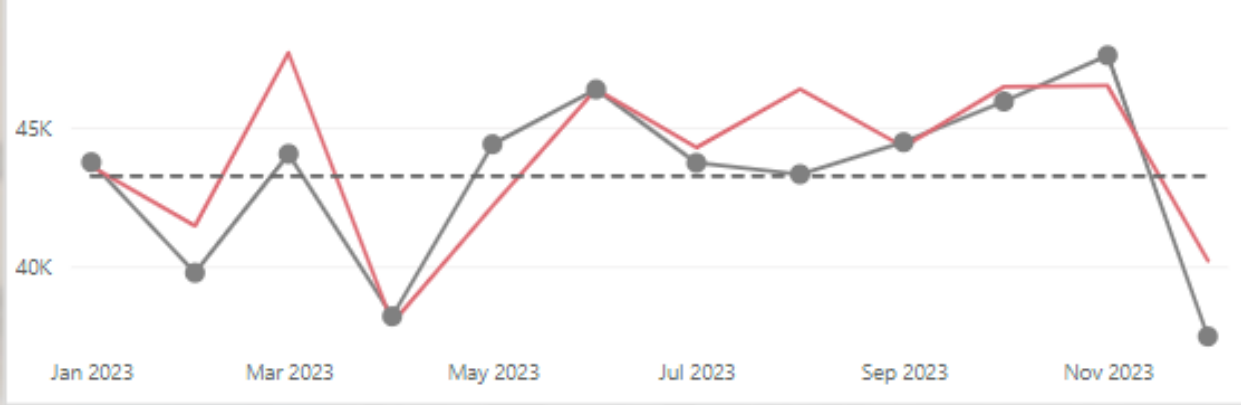
### Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



### Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Total OP activity for the month was 24,254 out of a planned activity level of 25,263. This is a performance of 96.1% against planned OP Activity	There were 3 days of planned industrial action for the month of December of which impacted Over 500 individual appointments Bank Holidays over xmass and new years fell on usual working days of which also impacted capacity for patients to be seen	WLIs continue to run to recover activity lost during this month patients have been rebooked within a few weeks of the cancelled appointment to reduce the delay to continued care	Weekly PAG where activity against plans are discussed
NGH	01/12/23	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 93% against the plan for November (37,478 vs 40,208 plan) OPD appointments	Performance under plan. Plan was reduced for December compared to November to take into account Christmas and New Year breaks	Performance below plan due to Industrial Action which resulted in lost OPD activity as consultants needed to cover the wards	External validation of waiting lists using Healthcare Comms to contact patients began in December. First responses indicate that 430 patients no longer wish to be seen by NGH



# Summary Table



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

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnerships	31-day wait for first treatment	01/11/23	91.00%	96.00%	93.12%	96.61%	100.1%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/11/23	91.50%	96.00%	81.63%	91.19%	100.75%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/11/23	64.20%	85.00%	48.09%	69.6%	91.11%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/11/23	66.70%	85.00%	46.86%	64.04%	81.22%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/11/23	84.50%	75.00%	77.3%	84.54%	91.78%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/11/23	84.20%	75.00%	76.04%	81.71%	87.38%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/11/23	77.67%	99.00%	64.03%	73.68%	83.34%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/12/23	77.00%	99.00%	58.1%	73.28%	88.46%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/12/23	25,241	0	17569	20051	22533			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/12/23	4,495		8530	13939	19347			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/12/23	1,721	0	522	729	935			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/12/23	427	0	64	121	177			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Size of RTT waiting list	01/12/23	39,967	0	32578	35299	38019			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Size of RTT waiting list	01/12/23	29,795		20965	22690	24415			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/12/23	80.00%		70.41%	75.84%	81.27%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/12/23	73.00%		66.64%	73.84%	81.05%			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	01/12/23	98.79%		88.52%	93.39%	98.27%			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
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/12/23	296		216	256	297			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/12/23	338		325	362	399			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/12/23	112	0	66	92	118			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/12/23	156	0	120	162	204			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/12/23	73.38%		66.16%	71.22%	76.27%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/12/23	70.77%	95.00%	62.27%	67.47%	72.68%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/12/23	278		-39	63	165			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/12/23	467		-80	201	481			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/12/23	49.26%		43.07%	49.68%	56.29%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/12/23	57.77%		48.06%	59.75%	71.43%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/12/23	629		437	547	657			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/12/23	243		207	228	249			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/12/23	60.24%		60.93%	65.6%	70.28%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/12/23	52.10%		47.68%	52.37%	57.07%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/12/23	243		173	204	236			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/12/23	1,032		605	861	1117			Consistently Anticipated to Meet Target

Committee Name

GroupName

MetricName

**91.00%**

KGH: Current Value

**96.00%**

KGH: Current Target

**91.50%**

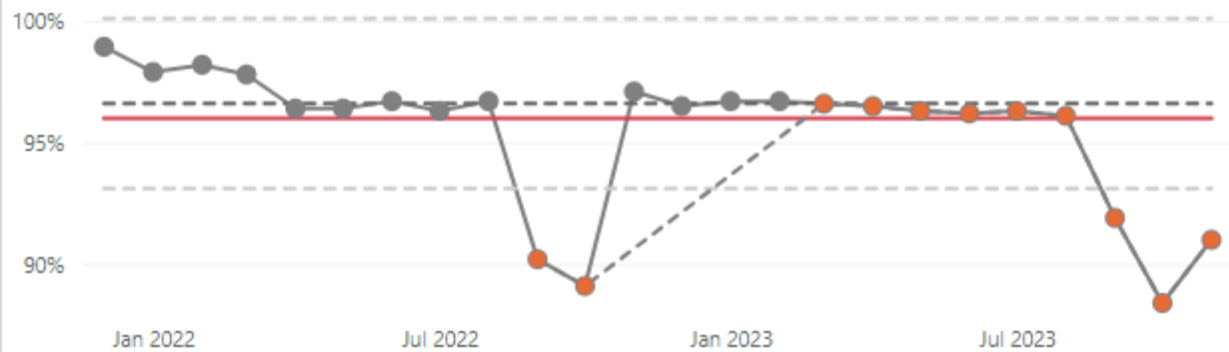
NGH: Current Value

**96.00%**

NGH: Current Target

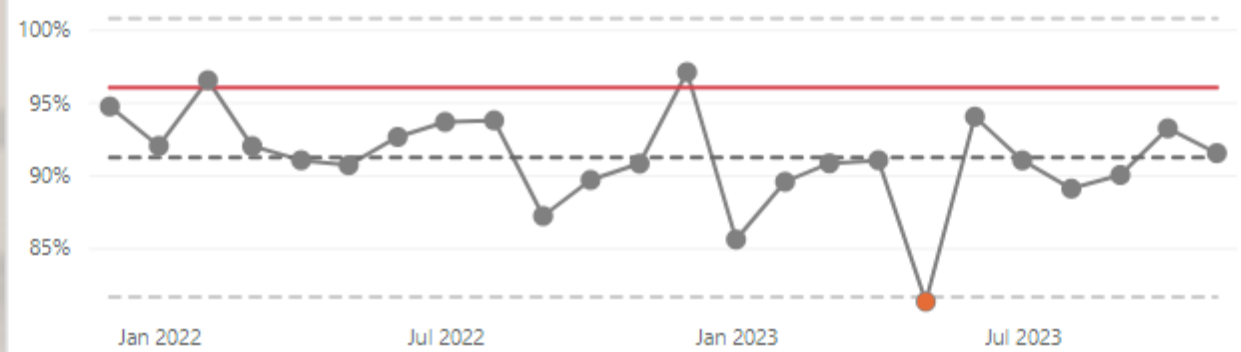
### Kettering General Hospital

31-day wait for first treatment: Systems and Partnerships



### Northampton General Hospital

31-day wait for first treatment: Systems and Partnerships





# 31-day wait for first treatment

Committee Name

All

GroupName

Systems and Partnerships

MetricName

31-day wait for first treatment

**91.00%**

KGH: Current Value

**96.00%**

KGH: Current Target

**91.50%**

NGH: Current Value

**96.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/23	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not achieve the standard of 96% recording performance at 88.8%	Reporting of the 31 day standard now includes subsequent drugs (SACT) and subsequent surgery. The Trust treated 197 patients and recorded 22 breaches in total. 59% of the breaches were in Medicine (dermatology) and 41% across sites within surgery. Delays include capacity for surgery, patient fitness and patient choice.	<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 breaches in order to bring patients forward where capacity allows.
NGH	01/11/23	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not meet this standard achieving 91.5% against the 96% standard.	436 treatments occurred across first and subsequent pathways of which there were 37 breaches. 26 were due to surgical capacity, 2 due to patient fitness, 6 due to oncology capacity, 2 due to pre op waits and 3 were delayed due to patient choice. Industrial action also impacted this month.	<p>The cancer services team are providing weekly escalations of those patients dated beyond 31 days for services to try and date in time.</p>	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

**64.20%**

KGH: Current Value

**85.00%**

KGH: Current Target

**66.70%**

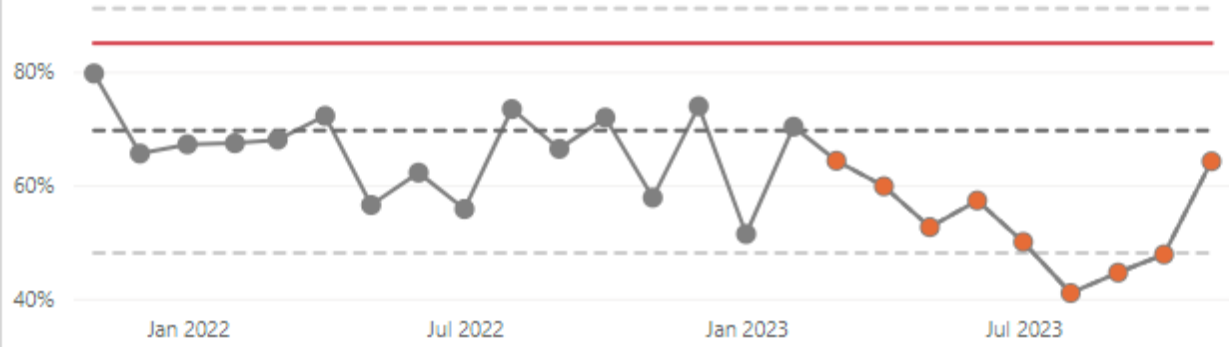
NGH: Current Value

**85.00%**

NGH: Current Target

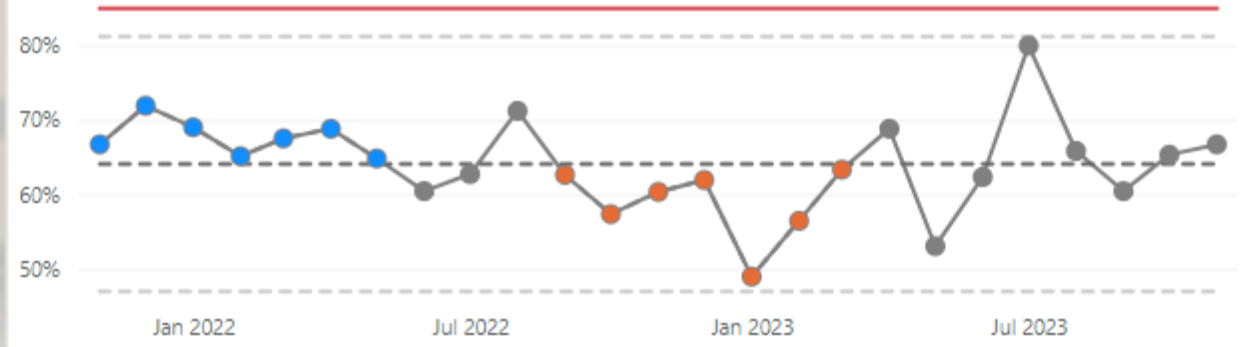
### Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships



### Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships





# 62-day wait for first treatment



Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

**64.20%**

KGH: Current Value

**85.00%**

KGH: Current Target

**66.70%**

NGH: Current Value

**85.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/23	% 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 November was recorded at 67.6%. This was an increase in performance of 19.8%	<p>Reporting of the 62 day standard now includes Consultant upgrades, bowel screening, breast screening and cervical screening. The Trust treated 123.5 patients, this included 40 breaches.</p> <p>November saw an increase in performance from October. Improved performance in Colorectal, Gynaecology, Haematology, Skin and Urology.</p> <p>The highest proportion of breaches were within the Surgical division. Despite cancer activity continuing as much as possible during industrial action, cancellations of OPAs and diagnostics have impacted the Trusts ability to recover the 62 day position.</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 as CNS has now completed competencies</p> <p>No change - Impact of industrial action added to risk register</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</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>



# 62-day wait for first treatment



Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

**64.20%**

KGH: Current Value

**85.00%**

KGH: Current Target

**66.70%**

NGH: Current Value

**85.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/11/23	% 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 66.7%.	187.5 treatments occurred in November across urgent suspicion of cancer referrals, screening and consultant upgrades. Of these there were 62.5 breaches. 4 were due to complex routes to diagnosis, 10 were due to elective capacity, 1 was due to patient fitness, 6 were due to outpatient capacity, 8 were due to patient choice which has increased this month, 40 were due to delays throughout the pathway with no single reason for delay. Industrial action has impacted this month.	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 is 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

Committee Name

GroupName

MetricName

**84.50%**

KGH: Current Value

**75.00%**

KGH: Current Target

**84.20%**

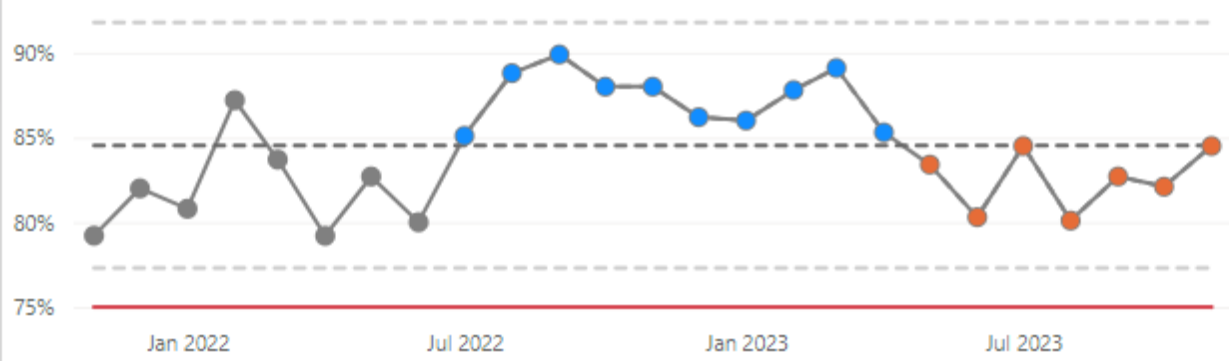
NGH: Current Value

**75.00%**

NGH: Current Target

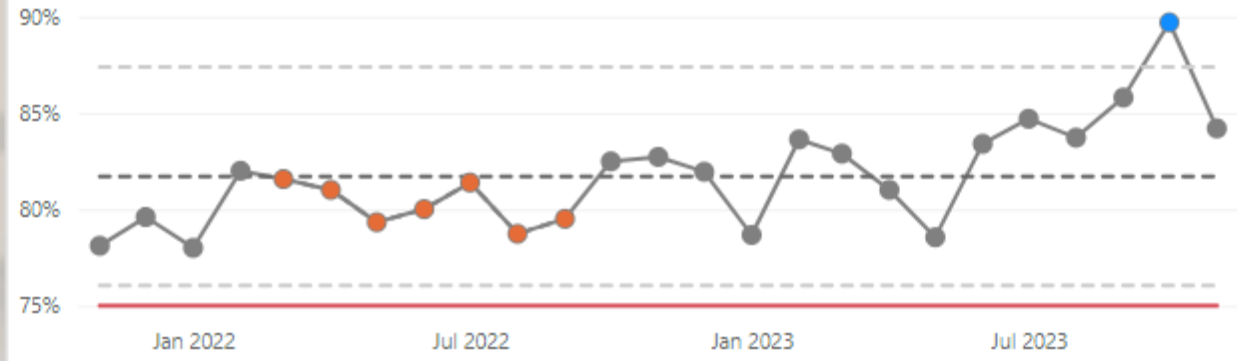
### Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



### Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships







# Cancer: Faster Diagnostic Standard



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Cancer: Faster Diagnostic Standard

**84.50%**

KGH: Current Value

**75.00%**

KGH: Current Target

**84.20%**

NGH: Current Value

**75.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/23	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of November at 84.6%	<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.</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	01/11/23	% of patients diagnosed in less than 28 days	The Trust continues to exceed the 75% standard achieving 84.2%.	None-Standard exceeded and leading the country in overall performance	None as standard exceeded	Site and corporate ptl meetings provide full oversight of all patients. Unvalidated weekly performance by site is shared at the Access committee with a weekly summary being provided to the Medical Director, Chief and Deputy Chief Operating Officer highlighting areas of concern. Cancer services directly escalate areas of concern to individual teams



# 6-week diagnostic test target performance



Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
6-week diagnostic test target performance

01/03/2020 01/12/2023

77.00%

KGH: Current Value

99.00%

KGH: Current Target

77.67%

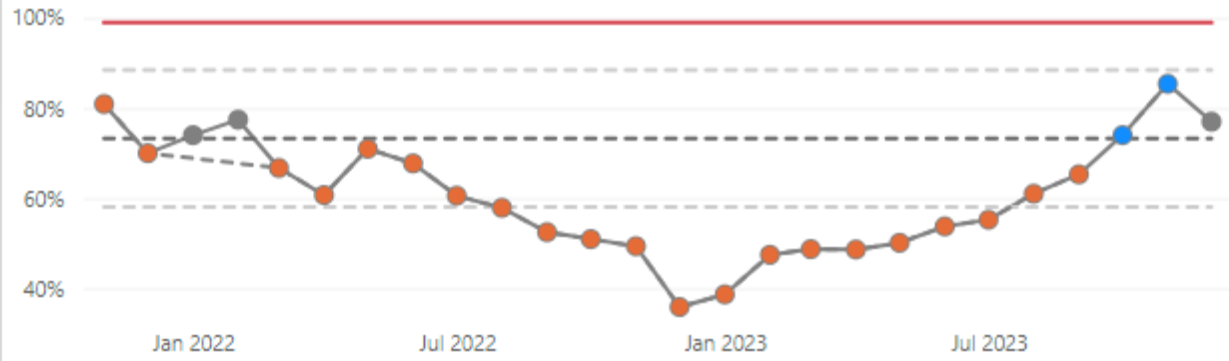
NGH: Current Value

99.00%

NGH: Current Target

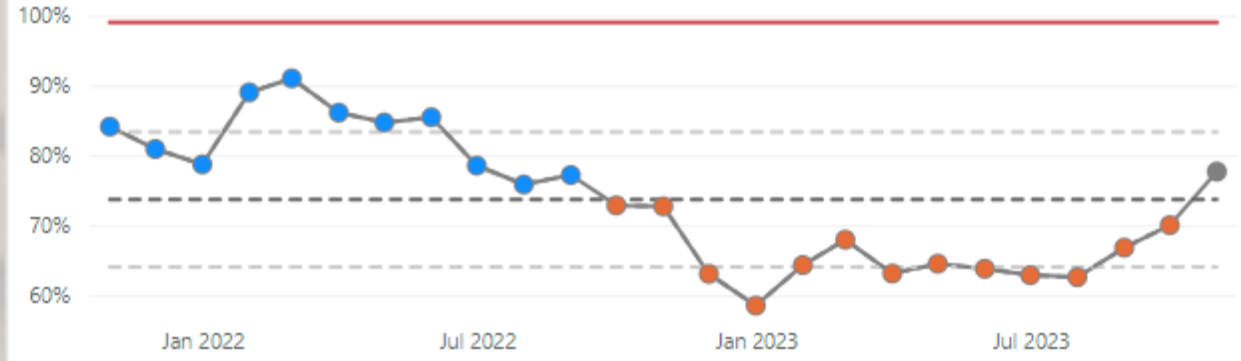
## Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



## Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships





Committee Name

All

GroupName

Systems and Partnerships

MetricName

6-week diagnostic test target performance

**77.00%**

KGH: Current Value

**99.00%**

KGH: Current Target

**77.67%**

NGH: Current Value

**99.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% of patients not seen within six weeks	The below details the unvalidated position for DM01 for December 2023. There has been a decline in performance from 85% in November to 77% in December. The first decline in 12 months of reporting.	<p>The decline in performance and increase in patients waiting over 13 weeks have been as a direct impact of the following:</p> <ul style="list-style-type: none"> <li>• Technical issues in Urology and Respiratory has resulted in a suspension of activity while machines are replaced and set up.</li> <li>• Industrial action impacting service delivery within Endoscopy modalities.</li> <li>• Cardiac CT capacity has not met demand required.</li> <li>• Continued capacity challenges within Neurophysiology</li> <li>• Paediatric GA MRIs requiring beds to proceed with scans.</li> </ul>	<p>Mitigations include:</p> <ul style="list-style-type: none"> <li>• Jan24 Consultant Connect will be re-triaging referrals to support accurate waiting lists. There is a potential for some patients to be returned to primary care who do not need to be seen and do not require test.</li> <li>• Resp Machines have been delivered however there is a delay with IT and Digital to getting them set up for use</li> <li>• Neurology will be making use of a demo machine to support service delivery until one has been sourced. Potentially needing to replace the Nene Park machine also.</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 PTL meeting with Radiology</li> <li>• Weekly 2ww PTL meeting with Radiology</li> <li>• Weekly Access Meeting with all modality leads</li> </ul>

Committee Name: 
 GroupName: 
 MetricName: 
 Date Range:  to

**4,495**  
KGH: Current Value

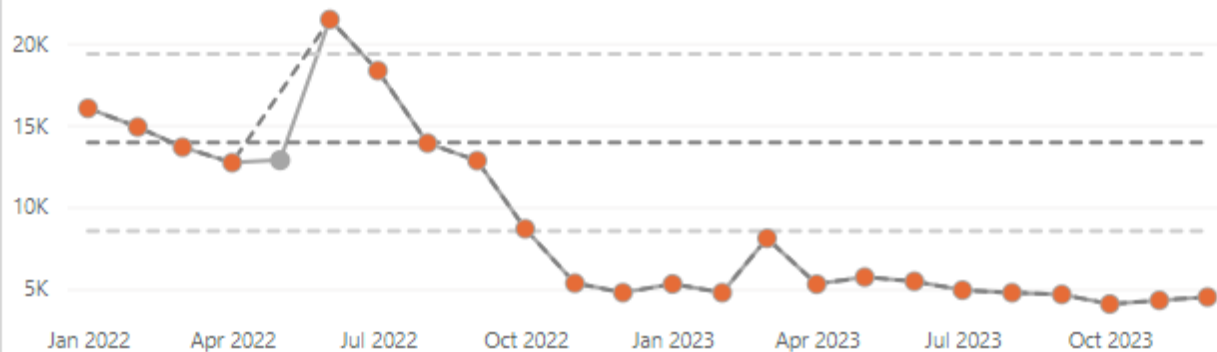
**4,495**  
KGH: Current Target

**25,241**  
NGH: Current Value

**0**  
NGH: Current Target

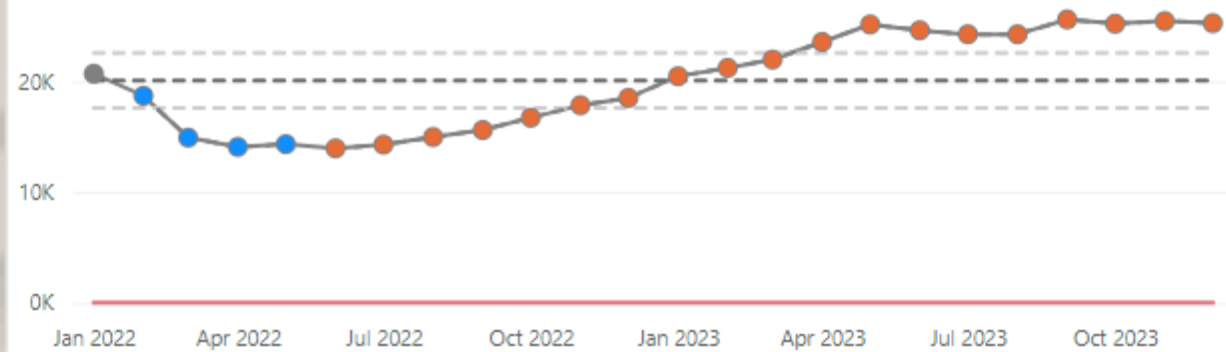
### Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



### Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Count of patients who do not have a booked appointment and are past their due date	This metric details patients who are 6 months or more past their review date with no appointment booked. This number has seen an increase to 4495 for December 2023	System, Capacity and Processes issues within Urology, Gastro and Clinical Hematology have lead to large cohorts of patients who are past their review dates.	Mitigations include working directly with consultants for review, teaching medical secretaries how to access the information, supporting with bite-sized working lists for departments to work on and update.	Weekly circulation of data for divisions
NGH	01/12/23	Count of patients who do not have a booked appointment and are past their due date	Over 6 months has seen an increase from previous to 7,254 patients waiting over 6 months.	<ul style="list-style-type: none"> <li>- Continued impact of IA</li> <li>- Bank holidays</li> <li>- Administrative resource and sickness within departments</li> </ul>	<ul style="list-style-type: none"> <li>-HoA and PIFU project lead continue to work with specifically challenged specialties with ENT being trialled for bulk transfer to PIFU for all over 6 months circa 800 patients. if successful will be rolled out further.</li> <li>-Working for the automation of closures including PIFU past review</li> <li>-Patient validation text going out in January</li> </ul>	<ul style="list-style-type: none"> <li>- Standing agenda item at Access Committee</li> </ul>

# RTT over 52 week waits

Committee Name

GroupName

MetricName

**427**

KGH: Current Value

**0**

KGH: Current Target

**1,721**

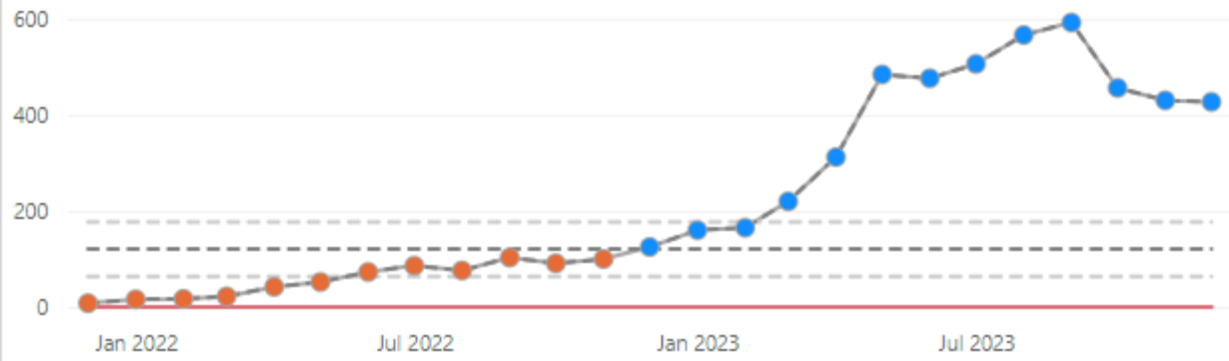
NGH: Current Value

**0**

NGH: Current Target

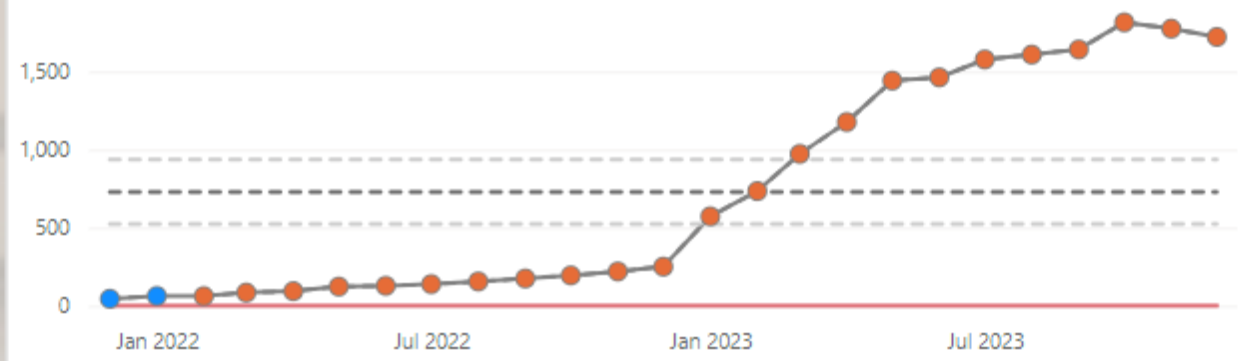
## Kettering General Hospital

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	
<b>427</b> KGH: Current Value	<b>0</b> KGH: Current Target	<b>1,721</b> NGH: Current Value	<b>0</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Patients waiting 52w or more on an active RTT Pathway has seen an increase from 408 in November to (unvalidated) 427 in December 2023.	The most recent bout of strikes has interrupted both IP and OP activity by the thousands which has left many needing to be rescheduled and delayed. WLIs and Insourcing continue at this time and is supporting the trust in recovery of this interruption to services. Activity has also been impacted by continued site pressures and additional Bank Holidays between Christmas and New Years falling on working days.	<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>- Aims of ensuring all patients within the 65w Cohort by March24 have had their 1st OPA by Dec 31st 2023. Challenges seen in Orthodontics and Neurology. WLIs have been agreed for Orthodontics. WLIS have also been approved for Neurology, however, these are all patient choice to wait until the new year.</li> <li>- Approval for review of Neurology Pathways with the support of Consultant Connect. Aims will be to identify patients who can be supporting within Primary Care with advise and guidance. This should free up capacity for the acutely unwell patients who can be brought forward. Go-Live Jan24</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>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly service based PTL Meetings</li> <li>Meeting with HoA for PCAM approvals</li> <li>Weekly Access meetings with services and RTT Management</li> </ul>

# RTT over 52 week waits

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

427

KGH: Current Value

0

KGH: Current Target

1,721

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	<ul style="list-style-type: none"> <li>- RTT over 52 weeks has reduced from 1744 November to 1721 for December despite operational challenges.</li> <li>- Over 65 weeks has increased from 415 to 500+</li> </ul>	<ul style="list-style-type: none"> <li>- Industrial action which has interrupted both IP and OP activity significantly with activity needing to be rescheduled and delayed.</li> <li>- Activity has also been impacted by Winter pressures with site being on OPEL 4 and additional Bank Holidays between Christmas and New Years falling on working days.</li> <li>- ENT remain constrained and hold all long waiting patients and majority of the 52+/65+ Breaches</li> <li>- AOA capacity within ENT for first OPA's constrained</li> <li>- T&amp;O and General Surgery also continue to remain constrained</li> <li>- Theatre and Anaesthetic staffing capacity including sickness resulting in lists being taken down</li> <li>- Patient Choice to delay treatment</li> <li>- Delays to 1st OPA specifically within General Surgery, Urology, Vascular, T&amp;O</li> <li>- We have had significantly lower number of clock stops in December compared to November over 65+ due to IA impact, Patient Choice, Sickness, Bank Holidays, Winter pressures and prioritising Urgent and Cancers.</li> <li>- T&amp;O elective activity minimised with ward being used to support winter pressures</li> </ul>	<ul style="list-style-type: none"> <li>- Additional clinics to support those awaiting first outpatients – This is across Urology and General Surgery</li> <li>- Utilisation of IS to support capacity where possible for General Surgery and T&amp;O – this is limited by financial constraints</li> <li>- Outsourcing for ENT (utilisation of Athena/Milton Keynes) – ongoing until activity delivered for both non-admitted/admitted</li> <li>- Use of agency Audiologist to support first OPA at 65+ weeks for ENT</li> <li>- Insourcing with Xyla to support ENT long waits</li> <li>- Audiology</li> <li>- Validation texts have now been sent out to all those waiting over 12 weeks</li> <li>- Admin validation of our waiting list has now been resolved and we are seeing a marked increase in the % validated in the last 12 weeks to 91% from 40%.</li> </ul>	<ul style="list-style-type: none"> <li>- Standing Agenda item at Access Committee</li> <li>- PTL weekly</li> </ul>





# Size of RTT waiting list



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Size of RTT waiting list

01/03/2020

01/12/2023



## 29,795

KGH: Current Value

KGH: Current Target

## 39,967

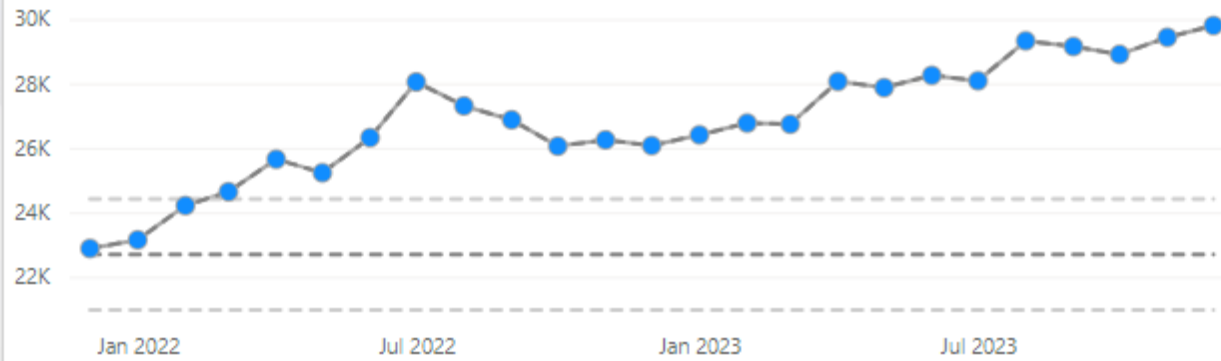
NGH: Current Value

NGH: Current Target

## 0

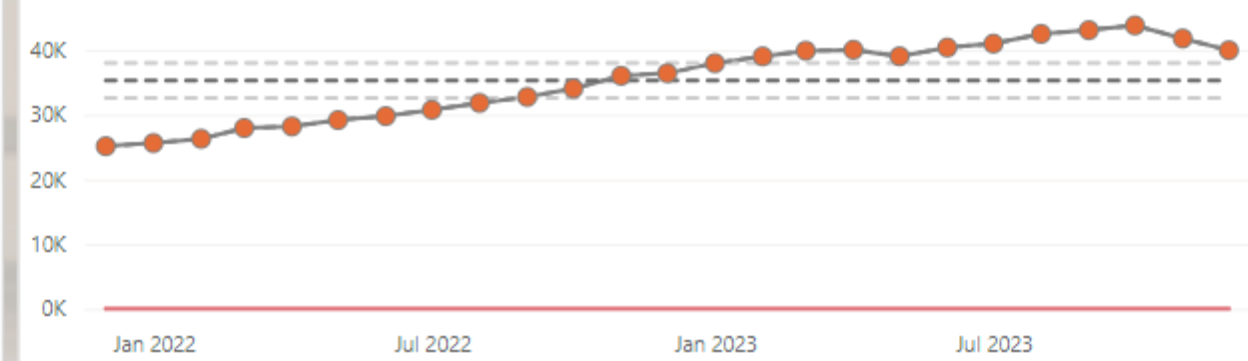
### Kettering General Hospital

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

**29,795**

KGH: Current Value

KGH: Current Target

**39,967**

NGH: Current Value

**0**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Count of patients actively waiting against the 18 week RTT target	Unvalidated position for the Total PTL has seen an increase from 28677 in November to 29795 in December 2023	Capacity within Medicine Specialties Capacity within Oral and Ortho specialties Patient Choice Complex Cases	<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>- Aims of ensuring all patients within the 65w Cohort by March24 have had their 1st OPA by Dec 31st 2023. Challenges seen in Orthodontics and Neurology. WLIs have been agreed for Orthodontics. WLIS have also been approved for Neurology, however, these are all patient choice to wait until the new year.</li> <li>- Approval for review of Neurology Pathways with the support of Consultant Connect. Aims will be to identify patients who can be supporting within Primary Care with advise and guidance. This should free up capacity for the acutely unwell patients who can be brought forward. Go-Live Jan24</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>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly PTL</li> <li>Weekly PAG meetings with divisions</li> <li>HoA attendance at PTL for escalations and challenges</li> <li>PCAM meeting weekly</li> </ul>



# Size of RTT waiting list

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Size of RTT waiting list

**29,795**

KGH: Current Value

KGH: Current Target

**39,967**

NGH: Current Value

**0**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/23	Count of patients actively waiting against the 18 week RTT target	Size of waiting list has seen a further reduction this month to circa 40k from previous	<p>Intensive validation continues to support reduction in the PTL size however whilst there has been a reduction issues from previous month continue:</p> <ul style="list-style-type: none"> <li>-Continued increase in referrals overall with clock starts out of proportion with clock stops</li> <li>- Continued impact of IA</li> <li>- Referrals continue to increase with the Trust continually seeing 20-30% increase in referrals across specialties.</li> </ul>	<ul style="list-style-type: none"> <li>- Ongoing intensive validation</li> <li>- Action of responses recieved from validation text (SOP to be agreed)</li> <li>- Additional clinics to support those awaiting first outpatients – This is across Urology and General Surgery</li> <li>- Utilisation of IS to support capacity where possible for General Surgery and T&amp;O – this is limited by financial constraints</li> <li>- Outsourcing for ENT (utilisation of Athena/Milton Keynes) – ongoing until activity delivered for both non-admitted/admitted</li> <li>- Use of agency Audiologist to support first OPA at 65+ weeks for ENT</li> <li>- Insourcing with Xyla to support ENT long waits Audiology</li> <li>- Validation texts have now been sent out to all those waiting over 12 weeks</li> <li>- Admin validation of our waiting list has now been resolved and we are seeing a marked increase in the % validated in the last 12 weeks to 91% from 40%.</li> </ul>	<ul style="list-style-type: none"> <li>- Standing agenda item Access Committee</li> <li>- Weekly PTL</li> </ul>

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Theatre utilisation

01/03/2020 01/12/2023

**73.00%**

KGH: Current Value

KGH: Current Target

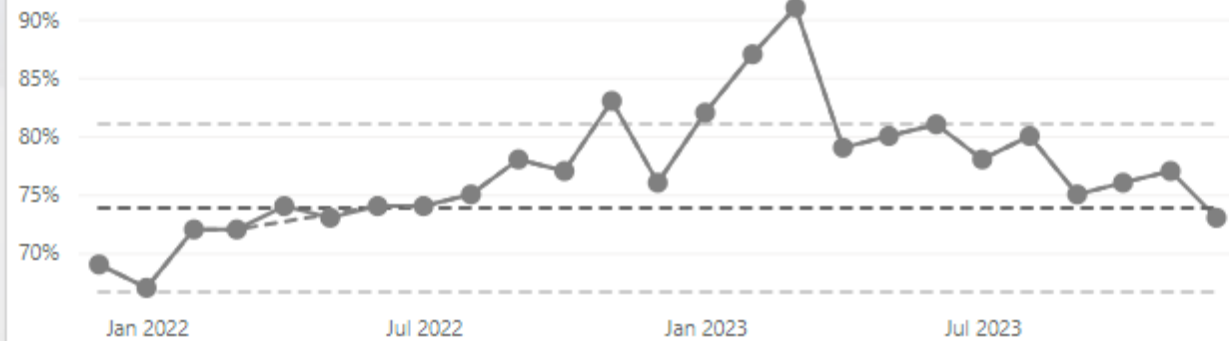
**80.00%**

NGH: Current Value

NGH: Current Target

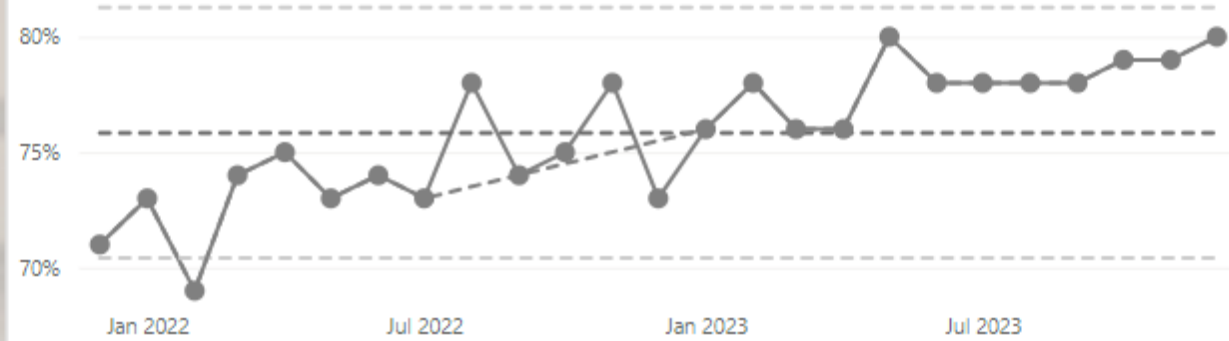
### Kettering General Hospital

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	01/12/23	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 73% in December.	Theatre utilisation was affected by an increase in trauma activity and a decrease in Caesarean section list utilisation. Clinical cancellations on the day due to coughs and colds increased during December, and the booking process was affected by the multiple cancellations required as a result of the industrial action during December and January. Urology utilisation increased during December.	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. Paper submitted to PFR Committee	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.
NGH	01/12/23	Theatre utilisation % against 85% national target	Theatre Utilisation - Touch time = 80% Theatre Utilisation - Touch time including turnover = 93%	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.

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Bed utilisation

01/03/2020

01/12/2023



**98.79%**

KGH: Current Value

KGH: Current Target

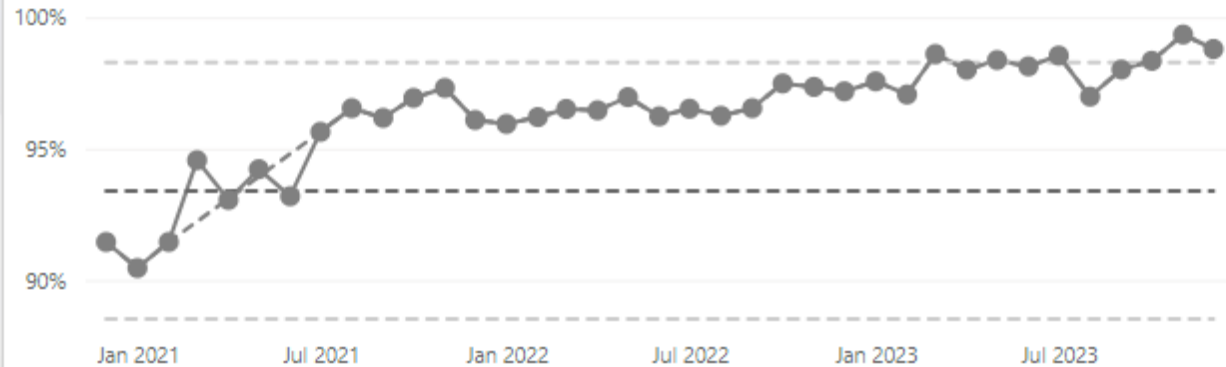
**87.67%**

NGH: Current Value

NGH: Current Target

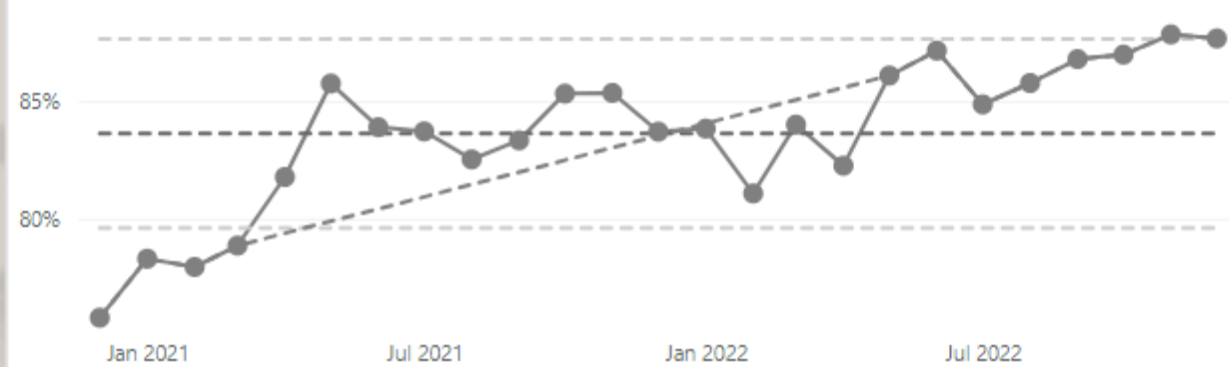
### Kettering General Hospital

Bed utilisation: Systems and Partnerships



### Northampton General Hospital

Bed utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% General and acute beds utilised - excluding maternity	Bed occupancy remains at nearly 100%, with escalation capacity used to support flow. If escalation capacity is calculated we run at time at 108% of funded beds	Recommended bed utilisation is 85-92% to enable efficient flow throughout the system supporting the achievement of the 4hr emergency access quality standard and the avoidance of patients exceeding the 12 hr total time quality standard. Bed utilisation above this puts undue pressure on the system resulting in patients being cared for outside the most appropriate specialty commonly known as 'outlying'.	Work with System partners to redesign capacity available outside of KGH -Thackley Green is increasing capacity to take patients who need 'discharge to assess' beds, opening a further 16 beds. Continued work with system partners to reduce number of patients staying >21 days Regular MADE events to support extended periods of leave - BH weekends and industrial action Continued focus on simple discharge pathways - pathway zero Workstream to maximize virtual care pathways work within the system to open additional 16 beds for Dementia / Delirium patients at Spinneyfields	Escalation areas incl the discharge lounge and Short Stay Unit to be used to support surges in activity outside of expected norms Use of additional capacity as described above

Committee Name  
All

GroupName  
Systems and Partnerships

MetricName  
Stranded patients (7+ day length of stay)

01/03/2020 01/12/2023  
Timeline slider

296

KGH: Current Value

KGH: Current Target

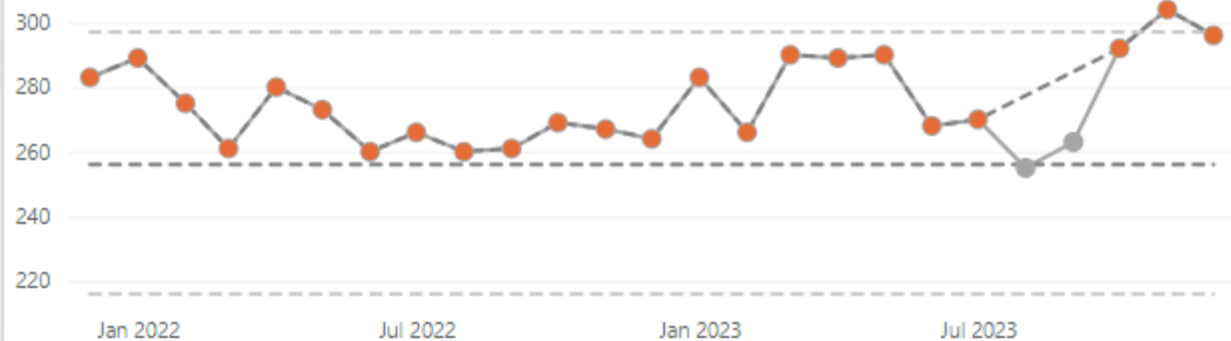
338

NGH: Current Value

NGH: Current Target

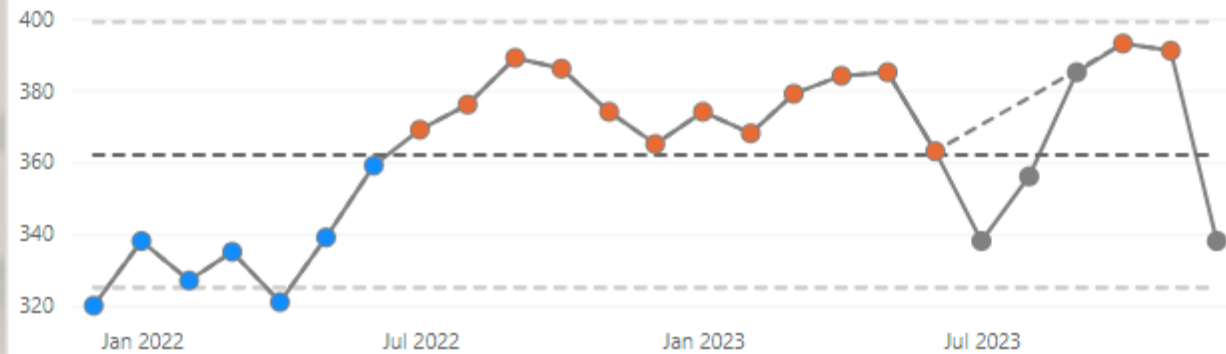
### Kettering General Hospital

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



### Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of patients with a LoS > 7 days	We have seen a significant and sustained increase in stranded patient numbers	<ul style="list-style-type: none"> <li>Medical LoS increased to 10.2 days against plan of 9.5 days, equiv of 21 bed demand increase over plan</li> <li>Emergency admission demand 1.2% higher than planned, equiv of 7 bed demand increase than planned</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus of complex discharge process and minimise delays with allocation of required package - we are sustaining a TAT of &lt;2.5 days for completion and decision on package</li> <li>Ongoing work with NNH ASC to utilise PW 2 beds in Thackley Green specialist care centre to free up community hospital rehab beds &amp; to take a higher level of patient dependency e.g. manageable delirium.</li> <li>Focus on ensuring effective board rounds with daily completion of actions to generate discharges</li> <li>Criteria led discharge work across surgery to reduce reliance on Drs to discharge</li> </ul>	<ul style="list-style-type: none"> <li>Bi Weekly Patient time matters meeting to oversee progress and provide scrutiny and advice</li> <li>Upwards reporting to UEC Delivery Board also Bi weekly</li> <li>Senior nursing support to wards</li> <li>Consideration of external support to review gaps in mitigations</li> </ul>

**Committee Name**

**GroupName**

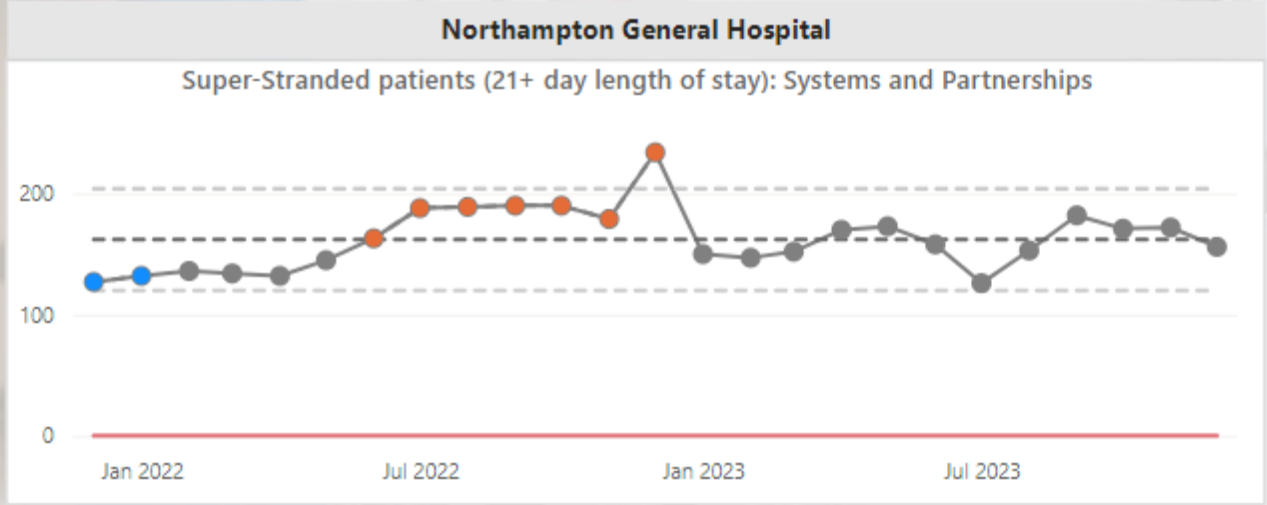
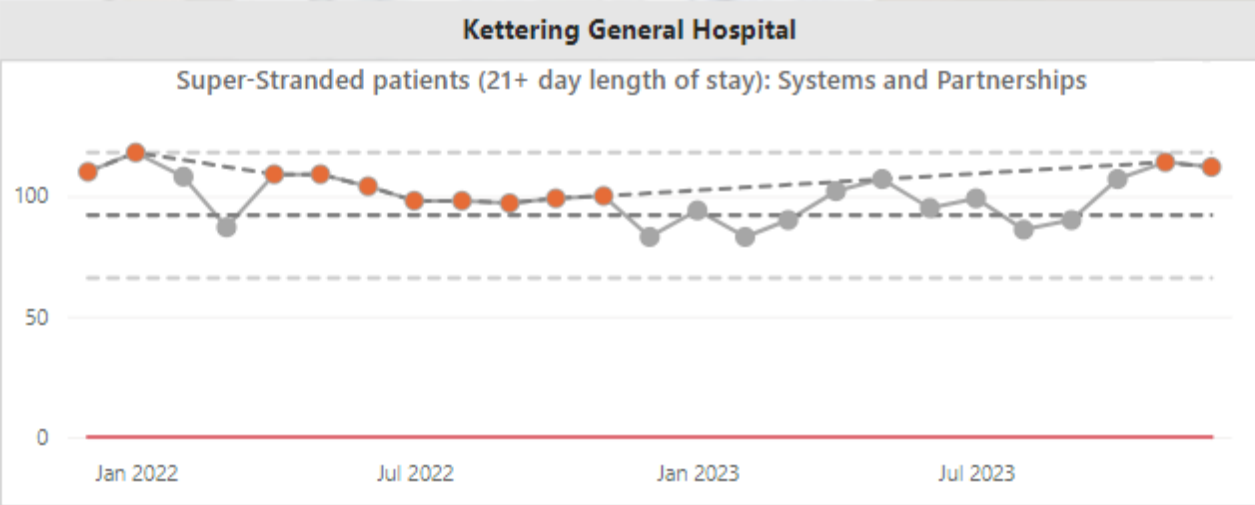
**MetricName**

112  
 KGH: Current Value

0  
 KGH: Current Target

156  
 NGH: Current Value

0  
 NGH: Current Target







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



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Super-Stranded patients (21+ day length of...)

112

KGH: Current Value

0

KGH: Current Target

156

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of patients with a LOS > 21 days	Super stranded numbers have continued to increase	<p>P3 pathway - average wait has increased to 23 days for allocation of beds since patient identified as need care home support, an increase of 2 days since last month, with 25 awaiting placement, an increase of 5 month on month - no clear actions to resolve this pathway in the system</p> <p>P2 pathway - average wait of 20 days for allocation of package, with 26 awaiting placement, an increase of 15 month on month. Rising no's of patients with challenging behaviours being declined on pathway 3</p>	<p>We have gained additional 16 beds at Thackley to take D2A patients PW3 and rehab patients PW2</p> <p>working system wide on a strategy to use Spinneyfield Beds for our patients with more challenging behaviours / delirium - planned to be live from spring 2024</p>	<p>Additional capacity to support P2 pathways &amp; PW 3 RD2A</p> <p>Increase frequency of the discharge cell when demand peaks</p> <p>Monitoring progress via Discharge Dashboard</p> <p>Continued sharing information and improvements with partners</p>
NGH	01/12/23	Number of patients with a LOS > 21 days	continued reduction in number of super stranded patients	<p>Difficulties in discharging patients with acute confusion/delirium/dementia are continuing due to high level of support required. Increase in stroke prevalence is also contributing to increased numbers of patients waiting on stroke specialist community bed provider</p>	<p>continued working with system partners to reduce pathway delays and ensure patients are able to be discharged in timely manner. Areas of focus within the system are stroke pathway, bariatric and acute confusion.</p>	<p>Continued flexing in the use of acute renal bed base to facilitate home dialysis has had a positive impact in terms of reducing inpatient delays due to lack of community dialysis capacity.</p> <p>Frailty short stay unit has had a significant reset and refocus with 1/5th of their bed base discharged each day at a minimum. This work is of significant benefit to our vulnerable elderly population.</p>



Committee Name

GroupName

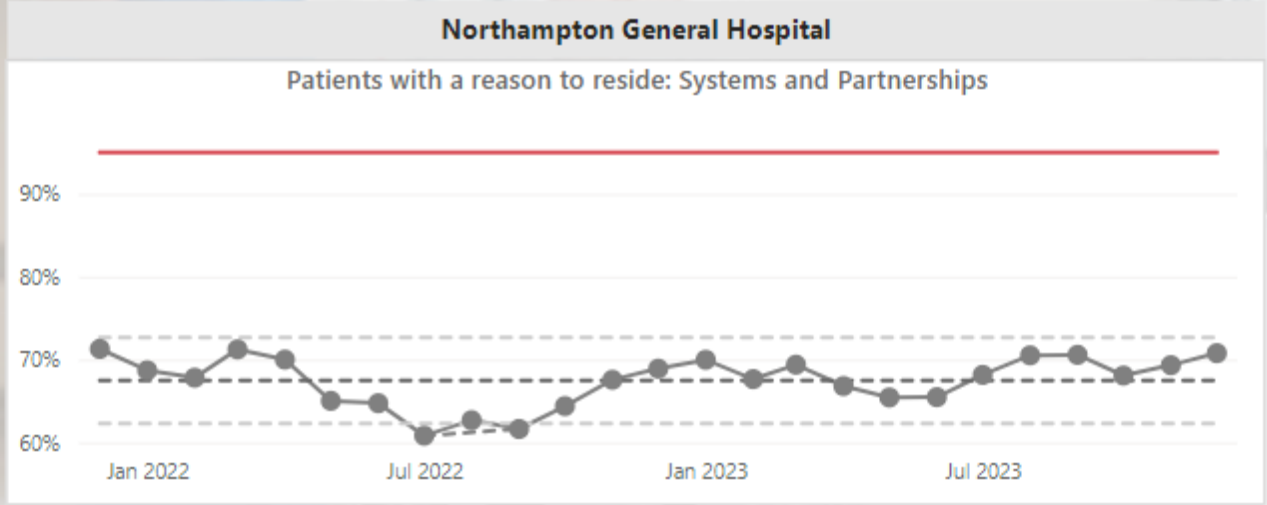
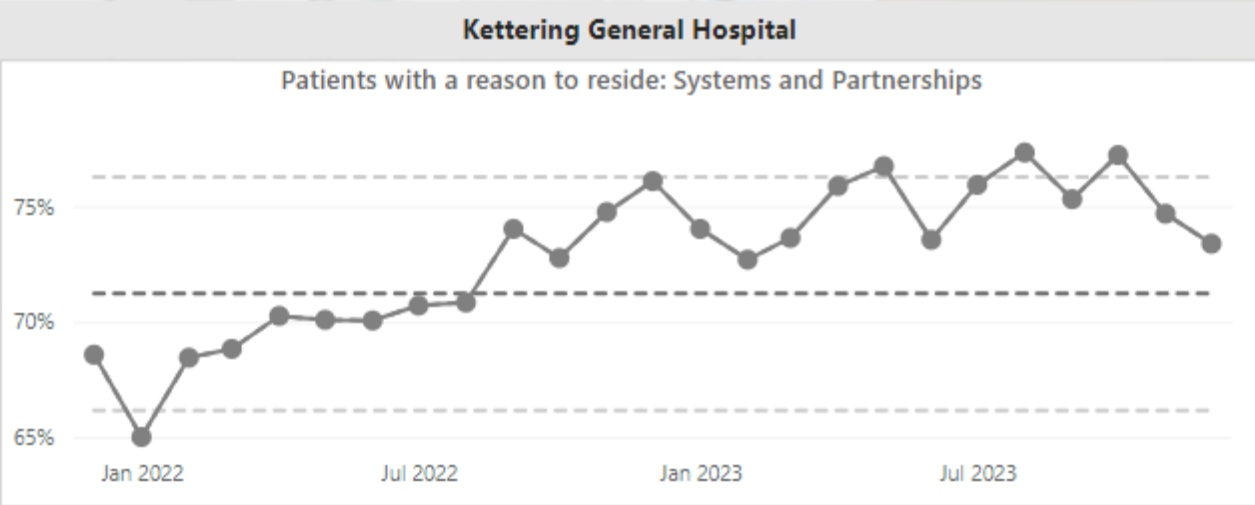
MetricName

**73.38%**  
 KGH: Current Value

KGH: Current Target

**70.77%**  
 NGH: Current Value

**95.00%**  
 NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	NHS E have asked for assurance boards review and challenge metrics associated with patients whom have no reason to reside/discharge ready. This metric describes that. The percentage of patients whom have a reason to reside has decreased which does not correlate with the current levels of acuity being admitted and suggests wards are not accurately updating their live boards.	<p>27% of patients have no reason to reside (approximately 90) and of these 55-60 patients are awaiting supported discharge with biggest delays being in P2 (rehab) and P3 (nursing and residential home) discharges (on average 21 days from no reason to reside to discharge).</p> <p>The remaining 40 are classed as pathway zero and the operational teams focus on a daily basis is to expedite these - on average 80% of these patients are discharged, one of the best performers in the region</p>	<p>System level challenge for patients who have been declined by more than 3 care homes - weekly meeting set up</p> <p>Review of patients awaiting community hospital beds for rehab to identify those that could change to pathway 1</p> <p>Expand screening at the front door to include pathways other than acute medicine</p> <p>Continued work with partners to ensure a continual flow of supported discharges and identify gaps in provision</p> <p>System level work, led by COOs, on improving P2 and P3 pathway flow</p>	<p>Review of Super stranded patients 2 x weekly concentrating on medicine</p> <p>Daily focus on pathway zero patients to ensure same day discharge</p> <p>Review and challenge all patients who have been declined by 3 care homes</p>

Committee Name

GroupName

MetricName

**278**  
 KGH: Current Value

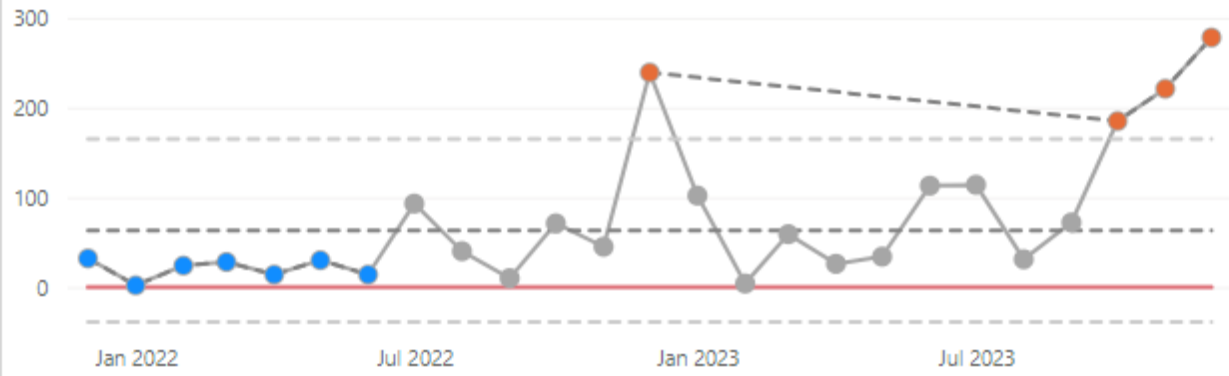
**278**  
 KGH: Current Target

**467**  
 NGH: Current Value

**467**  
 NGH: Current Target

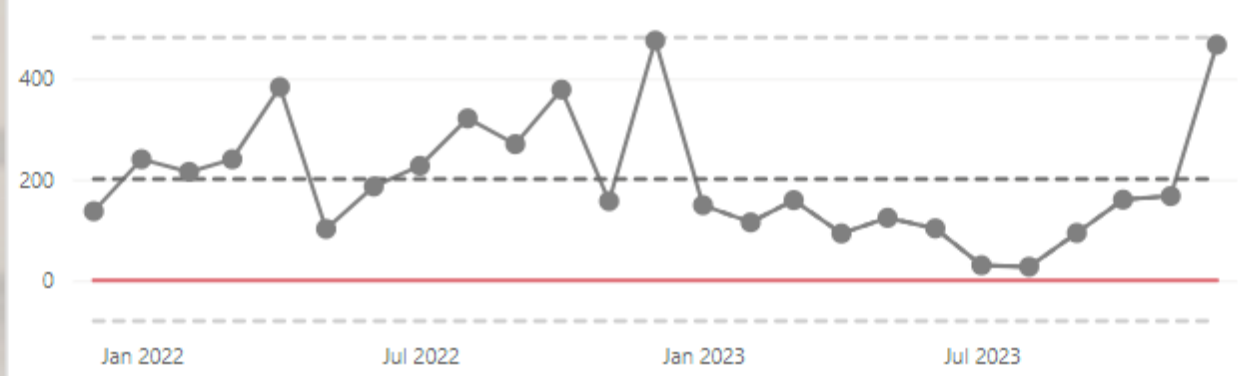
### Kettering General Hospital

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



### Northampton General Hospital

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





# Ambulance Handover



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Ambulance Handover

278

KGH: Current Value

KGH: Current Target

467

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	EMAS ambulance handovers > 60 minutes	The organisation has seen a further increase in the number of black breaches during December. Overall, 278 black breaches were reported, of which 202 were validated as true breaches. 8.9% of our 2516 ambulance conveyances were reported to NHSE as having a handover >60 mins	An increase in conveyance from previous month = 3.5%, and an overall increase of 10% from December 2022. We continue to see a surge in arrivals during peak times of the day; combined with department capacity and Trust capacity pressures impacting our ability to offload within 15 mins.	Continue to facilitate physician and nurse assessment for patients where handover is delayed to ensure safety Focus on RAT process when the department can facilitate timely handovers Driving direct access pathway to MSDEC Ongoing discussion with EMAS the inclusion of additional departments on the arrival screen to assist the team with directing conveyances and reduce avoidable delays.	No incidents of harm identified from the harm reviews undertaken.
NGH	01/12/23	EMAS ambulance handovers > 60 minutes	Significant increase in number of ambulance offload delays	Primary reason for offload delays are related to overcrowding of ED. ED occupancy is consistently over capacity with the environment not configured to meet the needs of NEL presentations. ECIST data demonstrates that we are 8 cubicles deficit and during times of surge and in particular the winter months with a higher presentation of covid and resp illnesses alongside nora virus and c diff the demand for isolation cubicles is increased further impacting on ability to offload ambulances.	Ongoing use of boarding beds subject to IPC input. Use of discharge lounge to speed up transfer out of ED.  Reconfiguration of ED areas to maximise efficiency and continual reassessment of patients in cubicles who could be moved to fit to sit area is part of 2 hourly safety rounds undertaken as a minimum with potential bottle necks of offloading actively escalated at 30 min delay or if crowded for inbound crews to actively reduce offload delays. Dedicated clinician at front door holding accountability for ambulance offload	Ongoing use of fit to sit area. ring fencing of dedicated cubicles for assessment to ensure walk in and ambulance offload can be churned through these cubicles reducing delays in care. continued use and expansion of SDEC for medicine, surgery, gynae and oncology/haematology with ongoing increase in direct conveyance to these areas.

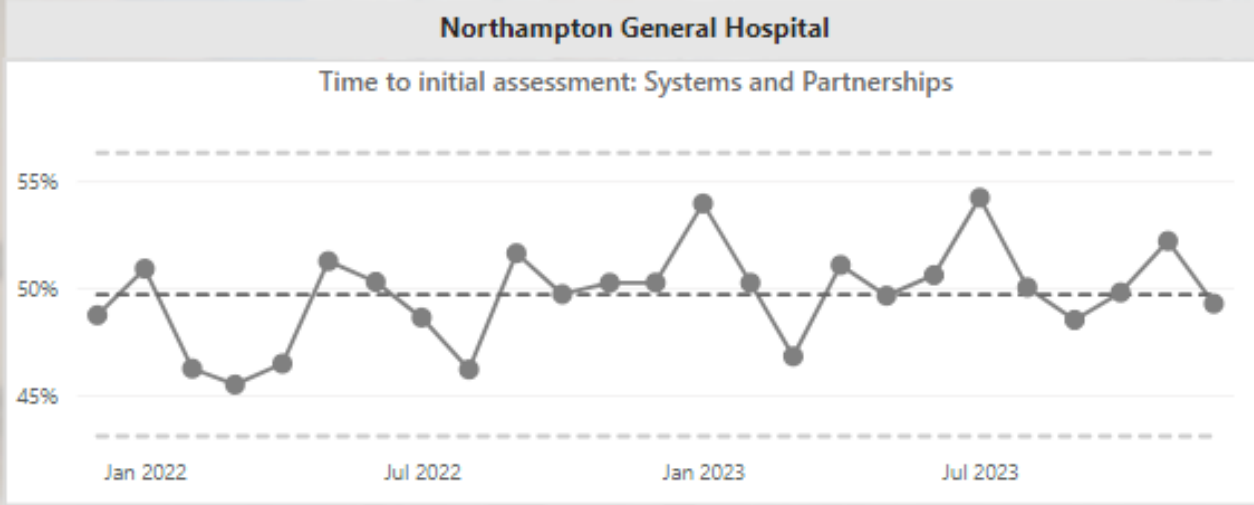
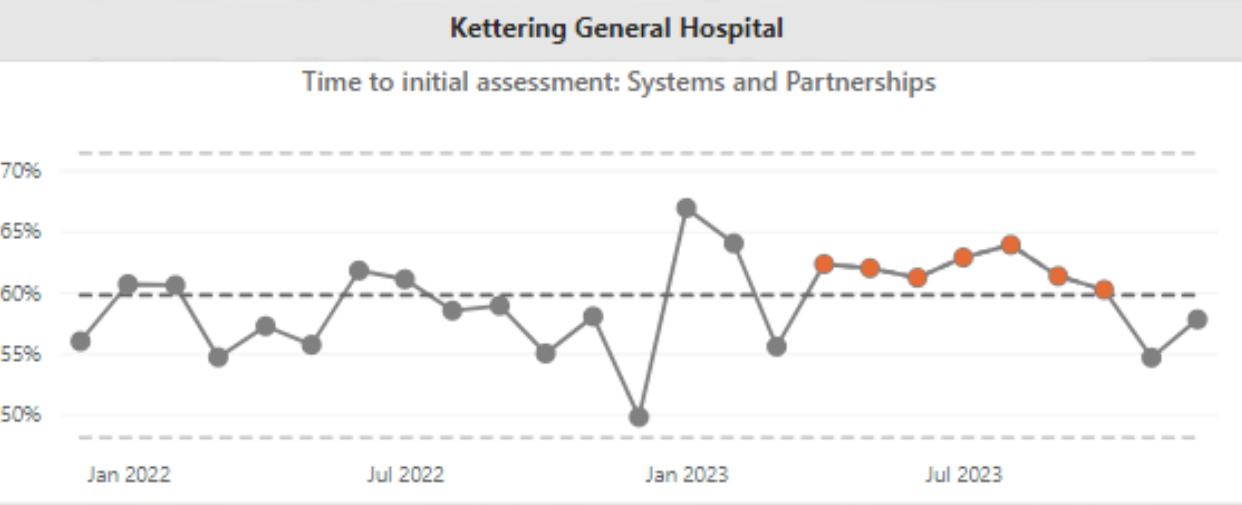
Committee Name: All  
 GroupName: Systems and Partnerships  
 MetricName: Time to initial assessment  
 Date Range: 01/03/2020 to 01/12/2023

**57.77%**  
KGH: Current Value

KGH: Current Target

**49.26%**  
NGH: Current Value

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	Our monthly compliance with TTIA is 57.77% for December.  Our local quality data tells us that our average time to TTIA for adults during the month = 22 mins, and for Paeds = 13.9 mins.	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.	Promoting use of 111 ipads for patients who can access alternative pathways other than ED on arrival focus on allocation of existing rooms to support timely assessment, treatment and discharge. Promoting Senior clinician decision with ordering of diagnostics and onward referrals as per IPS. Ongoing Review of data provided through iBOX to assess impact of trial and assist with pre-empting surge areas. Local quality and safety audits being undertaken across adult ED and PED.	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.



Committee Name: All

GroupName: Systems and Partnerships

MetricName: Average time in department - Admitted

01/03/2020 to 01/12/2023

**629**  
KGH: Current Value

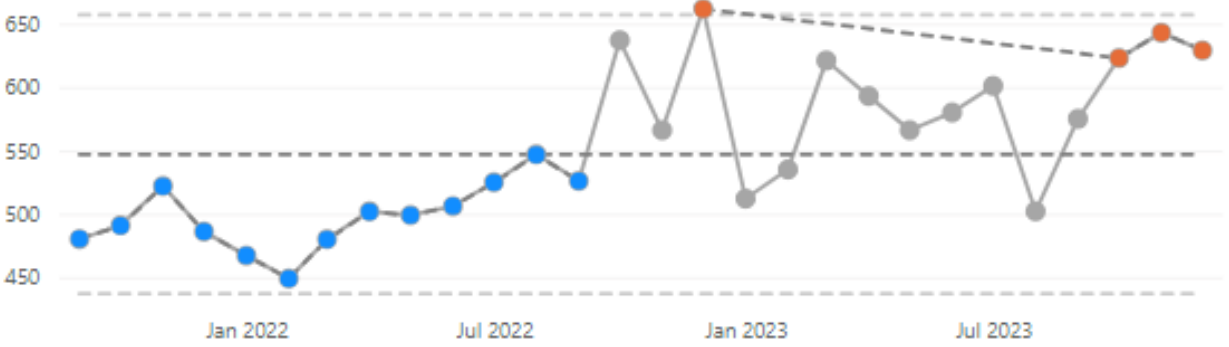
KGH: Current Target

**1,032**  
NGH: Current Value

NGH: Current Target

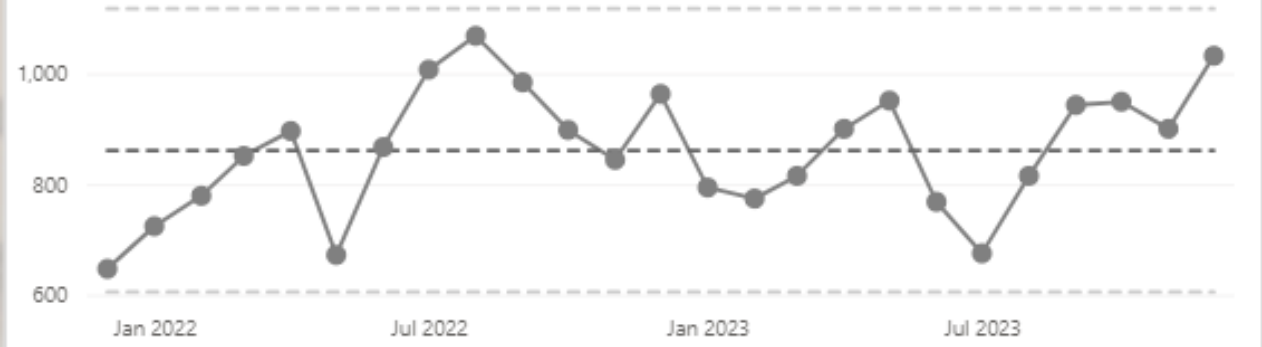
### Kettering General Hospital

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	01/12/23	Average time in department for those patients who are admitted to the hospital	The data shows a slight decrease 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>Exploring proposal options for the development of an Acute Medical Assessment unit outside of the ED footprint.</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 - 2 hourly - undertake a review of activity and decision making over suspending referrals</p> <p>Frailty team moved to a roving model to increase ability to see and treat</p>	<p>Use of escalation areas and outlying capacity</p> <p>Rapid transfer protocol</p>

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Average time in department - Discharged

01/03/2020 01/12/2023



243

KGH: Current Value

KGH: Current Target

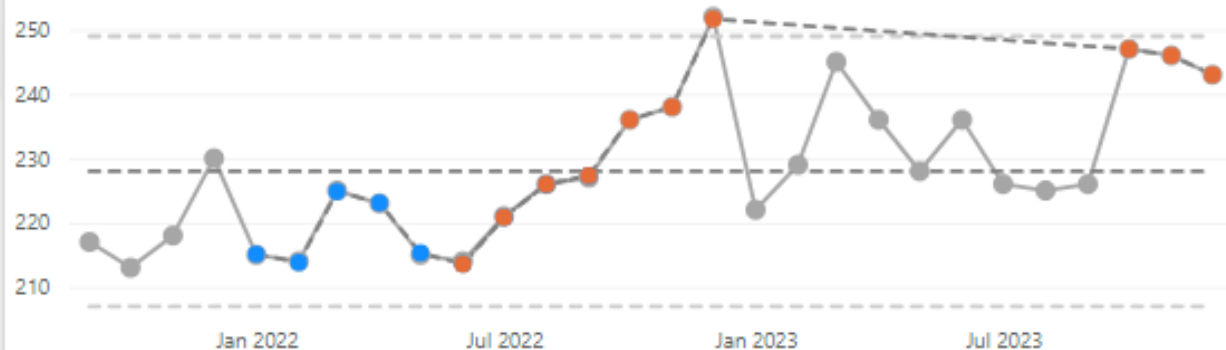
243

NGH: Current Value

NGH: Current Target

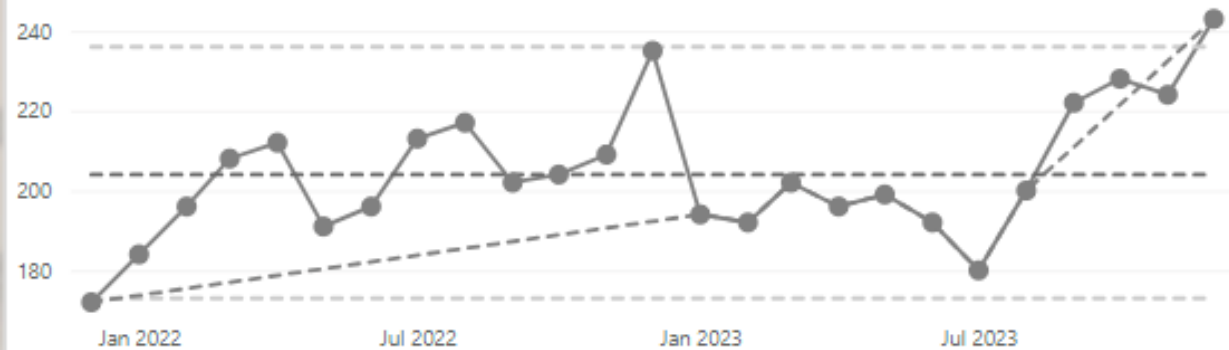
### Kettering General Hospital

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	01/12/23	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 December 2023: 243mins – 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.	ED focus on non-admitted patients without the need for speciality intervention. Exploring options for the establishment of a multi-disciplinary SDEC service and a standalone planned care unit Ambulatory Majors pathways with focus on IPS; to include early senior decision with the ordering of diagnostics and onward referral if required. Review of pathways to ensure maximisation of streaming opportunities at the front door to support management of our walk-in patient cohort.	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 Use of re-direction pathway to CUCC is used where appropriate [no co-located UTC from which we can stream directly].



Committee Name

All

GroupName

Systems and Partnerships

MetricName

4hr ED Performance

01/03/2020 01/12/2023

**52.10%**

KGH: Current Value

KGH: Current Target

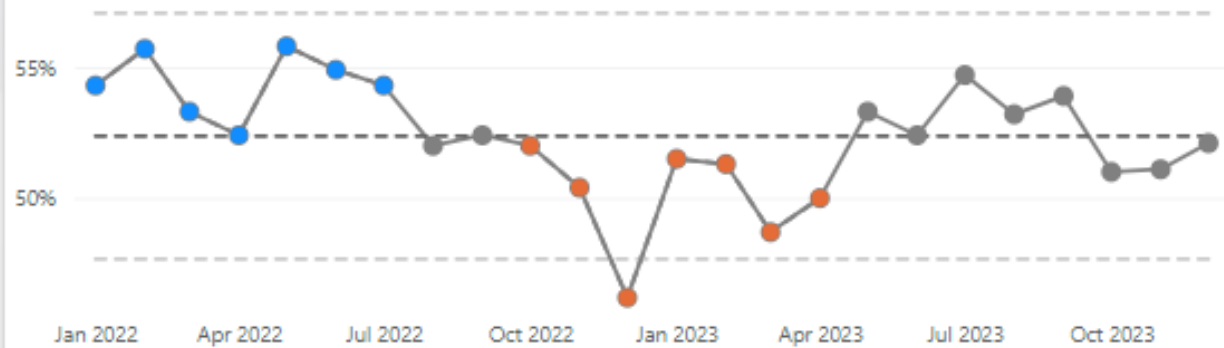
**60.24%**

NGH: Current Value

NGH: Current Target

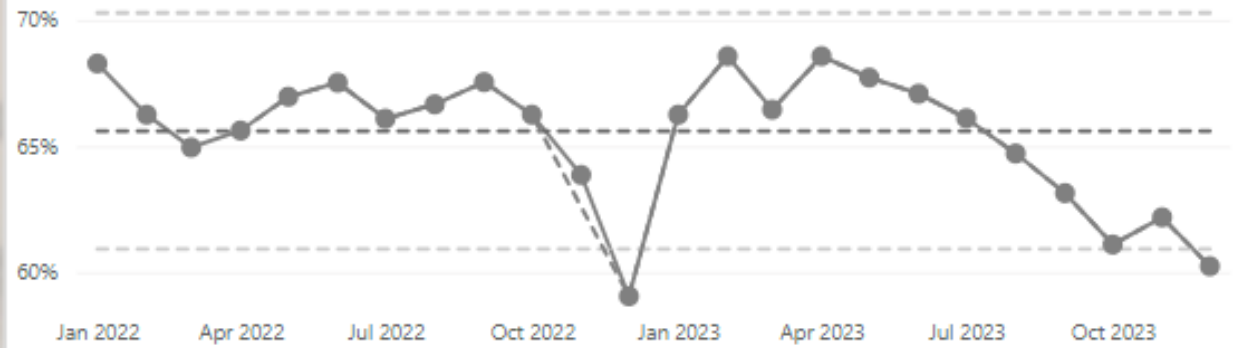
### Kettering General Hospital

4hr ED Performance: Systems and Partnerships



### Northampton General Hospital

4hr ED Performance: Systems and Partnerships





# 4hr ED Performance



Committee Name

All

GroupName

Systems and Partnerships

MetricName

4hr ED Performance

**52.10%**

KGH: Current Value

KGH: Current Target

**60.24%**

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% 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 = 52.10%. This is a slight increase from the previous month. Admitted = 25.7% and non-admitted = 61.6%	The requirement to embed renewed focus across the system with regards to working to the standard Patients requiring admission with an extended LOS in ED Inability to stream to an SDEC outside of the medicine division directly from triage Restricted pathways to stream and redirect outside of the Trust due to our current governance and workforce structure	Continue to embed change in Ambulatory Majors patient pathway model with focus on allocation of existing rooms to support timely assessment, treatment and discharge. Re-defining specific roles and responsibilities within the ED team with regards to supporting this time standard – with focus on non-admitted patient pathway Focus on RAT model in Ambulance Streaming during periods where the department capacity can support timely handover. MIAMI pathway criteria revision to support expansion of service Exploring options for the establishment of a multi-disciplinary SDEC service	2 Hourly In reach by MSDEC and Frailty SDEC Implement rapid flow protocol Appropriate use of operational escalation protocol Weekly focus 4hr group for oversight of performance and previous intervention
NGH	01/12/23	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	Further decrease in 4 hour standard primarily related to long waits for beds in both general and speciality bed base exacerbated by increase in infectious presentations requiring isolation.	primarily related to long waits for beds in both general and speciality bed base exacerbated by increase in infectious presentations requiring isolation. Significant increase in number of elderly pts with high dependency and high acuity particularly across respiratory .	continued push pull focus for SDEC, direct access for emas and GP to SDEC. Consultant admission and review in ED for medical patients now BAU. Looking at external professional support for developing acute physician workforce. Reinvigorated our frailty short stay with tangible success in terms of los reductions	Ensure that there are 4 cubicles kept absolutely ring fenced to ensure that clinician assessment can occur despite crowding. re categorised and repurposed areas in ED to better enhance flow and increase efficiency

# 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

Positive trend for Mandatory Training Compliance. Commentary indicates flexible sessions and targeting key areas are adding to the positive trend.

2

Sickness rates rose slightly across both Trusts, though this continues to be monitored and managed in line with Trust policy.

3

Vacancy Rates are currently above target. Commentary indicates hotspots in certain staff groups. An attraction strategy and resource is suggested to distinguish UHN in the job market.

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



# Summary Table



Committee Name

All

Group Name

People

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	People	Mandatory training compliance	01/12/23	87.87%	85.00%	85.23%	86.19%	87.15%			Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/12/23	92.63%	85.00%	88.01%	90.5%	92.99%			Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/12/23	82.40%	85.00%	78.58%	81.83%	85.07%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/12/23	77.85%	85.00%	74.26%	76.1%	77.94%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/12/23	5.32%	5.00%	3.77%	5.48%	7.2%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/12/23	5.84%	5.00%	4.44%	6.06%	7.68%			Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/12/23	12.37%	8.00%	8.28%	10.2%	12.11%			Consistently Anticipated to Not Meet Target
NGH	People	Vacancy rate	01/12/23	9.94%	8.00%	9.48%	10.74%	12%			Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/11/23	7.10%	8.50%	8%	8.48%	8.96%			Not Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/12/23	8.21%	8.50%	9.19%	9.8%	10.41%			Consistently Anticipated to Not Meet Target
KGH	People	Formal procedures	01/12/23	11		3	7	12			Consistently Anticipated to Meet Target
NGH	People	Formal procedures	01/12/23	19			11				Consistently Anticipated to Meet Target
KGH	People	Roster publication performance	01/12/23	48	42	26	35	44			Not Consistently Anticipated to Meet Target
NGH	People	Roster publication performance	01/12/23	40	42	29	37	46			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/12/23	57.80	91	80.86	80.86	80.86			Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/12/23	68.70	91	97.29	97.29	97.29			Not Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/12/23	2,206		882	1210	1538			Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/12/23	2,824		1902	2500	3097			Consistently Anticipated to Meet Target

Committee Name: All | 
 GroupName: People | 
 MetricName: Mandatory training compliance | 
 Date Range: 01/03/2020 to 01/12/2023

**92.63%**  
KGH: Current Value

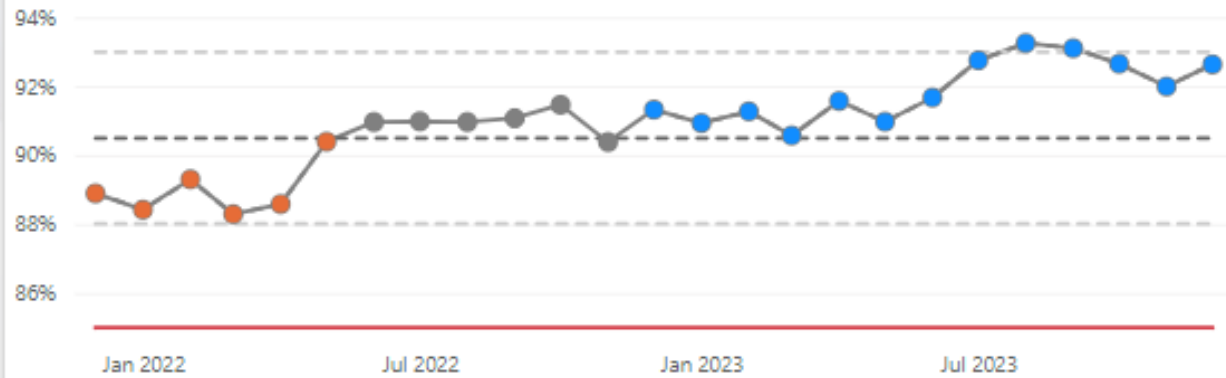
**85.00%**  
KGH: Current Target

**87.87%**  
NGH: Current Value

**85.00%**  
NGH: Current Target

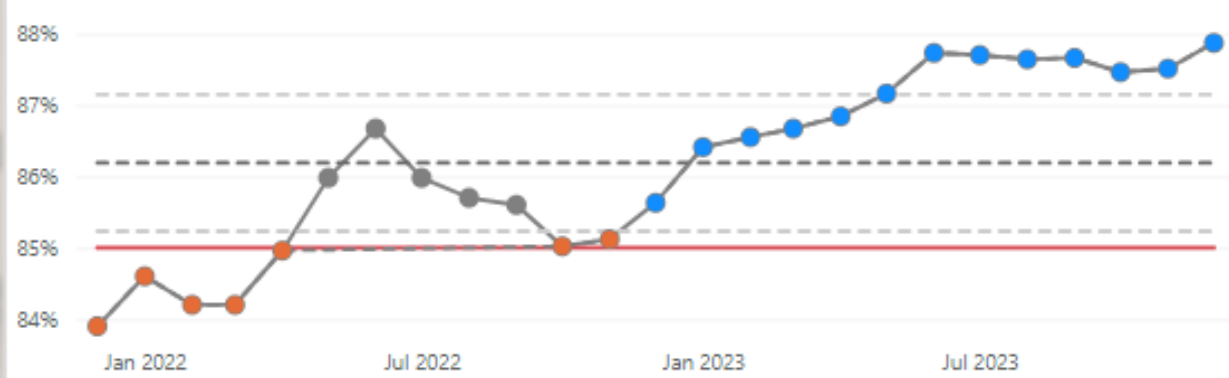
### Kettering General Hospital

Mandatory training compliance: People



### Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	All areas are above the 85% threshold with Adult BLS 84.39%. All areas aside resus are above 90%	Targetting and flexible sessions, accurate DNA tracking	IA has seen cancelled resus sessions that will of impacted on compliance
NGH	01/12/23	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training compliance	Fire and IPC two areas below target.	Redesigned Consultant mandatory programme dates identified to increase compliance.	release time and capacity continue to be cited as challenge but is improving



Committee Name: All | 
 GroupName: People | 
 MetricName: Appraisal completion rates | 
 01/03/2020 - 01/12/2023

**82.40%**  
KGH: Current Value

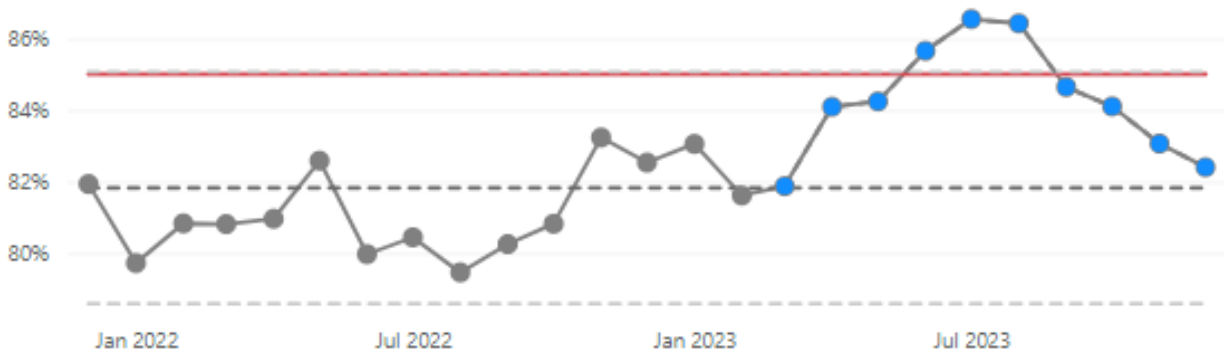
**85.00%**  
KGH: Current Target

**77.85%**  
NGH: Current Value

**85.00%**  
NGH: Current Target

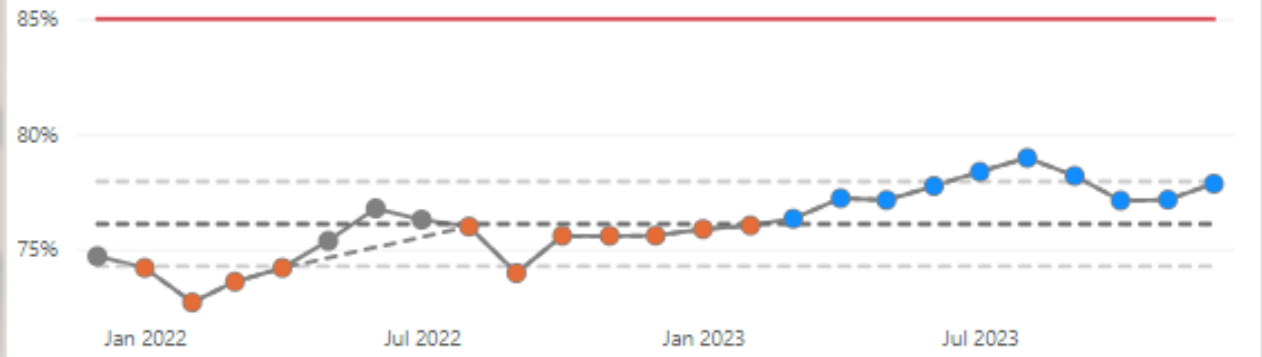
### Kettering General Hospital

Appraisal completion rates: People



### Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% of staff having completed their appraisal	% of staff have had a documented appraisal in the past 12 months	All areas of compliance has reduced in the past period, but is an annual trend in reduction in December	Manager and employee personalised emails and chase	IA and operational pressures.
NGH	01/12/23	% of staff having completed their appraisal	% of staff that have had a recorded appraisal in the past 12 months	Many areas remain below the benchmark, but with the areas of focus improving.	Continue to target both staff members and managers, with reports to senior leadership.	ongoing operational pressures impacting the release to have the formal appraisal conversation

Committee Name

All

GroupName

People

MetricName

Sickness and absence rate

01/03/2020 01/12/2023

**5.32%**

KGH: Current Value

**5.00%**

KGH: Current Target

**5.84%**

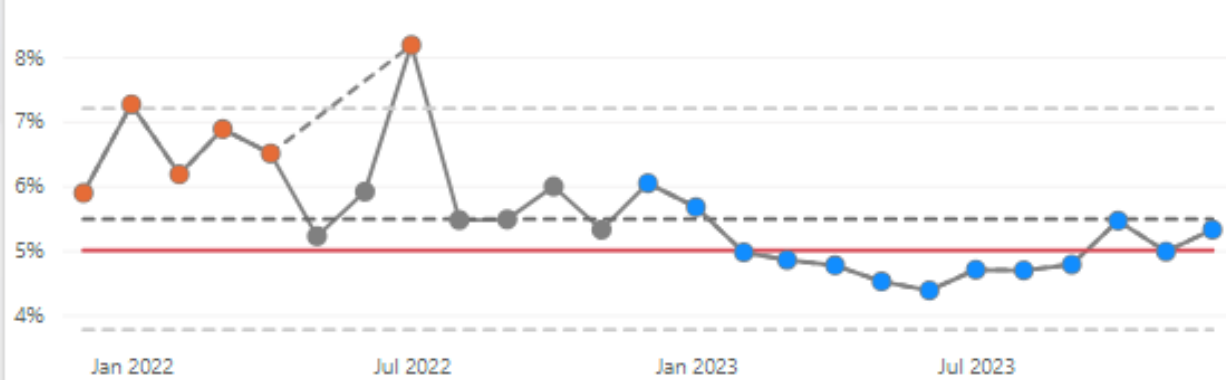
NGH: Current Value

**5.00%**

NGH: Current Target

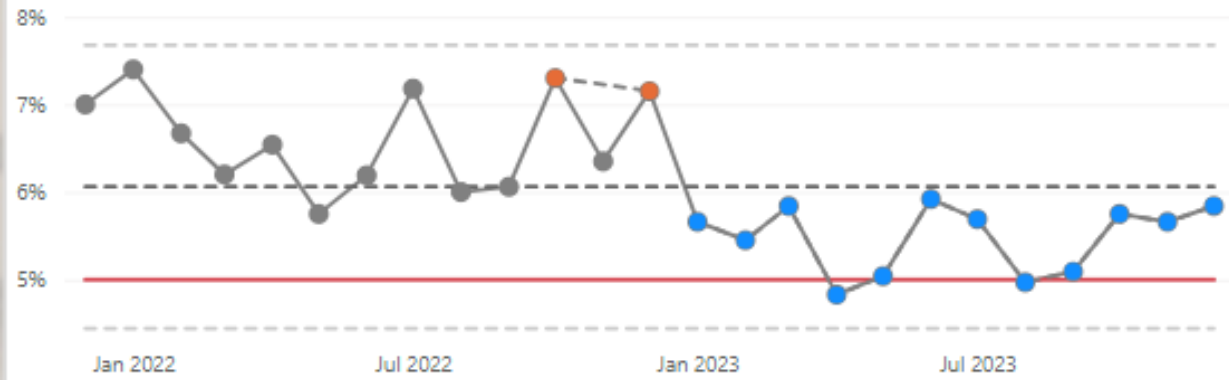
### Kettering General Hospital

Sickness and absence rate: People



### Northampton General Hospital

Sickness and absence rate: People



# Sickness and absence rate

Committee Name All	GroupName People	MetricName Sickness and absence rate	
<b>5.32%</b> KGH: Current Value	<b>5.00%</b> KGH: Current Target	<b>5.84%</b> NGH: Current Value	<b>5.00%</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% of Staff absent	Sickness across the Trust rose from 4.98% in November to 5.32% in December. Trust target is 5%. Short term sickness was fairly static at 2.44% compared to 2.47% the previous month. However long Term sickness increase from 2.52% to 2.88%. Main reasons for absence were Cough Cold, Flu 495, Gastro 184 and Anxiety, Stress/Depression 116., Covid 109	There was a marked increase in the number of absences for Cough, Cold, Flu from 429, and Covid 65 in November.	Sickness continues to be monitored and managed in line with Trust Policy with FS1 meetings scheduled where employees have triggered and Long Term Reviews where appropriate.	New absence Policy is in the process of being developed and consulted on. The ER Team follow up with managers in terms of appropriate actions being undertaken, where triggers are hit.
NGH	01/12/23	% of Staff absent	Hours not worked due to sickness as a proportion of hours available.	<p>Building a comprehensive approach to sickness absence-attendance management within the People Directorate.</p> <ul style="list-style-type: none"> <li>- Re-evaluating the Health &amp; Wellbeing (H&amp;WB) Occupational Health (OH) workforce capacity and capability for workplace ill-health assessments and adjustments.</li> <li>- Addressing the impact of the pandemic and NHS operational recovery on staff health and subsequent rise in sickness absence.</li> <li>- Reviewing the UHN Occupational Health Physician Service for inconsistencies between hospitals.</li> <li>- Coordinating cross-cutting work related to absence and attendance management.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a multi-professional approach to sickness absence-attendance management within the People Directorate.</li> <li>- Evaluate and enhance the OH workforce's capacity to proactively manage sickness absence.</li> <li>- Implement a multi-faceted approach led by the Head of Health &amp; Wellbeing to address pandemic impact.</li> <li>- Develop a ""Supporting Wellbeing at Work"" Policy to proactively engage employees and managers in health and wellbeing discussions.</li> <li>- Continue the review of the UHN Occupational Health Physician Service and consider system-wide contracts.</li> </ul>	Supplementing absence related unavailability is supported through Bank back-fill in order to maintain critical services. Absence management continues to be supported by HR Business Partners and Advisors in conjunction with managers and OH advice to support those that are absent with a return to work.



# Vacancy rate



Committee Name  
All

GroupName  
People

MetricName  
Vacancy rate

01/03/2020 01/12/2023

12.37%

KGH: Current Value

8.00%

KGH: Current Target

9.94%

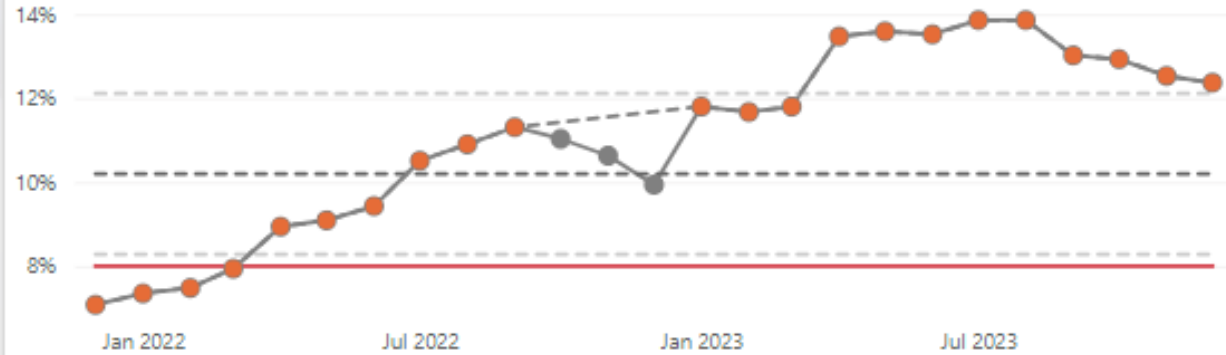
NGH: Current Value

8.00%

NGH: Current Target

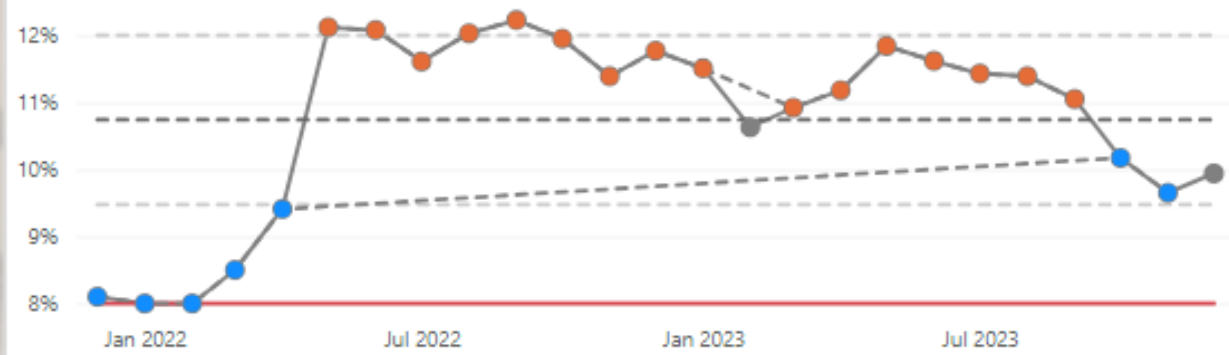
## Kettering General Hospital

Vacancy rate: People



## Northampton General Hospital

Vacancy rate: People



Committee Name

All

GroupName

People

MetricName

Vacancy rate

**12.37%**

KGH: Current Value

**8.00%**

KGH: Current Target

**9.94%**

NGH: Current Value

**8.00%**

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% difference between budgeted establishment and actual establishment	The value tells us the percentage of budgeted posts that are vacant	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to a shortage of staff nationally. and for non qualified staff comparability of pay rates to other industry sectors in the job market. An attraction strategy and resource is required to innovatively distinguish UHN in the job market.	Internationally educated nurse, midwifery, medical and AHP recruitment has continued. The transformation programme to look at resourcing, recruitment and onboarding process is now in the planning phase and resource requirements for implementation against an associated timescale is being explored Efforts to repurpose resources to the development of attraction strategies is mapped out at Group structure level subject to approval.	Weekly meetings are in place to monitor recruitment activities for each Division in a way in which they are mapped to long terms agency use and to ensure that any delays are unblocked and minimised. Time to Hire reporting is broken down into each stage of the recruitment process and monitored accordingly enabling targeted intervention and support as and when required.
NGH	01/12/23	% difference between budgeted establishment and actual establishment	The value tells us the percentage of budgeted posts that are vacant	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to a shortage of staff nationally. and for non qualified staff comparability of pay rates to other industry sectors in the job market and associated need to develop an attraction strategy.	Specific workstreams have been developed for the Transformation attraction and on-boarding project and teams identified to commence work that will be phased over the coming months. A large scale process mapping workshop took place on 16 January and initial work undertaken in relation to the development of an attraction strategy. A group approach to identifying commonality of hard to recruit consultant posts is being developed and a team identified to work on this. Internationally Educated Nurse programme is now complete for 23/24 with the final 12 of 60 candidates in total arriving December 2023.	Weekly meetings are in place to monitor recruitment activities for each Division in a way in which they are mapped to long terms agency use and to ensure that any delays are unblocked and minimised. Time to Hire reporting is broken down into each stage of the recruitment process and monitored accordingly enabling targeted intervention and support as and when required. Temporary staffing is being centralised and an escalated rate SOP has now been developed to better control the need to fill vacancy gaps as and when the need arises.



Committee Name  
 All

GroupName  
 People

MetricName  
 Turnover rate

01/03/2020 01/12/2023

8.21%

KGH: Current Value

8.50%

KGH: Current Target

7.10%

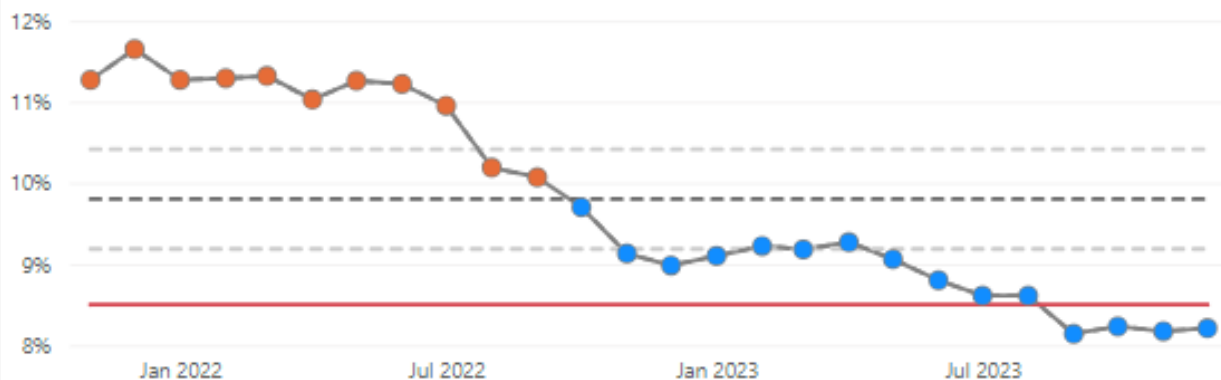
NGH: Current Value

8.50%

NGH: Current Target

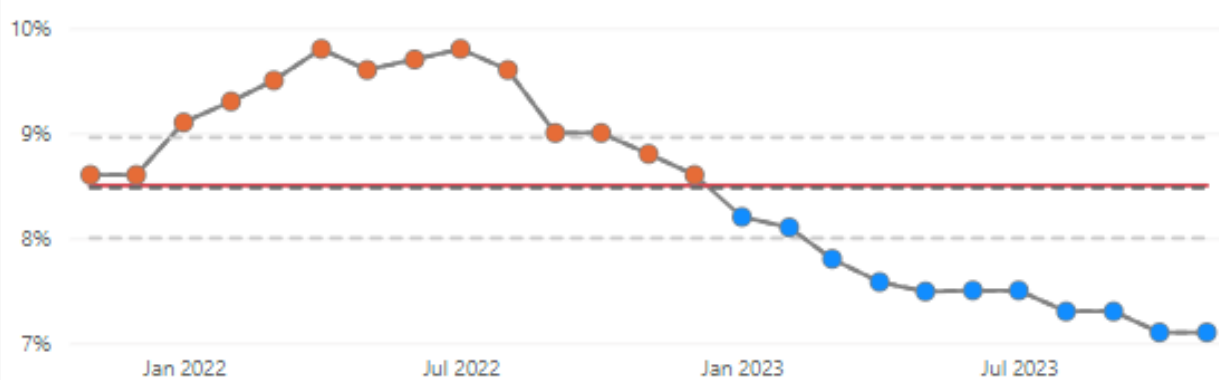
### Kettering General Hospital

Turnover rate: People



### Northampton General Hospital

Turnover rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	% of staff leaving the organisation over a 12 month rolling period	% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing common cause variation and are at 8.21% under the Trust target of 8.5%	This month has seen turnover increase and remains under target. The local labour market is loose and the Trust is seeing increased competition to secure candidates for roles. Turnover rates still need to be closely monitored for specific staff groups which may need intervention to recruit successfully.	Work is being undertaken to review exit interviews to ensure feedback is being acted upon and to assess the quality of the data and response rate. Divisions are being asked to review any areas of concern following staff leaving. Engagement with staff is still critical to understand staff views and reasons for leaving. The Staff Survey and Pulse Survey results have been received with Divisional Plans to improve and support staff experience. Further work will be planned following the results of the National Staff Survey.





# Formal procedures



Committee Name

All

GroupName

People

MetricName

Formal procedures

01/03/2020 01/12/2023

11

KGH: Current Value

KGH: Current Target

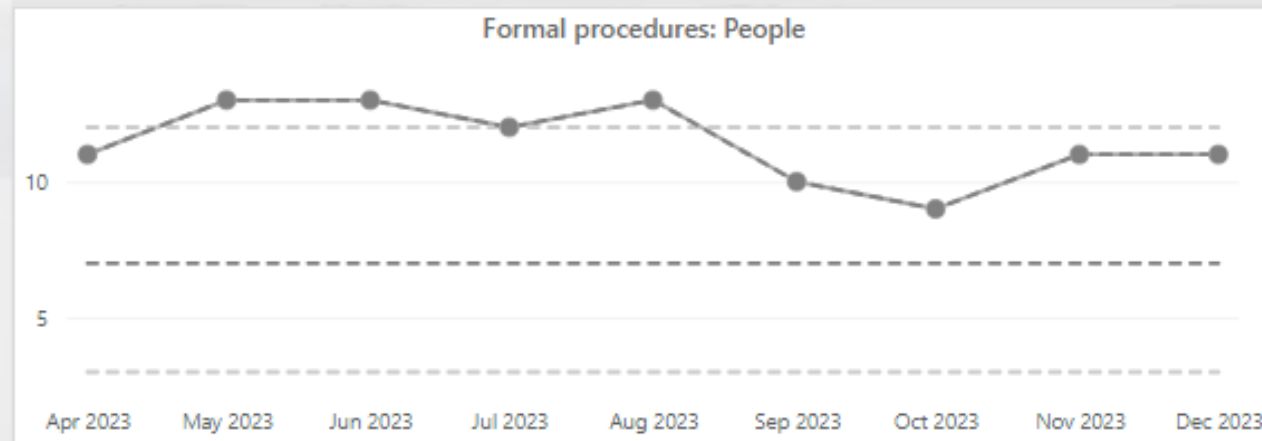
19

NGH: Current Value

NGH: Current Target

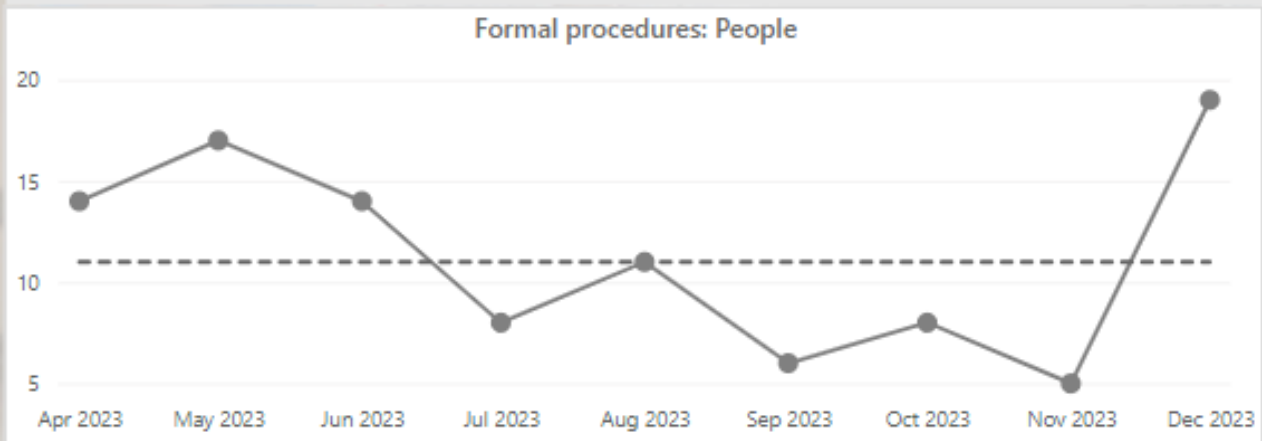
## Kettering General Hospital

Formal procedures: People



## Northampton General Hospital

Formal procedures: People





# Formal procedures



Committee Name All	GroupName People	MetricName Formal procedures	
<b>11</b> KGH: Current Value	<b>11</b> KGH: Current Target	<b>19</b> NGH: Current Value	<b>19</b> NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Number of formal complaints – active and open	There were 11 active Disciplinary investigations open at the end of December, the same number as November. There was a reduction from 10 to 7 Grievance Investigations in December and a reduction in the number of active suspensions from 2 to 1.	There are a number of complex cases which have required in depth investigation, speaking with multiple parties. There have also been issues relating to availability of employees, managers and Trade Union Representatives.	The reduction in Grievance cases reflects our approach to try and deal with more issues informally using Just Culture principles.	We continue to work hard as a Team to encourage informal resolution of issues where possible. A Just Culture working Group has been established with ER, OD, Staffside and Diversity and Equality to look at how we embed a Just and Restorative Culture within UHN
NGH	01/12/23	Number of formal complaints – active and open	Number of formal complaints – active and open 11 active disciplinary/MHPS cases across the trust, increase in December shown as now reporting on Grievance, Bullying & Harassment being 8 active investigations	* 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	* 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

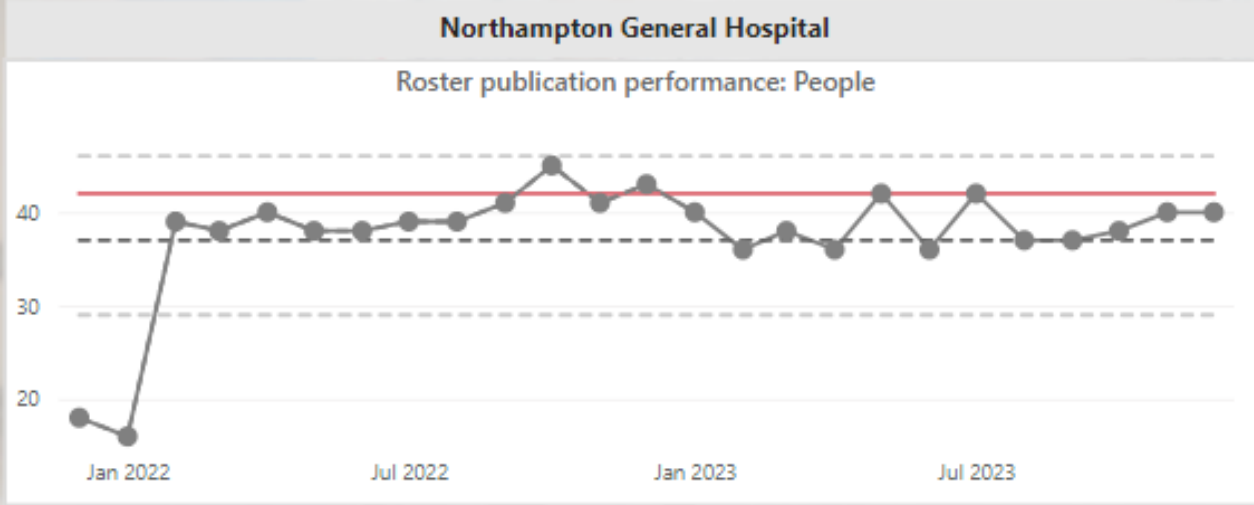
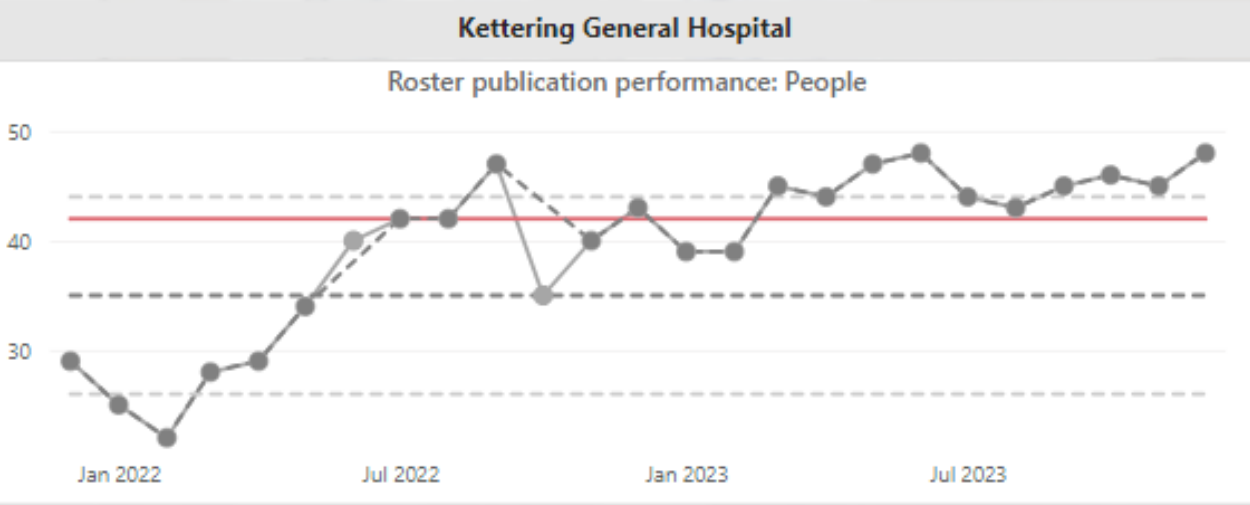
Committee Name: 
 GroupName: 
 MetricName: 
 01/03/2020

**48**  
KGH: Current Value

**42**  
KGH: Current Target

**40**  
NGH: Current Value

**42**  
NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Nursing Roster Publication times days published before shift 42 days by Trust	48 days against 42 day target. Average nursing Roster Publication times days published before shift.	Management time to create and publish roster	Work continues to refine rostering processes to ensure timely publication of rosters in accordance with NHSE/I best practice	Review Pilot of self rostering for impact, scaling and potential role out

Committee Name: 
 GroupName: 
 MetricName: 
 Date Range:  to

**57.80**  
KGH: Current Value

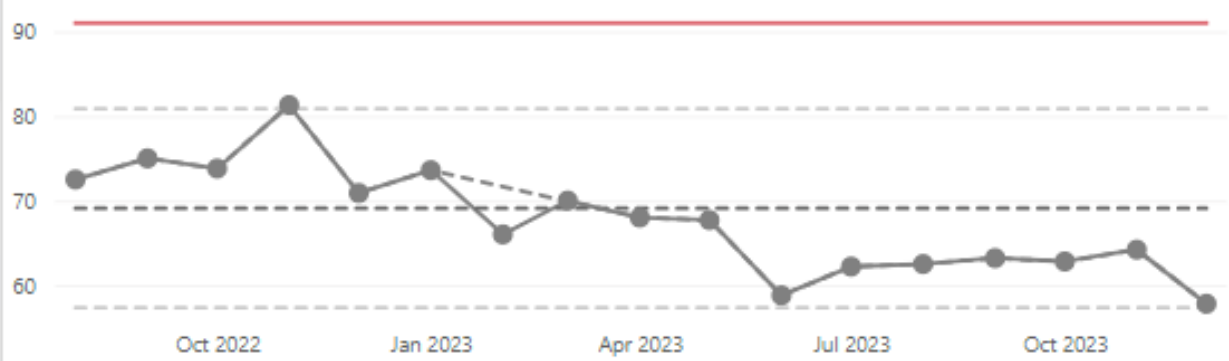
**91**  
KGH: Current Target

**68.70**  
NGH: Current Value

**91**  
NGH: Current Target

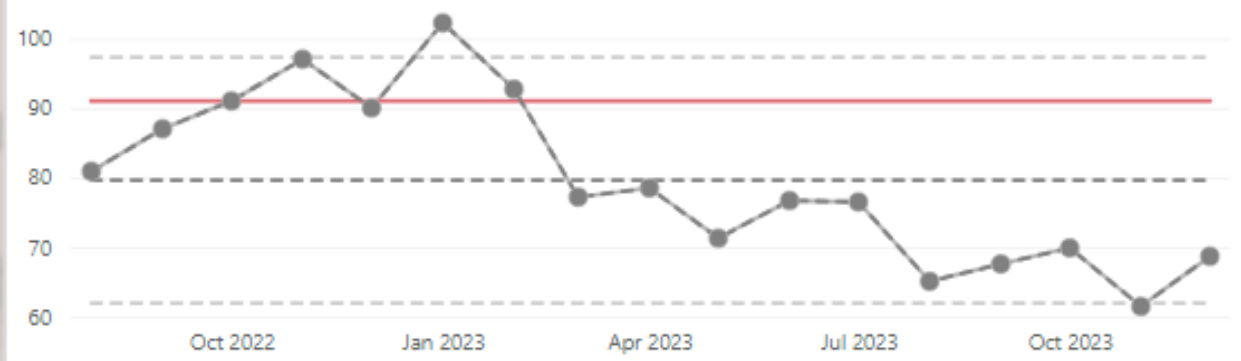
### Kettering General Hospital

Time to hire: People



### Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/23	Time to recruit from Advert – to in post – target 13 weeks	Average number of days taken to recruit, from advertising date to start date. Consistently achieving below 65 days against a KPI target of 91 days	No issues	Transformation will be supporting Resourcing across the Group to look at onboarding and where efficiencies can be further made and to enhance the experience of candidates going through the process.	N/A
NGH	01/12/23	Time to recruit from Advert – to in post – target 13 weeks	Time to Hire	Time to hire is on target	High volume of recruitment	Moving volunteer recruitment to KGH to spread demand across the group.

# Number of volunteering hours

Committee Name: All
 GroupName: People
 MetricName: Number of volunteering hours
 Date Range: 01/03/2020 to 01/12/2023

**2,206**  
KGH: Current Value

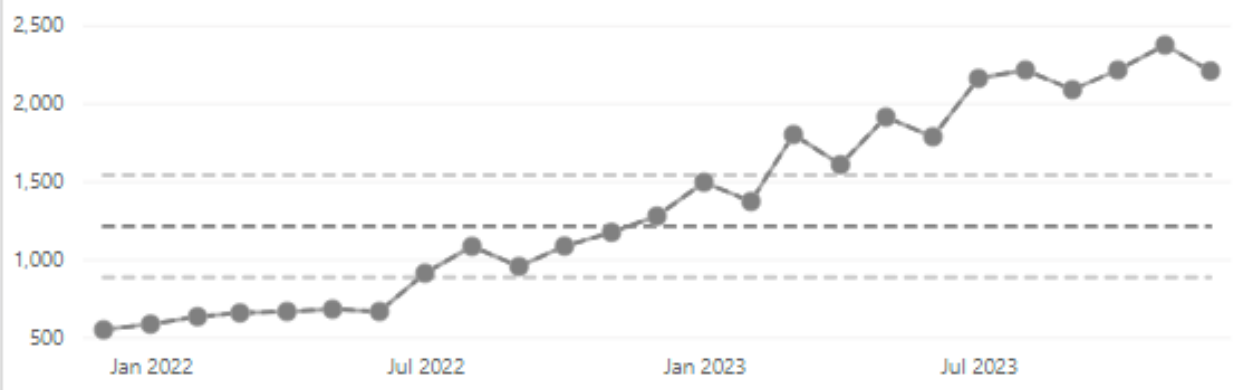
**2,206**  
KGH: Current Target

**2,824**  
NGH: Current Value

**2,824**  
NGH: Current Target

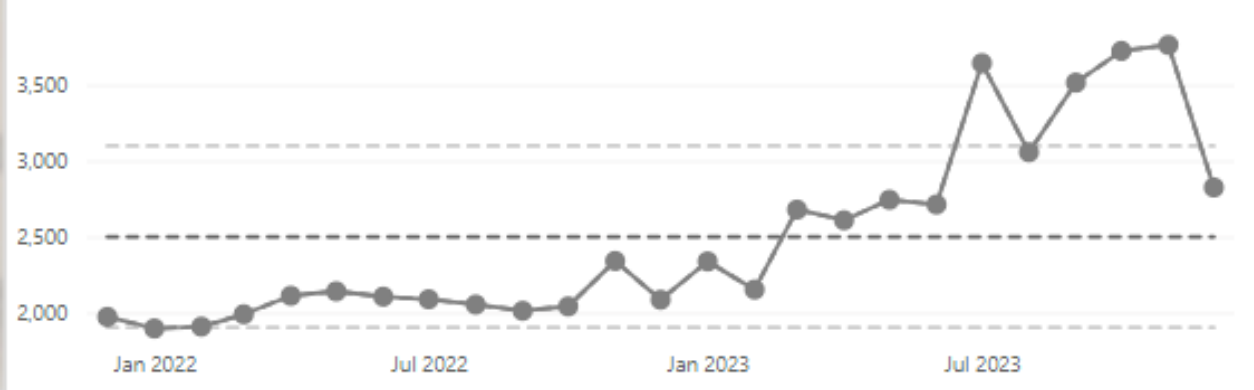
### Kettering General Hospital

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	01/12/23	Number of volunteering hours	2,206	Hours are down by around 7%, this is expected during over the holiday period as we closed the office during Christmas week due to staffing issues (2 Admin FTC came to an end). We would not expect to see an increase in hours/volunteers over the 2 couple of months due to the staffing situation.	Due to staffing pressures the main focus is to keep the key volunteer roles - ED, Care Cafe, Brew Buddy, Ward Support running and not look at any new initiatives.	Reduction in Staff
NGH	01/12/23	Number of volunteering hours	2,824	There has been a significant drop in hours over December, the main associated reduction is over the Christmas week where we reduced our operating hours and a number of volunteers took holiday. Also some key volunteers were off due to illness which accounted for over 100 hours. Our recruitment figures stay the same as clearances has been slow during December	Continue to work with HR to clear the back log of volunteer applicants in the system.	Volunteer illness, Holidays, recruitment freeze

Meeting	Boards of Directors of Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) meeting together in Public
Date	7 February 2024
Agenda item	6

Title	Delivery of Financial Plan 23/24
Presenter	Richard Wheeler, Chief Finance Officer
Authors	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 increase the NGH maximum revenue cash support draw down to £17.247m (therefore an increase of £3.047m over the previously approved value of £14.2m) to match the revised forecast outturn deficit (including industrial action)</li> </ol>	<p>Finance and Performance Committee, 30 January 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. This forecast expressly excludes industrial action impacts in December and January.

At month 9 UHN, excluding the £1.0m of industrial action impact would leave UHN £0.5m ahead of trajectory (KGGH £0.8m better than trajectory, NGH £0.3m worse than trajectory).

At month 8 and month 9 the reset trajectory for UHN has been achieved excluding the impact of industrial action.

Including the forecast impact of industrial action for December and January, the further revised UHN forecast is £21.9m (KGGH £4.7m, NGH £17.2m)

There remains a high level of financial risk and uncertainty, including additional costs due to winter pressures, safety risks, pay award cost pressures, potential further industrial action and any national changes to NHS financial guidance.

Accounting Policies, accounting estimates and material judgments will be considered at the Trusts' Audit Committees in March/April 2024 as part of preparing the year end accounts.

Trajectory to meet reset targets:

Organisation		Revised Forecast Trajectory							Full Year
		Month 1-7	Month 8	Month 9	Year to Date	Month 10	Month 11	Month 12	
		£m	£m	£m	£m	£m	£m	£m	£m
KGGH	Agreed Trajectory	(8.2)	2.5	(0.5)	(6.1)	0.1	0.2	3.1	(2.9)
	December & January (est) Industrial Action (IA)	0.0	0.0	(0.5)	(0.5)	(1.3)	0.0	0.0	(1.8)
	Revised Trajectory / Forecast	(8.2)	2.5	(1.0)	(6.6)	(1.2)	0.2	3.1	(4.7)
	Actual / Forecast position	(8.2)	2.7	(0.3)	(5.8)	(1.4)	(0.0)	2.6	(4.7)
	Variance to revised reset plus IA	0.0	0.2	0.7	0.9	(0.2)	(0.2)	(0.5)	0.0
NGH	Agreed Trajectory	(15.4)	1.8	(1.3)	(14.9)	(1.3)	(1.3)	2.0	(15.5)
	December & January (est) Industrial Action (IA)	0.0	0.0	(0.5)	(0.5)	(1.2)	0.0	0.0	(1.7)
	Revised Trajectory / Forecast	(15.4)	1.8	(1.9)	(15.4)	(2.5)	(1.3)	2.0	(17.2)
	Actual / Forecast position	(15.4)	1.7	(2.0)	(15.7)	(2.4)	(1.2)	2.2	(17.2)
	Variance to revised reset plus IA	(0.0)	(0.2)	(0.2)	(0.3)	0.1	0.1	0.1	0.0
<b>UHN Total</b>	<b>Variance to revised reset plus IA</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.5</b>	<b>0.6</b>	<b>(0.1)</b>	<b>(0.1)</b>	<b>(0.4)</b>	<b>0.0</b>

## Appendices

### KGGH and NGH Finance Reports Month 9

#### 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

# Boards of Directors, 7 February 2024

## Kettering General Hospital Finance Performance

Month 9 (December 2023)  
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 and the Trust is currently on track to deliver this forecast, excluding new costs of industrial action and other unplanned risks. NHSE have confirmed that the impact of this further action should be added to the forecast produced at month 9. This has resulted in the Trust forecast increasing to £4.7m. The Trajectory, updated for unplanned industrial action costs, over the remainder of 2023/24 financial year is:

Kettering General Hospital NHS Foundation Trust	Revised Forecast Trajectory 2023/24							
	Month 1-7	Month 8	Month 9	Year to Date	Month 10	Month 11	Month 12	Full Year
	£m	£m	£m	£m	£m	£m	£m	£m
Agreed Reset Trajectory	(8.2)	2.5	(0.5)	(6.1)	0.1	0.2	3.1	(2.9)
December & January (est) Industrial Action (IA)	0.0	0.0	(0.5)	(0.5)	(1.3)	0.0	0.0	(1.8)
Revised Trajectory / Forecast	(8.2)	2.5	(1.0)	(6.6)	(1.2)	0.2	3.1	(4.7)
Actual / Forecast position	(8.2)	2.7	(0.3)	(5.8)	(1.4)	0.0	2.6	(4.7)
Variance to revised reset plus IA	0.0	0.2	0.7	0.9	(0.2)	(0.2)	(0.5)	0.0

## Risks

There remain a high level of financial risk and uncertainty, including additional costs due to winter pressures, RAAC and other safety risks, pay award cost pressures and potential national changes and financial guidance.

## Capital

KGH year to date capital expenditure is £9.0m (£0.8m in December). Further capital commitments total £6.0m.

Forecast slippage is £11.2m on the £13.3m CDC scheme along with £0.8m forecast slippage in the New Hospitals programme. A potential net slippage of £1.2m of BAU capital has been flagged alongside recent affordability of system capital which has been impacted in year following new lease accounting.

## Cash

KGH cash balance at the end of October is £1.6m, a decrease of £3.6m from November's balance of £5.2m. Additional cash was received from the ICB in November to cover industrial action expenditure to month 7 and this was originally anticipated in December.

The Trust's cash position remains challenged and is reliant on PDC Revenue support in Q4 to ensure commitments can be met. This will be impacted on cash pressures being experienced in the ICB as a number of anticipated allocations have not been received to date.

Description	KGH Trust Position			
	23-24 Annual Plan	Year to Date		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	366.5	282.0	286.4	4.5
Total Pay	(255.5)	(198.7)	(204.8)	(6.1)
Total Non Pay	(135.5)	(104.8)	(105.6)	(0.8)
<b>OPERATING DEFICIT</b>	<b>(24.4)</b>	<b>(21.5)</b>	<b>(23.9)</b>	<b>(2.4)</b>
Capital Charges	(4.7)	(3.5)	(3.2)	0.3
<b>Trust Surplus/(Deficit)</b>	<b>(29.1)</b>	<b>(25.1)</b>	<b>(27.2)</b>	<b>(2.1)</b>
System Support Funding	28.7	21.5	21.5	0.0
<b>I&amp;E Surplus/(Deficit)</b>	<b>(0.4)</b>	<b>(3.5)</b>	<b>(5.6)</b>	<b>(2.1)</b>
NHSE Accounting Adjustments	0.4	0.3	(0.1)	(0.4)
<b>NHSE Adjusted Surplus/(Deficit)</b>				
<b>Versus Plan</b>	<b>0.0</b>	<b>(3.3)</b>	<b>(5.8)</b>	<b>(2.5)</b>
<b>NHSE Adjusted Surplus/(Deficit)</b>				
<b>Versus Agreed Re-Forecast</b>	<b>0.0</b>	<b>(6.1)</b>	<b>(5.8)</b>	<b>0.4</b>

### KGH Finance Overview

The YTD position is an £5.8m deficit which is £2.5m worse than plan. This includes £0.2m over-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 £6.1m in deficit by month 9 but are £0.4m worse than this. This includes almost £0.6m of December industrial action cost impact and estimated income loss. Without this, KGH would be £1m ahead of behind profile, largely as a result of variable activity with NHSE being further ahead of plan than expected.

**Income** - £4.5m better than plan. This includes £2.2m of variable activity with NHSE and £1.2m 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** - £6.1m worse than plan including £0.3m of efficiency slippage, £0.3m of industrial action in December and residual pay award pressure, cover for vacancies & sickness across the Trust and specific service pressures.

**Non-Pay** - £0.8m worse than plan. Includes £2.8m of continuing inflationary pressures, expenditure to support elective recovery, 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.

The key movements / issues are:

## Non-Current Assets

- Capital expenditure in the month was £0.8m
- Depreciation and in year movements include the impact of right of use assets.

## Current assets

- The cash balance has decreased to £1.6m, a £3.6m decrease in month. A £3.0m cash in transit adjustment was made in November that had an impact in December. Cash continues to be a concern and will be monitored to limit revenue and capital support.
- The increase in trade and other receivables in the month includes the recognition of increased income due from commissioners for ERF activity overperformance, excluded drugs and devices income and other targeted funding.

## 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.
- The increase in provisions includes updated valuations of a claim made against the Trust.

## Financed By

- I & E Account - £0.2m unadjusted deficit in month.
- PDC Capital £0.3m

TRUST SUMMARY BALANCE SHEET				
MONTH 9 2023/24				
	Balance at 31-Mar-23 £000	Opening Balance £000	Current Month 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	7,869	8,662	793
LESS DEPRECIATION	0	(9,987)	(11,237)	(1,250)
<b>NET BOOK VALUE</b>	<b>195,875</b>	<b>193,757</b>	<b>193,300</b>	<b>(457)</b>
<b>NON CURRENT RECEIVABLES</b>	<b>1,133</b>	<b>823</b>	<b>802</b>	<b>(21)</b>
<b>CURRENT ASSETS</b>				
INVENTORIES	5,309	6,134	6,446	312
TRADE & OTHER RECEIVABLES	16,422	15,523	18,242	2,719
CASH	4,401	5,177	1,588	(3,589)
<b>TOTAL CURRENT ASSETS</b>	<b>26,132</b>	<b>26,834</b>	<b>26,276</b>	<b>(558)</b>
<b>CURRENT LIABILITIES</b>				
TRADE & OTHER PAYABLES	42,286	44,221	43,118	(1,103)
LEASE PAYABLE under 1 year	1,764	1,743	1,441	(302)
DHSC LOANS	1,526	1,488	1,493	5
PROVISIONS under 1 year	815	890	1,162	272
<b>TOTAL CURRENT LIABILITIES</b>	<b>46,391</b>	<b>48,342</b>	<b>47,214</b>	<b>(1,128)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(20,259)</b>	<b>(21,508)</b>	<b>(20,938)</b>	<b>570</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>176,749</b>	<b>173,072</b>	<b>173,164</b>	<b>92</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	426	426	0
<b>NON CURRENT LIABILITIES</b>	<b>8,622</b>	<b>5,934</b>	<b>5,934</b>	<b>0</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>168,127</b>	<b>167,138</b>	<b>167,230</b>	<b>92</b>
<b>FINANCED BY</b>				
PDC CAPITAL	262,952	267,380	267,701	321
REVALUATION RESERVE	48,387	48,387	48,387	0
I & E ACCOUNT	(143,212)	(148,629)	(148,858)	(229)
<b>FINANCING TOTAL</b>	<b>168,127</b>	<b>167,138</b>	<b>167,230</b>	<b>92</b>



# Boards of Directors Northampton General Hospital Finance Performance

## Month 9 (December 2023) FY 2023/24

## Executive Summary

### Forecast Outturn

A forecast deficit for the year of £15.5m was agreed as part of a system reset with NHSE during Q3 and the Trust is currently on track to deliver this forecast, excluding new costs of industrial action and other unplanned risks. NHSE have confirmed that the impact of this further action should be added to the forecast produced at month 9. This has resulted in the Trust forecast increasing to £17.2m. The Trajectory, updated for unplanned industrial action costs, over the remained of 2023/24 financial year is:

Northampton General Hospital NHS Trust	Revised Forecast Trajectory							
	Month 1-7	Month 8	Month 9	Year to Date	Month 10	Month 11	Month 12	Full Year
	£m	£m	£m	£m	£m	£m	£m	£m
Agreed Trajectory	(15.4)	1.8	(1.3)	(14.9)	(1.3)	(1.3)	2.0	(15.5)
December & January (est) Industrial Action (IA)	0.0	0.0	(0.5)	(0.5)	(1.2)	0.0	0.0	(1.7)
Revised Trajectory / Forecast	(15.4)	1.8	(1.9)	(15.4)	(2.5)	(1.3)	2.0	(17.2)
Actual / Forecast position	(15.4)	1.7	(2.0)	(15.7)	(2.4)	(1.2)	2.2	(17.2)
Variance to revised reset plus IA	(0.0)	(0.2)	(0.2)	(0.3)	0.1	0.1	0.1	0.0

### Risks

There remain a high level of financial risk and uncertainty, including additional costs due to winter pressures, safety risks, pay award cost pressures and potential national changes and financial guidance.

### Cash

NGH cash balance at the end of December £2.3m, a decrease of £1.3m from November's balance of £3.6m. Additional cash was received from the ICB in November to cover industrial action expenditure to month 7 and this was originally anticipated in December.

The Trust's cash position remains challenged and is reliant on PDC Revenue support in Q4 to ensure commitments can be met. The Trust have previously secured Board Approval to a maximum revenue support draw down of £14.2m.

**The Board are asked to approve** an increase to £17.247m (therefore an increase of £3.047m) to match the revised FOT deficit (inc industrial action)

### Capital

NGH year to date capital expenditure is £16.0m (£1.5m in December). Further capital commitments total £4.8m. Forecast slippage of £1.6m on the NGH CDC scheme has been identified 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.

Description	Year to Date		
	Plan	Actuals	Variance
	£m	£m	£m
Total Income	360.0	368.0	8.1
Total Pay	(248.3)	(260.1)	(11.8)
Total Non Pay	(114.6)	(123.2)	(8.5)
<b>OPERATING DEFICIT</b>	<b>(3.0)</b>	<b>(15.3)</b>	<b>(12.3)</b>
Capital Charges	(4.2)	(4.0)	0.2
<b>Trust Surplus/(Deficit)</b>	<b>(7.2)</b>	<b>(19.3)</b>	<b>(12.1)</b>
System Support Funding	11.1	11.1	-
<b>I&amp;E Surplus/(Deficit)</b>	<b>3.9</b>	<b>(8.2)</b>	<b>(12.1)</b>
NHSE Accounting Adjustments	(6.6)	(7.6)	(1.0)
<b>NHSE Adjusted Surplus/(Deficit) Versus Plan</b>	<b>(2.7)</b>	<b>(15.7)</b>	<b>(13.0)</b>
<b>NHSE Adjusted Surplus/(Deficit) Versus Agreed Re-Forecast</b>	<b>(14.9)</b>	<b>(15.7)</b>	<b>(0.8)</b>

### NGH Finance Overview

The YTD position is a £15.7m deficit which is £13.0m worse than plan. This includes £1.6m 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 £14.9m in deficit by month 9 but are £0.8m worse than this. However, this includes almost £0.6m of December industrial action cost impact and estimated income loss. Without this, NGH would be only marginally behind profile.

**Income** – £8.1m better than plan including £2.3m Industrial Action funding for which the plan will be entered in month 10 and £1.1m PSDS income ahead of plan. ERF income is assessed as £0.9m better than plan and remaining values include excluded medicines Cost & Volume Income, EPR funding & Emerging Technology Income.

**Pay** – £11.8m worse than plan including £2.6m industrial action for which £2.3m funding will be entered in month 10, £5.3m efficiency slippage, £1.2m pay award pressures net of additional funding received.

**Non-Pay** – £8.5m worse than plan including £2.1m of inflationary pressures, £1.4m 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 forecast end of year balance has been updated to reflect the revised forecast outturn. This is the deficit excluding the financial performance adjustment.

The key movements from the opening balance are:

## Non Current Assets

- M9 Capital additions of £1,575k, includes Estates PSDS Spend of £652k, Estates BAU Schemes £330k, Digital £164k (including £123k of EPR Spend) and MESC Spend £255k.

## Current assets

- Inventories – £37k. Increase in Pathology (£89k), Pacing (£12k) and Gynae Endoscopy (£14k). Decrease in Pharmacy (£66k) and DHSC provided items (£12k).
- Trade and Other Receivables - £802k due to: Increases in NHS Income Accruals (£1,816k), including Northants ICB Overperformance (-£342k), excluded medicines and ERF (£454k), NHS England Overperformance (£1,405k), Capital Receivables ( £652k) and Non NHS Other Receivables (£158k) . Decreases in NHS Receivables (£1,488k), VAT Debtor (£195k) and Prepayments (£214k).
- Cash – Decrease of £1,335k.

## Current Liabilities

- Trade and Other Payables – £317k. Increases in Trade Payables Revenue (£2,816k) and Capital Payables (£626k) – due to ongoing NHS Logistics and other Revenue/Capital invoice payment delays. With a small number of exceptions, all invoices previously held due to cash constraints have now been settled. Increase in PDC Dividend (£533k). Decrease in NHS Payables (£79k), Accruals (£1,865k), Tax, NI and Pensions (£301k) and Receipts in Advance (£2,043k).
- Provisions - £123k – Net decrease in HR Provision. New cases arising (£728k), cases no longer requiring a provision (£851k).

## Non Current Liabilities

- Finance Lease Payable – £252k. Nye Bevan and Car Park lease repayment (£115k) and Right of Use (ROU) Assets (£137k).

## Financed By

- PDC Capital - £1,704k – drawdown of Revenue Support
- I & E Account - £1,385k deficit

TRUST SUMMARY BALANCE SHEET						
MONTH 9 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	14,741	16,316	1,575	30,400	30,400
LESS DEPRECIATION	0	(11,643)	(13,096)	(1,453)	(17,486)	(17,486)
<b>NET BOOK VALUE</b>	<b>244,116</b>	<b>247,214</b>	<b>247,336</b>	<b>122</b>	<b>257,030</b>	<b>12,914</b>
<b>CURRENT ASSETS</b>						
INVENTORIES	6,723	7,225	7,262	37	6,864	141
TRADE & OTHER RECEIVABLES	31,984	22,961	23,763	802	15,891	(16,093)
CLINICIAN PENSION TAX FUNDING	790	790	790	0	790	0
CASH	1,838	3,593	2,258	(1,335)	1,500	(338)
<b>TOTAL CURRENT ASSETS</b>	<b>41,335</b>	<b>34,569</b>	<b>34,073</b>	<b>(496)</b>	<b>25,045</b>	<b>(16,290)</b>
<b>CURRENT LIABILITIES</b>						
TRADE & OTHER PAYABLES	52,996	54,857	54,540	(317)	40,613	(12,383)
FINANCE LEASE PAYABLE under 1 year	1,303	1,335	1,339	4	1,254	(49)
SHORT TERM LOANS	271	271	271	0	217	(54)
PROVISIONS under 1 year	1,084	1,043	920	(123)	1,068	(16)
<b>TOTAL CURRENT LIABILITIES</b>	<b>55,654</b>	<b>57,506</b>	<b>57,070</b>	<b>(436)</b>	<b>43,152</b>	<b>(12,502)</b>
<b>NET CURRENT ASSETS / (LIABILITIES)</b>	<b>(14,319)</b>	<b>(22,937)</b>	<b>(22,997)</b>	<b>(60)</b>	<b>(18,107)</b>	<b>(3,788)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>229,797</b>	<b>224,277</b>	<b>224,339</b>	<b>62</b>	<b>238,923</b>	<b>9,126</b>
<b>NON CURRENT LIABILITIES</b>						
FINANCE LEASE PAYABLE over 1 year	13,890	12,374	12,122	(252)	12,767	(1,123)
LOANS over 1 year	439	234	229	(5)	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>14,635</b>	<b>14,378</b>	<b>(257)</b>	<b>15,016</b>	<b>(1,340)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>213,441</b>	<b>209,642</b>	<b>209,961</b>	<b>319</b>	<b>223,907</b>	<b>10,466</b>
<b>FINANCED BY</b>						
PDC CAPITAL	273,256	276,256	277,960	1,704	291,457	18,201
REVALUATION RESERVE	57,665	57,665	57,665	0	57,666	1
I & E ACCOUNT	(117,480)	(124,279)	(125,664)	(1,385)	(125,216)	(7,736)
<b>FINANCING TOTAL</b>	<b>213,441</b>	<b>209,642</b>	<b>209,961</b>	<b>319</b>	<b>223,907</b>	<b>10,466</b>

## Cover sheet

<b>Meeting</b>	University Hospitals of Northamptonshire (UHN) NHS Group Boards of Directors (Part I) Meeting in Public
<b>Date</b>	7 February 2024
<b>Agenda item</b>	7

<b>Title</b>	Communications and Engagement (C&E) Key Performance Indicators
<b>Presenter</b>	Sam Holden, Director of Communications & Engagement
<b>Author</b>	Sam Holden, Director of Communications & Engagement

This paper is for			
<input checked="" type="checkbox"/> <b>Approval</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 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"/> <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
The Boards are invited to consider the proposal to implemented quarterly performance reporting against defined KPIs to assess performance of Communications and Engagement activity	None
Executive Summary	
This paper proposes a set of KPIs for approval which should provide oversight and assurance to the boards regarding the delivery of the C&E activity set out in the five-year Communications and Strategic Framework, which was approved by both NGH and KGH boards in March 2022.	

Appendices
None
Risk and assurance
None
Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
The KPIs will enable us to assess audience size and ease of access to platforms – this will inform strategies to make our communications and engagement activity more inclusive and equitable to access.



# Paper

## Summary

A five-year Communications and Strategic Framework was approved by both NGH and KGH boards in March 2022 with a request that a set of key performance indicators (KPIs) be agreed so that there were tangible metrics by which the Communications and Engagement team evaluate and measure the delivery of communications and engagement (C&E) activity.

This paper proposes a set of KPIs for approval which should provide oversight and assurance to the board regarding the delivery of the C&E activity set out in the framework.

It is proposed that performance against these metrics be reported on quarterly in the form of a performance report which is presented at Integrated Leadership Team meetings (subject to formal approval for the establishment of this forum later on this agenda).

## Measuring Performance

The framework, while valid until 2027, will undoubtedly evolve and objectives change as the strategic priorities for UHN change annually. For this reason we propose that instead of linking C&E KPIs against the framework's listed objectives we instead measure performance more broadly in four key domains to give a more rounded picture of the delivery of C&E activity and also measure the effectiveness of the Communications and Engagement team as a support service to the organisation.

It should also be noted that large programmes of work, like the KGH New Hospital Programme and NGH EPR implementation will have dedicated C&E strategies which set out individual evaluation and measurement metrics to assess delivery against specific project goals, so taking a broader approach with the KPIs in this paper will ensure we do not replicate the measurement of C&E performance for individual projects.

The four domains, which categorise the main areas of activity, are as follows:

- 1) Internal communications & engagement – activity with UHN staff;
- 2) External communications & engagement – activity with the public, patients and partners (including system partners and MPs);
- 3) Public perception – media handling;
- 4) Service responsiveness – how the Communications and Engagement team are supporting UHN.

## KPIs for the Four Domains

The following KPIs will be measured in the four domains.

### **Domain 1: Internal communications & engagement**

The success of internal communications and engagement activity can impact the effectiveness of operations and positively influence the culture of the organisation. Measuring the number of staff attending sessions and reading content will help us to measure the engagement from staff and the effectiveness of our channels, the quantitative measures from surveys will enable us to assess the effectiveness of our messages.

#### **A) Attendance at UHN staff briefing sessions**

The number of staff that attend weekly UHN staff briefing sessions via Teams is a good indication of staff's interest and engagement in the strategic direction of the organisation.

*Aim: To increase the number of staff attending.*

#### **B) Open rate for newsletters**

The number of staff opening the UHN staff newsletter will indicate the percentage of staff reading vital organisational information and utilising our main comms channel.

*Aim: To increase open rate of the newsletter.*

#### **C) Visits and bounce rate on intranet**

The number of visits to both KGH and NGH intranet sites, and the bounce rate. Bounce rate is the percentage of visitors who leave a website after viewing only one page. It indicates how frequently users visit your site without interacting or exploring further. A high rate indicates a possible problem with content.

*Aim: To increase visits to the intranet and reduce the bounce rate.*

#### **D) People Pulse Survey**

The People Pulse Survey provides a good temperature check on staff perceptions. We propose to use a question in the survey to ask colleagues whether they feel informed and engaged about what is happening at UHN.

*Aim: Benchmark staff perception of communications and engagement.*

*Reporting period: Annual*

#### **E) NHS Annual Staff Survey – staff engagement scores**

The scores of the Staff Engagement theme of the survey offer insight into how well we are engaging staff.

*Aim: To improve staff engagement score compared to previous year (in collaboration with HR and Senior Leadership Team).*

*Reporting period: Annual*

### **Domain 2: External communications & engagement**

Communicating effectively with our external stakeholders can positively influence patient experience, public perception and will help us to assess whether we are making information about our organisation easily accessible to patients, communities and our partners.

#### **A) External stakeholder brief open rate**

The number of external stakeholders opening the monthly brief tells us that our stakeholders are reading our updates.

*Aim: Achieve 80% open rate.*

#### **B) Social media – number of followers**

The number of followers across UHN, KGH and NGH social media channels (excluding closed staff groups) indicate our possible organic reach for our content.

*Aim: Increase followers by 5% each quarter.*

#### **C) Visits and bounce rate on NGH and KGH websites**

The number of visits to NGH and KGH websites help us to assess the numbers of people accessing information on our website. Bounce rate helps us to assess the quality of our content.

*Aim: Increase visitors to the website and reduce bounce rate.*

### **Domain 3: Public perception**

Media coverage of UHN affects public opinion about the safety and effectiveness of our organisation. Whilst the C&E team often have no control over the reporting of negative stories, we should measure our handling of press inquiries about these stories and how we counterbalance these with positive stories coming from UHN.

#### **A) Volume of proactive press releases**

Measuring the number of proactive press releases we send is a good indication of the amount of good news we are generating.

*Aim: To ensure at least 80% of press releases receive coverage.*

#### **B) Volume of inquiries received and responded to**

We will assess our responsiveness to incoming media inquiries, measuring whether we hit media deadlines for comment, so that we can understand how often we are reactively managing media in a timely manner.

*Aim: To ensure we deal with 90% of inquiries within deadline (this includes those we choose not to provide a response to).*

#### **C) Volume & sentiment of coverage**

The volume of coverage will help us to assess how often our organisation is in the media while sentiment tracking, segmented into categories of 'positive', 'negative' and 'neutral', will help us to understand public perceptions of UHN.

*Aim: To ensure over 50% of coverage is positive/neutral.*

### **Domain 4: Service responsiveness**

Delivering effective communication and engagement activity to the organisation also extends to the supporting teams across the organisation to follow best practice communications and engagement techniques. Better understanding our performance as a support service will help us to assess whether we are helping colleagues to effective C&E activity.

#### **A) Number of work requests vs response time**

The C&E team measure the number of work requests, both ad hoc and project support, received so we can map response time. While the team continue to

prioritise urgent requests and high priority work, our aim is to respond to all requests in a timely manner so our colleagues feel supported and have confidence in the team.

Aims: 1. To acknowledge 100% of requests/enquires within one working day (automated inbox) 2. Review and prioritise each request and communicate the outcome to the requestor within 1 to 5 days, depending on level of urgency.

### **B) Number of project requests vs those supported**

It is important that the C&E team are able to offer strategic advice and tactical support for high priority projects. Assessing the number of projects supported against the number of requests received will help us to assess whether we are supporting enough and whether we need to prioritise/increase capacity to support more.

Aim: 80% of project supported.

### **C) Narrative feedback**

When we receive feedback on our work, whether it is positive or highlights where we could do better, we will include anonymised comments in the performance report.

Aim: to increase number of positive comments received.

## **Limitations**

The KPIs listed above will predominantly give us quantitative measures of our performance in the four domains. Qualitative measures are more difficult to gather – it is difficult to measure the impact C&E activity has solely had on organisational culture or staff satisfaction as these are dependent on many other factors.

We do not believe setting up a dedicated, separate survey for staff to gather views on C&E activity would be appropriate as it would detract from the established national surveying mechanisms.

Instead, we propose to include the following metrics in the C&E performance report on an annual basis. These would not be used to measure performance for the C&E team but provide a narrative as to the potential impact of C&E and, where possible, identify if and where improved C&E performance correlates to improvements in organisational metrics (e.g do improved internal engagement scores correlate with improved retention).

Organisational metrics:

- Staff Survey summary scores
- Staff retention figures
- Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months (WRES data).

## Reporting

Reporting against these metrics will take place quarterly in a performance report, presented by the Director of Communications and Engagement to the Integrated Leadership Team each quarter.

## Risks and Issues

The following risks and issues with this approach have been identified, with mitigations to be suggested:

1. Not all of this data has been previously collected, so benchmarking the first performance report against previous performance will be difficult.

*Mitigation: There is some existing data like social media followers, work requests and media handling stats that can be gathered. Where there is no data, we will utilise the first report as a snapshot against which to benchmark in subsequent reports.*

2. We do not currently have the ability to record some of this data.

*Mitigation: The Communications and Engagement team are working with colleagues in Digital to reinstate analytics tools on digital platforms.*

3. KPIs are not directly linked to specific pieces of work so it won't help us assess C&E delivery against certain strategies listed in the framework.

*Mitigation: Each specific programme of work will have its own C&E strategy with defined evaluation metrics. The KPIs propose in this paper give us a better view of the quality of C&E content and channel utilisation, which helps to provide a broader picture of the effectiveness.*

## Review

These KPIs will be reviewed on an annual basis to assess whether they are still suitable for measuring C&E performance.

## Recommendation(s)

It is recommended that the Boards **approve** the KPIs for use. If approved, the first C&E performance report will be produced in April 2024 to cover the period January – March 2024.

## Cover sheet

Meeting	Boards of Directors (Kettering General Hospital - KGH and Northampton General Hospital - NGH) Part I Meeting in Public
Date	7 February 2024
Agenda item	8

Title	Board Assurance Framework (BAF): 2023-24 fourth and final quarterly review
Presenter	Richard Apps, Director of Corporate and Legal Affairs
Author	Debbie Spowart, Head of Risk

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 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
To provide assurance of relationship between the Group Board Assurance Framework (BAF) and the Corporate significant risks at both Kettering General and Northampton General Hospitals.	Previously considered by relevant committees in common during January 2024 and Boards in December 2023.

Report
<p>This report provides oversight of the Group Board Assurance Framework at 18<sup>th</sup> January 2024 and the relationship between the strategic risks on the Group BAF and the significant risks contained on the Corporate Risk Registers at both Kettering General (KGH) and Northampton General Hospitals (NGH) that potentially impact on the BAFs strategic risks.</p> <p>Risk Management is both a statutory requirement and an indispensable element of good management and is a fundamental part of the total approach to quality, corporate and clinical governance and is essential to the Trusts' abilities to discharge functions as partners in the local health and social care community, as providers of health services to the public and as employers of significant numbers of staff. To ensure best practice in good governance, and to reach an outstanding rating under the CQC well-led domain, the Trust must demonstrate delivery of best practice and performance in risk management.</p>



Each assigned BAF monitoring committee received the Group BAF in January 2024 alongside the associated significant corporate risks from each hospital.

Following Executive reviews, the following updates to BAF risks have been made to date in Q4:

- UHN01 (ability to attract, recruit, develop and retain colleagues) - extended dates to some further planned actions and further assurances added
- UHN03 – (delivery of the group Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy) - The risk received a wholesale review to be agreed by the owning committee

The remaining risks on the BAF will be subject to executive review throughout the remainder of Q4.

In January 2024 the NGH and KGH Audit Committees received assurance on the delivery of the UHN Risk Management Strategy together with a developing suite of Key Performance Indicators (KPIs) relating to the management of risks across the organisation, together with an update on the work of the Board Committees in seeking assurance on the management of strategic risk through the BAF. Audit Committees received and approved a schedule of BAF Committee Deep-dives for 2024/25, including the annual Whole-BAF 'deep dive' review which they will conduct.

Whilst the Risk Management Strategy KPIs on the whole demonstrate improvements in our ability to provide strategic oversight of all risks across the Trusts and track improvements in their management, there remain some KPIs that cannot be effectively reported on due to software limitations and differences between the NGH and KGH systems in use. Audit Committees also sought assurance on the work required through individual Trust Assurance and Risk Committees to ensure opportunities for risk identification, consistency of controls application and assurances, coupled with inter-organisational learning, are identified and progressed during 2024/25.

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH @ 15<sup>th</sup> January 2024.

## Appendices

Appendix A – UHN Group BAF @ 18/01/2024

Appendix B – Alignment of significant corporate risks at both KGH and NGH @ 15/01/2024

## Risk and assurance

As set out in the report.

## Financial Impact

Financial risks are detailed within the BAF

## Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

## Equality Impact Assessment

Neutral

# Group Board Assurance Framework

## 18<sup>th</sup> January 2024

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (Jan 2024)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committees in common	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care..	16	16	→	12	Moderate	Extensions to some planned further actions, assurances added.
UHN02	Quality	Clinical Quality Safety and Performance Committees in common	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability	12	16	↑	8	Low	No changes made
UHN03	Patient	Clinical Quality Safety and Performance Committees in common	Failure to deliver the group Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	12	12	→	8	Low	No Changes Made
UHN04	Systems and Partnership	Clinical Quality Safety and Performance Committees in common Finance and Performance Committees in Common	Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across the Group	16	16	→	12	High	No changes made
UHN05	Sustainability	Group Strategic Development Committees in common Finance and Performance Committees in Common	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy	12	12	→	6	High	No changes made
UHN06	Quality	Clinical Quality Safety and Performance Committees in common	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	12	12	→	4	Low	No changes made
UHN07	Sustainability	Digital Hospital Committees in common	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.	16	16	→	16	High	No changes made
UHN08	Sustainability	Finance and Performance Committees in Common	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	16	20	↑	16	High	No changes made

<b>Principal Risk No:</b>	<b>UHN01</b>	<b>Risk Title:</b>	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care.				
		<b>Materialising in [any/several] of the following circumstances:</b>	The Group People Committee will determine circumstances in which it considers the risk to have materialised, having regard to key qualitative and quantitative evidence including: (1) Sustained declines in Staff and People Pulse Survey key indicators in respect of response rates, discrimination and advocacy (2) Key metrics relating to sickness absence, turnover, vacancies and statutory and mandatory training/appraisal completions in special cause variation for at least three consecutive reporting periods (3)Key metrics relating to safe staffing in special cause variation for at least three consecutive periods (4)Customer experience performance/concerns referred from quality committees (5) Cumulative qualitative and anecdotal evidence identified in the course of business-as-usual activities e.g. Non-Executive site visits/presentations to Committee/regular communication mechanisms. (6)Corporate Risks (below) materialise.				
<b>Date Risk Opened:</b>	April 2021	<b>Risk Classification:</b>	Operational / Infrastructure	<b>Risk Owner:</b>	Group Chief People Officer	<b>Scrutinising Committee:</b>	People Committees in common
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)			<b>KGH CRR:</b>	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)		
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
16 (Extreme)		16 (Extreme)			12 (High)		Moderate
<b>Consequence</b>		<b>Likelihood</b>		<b>Consequence</b>		<b>Likelihood</b>	
4		4		4		3	
<b>Group Priority</b>		<b>People</b>					
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>		<b>Action Owner</b> <b>Due date</b>
1	Dedicated to Excellence Strategy – Culture and Leadership programme	People Pulse advocacy and discrimination scores reviewed by People Committee (Internal) National Staff Survey staff engagement and morale scores reviewed by People Committee (Internal) Anti- racism plan (Internal) Quarterly People Pulse survey asks discrimination question (Internal) New strategic EDI lead commenced in post Sept 2023 (Internal) Anti-racism statement co-produced with staff and approved at People Committee (Internal) UHN Head of OD & Inclusion has been appointed and due to commence in post by April 2024 (Internal)	Action plan to be built based on 2023 Staff Survey results.  Anti-racism education for HR team to support high level of cultural competence.  Staff networks at different levels of maturity impacting ability to support colleagues and leadership.  UHN Head of OD and Inclusion left Trust (Aug 2023)	Staff network support package has been delayed.	Develop detailed Anti-racism delivery plan with localised target dates  Complete anti racism education for HR team  Staff network support package to be introduced including exec sponsorship & development of network Chairs	Culture Lead  EDI Lead  EDI Lead	31.03.2024  31.03.2024  31.06.2024
2	Dedicated to Excellence Strategy – Leadership and Management programme	People Pulse advocacy and discrimination scores reported to People Committee (Internal) National Staff Survey staff engagement and morale scores reported to People Committee (Internal) Appraisal completion rates reported to People Committee (Internal) Numbers completing leadership training reported to People Committee (Internal)	UHN appraisal process and integrated system  Availability of staff makes it difficult to release colleagues to attend training	Delays in scoping and agreement for UHN appraisal process and system	Scope and agree new non-medical appraisal process and create service specification for system  Leadership and Management programme to be further developed in line with 2024 staff survey priorities ensuring content is aligned to our D2E values	Culture Lead  Head of Learning and Education	31.03.2024  31.08.2024
3	Attraction and Resourcing Strategy, including international recruitment and Agency Transformation Programme	Vacancy rates, Turnover rates, Time to Hire reported to People Committee (Internal) Audit of recruitment processes reported to Audit Committee according to schedule (Internal) National Staff Survey morale score reported to People Committee (Internal) Agency spend (WTE, % paybill, above cap and off framework) reported to Finance and Performance Committee and People Committee and ICB Financial Recovery Board (Internal / External) Finalise costed efficiency plans at KGH and NGH (Internal) Delivered 2023 recruitment campaign for internationally educated nurses (NGH target 40) (Internal) Created plan for NGH Temporary staffing hub (Internal) Recruitment and onboarding transformation scoping stage complete and workstreams developed. (Internal) DBS recheck process commenced in NGH (Internal)	Challenges recruiting nurses due to supply of trained nurses in the UK  Process improvement will result in reductions in Time to Hire leading to reduced attrition  Creation of new Collaborative Bank  Single temporary staffing team NGH  Development of costed efficiency plans KGH and NGH  Aligned approach to DBS recheck programme	Delays in implementation of collaborative bank due to need to align onboarding processes and nurse bank bonus	Recruitment and onboarding workstream delivery plans to be delivered with regular updates to People Committee  Implement collaborative bank early adopter trial. Rescoped to HCA. Dependent on aligning onboarding.  Deliver aligned DBS process and renewal system across the Group	Head of People Planning/Process  Senior Transformation lead  Head of Planning and Process	31.03.2025  30.06.2024  30.09.2024

Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
4	Retention Strategy, including Health and Wellbeing and Recognition	Vacancy & Turnover rates, Absence rates reported to People Committee (Internal) Exit interview analysis reported to People Committee (Internal) National Staff Survey engagement and morale scores reported to People Committee (Internal) Opened Our Space at NGH (Internal) Implementation of Just Culture principles with HR, Union and management teams with introductory workshops been run at both sites (Internal) Dedicated HWB space at NGH opened summer 2023 (Internal) Greater consistency in approach to restorative justice across UHN evidenced in similar case load in both Trusts (Internal)	Aligned medical bank rates HCA career pathway Psychological support offer at KGH Flexibility strategy	Looking to the review date for alignment of medical rate bank card as impacted by national industrial action and additional process step requiring ICB approval for investment  Head of HWB out of organisation leading to delay in developing aligned psychological support offer	Align medical bank rate card as part of IBP process effective April 2024  Review HCA pathway including consideration of band 3 roles, cognisant of national Unison Fair Pay campaign  Align psychological support offer  Review UHN Agile / Flexible / Hybrid working policy  Delivery of UHN stay conversation tool kit	Chief People Officer / Medical Director /CFO  Director of People with DoN  Head of HWB  Senior HR Business Partners  Senior HR Business Partner	01.04.2024  1 April 2024  31.03.2024  31.03.2024  31.03.2024
5	Learning and Development Strategy	Statutory and mandatory training completion rates (MAST) and Appraisal completion rates reported to People Committee (Internal)  MAST reporting aligned (Internal)	Appraisal process and system not aligned or fit for purpose.  Industrial relations climate / strikes		New UHN appraisal process to be reviewed and supporting system to be scoped and agreed  Mandatory training audit (planned for Q3)	Culture Lead  Head of Learning and Education	31.03.2024  31.01.2024
6	Clinical Strategy including detailed speciality strategies and workforce plans	Oversight of strategy documents to Group Transformation Committee (Internal)  Workplan of prioritised policies for alignment agreed to be achieved by April 2025 (Internal)	Prioritised timebound plan to deliver clinical collaboration (including enabling functions)  Potential gap in resource to meet the requirements of the plan  Aligned People Policies	Development of People structure to support group model/collaborative working to be finalised once re-set of UHN model is clear.  Vacancy in Head of OD/EDI post	Propose People team structure to deliver support for the Clinical Collaboration strategy.  Develop OD package of support for collaborating services.  Work toward achieving workplan of prioritised aligned UHN policies	Chief People Officer  Head of OD/EDI  Senior HR Business Partner	31.03.2024  31.03.2024  31.03.2025
7	Safe Staffing Strategy	Safe staff metrics including Roster publication performance reported to People Committee (Internal)  Compassionate rostering programme (KGH) (Internal)  Self-rostering pilot (NGH) (Internal)  Agile working Audit (NGH) (Internal)  Reviewing self-rostering pilot at NGH given addition work required for eRostering team around set up and administration (Internal)	Industrial relations climate/strikes		Reviewing UHN Agile/Flexible/Hybrid working policy)	Senior HR BP	31.03.2024
8	Volunteering strategy	Number of volunteer hours/month reported to People Committee (Internal)  Volunteer to career programme launched January 2024 (Internal)	Gap in a formal pathway from Volunteer to career (V2C)  Volunteer profile should reflect our communities – attraction and recruitment activities need to facilitate diverse volunteer profile  Additional transport options needed for both Trusts to support patients/carers with mobility needs to move within our buildings  Identified role for volunteers to support patients on admission to improve patient experience	Diversity profile of volunteers  No on-going funding for schools outreach worker	Continue to support school outreach work on more limited basis  Develop internal transport provision for patients and extend successful trials across UHN  Patient survey with nursing colleagues to identify how volunteers can support patients on admission	Head of Volunteer Services	31.03.2024  31.01.2024  31.03.2024

<b>Principal Risk No:</b>	<b>UHN02</b>	<b>Risk Title:</b>	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability				
		<b>Materialising in any/several of the following circumstances:</b>	Fragmented and inefficient service delivery Service cessation or interruption of service provision for fragile services Sub-optimal outcomes and patient experience Negatively impacting staff retention, recruitment and morale				
<b>Date Risk Opened:</b>	June 2022	<b>Risk Classification:</b>	Quality, Operational Infrastructure, Financial	<b>Risk Owner:</b>	Medical Directors	<b>Scrutinising Committee:</b>	Clinical Quality Safety and Performance Committees in common
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>	NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)			<b>KGH CRR:</b>	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)		
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
12 (High)		20 (Significant)			8 (High)		Low
<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Group Priority</b>	
4	3	4	5	4	2	Quality	
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>	<b>Due date</b>
1 The Clinical Strategy is managed through the Joint Strategic Collaboration Group and Joint Clinical Senate, with individual Trust Clinical Leadership meetings providing a further point of reference and point for resolving tactical issues.		Progress of work shared and reviewed at Trust Clinical Leadership Meetings (Internal) Final Strategy approved at May (2021) public Boards (Group) (Internal) UHN Board governance updates (Quality, Finance, Transformation) (Internal) HMT updates and assurance (Internal) External reviews (Breast, Head and Neck) (External) Final strategy was approved at H&WB Board and overview and scrutiny committees (External)	Resource constraints – clinical and project resource  Ability to influence systemwide patient pathway changes	Clinical strategy fora being reviewed with stakeholders in light of partnership arrangements and wider collaboration	Review of wider collaboration governance  Progress pathway reviews across system UEC and Elective Boards  Review of enabling clinical capacity to affect change	Medical Directors, Chief Operating Officers	31.12.2023
2 Detailed plan for subsequent phase of work that will focus on the integration of specific services – Review of Target Operating Models		Schedule of service strategy developments (Group) (Internal) Oversight monitoring through Asana Project Software (Group) (Internal) Standing clinical collaboration updates to Clinical Quality Safety and Performance Committees (Group) (Internal)	Resource Gaps Resource constraints – clinical and project resource		Progress the review of all services against Target Operating Model Review of enabling clinical capacity to affect change	Chief Operating Officers, Medical Directors	31.03.2024



<b>Principal Risk No:</b> UHN03	<b>Risk Title:</b>	Failure to deliver the group Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care					
	<b>Materialising in any/several of the following circumstances:</b>	N,M,AHP reduced engagement with patient centred initiatives focused on improving safety and quality of care N,M,AHP reduced engagement with professional projects that enhance our working environment and improve morale N,M,AHP are not offered, engage or attend development, training and education opportunities NGH is not able to demonstrate Pathway to Excellence compliance for re-designation					
<b>Date Risk Opened:</b>	April 2021	<b>Risk Classification:</b>	Quality, Operational, Infrastructure	<b>Risk Owner:</b>	Directors of Nursing and Midwifery	<b>Scrutinising Committee:</b>	Clinical Quality Safety and Performance Committees in common
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16) NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16) NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16) NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15) NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20) NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15) NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15) NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20) NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16) NGH686 - There is a further risk regarding women leaving Community appointments without their next appointment being booked. NGH752 - Not Sharing the New Born NHS Number at Birth with Social Care					<b>KGH CRR:</b>	
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
12 (High)		12 (High)			8 (High)		Low
<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Group Priority</b>	
4	4	4	3	4	3	Patient	
<b>Current Controls</b>	<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>	<b>Due date</b>	
1 NGH and KGH have a shared Nursing, Midwifery & AHP professional strategy (IGNITE) monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting.  Aligned reporting and monitoring across the Group	NGH in progress for Pathway to Excellence re-accreditation (June 23) (Internal)  All focused works streams have updated year 2 plan and work under way to refresh metrics moving into year 3 or strategy (Internal)						
2 There is a Director of Nursing and Midwifery and a Deputy who have jointly led the development of the NMAHP strategy at NGH and KGH.	The NMAHP is linked to our People, Academic and Clinical Strategies (Internal)  Ignite strategy oversight at NMHAP (Internal)  Establishment of a quarterly joint NMAHP Board (Internal)  Established quarterly strategy review groups (Group) (internal)						
3 Workstream leads and working groups identified to define progress against objectives.	Each Trust has a Strategy Group Meeting where each Workstream Lead provides an update on progress (internal)  Established quarterly strategy review groups (Group) (internal)	Objectives not fully AGREED for KGH  Objectives not fully agreed across the group		NMAHP strategy group (KGH)  Group NMAHP strategy group	DoN (KGH)  DoN (KGH & NGH)	28.02.2023  31.03.2023	



4	Reporting structure agreed to the joint Collaborative Programme Committee	Reports to joint Collaboration Programme Committee (CPC), Group People Committee (internal)  Report individually to NMB (NGH) and CPAG (internal)		Potential for delayed reporting on objectives to CPC and people			
5	KGH Strategy / Pathway Lead proactively managing the implementation of the IGNITE strategy  Secured funding to commence P2E journey (KGH)	Named KGH lead for IGNITE and in due course P2E (internal)					
6	Dedicated communication programme to support the implementation of IGNITE (NGH and KGH)	Strategy celebrated through International Nurses Day, Midwives Day & AHP Day 2022 (Group) (internal)			KGH Strategy/Pathway Lead to plan monthly communication updates via different media avenue	DoN (KGH)	To commence 01.04.2023

<b>Principal Risk No:</b>	UHN04	<b>Risk Title:</b>	Failure of the Integrated Care System (ICS) to deliver transformed care will result in an impact on the quality of service provided across the Group				
		<b>Materialising in any/several of the following circumstances:</b>	Risk to delivering locally for our patients the core aims of Integrated Care Systems to; 1. Improve outcomes in population health and healthcare. 2. Tackle inequalities in outcomes, experience and access.3. Enhance productivity and value for money 4. Help the NHS support broader social and economic development.				
<b>Date Risk Opened:</b>	June 2022	<b>Risk Classification:</b>	Quality Finance	<b>Risk Owner:</b>	Director of Strategy and Strategic Estate	<b>Scrutinising Committee:</b>	Clinical Quality Safety and Performance Committees in common  Finance and Performance Committees in Common
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 15)			<b>KGH CRR:</b>	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)		
<b>Initial Risk Score</b>		<b>Current Risk Score</b>		<b>Residual Risk Score</b>		<b>Risk Appetite</b>	
16 (Extreme)		16 (Extreme)		12 (High)		High	
<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Group Priority</b>	
4	4	4	4	4	3	Systems and Partnership	
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>	<b>Due date</b>
1 The development and delivery of the Northamptonshire Integrated Care System (ICS) to include the Northamptonshire Integrated Care Board and the Northamptonshire Integrated Care Partnership		UHN Chair and GCEO representation at the Integrated Care Partnership and the Integrated Care Board  Integrated Care Partnership 10 year Strategy and Outcomes Framework  Alignment of the Health and Wellbeing Boards (North and West) strategies and ICB 5 year plan to the ICP 10 year strategy  ICB Strategy and planning group established to deliver ON THE 5 year forward plan as per national guidance	Alignment of ICB plan with the Integrated Care Partnership strategy, Health and Wellbeing Boards strategies, operational planning requirements and UHN Group strategies and planning	Level of focus on system resilience and working as a system to ensure delivery of collaborative working to deliver the strategies and supporting operational plans  Assurance to delivery of system delivery plans	Review and increase Group engagement to possibly include NEDS and further include EDs on existing ICB architecture where possible. Review of NED engagement  System Urgent and Emergency and discharge planning to Be Plans developed-delivery to be led at Place for North and West  Delivery of the ICB forward plan	DoCG  COOS  DoS CFO	31.03.2024  31.12.2023  31.03.2024
2 Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes		Collaborative Boards developing prioritised delivery plans; <ul style="list-style-type: none"> <li>MHLDA</li> <li>Elective Care</li> <li>CYP</li> </ul> Establishment of Place Deliver Boards, Local Area Partnerships to deliver improved outcomes in population health and healthcare  Population Health Board System Clinical Leads Board System Quality Board  System Boards for enablers; <ul style="list-style-type: none"> <li>Estates</li> <li>People</li> <li>Digital</li> </ul> Urgent and Emergency Care system Board and Planning	Connection of decision making across the ICB to include Place and Collaboratives  UHN Place based approach and strategies	Assurance to delivery of system delivery plans for collaboratives and Place	Continue UHN leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance with supporting delivery plans  Prioritisation of delivery and Out of Hospital, discharge, UEC strategy and Plans (to replace iCAN) priorities across the collaboratives and Place	DoS DT&QI CPO CDIO  COOs	31.03.2024  31.03.2024

<b>Principal Risk No:</b>	UHN05	<b>Risk Title:</b>	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy.					
		<b>Materialising in any/several of the following circumstances:</b>	May result in care delivery from poor clinical environments, cost inefficiencies, health and safety incidents, accidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious safety incidents causing injury or death, fines, prosecution and associated reputational damage.					
<b>Date Risk Opened:</b>	01 April 2022	<b>Risk Classification:</b>	Quality Finance Infrastructure	<b>Risk Owner:</b>	Director of Strategy and Strategic Estate Director of Operational Estates	<b>Scrutinising Committee:</b>	Group Strategic Development Committees in common Group Finance & Performance Committees in common	
<b>Corporate Risk Register Links:</b>								
<b>NGH CRR:</b>	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)			<b>KGH CRR:</b>	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR070 - Impact on delivery of services during inspection of RAAC found to be present in Rockingham Wing (Current risk score 15)			
<b>Initial Risk Score</b>		<b>Current Risk Score</b>		<b>Residual Risk Score</b>		<b>Risk Appetite</b>		
12 (High)		12 (High)		6 (Moderate)		High		
<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Group Priority</b>		
3	4	3	4	3	2	Sustainability		
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>		<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>	<b>Due date</b>
1	Completed and approved Group Clinical Strategy will define the clinical requirements of both sites for the future.	UHN now has a Strategic Development Committee in place (Internal) Clinical service strategy focus and implementation plan (internal)		Scope of Clinical collaboration		Complete target operating model Complete NGH Master Plan Developmental Control Plan (NGH)	DofS&SE	31.11.2023 30.08.2024 31.12.2024
2	Kettering Hospital now have a full Development Control Plan for the whole site, forming part of the HIP2 and other programmes. Northampton Hospital have a site masterplan. OBC has been submitted NGH Masterplan funding	Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External) Board oversight of KGH outline business case (internal)		NGH do not have an up to date Development Control Plan		NGH Development Control Plan to commence	DofS&SE	31.08.2024

Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
3	These foundations will come together to start to form the Group Strategic Estates Plan.		The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy.	DofS&SE	31.08.2024
4	A System Estates Board is in place across the ICS with all Health and Care partners.		The System Estates Strategy is not strategic and needs further development  System wide view of all provider / partner strategic estate need / plans	Led by ICB to develop an infrastructure plan		TBC
5	All key estates infrastructure elements have independent AE (authorising engineers) appointed, annual audits and action plans in place; technical and trust meetings in place.	Monthly estates assurance report for each hospital is presented at the Finance CiC  Technical meetings in place to review progress against audit plans		Review of technical meetings effectiveness	DofE&F KGH and NGH	31.12.2023
6	Business continuity plans and infrastructure resilience/back up systems are in place	Estates infrastructure is regularly tested.  Risk rated capital backlog plans in place  Estates strategies for each site	Infrastructure is aging and estates capital plans are insufficient to replace all equipment	assurance for Estates infrastructure BCP to be included in estates assurance reporting, with input from EPRR leads	Annual review of Business Continuity Plans	EPRR Leads  31.03.2024
7	Estates backlog capital programme	Trust capital committees	An up to date 6 facet survey		Tender for completion of a full site 6 facet survey for each site	DofE&F KGH and NGH  28.02.2024

<b>Principal Risk No:</b>	<b>UHN06</b>	<b>Risk Title:</b>	Failure to deliver the long-term Group Academic Strategy may result in inability to attract high calibre staff and deliver on our research and education ambitions.				
		<b>Materialising in any/several of the following circumstances:</b>	Sustainability of 5-year project Impact on financial income to the Group Impact on patient outcomes and experience Lack of progress with our academic partnerships and collaborations with local universities, with potential to impact on University status				
<b>Date Risk Opened:</b>	April 2021	<b>Risk Classification:</b>	Quality Finance	<b>Risk Owner:</b>	Medical Directors and Directors of Strategy	<b>Scrutinising Committee:</b>	Clinical Quality Safety and Performance Committees in Common People Committee
<b>Corporate Risk Register Links:</b>							
<b>NGH CRR:</b>				<b>KGH CRR</b>	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)		
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
12 (High)		12 (High)			4 (Moderate)		Low
<b>Consequence</b>		<b>Likelihood</b>		<b>Consequence</b>		<b>Likelihood</b>	
4		3		4		1	
<b>Group Priority</b>		<b>Quality</b>					
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>		<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b> <b>Due date</b>
1. <b>Governance:</b> The Academic Strategy is managed through the Academic Strategy Programme Board which reports into the Quality Committees in common		The Academic Strategy and the supporting Business Case has been approved by both Hospitals (Internal / External).	The Academic Strategy is due to expire at the end of 2023  Frequency and regularity of the Academic strategy programme board meetings which are currently suspended and only met once in the last year.		Lack of oversight at CSQP. AD R&I, E is leaving on 8 <sup>th</sup> December 23. DME at NGH is leaving role at end of December 23. Project officer the Academic Strategy leaving 31 <sup>st</sup> December 23. IGR reporting – focusses on Research participants only. Gaps in how Education outcomes are reporting as part of the group metrics.	Re-establish programme board meetings.  Complete a gap analysis inc lessons learned to present at CQSP 1 <sup>st</sup> Dec 23.  Re-establish routine reporting to Quality Committee by medical directors. Review terms of reference of Strategy Partnership meetings with University of Leicester and set objectives for next 12 months.	Medical Director NGH / KGH  AD RI,E  MDs MDs  31.12.2023  01.12.2023  01.12.2023 31.01.2024
<b>Capacity Research:</b> Levels of Clinical Academics across UHN and PI Engagement.		3 Clinical Academic Post appointed to at KGH- risks regards sustainability of funding. Decision on offer to Professor of Diabetes at NGH- senior Professor.	Governance/ decision making on future Clinical Academic posts/ Protected PAs for Research.		Reporting on consultant engagement across UHN to support Research portfolio regards PI engagement as a % of workforce. External factors impacting on UHN ability to attract high quality Clinical Academic staff.	Re-establish programme board meetings.  Complete a gap analysis inc lessons learned to present at CQSP 1 <sup>st</sup> Dec 23	Medical Director NGH / KGH  31.12.2023
<b>Research Facilities KGH:</b> Current and long term research facilities at KGH to support increased activity.		Research team located in Thorpe House. Discussions to acquire Portakabin as a Research Facility.	Gaps in business case addressing capital needs of expanding Research portfolio.		Research Team located in Thorpe House with no plans for inclusion of Research team and Clinical Research Facilities into the new hospital build.	Impact on long term plans regards Estate – to be discussed at CSQP. Estates Task and Finish Group to assess future needs at KGH.	MD KGH Director Estates  28.02.2024
<b>Student Accommodation at UHN:</b> Capacity to expand due to student accommodation capacity.		Student placements remain within the current capacity and/ or utilise external accommodation increasing operating costs from external providers.	Governance to discuss future needs of Undergraduate Medical Students to meet the needs of the NHS Workforce Plan.			Estates Task and Finish Group to assess future needs against UHL and Uni of Oxford Undergraduate Medical Students.	MD KGH Director Estates  28.02.2024

Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
<b>Finance: Sustainability</b> - funding of Clinical Academic posts	100% UHN funding for Clinical Academic posts from Academic Strategy due to lack of available funding at Divisional level.	Sustainability of Clinical Academic Posts long term with University of Leicester.		complete a gap analysis inc lessons learned for consideration and impact on financial sustainability.	MD KGH	31.12.2023
<b>Finance: Risk</b> of not achieving commercial research income targets set out in the business case.	Year end 23/24 position will be 12 Commercial trials open across UHN. Invoice time lag between open to receipting income of 12 months. Unrealistic targets set in Business Case, especially for NGH which is additional to the non academic strategy targets set.	Nationally commercial trials is 40% lower post covid, due to lack of UK bounce back.	Governance to review targets for financial income.	Re-establish programme board meetings.  Complete a gap analysis inc lessons learned for consideration.	Medical Director NGH / KGH	31.1.2023
<b>Innovation:</b> Develop Innovation eco-system at UHN to support workforce to develop ideas for new products.	Aligned Management of Intellectual Property Policies across UHN with UHL and University of Leicester.	Gap in capacity and capability as a result of AD R, I & E leaving UHN. Defining innovation priorities for UHN.	Governance to review innovation priorities, how work with QI/ Transformation and develop innovation eco-system.	Review Academic Strategy and define Innovation objectives.	Medical Director NGH / KGH	31.03.2024
Communications: Risk to profile of UHN by not sharing successes of our Academic Strategy.		Lack of communications plan for sharing success of Academic Strategy and what this means for our patients, workforce and future workforce.	Capacity within communications team to support.	Complete a gap analysis inc lessons learned for consideration.	Director of Comms.	
2. Themes relating to academic strategy delivery.						
• Medical Education (ME)	HEE new schedule regards student income for 23/24. Finance confirming numbers and income allocated to the Academic Strategy.  Agreed to develop a MOU with Uni of Leics School of Healthcare to cover, education appointments, placements for expanding provision, and research opportunities.  Assistant Professor post in Medical Education starts with Uni of Leicester on 1st November	HEE reduction of 10% on per student fee which impacts on the income for the Academic Strategy.	No Medical Education focus group	Ensure that the DME role is relevant and robust to delivery of strategy  Establish Medical Education Focus group  Agreement of MOU with School of Healthcare	Medical Directors	31.01.2023
• Estates (E)	Academic Programme Board oversight (Internal)	(E) Accommodation – teaching space. With rising student numbers, there are no current firm plans to manage the demands on the estate (Group)		The Estates Subgroup to develop short term and long-term potential solutions across the group.  Outcome of Integrated Business Case submitted for a short-term solution at NGH.	Operational Director of Estates	31.12.2022
	Academic Programme Board oversight (Internal)	(E) Accommodation- Student living space. With rising student numbers there is pressure on the current estate and at NGH poor feedback from the Medical Students staying onsite at CRIPPS (NGH)		The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts.  A refurbishment plan to be completed at CRIPPS to address student feedback.	Operational Director of Estates	



Current Controls (Likelihood/Impact)	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
• Research (R)	(R) Successful in Clinical Research Facility Bid for Bio Medical Research Centre (internal / external)	(R) Research council covers 80% of costs FEC (full economic costing) whereas Commercial / Pharmaceutical Trials are set or fixed costings & financially more beneficial		(R) To manage a Business Case, a Finance Group is required to track business benefits, income and expenditure.	Director of Finance (KGH / NGH)	
		(R, E) Accommodation - expanding Research and Medical Education team space. With expanding teams to manage an increased portfolio, there is pressure on office space for delivery teams. This is outstanding for KGH.	The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts.		Operational Director of Estates	31.12.2022
		Attraction of Clinical Academics		Increase the number of Clinical Academics Business case to review funding	Group Director of Finance	
• Finance (F)	(F) Monthly finance reporting to Academic Strategy Programme Board and quarterly to Joint Quality Committee – now happening	(F) No strategic lead for academic strategy finance  (F) Financial resource for submission of research grants (joint research office)		Medical Director to liaise with Group Financial Director to discuss support to academic strategy	Medical Director KGH / NGH	
• Innovation- in development (IN)	Academic Programme Board oversight (Internal). Mediplex-NHs Innovation advisor appointed to support Innovation opportunities.  East Midlands Academic Health Science Network, funding Innovation Programme Manager role based at NGH to support innovation across the ICS.  IP in Expert in Residence appointed across the group to provide IP advice as required.	Mediplex will review IP policies and harmonise across the group including revenue sharing agreements for inventors.	Unclear on who has financial oversight		AD Research, Innovation and Education	
• Communications	Gap regards Objective 8 of the Academic Strategy regards communications.	No Communication and engagement plan yet approved maximise the opportunities of the academic strategy (Group) Current gap with recruitment process for the Director of Communications and capacity within the Communications teams. External PR has been completed for big events- e.g NIHR Biomedical Research Centre launch in early Oct 22.		Group Director of Comms to liaise with MD / Research to develop communications	Grp Dir Comms (KGH / NGH)	
• Academic partnership with University of Leicester (UoL)	Partnership meetings with University of Leicester (UoL) and University of Northampton (UHN) held separately to deliver our joint academic activities, review progress against the Partnership plans and manage risks Internal / External)  UoL have signed a Partnership Agreement that sets out the criteria for working between the Group and UoL (Internal / External).  The UoL NED has been included within the KGH constitution (Internal / External).  KGH NED appointment (Internal)		No established partnership meetings	Re-establish partnership meetings		

Current Controls (Likelihood/Impact)	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
UHN membership of Clinical Research Facility (UoL Partnership) and Biomedical Research Centre steering groups/committees to develop partnership with UoL and UHL under the main body of National Institute for Health and Care Research	July 2021 launch of University Hospitals of Northamptonshire NHS Group.	Postholder vacancy has resulted in lack of support to BRC and CRF				

<b>Principal Risk No:</b>	UHN07	<b>Risk Title:</b>	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.				
		<b>Materialising in any/several of the following circumstances:</b>	<ul style="list-style-type: none"> <li>- Patients are not in control of, or kept well informed of, their care so we fall behind standards and expectations of patients</li> <li>- Clinicians do not have the access to full, accurate and timely patient information when they need it, leading to a negative impact on patient care decisions - and therefore outcomes</li> <li>- Staff (clinical and non clinical) do not have the tools, (or the tools are not based on a secure and reliable supporting digital infrastructure), to perform their roles effectively, resulting in poor productivity, poorer outcomes for patients, and a block on their ability to collaborate easily and well, within UHN and also more widely.</li> <li>- Managers and clinicians do not have relevant, accurate, consistent and reliable data readily available in a useful form, to make timely informed decisions, leading to greater operational challenges for UHN, and poorer patient outcomes as result.</li> </ul>				
<b>Date Risk Opened:</b>	Apr 21 Revised April 23	<b>Risk Classification:</b>	Quality, infrastructure, finance	<b>Risk Owner:</b>	Group Chief Digital Information Officer	<b>Scrutinising Committee:</b>	Digital Hospital Committees in common
<b>Corporate Risk Register Links:</b>							
NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 15)			<b>KGH CRR:</b>	KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16)			
<b>Initial Risk Score</b>		<b>Current Risk Score</b>			<b>Residual Risk Score</b>		<b>Risk Appetite</b>
16 (Extreme)		16 (Extreme)			16 (extreme)		High
<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Consequence</b>	<b>Likelihood</b>	<b>Group Priority</b>	
4	4	4	4	4	4	Sustainability	
<b>Current Controls</b>		<b>Plan Delivery Assurance/ Group IGRs (Internal / External)</b>	<b>Control Gaps</b>	<b>Assurance Gaps</b>	<b>Further planned actions to mitigate gaps</b>	<b>Action Owner</b>	<b>Due date</b>
1 Digital Transformation governance structure to monitor and support project delivery against plan		<p>Upward reporting to Group Digital Hospital Committee from governance groups, including:</p> <p>Updates from programme boards (EPR; digital transformation, infrastructure boards and communication and engagement group)</p> <p>Project highlight reports on key current priority projects agreed with the committee.</p> <p>Group CDIO attendance at ICS digital and data board to help tie KGH, NGH and ICS ambitions together and also secure support from wider ICS colleagues where required.</p> <p>TIAA audit (reasonable assurance report)</p> <p>ICS Digital Director involvement and ICS involvement with digital strategy (external)</p>		<p>Benefits reporting to showcase impact of digital transformation, and ensure lessons learnt (and then communicate this back to our colleagues)</p> <p>Clarity on digital ambitions and priorities of the ICS, and timescales of key projects they are leading on (such as NSCR).</p> <p>Robotic Process Automation reporting and governance on delivery to give assurance of performance.</p>	<p>Benefit reporting to incorporate into GDHC papers</p> <p>Review of engagement and communication initiatives MARC 20234</p> <p>Robotic Process Automation assurance to be given to GDHC at a minimum of quarterly basis with clarity on underpinning governance – including performance reporting</p>	<p>Head of DT&amp;I/ GCDIO</p> <p>GCDIO</p> <p>Head of RPA</p>	<p>31.12.2023</p> <p>30.11.2023</p> <p>30.11.2023</p>
2 Operational governance structure (meetings/committees) to review and oversee the performance of the 'business as usual' parts of the Digital Division's work (e.g. financial control & risk management, and performance of ICT areas such as security, systems performance, upgrades, hardware management, etc))		Upward reporting to Group Digital Hospital Committee from Digital Operational Meeting and Data Security Protection Group (internal)		KPIs for Digital Division to track operational ('BAU') performance need to be clearly agreed with DOM.	KPIs drafted June 23 – refine Sept 23 and agreed with GDHC in Oct 23	GCDIO	30.11.2023

3	Prioritisation governance process (including representatives from a diverse range of staff) to oversee digital transformation prioritisation.	Upward reporting to Group Digital Hospital Committee from Strategic Delivery Group (led by Group Transformation Team).  Operation of key forums from Digital which feed into SDG, including the Clinical (main forum for clinical and operational input into digital transformation agenda) and Technical Design (main forum for checking ideas are technically feasible for consideration) authority groups.  Prioritisation governance process to SDC (internal)		Require continual review of priorities – will need assurance the dynamism of process will be ongoing. Effectiveness review of these two new groups once been operating for a few cycles.  Method of reviewing relevance of project backlog (projects previously identified as on digital's list but not in current shortlist of active priority projects) needs to be established through clinical and technical design authority	Review dynamism of priority calls in 6 months' time	GCDIO	31.01.2024
4	Structured communication and engagement activities with clinical and operational leadership on the digital agenda  Communication and engagement plan Overarching KGH and NGH (UHN)  Digital champion network and supporting digital academy with digital competency framework	Upward reporting to Group Digital Hospital Committee (internal)  Digital champion network (KGH) (internal)  Admin academy (NGH); digital academy (KGH) to oversee digital training and support (internal)		Need to include targets or assess how we will measure improvements in engagement of staff and patients with key messages, and review effectiveness of engagement channels after a period.	Review implementation of communication and engagement plan by the end of 2023.	Head of Clinical Systems	31.03.2024
5	Plan to have the digital resource required to ensure capability and capacity required to deliver strategy	Reporting progress of restructure to Group Digital Hospital Committee (internal)	Vacancy gaps within new structure	Resource dependency to be highlighted as critical factor at GDHC to give assurance necessary capability/ capacity is in place for key priority work, and to understand risks and specific areas of pressure.	Recruit into vacancies	GCDIO	31.03.2024
6	Supplier management process. to manage relationships with key digital suppliers and key contracts, to ensure confidence in their ability to deliver and manage any risks.  Regular Exec meetings with KGH EPR supplier	Contractual meetings between Digital SLT and account managers of suppliers (internal)  Reporting to GDHC around supplier support (internal)					
7	Strategy to seek out nationally funded programmes of work (e.g. EPR) to ensure necessary funding to deliver as much of our strategic ambitions as possible, as soon as possible. .	Digital Operational Meeting (internal)  CGDIO / ICS Digital Director collaboration (internal)		Opportunity/ horizon scanning – implementation of Digital Commercial Manager to support this activity	Recruit into vacancies	GCDIO	31.03.2024
8	Strategy to enhance our Health Intelligence Function's ability to service the information needs of UHN.  Action plan to support Health Intelligence		Findings of internal review (carried out in April/ May2023 by former KGH Digital Director) to be considered by Digital team and GDHC to allow better articulation of the current control gaps.	Limited visibility and assurance of performance of Health Intelligence team at GDHC at present.	GDHC to receive assurance on health intelligence  Refinement of priorities of Health Intelligence function reflected in the GDHC reporting DEC 23	GCDIO  GCDIO	31.03.2024  31.07.2023

<b>Principal Risk No:</b> UHN08	<b>Risk Title:</b>	Failure to deliver a 'break even' plan in the financial year and a sustainable Group Medium Term Financial Plan results in support of the Trust, Group and system objectives, specifically: (a) Failure to deliver efficiency, productivity and pathway collaboration results in revenue deficit. (c) Non-delivery of transformation and efficiency targets results in non-delivery of external funds e.g. Elective Recovery, discretionary capital. (d) Management capacity is drawn to financial issues to detriment of other strategic objectives				
	<b>Materialising in any/several of the following circumstances:</b>	<ul style="list-style-type: none"> <li>- Financial performance (income and expenditure) is materially worse than Plan</li> <li>- Insufficient cash to continue day to day operations;</li> <li>- Materially lower transformation, efficiency and productivity performance compared to Plan</li> <li>- Qualified external audit opinions, and / or significant control weaknesses identified by Internal Audit</li> <li>- Increased NHSE oversight and reduced autonomy through NHSE and NICB</li> <li>- Failure to deliver capital plan elements causes detriment to programme delivery outside agreed tolerances.</li> </ul>				

<b>Date Risk Opened:</b> April 2021	<b>Risk Classification:</b> Financial Operational	<b>Risk Owner:</b> Group Chief Finance Officer	<b>Scrutinising Committee:</b> Group Finance & Performance Committees in common
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**Corporate Risk Register Links:**

<b>NGH CRR:</b> NGH 35 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15)	<b>KGH CRR:</b> KCRR056 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)
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Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
16 (Extreme)		20 (Extreme)		16 (extreme)		High
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
4	4	4	5	4	4	Sustainability

Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1 Business planning process, alignment of activity, workforce and finances	Planning submissions subject to board and board committee scrutiny (internal)  Implementation of Group Benefits Realisation approach, agreed by Board (Internal)					
2 Group Performance Management framework, including areas where not on track.	Performance management framework and meetings (Internal)		Aligned internal performance framework report through to F&P  Role of GEM preboard committees on review and delivery of performance	Review of GEM governance and effectiveness	Director of Corporate Governance	31.07.2023
3 Management of capital and working capital.	Performance management framework and meetings (Internal)					
4 Workforce Management meetings (Workforce)	Finance & Performance Committee minutes (Internal)(NGH))					
5 Efficiency/Productivity reporting	Group Transformation Committee and Group Strategic Delivery Group (internal)					
6 Elective recovery monitoring	Finance & Performance Committee (internal)					
7 Finance & Performance meetings	Finance & Performance Committee minutes (Internal)  System Finance meeting minutes (External)  System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes  Group Business Planning Framework in place and used in 23/24 Planning		Group policy on reforecasting, if a reforecast is required in-year	Development of a policy reforecasting  Budget Holder Policy	CFO/DoS	30.09.2023
Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
8 Hospital Management Team meetings	Hospital Management Team minutes (Internal)					

9	Group Executive meetings	Group Executive meeting minutes (Internal)					
10	External review of underlying deficit and improvement opportunities	23/24 plans have an underlying financial position, which will continue to be managed (Internal/ External)					
12	Established Group Transformation Committee and Group Strategic Delivery Group	Structure and processes for Group transformation, investment controls and opportunity identification / delivery (internal)					
13	Established Hospital and group Vacancy control panels						



BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)
	KCRR069 – Management of V&A incidents to staff and impact on staff well-being (Current risk score 15)
	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20)
	NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)
UNH002 (Clinical Strategy)	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)
	NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16)
	NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16)
	NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15)
	NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16)
	NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15)
	NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20)
	NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15)
	NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15)
	NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15)
	NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15)
	NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20)
	NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16) NGH686 – There is a further risk regarding women leaving Community appointments without their next appointment being booked. NGH752 - Not Sharing the New Born NHS Number at Birth with Social Care
UHN004 (Integrated Care Board)	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)
	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 20)
UHN005 (Group Strategic Estates Programme)	KCRR015 - No sustainable capacity for urgent care (Current risk score 20)
	KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15)
	KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16)
	KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16)
	KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16)
	KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15)
	KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16)
	KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15)
	KCRR070 - Impact on delivery of services during inspection of RAAC found to be present in Rockingham Wing (Current risk score 15)
	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)

BAF Link	Risk ID (BAF/CRR)
UHN007 (Digital Strategy)	KCRRO38 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRRO09 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16)
	NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Current risk score 16) NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Current risk score 15)
UHN008 (Group Medium Term Financial Plan)	KCRRO56 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)
	NGH 35 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15)

## Cover sheet

<b>Meeting</b>	Boards of Directors (Kettering General Hospital - KGH and Northampton General Hospital - NGH) Part I Meeting in Public
<b>Date</b>	7 February 2024
<b>Agenda item</b>	9

<b>Title</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>Presenter</b>	Richard Apps, Director of Corporate and Legal Affairs
<b>Author</b>	Richard May, Company Secretary

This paper is for			
<input checked="" type="checkbox"/> <b>Approval</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 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"/> <b>Patient</b>	<input type="checkbox"/> <b>Quality</b>	<input type="checkbox"/> <b>Systems &amp; Partnerships</b>	<input checked="" 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
Seeking Boards' consideration for revised and improved leadership arrangements across UHN and consequential changes required to schemes of delegation and SFI in respect of specific authority currently vested in Hospital Management Teams.	Boards agreed design principles and strategic objectives for the next stages of the UHN collaboration at the October 2023 meetings, identifying specific options for consideration and further development in December 2023.  Board members have been engaged informally in the development work

	through a governance workshop and Boards Development event on 24 January and 1 February 2024 respectively.
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### Executive Summary

UHN currently has a number of leadership groups, the respective roles of which are not universally and clearly delineated ; in some cases this has led to confusion regarding responsibility and accountability for strategic and operational decision-making.

Since coming together as UHN the following groups have been in operation:

- The **Group Executive Team (GEM)** comprised all Board Executive Directors, Chaired by the Group CEO this forum existed to support collaboration through the identification and management of barriers to collaboration but did not hold delegated authority outside of that of its constituent Directors
- **Hospital Management Teams (HMT)** are constituted within each trust, chaired by Hospital Chief Executives, comprising trust executives and senior clinical and divisional representatives, and with delegated authority for decision-making in respect of significant service changes and (at KGH), the approval of capital and revenue business case requests for funding with values between £100k and £250k;
- **Senior Leadership Teams (SLT)**, comprising trust executive directors and Hospital Directors (the HCEOs Senior Team), meet informally on a weekly basis.

To enable timely and effective decision making across the breadth of UHN we propose to abolish the two HMTs and GEM, (SLTs were not formally constituted) and create a single executive and clinical forum across UHN, entitled the Integrated Leadership Team (ILT), to undertake a leadership role on behalf of the Chief Executive to ensure the delivery of the UHN strategic objectives.

The Boards of Directors are recommended to **APPROVE** the establishment of the ILT to carry out the role set out above, and the consequential abolition of the GEM and HMTs with immediate effect, the transfer of specific powers and duties to the ILT and amendments to the Trusts' schemes of delegation, Standing Orders and SFI to give effect to these changes. Subject to approval, the Chief Executive is requested to prepare detailed Terms of Reference for receipt by the ILT at its first meeting.

### Appendices

None

### Risk and assurance

No direct implications for specific risks on the Group Board Assurance Framework.

### Financial Impact

In approving the recommendations, the KGH Board will be transferring authority to approve capital and revenue business cases between £100k and £250k in value to

ILT. This delegation will be subject to further review by the Chief Finance Officer, with recommendations to be submitted to future meetings as they emerge.

Legal implications/regulatory requirements

As set out in the report.

Equality Impact Assessment

Neutral

<b>Meeting</b>	Boards of Directors (Kettering General Hospital - KGH and Northampton General Hospital - NGH) Part I Meeting in Public
<b>Date</b>	7 February 2024
<b>Agenda item</b>	10

<b>Title</b>	Board Composition and Appointments to Committees
<b>Presenter</b>	John MacDonald, Trusts' Chair
<b>Author</b>	Richard May, UHN Company Secretary

This paper is for			
<input checked="" type="checkbox"/> Approval (KGH)	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note (KGH/NGH)	<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 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
<p>The KGH Board of Directors is invited to make appointments to fill vacancies on Committees.</p> <p>These appointments are reserved to the Boards in accordance with the KGH Constitution.</p> <p>The Boards are invited to note changes to Board compositions following a recent recruitment exercise.</p>	<p>Associate Non-Executive Director posts were approved by the Boards in July 2023.</p>

Executive Summary
(A) Appointments to Board Committees (KGH Board of Directors)



The KGH Board of Directors is requested to **approve** the appointments of Jill Houghton to the Audit Committee and Strategic Development Committee.

*(B) Boards' composition*

Following a joint recruitment campaign between the trusts and NHS England, the Boards are invited to note the appointments of Ballu Patel and Caroline Stevens to the roles of Associate Non-Executive Director of KGH and NGH respectively. Ballu and Caroline commenced their roles on 1 January 2024 to serve three-year terms.

NGH has received confirmation of a change to its Establishment Order, approved by the Secretary of State, the effect of which is to formally increase the number of non-executive director positions on the Board of Directors from five to six. This amendment came into effect of 15 January 2024 and enables Caroline Stevens to be re-designated as a Voting Non-Executive Director, subject to approval by the NHS England Appointments Committee.

**Appendices**

None

**Risk and assurance**

No direct implications for the Board Assurance Framework.

**Financial Impact**

Both newly-appointed Non-Executive Directors will be remunerated at the standard rate of £13k per annum, as advertised.

**Legal implications/regulatory requirements**

[The Northampton General Hospital National Health Service Trust \(Establishment\) \(Amendment\) Order 2024 \(legislation.gov.uk\)](#)

**Equality Impact Assessment**

Neutral

## Cover sheet

Meeting	Boards of Directors of Northampton General Hospital NHS Trust (NGH) and Kettering General Hospital NHS Foundation Trust (KGH) (Part I) Meeting together in Public
Date	7 February 2024
Agenda item	11

Title	Use of the Trusts' Seals
Presenter	Richard Apps, Director of Corporate Affairs
Author	Richard May, Group Company Secretary

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 type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input 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
The Trusts' procedures require uses of the Trust Seal to be reported to the Boards of Directors.	None

Executive Summary
(1) The <b>NGH</b> Board is requested to note 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.

(2) The **KGH** Board is requested to note 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.

**Appendices**

None

**Risk and assurance**

None

**Financial Impact**

None

**Legal implications/regulatory requirements**

As specified in 'reason for consideration' section above.

**Equality Impact Assessment**

Neutral