UHN Boards of Directors (Part I)
Meeting in Public

Fri 04 April 2025, 09:30 - 12:30

Main Hall, Cripps Postgraduate Centre, Northampton General Hospital

Agenda

09:30 - 09:30
0 min

1. Welcome, apologies and declarations of interest

Andrew Moore

1. UHN Boards Part I Agenda 040425 (1).pdf (2 pages)

09:30 - 10:00
30 min

2. Staff Story: Disability, Accessibility, Wellbeing & Neuroinclusion Staff Network – World Autism Acceptance Month

Presentation *Polly Grimmett*

10:00 - 10:05
5 min

3. Minutes of the previous meeting held on 7 February 2025 and Action Log

Decision *Andrew Moore*

3.1 070225 Draft Minutes UHN Public Part I Board of Directors meeting.pdf (10 pages)
3.2 Board Action Log Updated 070225 Part I Boards.pdf (1 pages)

10:05 - 10:15
10 min

4. Chair's report (verbal)

Information *Andrew Moore*

4.1. UHN Chief Executive's report

Information *Laura Churchward*

4.1 CEO update public board report April 2025.V03.pdf (5 pages)

10:15 - 10:55
40 min

5. Integrated Performance Report (IPR) and Board Committee Chairs' reports

Assurance *Laura Churchward / Executive Leads / Board Committee Chairs*

5. Cover sheet_IGR (1).pdf (2 pages)
5. Mar25 IGR.pdf (109 pages)
5.0 Group Upward Reporting to UHN 040425 Boards (1).pdf (17 pages)

10:55 - 11:15
20 min

6. Northampton General Hospital (NGH) CQC Urgent and Emergency Care (UEC) Inspection

Assurance *Julie Hogg*

6. UHN Public board UEC Report March 25.pdf (5 pages)

11:15 - 11:45
30 min

7. Maternity Perinatal Dashboards

Assurance *Julie Hogg*

BREAK 11:30-11:45

- 7. Report UHN Perinatal Quality Surveillance Scorecard (Feb Data).pdf (5 pages)
- 7. Appendix 1 - KGH FINAL PQSM (Feb Data) (1).pdf (8 pages)
- 7. Appendix 2 - NGH FINAL PQSM (Feb Data).pdf (9 pages)

7.1. KGH Maternity Support Programme: Latest Position

Assurance *Julie Hogg*

- 7.1 KGH MSSP Update.pdf (4 pages)

11:45 - 11:55
10 min

8. One Digital Strategy 2025-2028

Decision *William Monaghan*

- 8. Our one digital Strategy for Approval UHN Board Cover Sheet v1.0.pdf (2 pages)
- 8. Our one digital Strategy 25-28 v1.3 Mar 25.pdf (15 pages)

11:55 - 12:10
15 min

9. 2024 National Staff Survey – Results and Priorities

Assurance *Paula Kirkpatrick*

- 9. Boards April 2025 Staff Survey report.pdf (5 pages)
- 9. Appendix KGH Staff Survey Results Poster 2024 v2.pdf (1 pages)
- 9. Appendix NGH Staff Survey Results Poster 2024 v2.pdf (1 pages)

12:10 - 12:20
10 min

10. Nursing and Midwifery Annual Establishment Paper

Decision *Julie Hogg*

- 10. Boards NM annual establishment paper.pdf (2 pages)

12:20 - 12:25
5 min

11. UHN Scheme of Delegation and Standing Financial Instructions and NGH Standing Orders

Decision *Richard Apps*

- 11. Boards cover paper SORD NGH SO and SFI 040425.pdf (8 pages)

12:25 - 12:25
0 min

12. Report on the use of the Trusts’ Seals

Information *Richard Apps*

- 12. UHN Cover Sheet Trusts' Seal 040425.pdf (2 pages)

12:25 - 12:30
5 min

13. Questions from the public

12:30 - 12:30
0 min

14. Any other business and close

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

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Friday 4 April 2025, 09:30-12:30
Location	Main Hall (Ground Floor), Cripps Postgraduate Centre, Northampton General Hospital

Purpose and Ambition					
The Boards are accountable to the public and stakeholders; to formulate the Trusts' strategies; ensure accountability; and to shape the culture of the organisations. The Boards delegate authority to Board Committees to discharge their duties effectively and these committees escalate items to the Boards, where Board oversight, decision making and direction is required.					
Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Staff Story: Disability, Accessibility, Wellbeing & Neuroinclusion Staff Network – World Autism Acceptance Month	Director of Strategy	09:30	Discussion	Presentation
3	Minutes of the Previous Meeting held on 7 February 2025 and Action Log	Chair	10:00	Decision Receive	Attached Attached
4	4 Chair's Report 4.1 UHN Chief Executive's Report	Chair Chief Executive Officer	10:05	Information Information	Verbal Attached
Operations					
5	Integrated Performance Report (IPR) and Board Committee Chairs' Reports	Chief Executive, Executive Directors and Committee Chairs	10:15	Assurance	Attached
6	Northampton General Hospital (NGH) CQC Urgent and Emergency Care (UEC) Inspection	Chief Nurse	10:55	Assurance	Attached

7	Perinatal Quality Surveillance Scorecards 7.1 KGH Maternity Support Programme: Latest Position	Chief Nurse	11:15	Assurance	Attached
	Break		11:30		
Strategy					
8	One Digital Strategy 2025-28	Chief Digital Information Officer	11:45	Decision	Attached
People and Culture					
9	2024 National Staff Survey – Results and Priorities	Chief People Officer	11:55	Assurance	Attached
10	Nursing and Midwifery Annual Establishment Paper	Chief Nurse	12:10	Decision	Attached
	Governance				
11	UHN Scheme of Delegation and Standing Financial Instructions and NGH Standing Orders	Director of Corporate and Legal Affairs	12:20	Decision	Attached
12	Report on the use of the Trusts' Seals	Director of Corporate and Legal Affairs	12:25	Information	Attached
13	Questions from the Public	Chair	12:25	Information	Verbal
14	Any Other Business and close	Chair	12:30	Information	Verbal

Minutes of the Meeting

Meeting	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
Date & Time	7 February 2025, 09:30-12:00
Location	Boardroom, Kettering General Hospital

Purpose and Ambition
The Boards are accountable to the public, stakeholders and KGH Council of Governors to formulate the UHN Group's strategy, ensure accountability and shape the culture of the group. The Boards delegate authority to Committees to discharge their duties effectively and these committees escalate items to the Boards where decision making, assurance and direction is required.

Attendance	Name and Title	
Present		
	Andrew Moore	Trusts' Chair
	Laura Churchward	Chief Executive (UHN)
	Richard Apps	Director of Corporate and Legal Affairs
	Alice Cooper	Non-Executive Director
	Stuart Finn	Director of Estates, Facilities and Sustainability
	Simon Gay	Non-Executive Director
	Polly Grimmett	Director of Strategy
	Julie Hogg	Chief Nurse
	Jill Houghton	Non-Executive Director
	Paula Kirkpatrick	Chief People Officer
	Hemant Nemade	Medical Director
	Sarah Noonan	Chief Operating Officer
	Suzie O'Neill	Director of Communications and Engagement
	Trevor Shipman	Vice-Chair and Non-Executive Director
	Sarah Stansfield	Interim Chief Finance Officer
	Becky Taylor	Director of Continuous Improvement
	Damien Venkatasamy	Non-Executive Director
	Chris Welsh	Non-Executive Director
In Attendance		
	Susan Clennett	Deputy Director of Risk and Legal Affairs (Item 7)
	John Drew	Director of Workforce, Training and Education, East Midlands, NHS England (Midlands)
	Julie Grant	Director of System Co-ordination and Oversight, East Midlands, NHS England (Midlands)
	Richard May	Company Secretary
	Jane Sanjeevi	Freedom to Speak Up Guardian (Item 7)
	Luke Sullivan	Freedom to Speak Up Guardian (Item 7)

Apologies for absence		
	Denise Kirkham	Non-Executive Director
	Richard Mitchell	Chief Executive, UHN/UHL
	Will Monaghan	Chief Digital Information Officer
	Caroline Stevens	Non-Executive Director

Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed colleagues to the meeting and noted apologies for absence as listed above, extending particular welcomes to NHS England guests and to colleagues attending their first meetings since taking up new posts: Sarah Stansfield (Interim Chief Finance Officer) and Professor Simon Gay (Non-Executive Director and representative of the University of Leicester). The Boards joined the Chair in wishing Denise Kirkham a speedy recovery following her recent illness. There were no declarations of interest relating to specific agenda items.	
2	**Patient Story – Kirstie's Story** The Chief Nurse introduced a video in which Kirstie described her positive experiences of her treatment in the KGH Intensive Care Unit in August 2024. Through Kirstie's membership of the Autism Advisory Panel for Northamptonshire, she had done lots of work with NHS providers about improving services for autistic people. For a long time, the panel did not see changes as a result of their work; however, Kirstie had witnessed many changes in action during her stay at KGH, when it became clear that clinicians had read communication and autism passports and were therefore able to communicate and make adjustments to ensure that Kirstie's experience as a patient was as comfortable as possible despite being an anxious and stressful situation. The Boards thanked Kirstie for her inspiring story and for her work to champion the voices of children and young people with autism, and were assured that the Oliver McGowan mandatory training modules were required to be completed by all colleagues to ensure awareness and best practice could be replicated across the hospitals. It was acknowledged that further learning and adaptations were required within ward environments, particularly in response to Kirstie's feedback about clocks and signage. The Boards noted the work of the Neurodiversity Staff Network to ensure positive and inclusive relationships between colleagues, requesting a staff story to a future meeting.	**PG**
3	**Minutes of the last meeting held on 6 December 2024 and Action Log** The Minutes of the meeting of the Boards of Directors of Kettering General Hospital (KGH) and Northampton General Hospital (NGH) held on 6 December 2024, were approved as a correct record. The Boards noted the action log and specifically actions:	

	• Aug 24 (11) Feedback from Non-Executive Directors' visits: Shared online space created, templates to be finalised shortly following co-design, for launch during February; • Oct 25 (5) annual staffing budgets: being addressed as part of wider planning process following publication of national guidance on 30 January; • Dec 24 (7) Duty of Candour references within Patient Safety and Incident Response Plan: completed.	
4	**Chair's Report** The Chair reflected on the group's progress over the past year of significant and ongoing change, including appointments of all executive and non-executive directors to coterminous KGH and NGH positions on a single unitary board, the creation of five clinical divisions across the hospitals (for implementation from April 2025) and the development of a Clinical Strategy for UHN and the University Hospitals of Leicester NHS Trust (UHL), due to be adopted in May 2025. The group had not made sufficient progress in improving its culture, financial or workforce controls, giving rise to an extremely challenging operating environment for 2025-26 which required creative, innovate and deliverable plans to navigate, supported by partners within the local health system. The Chair thanked colleagues for their responses to the recent critical incidents, particularly those in Urgent and Emergency Care (UEC).	
4.1	**UHN Chief Executive's report** The UHN Chief Executive presented her written report and drew attention to the following matters: • *New Hospitals Programme (KGH):* Whilst disappointed with the government's decision to pause delivery of the KGH rebuild, the trust was progressing plans to deliver a new energy centre to replace ageing plant, and to prepare for construction of the main scheme in 2032. The delay provided further opportunities to think radically about the continuing provision of some services which were traditionally provided from main hospital sites. Maintenance schedules at KGH would require to be reviewed as a consequence of the delays; • *KGH Rockingham Wing 'RAAC' concrete:* An interim propping solution would be completed while the trust explored long term solutions with NHS England. In response to a question, the Boards were assured that a proactive communications plan for in place to keep colleagues apprised of estates and facilities issues during 2025-26; this was a continuing source of anxiety for many; • *Electronic Patient Record (EPR – NGH):* The implementation of the NGH EPR from June 2024 represented a major technological change for the trust; the UHN CEO indicated her assurance regarding the project delivery plan and provided further assurance to the Boards that the trust would be in a position of readiness before 'go live'. The Boards emphasised	

	the importance of working with the supplier to ensure a comprehensive and accessible training module to accompany the roll-out, and to ensure learning from the KGH EPR rollout were taken into account as part of the project; • Thanks to the generosity of two donors and the support of the Northamptonshire Health Charity, NGH was in the process of acquiring a High Intensity Focused Ultrasound machine to improve services to prostate cancer patients through less invasive treatment options; it was anticipated that the new service would be live from March 2025. The charity's focus on major donors and fundraising campaigns would enable further improvements of this nature going forward; • Significant winter pressures had continued to impact upon UEC pathways at both sides, resulting in long waiting times for patients in emergency departments and critical incidents declared in early and late January 2025. Ambulance handover delays were experienced, though waiting times had since improved. The UHN Chief Executive extended her thanks to colleagues and her thoughts to patients who had experienced sub-optimal care environments (including corridor care) because of the pressures experienced.	
5.	**Integrated Performance Report (IPR) and Board Committee Summaries** The Boards received the IPR and Board Committee summaries. The Director of Continuous Improvement set out the latest position regarding review work to enable the IPR to provide the assurances required; work was underway to improve data input, the quality and timeliness of narrative and to prepare a revised suite of metrics aligned to CQC domains. The revised document should be available from the first committee and board cycle of 2025-26. In response to a question, the Director of Continuous Improvement undertook to explore how peer group benchmarking could be reflected as part of in-year performance monitoring. Executive leads drew significant items to the Boards' attention: *Quality* - Continuing UEC pressures were giving rise to privacy and dignity issues and that reflected in patient feedback; this was in line with the national trend. The Boards were advised that the Quality and Safety Committee had requested a review of fundamentals of care and that there were particular opportunities to improve patient satisfaction through improved streaming at the ED, quicker ambulance handovers and earlier referrals to same-day case to expedite discharge; these themes would be explored further as part of a learning exercise following the peak winter period; - Hospital-acquired infections increased at KGH and C-Diff at NGH; reviews of all cases had identified no lapses in care and would be subject to peer assessment to identify learning whilst	**BT**

	focussing on measures to reduce the likelihood of C-Diff cases occurring; - Complaints response performance was improving at KGH but not so at NGH due to significant capacity gaps; an improvement plan was in place but would require additional capacity to deliver. - There were no significant variations in mortality data, though a small increase in moderate harms, linked to the recent critical incidents; these would be subject to review within patient safety and learning from deaths meetings. *Operations* - Performance against the four-hour UEC treatment standard remained static at KGH and had improved slightly at NGH, in the context of severe winter operating pressures. The overall performance trajectory for UEC was positive as the benefits of winter mitigation schemes began to be felt; - The trusts maintained the strongest referral to treatment and faster diagnosis performance in the region, as well as the fewest number of patients waiting over 65 weeks for treatment; NGH projected 20 patients would be in this position at 28 February 2025, with short term measures in place to ensure treatment; these relied on Waiting List Initiatives and independent sector support, which were likely to be reduced in 2025-26; - The group had benefitted from recent review by speciality by the national Getting it Right First Time team, and by the input of the UEC regional discharge team to advise on pathways and identify further areas of improvement in consultation with patients and clinicians. *Finance* - The Month 9 (31 December 2024) position for the UHN was £31.7m off plan due ongoing UEC, inflationary and service-specific pressures including the impacts of back pay to health care assistants following the resolution of the industrial dispute; - Both trusts were overperforming for receipt of Elective Recovery Funding (ERF) against baselines noting that, following national scheme changes, ERF would be capped at Month 8 outturn figures; this was likely to give rise to unpaid activity during 2025-26. The group would use aligned activity and costing data, made available through the Federated Data Platform, to enable better decision-making in determining activity levels and justifying the use of waiting list initiatives; - Following extensive analysis and review, and subject to the impacts of nationally-funded schemes, it was anticipated that the breakeven capital forecast at year end was achievable. The group planned to release capital monies earlier in the next financial year to ensure timely plan delivery; - Efficiency delivery was on target; cash releasing and productivity schemes would be disaggregated from 2025-26 to ensure the annual plan was realistic and deliverable.	

	People The Boards noted and discussed the latest position regarding bank and agency usage; this had reduced as the substantive workforce had increased, but not proportionally. The Boards considered key factors influencing bank and agency spend and acknowledged that much related to winter mitigation schemes, which would be anticipated to be stood down as operational pressures eased. Whilst this might reduce temporary staffing in short term, longer term strategic and behavioural change was required to provide sustainable care models for core and fragile services and to embed a cultural of accountability for implementing management controls through improved systems, accurate baseline staffing establishments and training. The Boards noted the following items: • Time to hire was likely to increase due to the enhanced scrutiny being provided by vacancy control panels and the recent decision by the Integrated Leadership Team to delay start dates until the new financial year. The trusts were implementing a single recruitment system from April, which should enable NGH performance to improve to match KGH levels; • Vacancy and turnover rates were continuing to improve; • Sickness absence rates had increased since summer 2024; assurance meetings were taking place with divisions to ensure consistent and effective approaches to the management of short and long term sickness and particularly the quality of return to work conversations; • Appraisal completion rates differed between the trusts; however, the forthcoming alignment of reporting methodologies should enable truer comparisons to be provided and a consistent approach; • The trusts would be aligning statutory and mandatory training requirements to a new national offer, expected to be published shortly. The new framework would be submitted to the People Committee for endorsement. *Committee reports* The Boards noted reports from committees and the following specific items from chairs: - Audit committees: the finance team faced significant challenges to improve financial governance and internal controls, including raising awareness of, and access to, systems and processes; - Operational Performance Committee: The Committee commended the new and improved format of the performance report, which enhanced understanding of key issues. The adoption of national definitions was particularly welcomed as it would enable a consistent approach; - Partnership Committee: the Committee had prepared for a successful joint development session between the UHN and UHL Boards (held on 3 February 2025) to inform the emerging	

	group clinical strategy; - Quality and Safety Committee: the Committee indicated 'limited' assurance regarding the implementation of 'must do' and 'should do' action following the December 2023 KGH CQC inspection, undertaking to receive and approve a mitigation plan to ensure completion; - Quality and Safety Committee: the Committee indicated 'limited' assurance regarding the delivery of enablers to overcome barriers to clinical integration and collaboration, noting challenges in relation to the investment required to progress these given the group's financial position.	
6.	**Perinatal Quality Surveillance Scorecards** The Chief Nurse presented the scorecards and drew the Boards' attention to the following specific items: - Student midwives qualifying in 2024-25 (Quarter 4) were having difficulty achieving the 40 births required to register with the Nursing and Midwifery Council; NGH was working with the University of Northampton to support an improved position; - KGH's triage system was not aligned with the Birmingham (BSOT) standard recommended by the CQC due to workforce shortages to support the pathways; business cases were in progress requesting additional staff; - There were six 'moderate or above' incidents at NGH declared during November 2024, one of which had been referred to the Maternity and Newborn Safety Investigations programme; the figures for KGH were five and two respectively (a theme relating to cardiotocography interpretation was identified in both cases); - Scanning capacity at NGH remained a concern, with reliance on agency sonographers to maintain safe delivery of care. The Boards noted the latest position and indicated their assurance in respect of: 1. The identification, investigation and learning from all maternity patient safety incidents, and 2. Maternity services achieving good compliance against the national maternity key safety indicators.	
6.1-6.3	**Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 6 evidence review: assurance report (6.1), exceptions report (6.2) and Declaration Summary (6.3)** The Boards considered reports providing an assessment of the trusts' compliance against CNST/MIS requirements, providing a summary of evidence provided to the Perinatal Assurance Committee, additional supporting evidence and recommending authorisation of annual submissions by the Chief Executive. NGH was on track to declare achievement of nine out of the ten safety actions, with potential for approval of the tenth actin following external validation by NHS Resolution regarding the use of National Perinatal	

	Mortality Reviews to review and report perinatal deaths to the required standard. KGH was on track to declare achievement of six actions, and partial compliance in respect of four actions (Safety actions 3, 4, 7 and 8) for which action plans were in place to achieve compliance in 2026. On reviewing evidence to support compliance, it was recognized that further action was required to evidence board-level oversight for maternity matters discussed in committees. The Boards therefore **noted and indicated assurance** in respect of the additional evidence made available within the agenda and reports pack, and that action plans were in place relating to safety actions that will be shared to support UHN maternity services declaring compliance with NHSR requirements, specifically: *Safety Action 4* – Action plans for neonatal medical and nursing workforce evidencing actions in progress to meet British Association of Perinatal Medicine requirements *Safety Action 5* – Midwifery Workforce Paper Trust Board oversight. Six monthly reviews reported to the People Committee *Safety Action 9* – Evidence of the Board Safety Champions Meeting with Perinatal Safety Champions made available as appendices to the reports. The Boards recognized the implications of non-compliance for the trusts' ability to assure the safety and care of mothers and babies as well as the inability to recover financial contributions to the incentive scheme. The Boards of Directors indicated their assurance in respect of the evidence and summaries provided and **authorised** the Chief Executive to sign the declaration form which stated compliance with six Safety Actions at KGH and nine Safety Actions at NGH and the associated standards and consent for this to be submitted to NHS Resolution in accordance with the MIS guidance. In making this authorisation, the Boards extended their thanks to the work of teams to ensure patient safety, led by the Chief Nurse and Director of Midwifery.	
7.	**Freedom to Speak Up (FTSU) Report: 2024-25 (Quarters 2-3)** The Boards welcomed the FTSU Guardians and the Deputy Director of Risk and Legal Affairs, who continued to fulfil FTSU duties pending review of the service and associated structures. The Guardians introduced the report and the significant items contained within it, making reference to a rise in concerns raised during quarter 3, which was in keeping with national figures and partly attributable to promotional efforts during FTSU month (October). Nursing staff continued to be the prominent staff group speaking up, whilst feedback to the Guardians continued to be positive.	

	The report had been considered and endorsed by the People Committee at its meeting on 30 January 2025. The Committee discussed the importance of promoting and improving the speaking-up culture as a component of UHN's overall cultural improvement work programme, and endorsed inclusion of National Guardian Office 'Listen-up' training module within the organisational response to the 2024 staff-survey. FTSU Guardians and the Organisational Development team will work together to develop a programme of promotion, support and development linked to the staff survey and the divisional restructure programme. The Boards thanked the Guardians for their presentations and continuing work and committed to improving the visibility of FTSU as a means of generating learning and positive outcomes in a culture that valued feedback in a supportive environment for staff and managers.	
8.	**Emergency Preparedness, Response and Resilience (EPRR): Annual Report and Core Standards Self-Assessment Report** The Boards received the EPRR Annual Report and Core Standards Self-Assessment noting that, partly as a consequence of more stringent reporting and monitoring regime, showed that both trusts' overall self-assessments were non-compliant with the standards. 62 standards were applicable to each trust; KGH was assessed as fully compliant with 16 standards and partially compliant with 46; the NGH figures were 23 and 39 respectively. To achieve overall partial compliance required 77% of standards to be fully compliant; to achieve substantial compliance required 95%. The results were disappointing yet were not unexpected given the capacity constraints on the central EPRR function and the increasingly stringent standards against which the trusts were assessed. A single UHN EPRR manager had now been appointed, and would reconfigure structures to ensure sufficient capacity at both hospitals. The Boards were assured at the structural and cultural improvement plans referred to in the report would be closely monitored throughout the year by the Operational Performance Committee. Cultural change was identified as a key challenge, in order to move to a position where business continuity planning was owner and prioritised appropriately throughout the organisations (including releasing staff to attend relevant training and briefings). The Trusts had responded to business continuity incidents effectively during the year such as flooding, cyber attacks and civil unrest; however, supporting documentation had often been insufficient. The Boards noted the report and latest position and looked forward to the organisations achieving 'partial' compliance in 2026, with external support from the local health system and local resilience forum as required.	

9.	**Board Assurance Framework (BAF)** The Boards received the BAF and noted changes following consideration by Committees. Work continued to review the risk management strategy, the final draft of which would be presented to a future meeting for adoption; the report summarised development themes for the new strategy, including deeper risk management integration across UHN, a single digital risk management solution, and the use of quality improvement capacity and techniques to improve the control environment. The Boards looked forward to reviewing risk appetite as part of the review process, which would inform the prioritisation of resource allocation to mitigate the likelihood and impacts of the biggest risks to the organisations. The Boards noted the latest position and the need to review Risk BAF05 (estates) following the recent government announcement regarding the New Hospitals Programme, and indicated assurance in respect of the effectiveness of the group's risk management framework.	
10.	**Questions from the Public** The Finance Director of the Morris Healthcare Group asked whether the Trusts would be in a position to support its application for a licence from the CQC in order to enable it to provide care services in the local community and support admission avoidance and discharge. The Chief Nurse undertook to investigate this.	**JH**
11.	**Any other business and close** There was no other business.	

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NHS
University Hospitals of Northamptonshire
NHS Group

Action Log

Meeting	Boards of Directors (Part I) Meeting in Public
Date & Time	Updated following 7 February 2025 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Aug 24 11	Consider process for capturing feedback from Non-Executive Director visits.	JH	Feb 25	For confirmation at Non-Executive Directors' meeting on 1 April 2025	CLOSE
Oct 24 5	Preparation of annual staffing budgets: the Boards requested additional assurance from the Chief People and Financial Officer, linked to the 2025-26 planning process.	SS/PK	Mar 25	Plan approved by boards on 26 March 2025 showing financial and workforce targets for 2025-26	CLOSE
Oct 24 8ii	Initial submission of future year winter plan	SN	May 25	Added to 2025 work plan	NOT YET DUE
Oct 24 15	Clarify and communicate non-executive diversity network sponsors	PK	Mar 25	The Integrated Leadership Team approved updated arrangements clarifying the roles of executive and non-executive network sponsors at its meeting on 24 February 2025.	CLOSE
Dec 24 7	Refer to Duty of Candour in Patient Safety and Incident Response Plan	HN	Dec 24	Medical Director confirmed completion	CLOSE
Feb 25 2	Staff story: Neurodiversity Network	PG	Apr 25	Agenda item 2	CLOSE
Feb 25 5	The Director of Continuous Improvement undertook to explore how peer group benchmarking could be reflected as part of in-year performance monitoring.	BT	May 25		NOT YET DUE
Feb 25 10	Respond to request for CQC registration support letter	JH	Feb 25	Complete	CLOSE

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Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	4.1

Title	Chief Executive's report
Presenter	Laura Churchward - UHN Chief Executive (CEO)
Author	Laura Churchward UHN CEO and UHN Executive Team

This paper is for			
☐ Decision	☐Discussion	✓ Note	☐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				
✓ Patient	✓ Quality	✓ Systems & Partnerships	✓ Sustainability	✓ 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' information.	None
Executive Summary	
This report is an update from the UHN CEO, summarising key points from February and March 2025.	
Appendices	
None	
Risk and assurance	
Information report – no direct implications.	
Financial Impact	
There is no financial impact	
Legal implications/regulatory requirements	
There is no legal impact	
Equality Impact Assessment	
Information report – neutral	

Welcome

This meeting marks my fourth as CEO of University Hospitals of Northamptonshire (UHN). Over the last two months I have continued to visit many of the teams across the many sites we manage. The Chair and I (as well as members of the Boards) attended our Covid 19 National Day of Reflection service on Friday, 7th March at Kettering General Hospital which was an important moment of reflection.

NHS Restructure

Following the recent announcements that NHS England will be absorbed into the Department of Health and Social Care and that Integrated Care Boards will be required to reduce in size, we have been engaging with colleagues across our organisations about the significant financial and operational issues facing us at UHN (and across the wider NHS) and the actions we need to take. A series of listening events have taken place in collaboration with the University Hospitals of Leicester NHS Trust (UHL) which have been very well attended. These events will take place throughout the year.

Urgent and Emergency Care (UEC)

Our emergency departments have remained under pressure in February and March, although we have seen improvements to this in the latter half of March. The Trusts have now been escalated to Tier 2 for UEC, which means that we will receive additional oversight and support to improve both waits in the department and ambulance handover times.

CQC Inspection

The Care Quality Commission (CQC) recently conducted an unannounced inspection of our Urgent and Emergency Care pathways at NGH and we await the formal feedback from that inspection visit. Whilst the inspection team recognised the compassion and commitment of our staff, they also identified the need for some rapid improvements to be made in our care for patients. We have made some immediate changes and are continuing to work intensively with the teams in the department, listening to our patients and colleagues, to ensure that we address the concerns and make all of the improvements necessary.

Staff survey

The national staff survey results were published on 13th March and we have started to share the results across UHN. We have a paper on the agenda today which sets out the results and contains links to the full survey outcomes. When looking at each of the elements of the People Promise, NGH results remain near the average for Acute Trusts and KGH results are below average in all areas. We need to do better - we have started our work to feedback the results and listen to what our colleagues are telling us.

Recruitment

All NHS Trusts are facing significant financial and performance challenges at the start the new financial year and UHN is no exception. To stabilise our workforce and protect our substantive colleagues, we took the decision in mid-March to pause external recruitment (bar some exceptional roles) for a brief period whilst we strengthen our financial plans for 2025/26. As well as pausing external recruitment, we have further strengthened our controls on overtime, additional hours and temporary staffing.

Operational Excellence

2025/26 is set to be a challenging year in terms of the operating plan and the need to bring services together and establish collaborative working. To support our leadership teams, we will be delivering a series of management skills workshops with a focus on collaborative leadership, people management and financial management skills, using data to support operational excellence and strategic thinking. The programme will be delivered by senior leaders and those with subject expertise across UHN, ensuring the workshops are relevant and deliver value for money.

Our Boards of Directors

Richard Apps, our Director of Corporate and Legal Affairs, will be leaving UHN at the end of May. I offer my congratulations to Richard, who will be taking up the post of Executive Director of Corporate Affairs, Risk and Governance at Northwest Anglia NHS Foundation Trust. Richard has been instrumental in supporting the move to a single UHN Board (KGH and NGH Boards meeting together) and leading governance improvements over his six years with us in Northamptonshire and I know he is very proud of the teams he has developed across UHN - I thank him for his work.

And to end on a positive(s):

1. **Annual Planning Access and Cancer waiting times report**

   NHSE recently shared that Northamptonshire currently holds the best 18-week and 52-week performance by system across the region. We also have strong long waits performance where we have the smallest volumes of patients waiting over 65 weeks in the region.

   The Cancer wait times standards will be increasing from March 2025 to 80% for Faster Diagnosis Standard (FDS) and 75% for 62-day performance. Northamptonshire already exceeds the FDS target at 85.8% and at 72.8% is the closest in the region to achieving the new 62-day performance target.

   Clearly the year ahead will be challenging with the revised performance targets set against a challenging financial backdrop but we are starting the new year in a stronger position than other Trusts in our region.

2. **Advancement in the Laryngology Service - UHN**

   The Midlands Laryngology Service at University Hospitals of Northamptonshire (UHN) continues to grow as a tertiary referral centre for the region, strengthening our role in specialist care and attracting laryngology fellows and specialist speech and language therapists.

   Key milestones include the development of an office-based procedures pathway, with over 200 cases successfully performed under local anaesthesia. This includes blue laser treatments, filler/Botox injections, balloon dilations, and biopsies; significantly reducing waiting lists. We have also introduced the VOIS thyroplasty implant for vocal cord palsy and laryngeal reinnervation surgery; further expanding treatment options. We are now one of the very few centres in the UK offering this range of state-of-the-art treatments.

3. **Urology - KGH**

   The Urology Department at KGH has conducted its first Trans Urethral Laser Ablation (TULA) and Holmium Laser Enucleation of the Prostate (HoLEP) procedures. These are laser procedures that support prostate cancer treatment and are less invasive than the

surgical treatments they replace. These have been started at KGH with a view to completing them in an outpatient setting rather than main theatres.

4. **UHL UHN Digital Academy**

Over 100 colleagues will commence apprenticeships in our UHL UHN Digital Academy by the end of March, exceeding our initial target of 75 enrolments. These fully levy-funded apprenticeships in data analytics, digital transformation, and health informatics, will help address skills gaps, support retention, and foster a culture of innovation. This initiative aligns with national NHS priorities, including the NHS Long Term Plan and the NHS Workforce Plan, both of which emphasise the importance of digital transformation and skills development.

Laura Churchward

UHN Chief Executive Officer

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group Public Boards of Directors (Kettering General Hospital and Northampton General Hospital)
Date	4 April 2025
Agenda item	5

Title	Board Committee summaries and the Integrated Performance Report (IPR)
Facilitator	Laura Churchward, UHN Chief Executive
Author	Richard May, UHN Company Secretary

This paper is for			
☐ Approval	☐Discussion	☐Note	✓ 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				
✓ Patient	✓ Quality	✓ Systems & Partnerships	✓ Sustainability	✓ People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
The Integrated Performance Report (IPR) provides an overview to both KGH and NGH's performance. Board Committee summaries enable the Boards of Directors to be assured around organisational performance on an exception	The IPR is produced on a monthly basis and is presented at each public Board on a bi-monthly basis. The IPR was considered by Board Committees during March 2025.

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.	The Director of Continuous Improvement is leading work to redevelopment the report (including the agreement of revised suites of metrics by committees) and will update the Boards regarding progress – the new version will be available from the April Committee cycle reporting into the May 2025 Boards' meeting.

Executive Summary

Board Committee summaries and the Integrated Performance Report for March 2025 are enclosed. Executive Leads will draw the Boards' attention to significant exceptions within the quality, operations, finance and people domains. Committee Chairs will subsequently be invited to draw the Boards' attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case.

Appendices

Board Committee Summaries, February - March 2025
Integrated Performance Report, March 2025. Board Members' particular attention is drawn to the following Committee cover sheets:

- Quality and Safety (page 4 of 107)
- Finance and Investment (page 33 of 107)
- Operational Performance (page 45 of 107)
- People (page 90 of 107)

Briefing note (documents section of Board portal only)

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

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

NHS
University Hospitals of Northamptonshire
NHS Group

IPR

March 2025

Dedicated to excellence

Introducing the IPR

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

1) Quality and Safety Committee (pages 4 to 33) covering metrics aligned to our ‘patient’ and ‘quality’ dedicated to excellence values
2) Finance and Investment Committee (pages 34 to 45) covering metrics aligned to our ‘sustainability’ dedicated to excellence values
3) Operational Performance Committee (pages 46 to 92) covering metrics aligned to our ‘sustainability’ and ‘systems and partnerships’ dedicated to excellence values
4) People Committee (pages 93 to 109) covering metrics aligned to our ‘people’ dedicated to excellence values

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 and Safety Committee

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Quality and Safety Committee

Exec owners: Julie Hogg, Hemant Nemade, Sarah Noonan, Becky Taylor

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

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

1. There has been a continued decrease in patient satisfaction scores across UHN's Emergency Departments, with KGH at 73% (a 3% drop) and NGH at 77.9% (a 2.7% drop). These declines reflect the ongoing and significant pressures across our Urgent and Emergency Care pathways, including crowding, delays, and system-wide flow challenges. Addressing this remains a key priority across UHN, and targeted actions are underway

2. There has been a positive increase in inpatient satisfaction scores across UHN, reflecting improved experiences for those receiving care on our wards. KGH has risen to 95% (a 1% increase), and NGH has seen a more significant improvement, reaching 96.1% (a 3.1% increase).These results are a testament to the continued hard work and dedication of our clinical and support teams, despite ongoing system pressures.

3. There has been a notable reduction in C. difficile infections across UHN this month, with only four reported cases. This improvement reflects the positive impact of ongoing infection prevention and control measures being implemented across the organisation. To support continuous improvement, an external peer review is scheduled for 31 March 2025, led by the ICB and regional infection control leads.

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

1. All metrics have been reviewed to ensure UHN targets set from April 2025.

2. Review for the quality of narrative underway for quarter 1 reporting .

3. Focused work in quarter 1 to ensure that reporting within agreed timeframe is sustained.

Worth remembering for all metrics, 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.

Summary Table

Committee Name: All

Group Name: Patient

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/02/25	93.00%	95.00%	90.8%	93.24%	95.68%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/02/25	90.40%	95.00%	87.48%	89.94%	92.4%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - inpatients	01/02/25	96.10%	89.50%	89.63%	93.12%	96.61%			Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - inpatients	01/02/25	95.00%	95.00%	89.44%	93.32%	97.2%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - A&E	01/02/25	73.00%	95.00%	67.92%	77.12%	86.32%			Consistently Anticipated to Not Meet Target
NGH	Patient	% Patients satisfaction score - A&E	01/02/25	77.90%	88.00%	71.43%	78.53%	85.62%			Consistently Anticipated to Not Meet Target
KGH	Patient	% Patients satisfaction score - maternity	01/02/25	96.00%	95.00%	83.58%	94.44%	105.3%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - maternity	01/02/25	97.20%	96.80%	88.28%	95.29%	102.31%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - outpatients	01/02/25	93.80%	93.80%	92.16%	93.82%	95.47%			Not Consistently Anticipated to Meet Target
KGH	Patient	% Patients satisfaction score - outpatients	01/02/25	95.00%	95.00%	93.79%	96.12%	98.45%			Not Consistently Anticipated to Meet Target
KGH	Patient	Number of complaints	01/02/25	24	0	15	43	71			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/02/25	29	0	20	40	61			Consistently Anticipated to Not Meet Target
NGH	Patient	Complaints response performance	01/02/25	37.50%	90.00%	41.57%	71.96%	102.35%			Not Consistently Anticipated to Meet Target
KGH	Patient	Complaints response performance	01/02/25	88.00%	90.00%	23.4%	54.32%	85.24%			Consistently Anticipated to Not Meet Target

% Patients satisfaction score - Trustwide

Committee Name: All

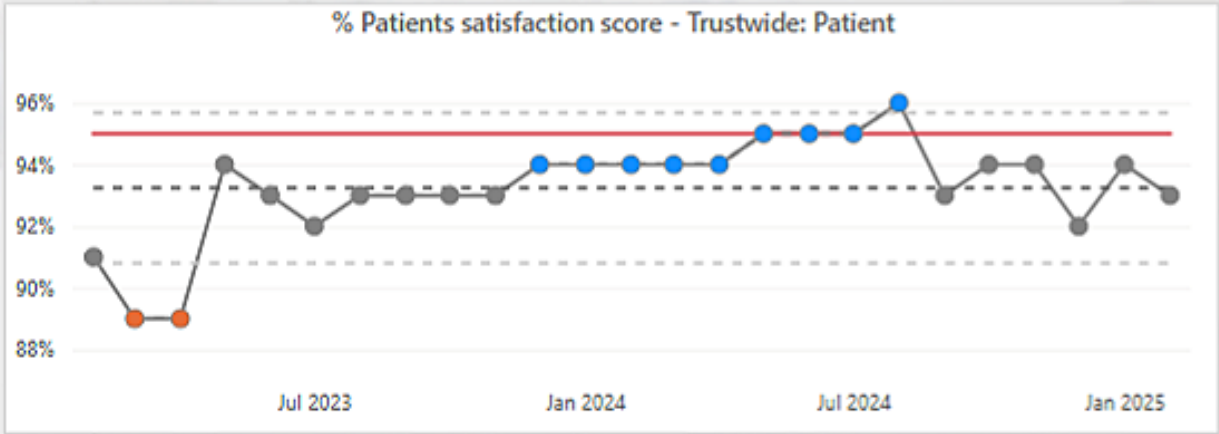
GroupName: Patient

MetricName: % Patients satisfaction score - Trustwide

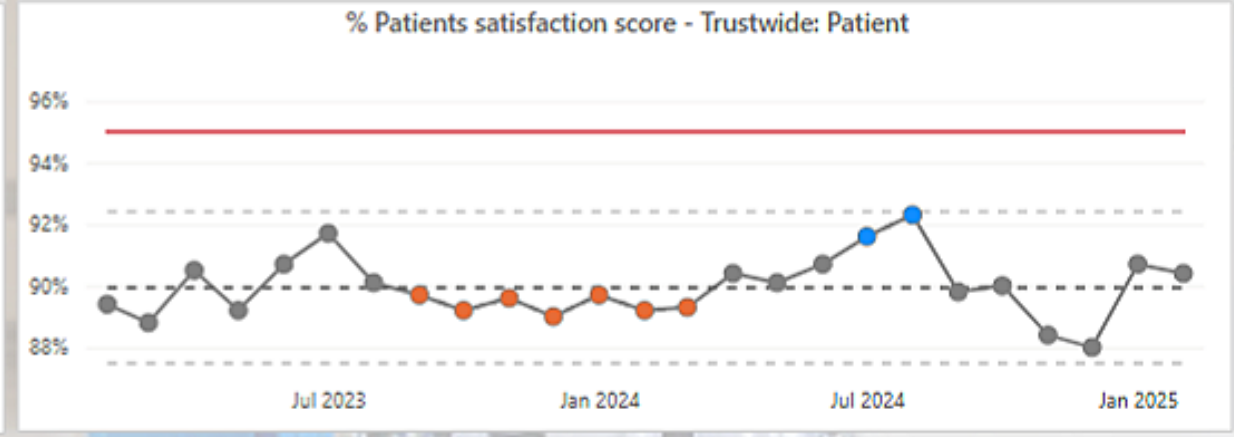
Date: 01/02/2023 – 01/02/2025

93.00%	95.00%	90.40%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Trustwide satisfaction score for February was 93% which was a decrease of 1% when compared with January. As a Trust, we received 4,618 responses to the Friends and Family Test in February, which was an increase of 163 responses when compared with January.	Outpatients, Maternity and ED departments had a decline in satisfaction score in February. The main driver for the overall decline is in ED.	Any learning actions identified through the FFT are highlighted in the monthly divisional updates which are discussed in divisional governance meetings. Bi-Monthly, updates on actions and learning from feedback are reported to the Patient and Carer Experience and Engagement Group.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance. FFT continues to be a focus across the Trust
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Trust wide FFT satisfaction score for February was 90.4%. This is a very slight decline when compared with January (90.7%). As a Trust, we received 6,191 responses to the FFT which was a decrease of 335 responses when compared with January.	Most services saw an increase in their performance except for some of the ED and Outpatient services affecting the overall Trust performance.	The areas of concern are identified within the regular reporting process to the service leads.	The full detailed performance data is shared at various management levels with the ability to drill down to divisions, directorates, locations and specialities.

% Patients satisfaction score - inpatients

Committee Name: All

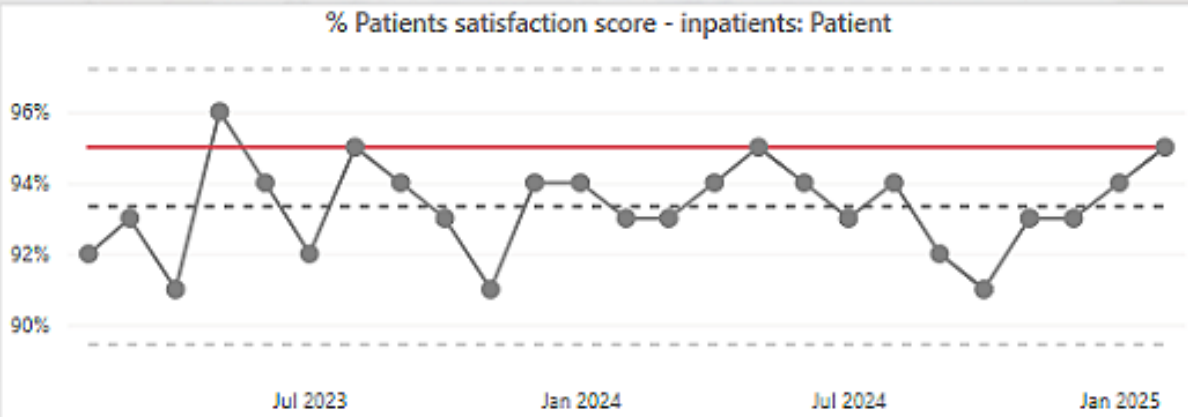
GroupName: Patient

MetricName: % Patients satisfaction score - inpatients

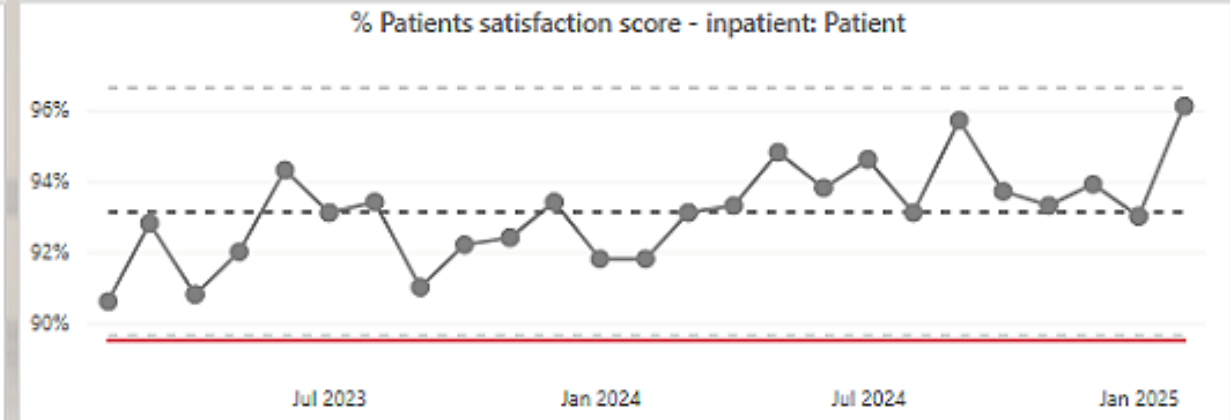
Date: 01/02/2023 – 01/02/2025

95.00%	95.00%	96.10%	89.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Inpatient satisfaction score was 95% in February which was an increase of 1% when compared with January.	There were increases in satisfaction scores in Maple, Lamport, HC Prettys and Harrowden A.	A deep dive into all wards who had a decrease in responses will be led on by the Patient Experience Team, and areas will be asked to put a recovery plan in place. This is proven to be beneficial as 4 of the areas that declined in December, have now increased in score. Any learning or actions that are identified will be shared with the divisions to manage locally.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The inpatient FFT satisfaction score increased by 3.1% in February (96.1%) compared with January (93.0%). Within the inpatient areas, we received 830 responses in February compared with 645 responses in January.	No issues identified - Inpatient areas did not see a decrease in satisfaction score this month.	Any learning actions identified through the FFT are highlighted in monthly divisional updates which are then discussed at the monthly divisional governance meetings. Bi-monthly updates on actions and learning from feedback are reported to the Patient & Carer, Experience & Engagement Committee.	Continued monthly FFT reporting shared with all areas, Directorates, Divisions & Senior leads.

% Patients satisfaction score - inpatients

Committee Name: All

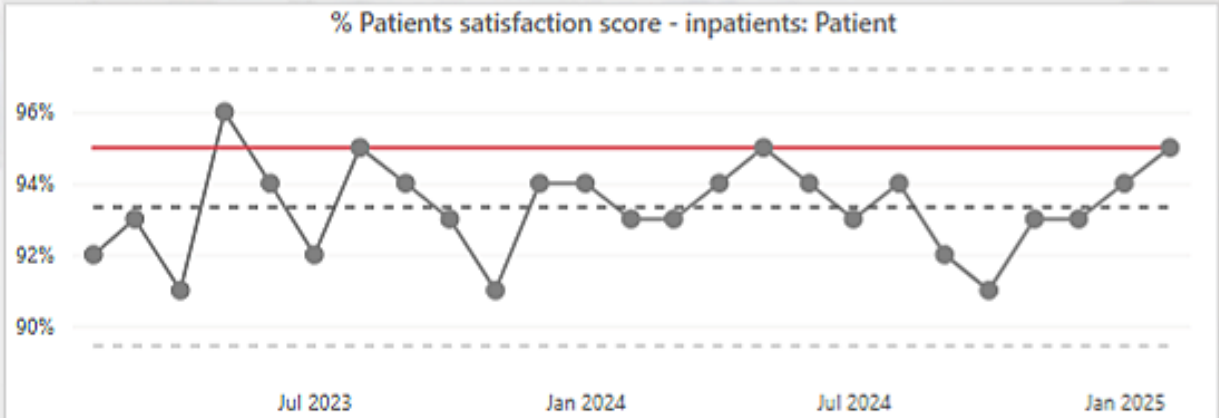
GroupName: Patient

MetricName: % Patients satisfaction score - inpatients

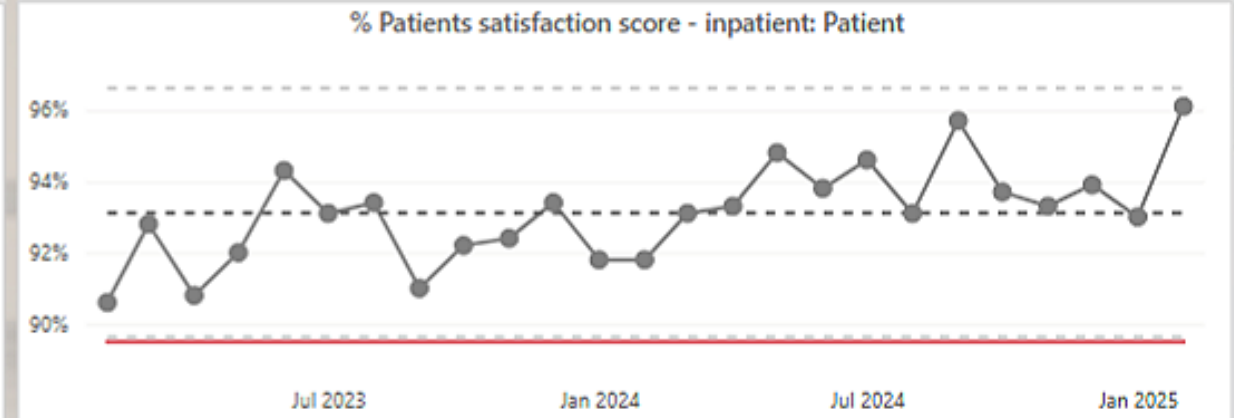
Date: 01/02/2023 – 01/02/2025

95.00%	95.00%	96.10%	89.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Inpatient satisfaction score was 95% in February which was an increase of 1% when compared with January.	There were increases in satisfaction scores in Maple, Lamport, HC Prettys and Harrowden A.	A deep dive into all wards who had a decrease in responses will be led on by the Patient Experience Team, and areas will be asked to put a recovery plan in place. This is proven to be beneficial as 4 of the areas that declined in December, have now increased in score. Any learning or actions that are identified will be shared with the divisions to manage locally.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The inpatient FFT satisfaction score increased by 3.1% in February (96.1%) compared with January (93.0%). Within the inpatient areas, we received 830 responses in February compared with 645 responses in January.	No issues identified - Inpatient areas did not see a decrease in satisfaction score this month.	Any learning actions identified through the FFT are highlighted in monthly divisional updates which are then discussed at the monthly divisional governance meetings. Bi-monthly updates on actions and learning from feedback are reported to the Patient & Carer, Experience & Engagement Committee.	Continued monthly FFT reporting shared with all areas, Directorates, Divisions & Senior leads.

% Patients satisfaction score - A&E

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - A&E

Date: 01/02/2023 – 01/02/2025

73.00%	95.00%	77.90%	88.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The ED satisfaction score was 73% for February, which was a decrease of 3% when compared with December.	Adult Accident & Emergency had a decrease of 4% when compared with January, whilst PED increased by 5 %.	Undertake a review internally on ED services and how feedback is collected.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The emergency department FFT satisfaction score was 77.9% in February which is a decrease of 2.7% when compared with January (80.6%). This could be due to long waiting times, boarded patients and high numbers of patients attending the emergency areas. The average attendances within February were 438, with the highest number of attendances within 24 hours being 493. In total, there were 1,617 responses received for the emergency areas in February compared with 1,759 in January.	Decline in FFT satisfaction scores noted in February for all of the emergency areas.	Data relating to the different services within the emergency department continues to be shared with relevant management teams in order to focus on ay areas that require improvement.	FFT performance continues to be monitored with negative themes highlighted to the relevant departments and senior leads.

% Patients satisfaction score - maternity

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - maternity

Date: 01/02/2023 – 01/02/2025

96.00%	95.00%	97.20%	96.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Maternity Services satisfaction score was 96% for February which was a decrease of 1% when compared with January.	Community Midwifery Corby had a decrease of 14% when compared to January.	Patient Engagement Midwife to support Corbu community team in a recovery plan.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance.
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Maternity Services FFT satisfaction score for February was 97.2% which was the slightest increase of 0.2% compared with 97.0% in January.	Birth and Postnatal Community saw an increase in FFT satisfaction score within February. There was a decrease in FFT satisfaction scores for Antenatal Observation Ward/Induction of Labour and Postnatal Ward when compared with January.	The Patient Experience Team continue to joint work with the Patient Experience Midwife and Midwifery teams. All relevant feedback is shared with the relevant senior teams and discussed at monthly divisional governance meetings and bi-monthly PCEEC Group.	The Patient Experience Team will continue to monitor patient satisfaction performance and joint working with the Patient Experience Midwife and Midwifery Teams.

% Patients satisfaction score - outpatients

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - outpatients

Date: 01/02/2023 – 01/02/2025

95.00%	95.00%	93.80%	93.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

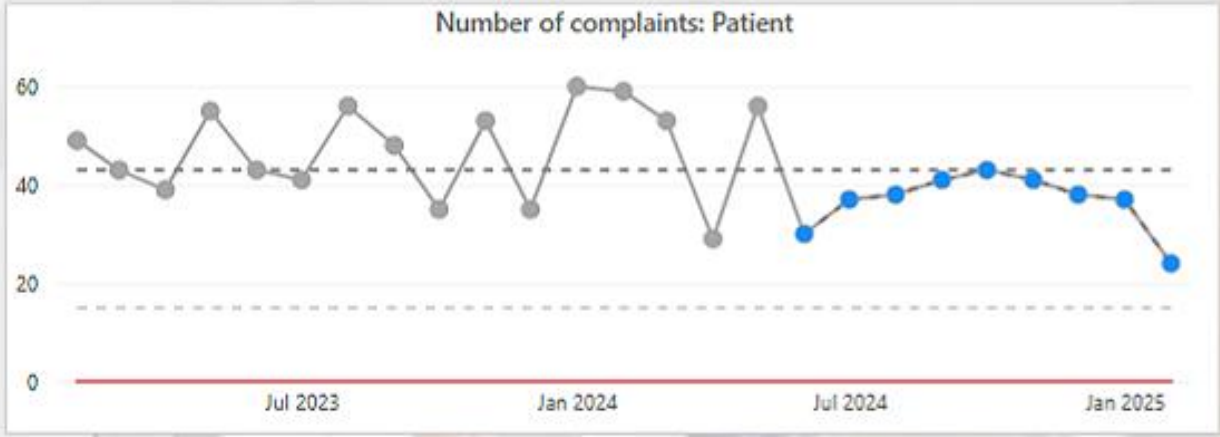
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Outpatient satisfaction score was 95% for February, which was a decrease of 1% when compared with January.	Urology, Nuffield and Xray had the highest decline when compared with January.	Local recovery plans to be put in place to support FFT growth.	Response rates and satisfaction score information is shared with all Service Leads to ensure relevant actions are in place to better performance. FFT continues to be a focus across the Trust.
NGH	01/02/25	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The Outpatient FFT satisfaction score was 93.8% for February which was the slightest decrease of 0.1% when compared with January (93.9%).	Blood Taking Unit, Clinical Oncology & Paediatric Endocrinology all had slight declines in FFT satisfaction scores for February.	Any learning actions identified within the FFT performance are highlighted to service leads and shared at divisional and bimonthly governance meetings.	All outpatient service managers receive the monthly FFT performance results that are drilled down by division, directorate and departmental level. All reporting is reported to senior management.

Number of complaints

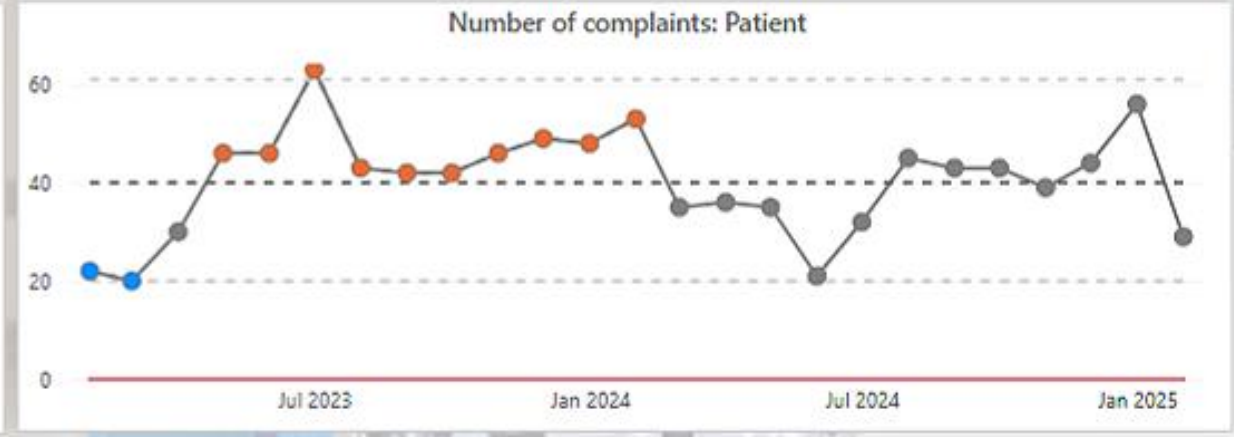
Committee Name	GroupName	MetricName	Date
All	Patient	Number of complaints	01/02/2023 – 01/02/2025

KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
24	0	29	0

Kettering General Hospital



Northampton General Hospital



Number of complaints

Committee Name: All

GroupName: Patient

MetricName: Number of complaints

24	0	29	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	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.	Number of complaints received this 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.	24 formal complaints were opened this month whilst 45 were closed. This indicates that we are closing more complaints than we are opening. Local resolution is being pushed more across the Trust to enable concerns being dealt with at the time of being raised.	To continue reducing the number of concerns that are escalated into formal complaints through local resolution.	96% of complaints were acknowledged within 3 working days despite further sickness within the team.
NGH	01/02/25	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.	29 new complaints were received with 19 going through formal investigation and 5 reopened the remainder are currently awaiting additional information (i.e. governance / patient / consent). This is in comparison to the 56 received in January. Additionally, 16 complaints were actioned through local resolution with a further 10 signposted to PALS for informal resolution.	Whilst top three themes from complaints are clinical care, communication and delays, it should be noted that all three have seen a reduction in numbers this month, when compared to January with a significant improvement in complaints relating to clinical care.	The weekly report continues to be very successful in supporting divisional staff to monitor their outstanding complaints. Moving forwards the team will be looking to include information around learning (in the new financial year).	The number of complaints has decreased this month when compared to January. However, there has been an increase in the number of complaints received, which have been resolved locally via complaints or PALS.

Complaints response performance

Committee Name: All

GroupName: Patient

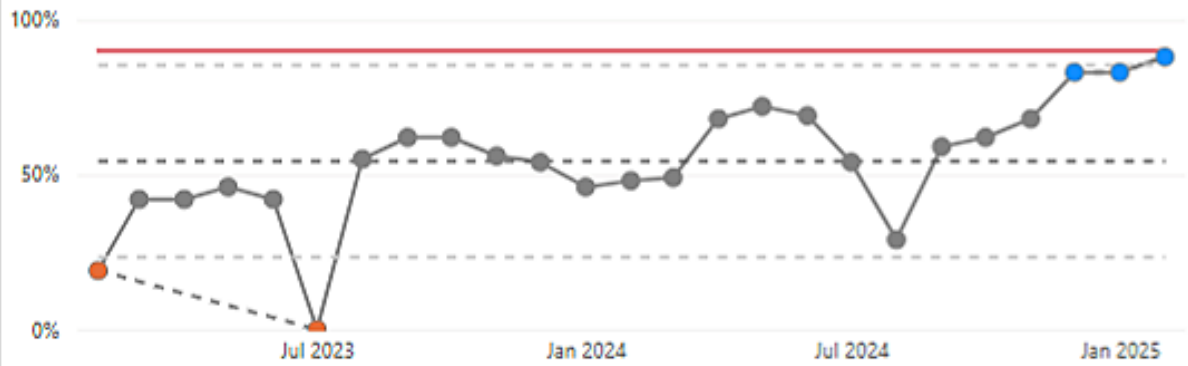
MetricName: Complaints response performance

Date: 01/02/2023 – 01/02/2025

88.00%	90.00%	37.50%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

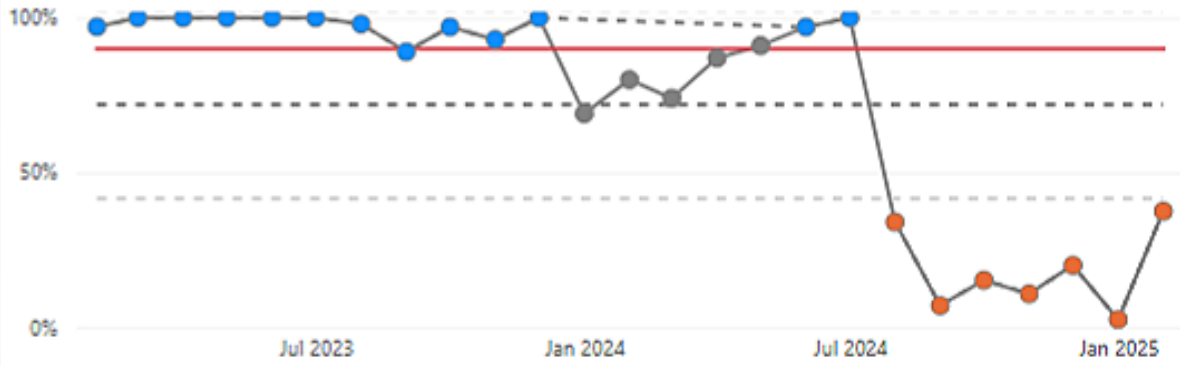
Kettering General Hospital

Complaints response performance: Patient



Northampton General Hospital

Complaints response performance: Patient



Complaints response performance

Committee Name: All

GroupName: Patient

MetricName: Complaints response performance

88.00%	90.00%	37.50%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Complaints performance – Providing a written response to a complaint within an agreed timescale	KGH Complaints team have achieved 88% which is the highest performance achieved by the team. This means we are getting a high proportion of our complaint responses out within the 60 day target. This is due to the changes in complaints process using the digital system and slicker management to reduce duplication now reaping its rewards.	7 overdue complaints cases. The triumvirate are managing the response and nursing and complaints team are supporting the facilitation.	Complaints team send weekly reports and dashboard so areas know what is required and when. Weekly meetings with divisional teams, and Urgent care team in place. Cross working of complaints handlers across differing areas (i.e. support surgery) as needed.	Increase in performance across the board in complaints, including acknowledgement figures and decline in overdue cases compared with last month.
NGH	01/02/25	Complaints performance – Providing a written response to a complaint within an agreed timescale	In February 47 complaints were responded to and closed. 40 complaints were due to be responded to in February. 15 of the complaints were responded to in time, with 25 out of time. The Trust response rate has seen an improvement to 38% when compared to 3% in January. This demonstrates and increase of 35%.	The Complaints Team continue to have a backlog of complaints due to capacity and workload within the service. This has been compounded in February with sickness, annual and vacancies (1.8wte).	The recovery plan was implemented inmid February with support from the Executive team. This involves at least 2 days per week where the Head of Patient Services and the Complaints Manager clear their calendars to prepare responses. This is being supported by the PALS Manager and PALS Administrator who are managing the complaints generic mailbox. With an increase over a 2 week period of 33% it it expected that this will further improve in March.	The 2 vacant posts have been filled with staff due to commence in post in April and May. There will be a continued need for the recovery plan to continue whilst the new staff are trained. The recovery plan does prove challenging to achieve given the normal workload and responsbilities for the staff involved.

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	01/11/24	25	0	4	26	47			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/02/25	18	8	-3	11	25			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/02/25	0.12	0.18	0.37	0.37	0.37			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/02/25	0.22	0.06	0.42	0.42	0.42			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/02/25	0.61	0	1.47	1.47	1.47			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/02/25	0.37	0.69	0.45	0.45	0.45			Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/02/25	144		65	124	183			Consistently Anticipated to Not Meet Target
KGH	Quality	Number of medication errors	01/02/25	70		34	63	92			Consistently Anticipated to Not Meet Target
KGH	Quality	Hospital-acquired infections	01/02/25	4	7	-3	11	25			Not Consistently Anticipated to Meet Target
NGH	Quality	Hospital-acquired infections	01/02/25	10	7	1	8	15			Not Consistently Anticipated to Meet Target
NGH	Quality	MRSA	01/02/25	0	0	-1	0	2			Not Consistently Anticipated to Meet Target
KGH	Quality	MRSA	01/02/25	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	C diff	01/02/25	2	4	-2	8	18			Not Consistently Anticipated to Meet Target
KGH	Quality	C diff	01/02/25	2	3	-2	3	7			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/02/25	94		88	90	92			Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/02/25	100.10		108.24	108.24	108.24			Consistently Anticipated to Not Meet Target
NGH	Quality	HSMR	01/02/25	99	100	90	92	94			Consistently Anticipated to Meet Target
KGH	Quality	HSMR	01/02/25	89.40	100	101.67	101.67	101.67			Not Consistently Anticipated to Meet Target

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
All	Quality	Multiple selections	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	SMR	01/02/25	96		90	92	93			Consistently Anticipated to Not Meet Target
KGH	Quality	SMR	01/02/25	91.30		102.35	102.35	102.35			Consistently Anticipated to Not Meet Target
KGH	Quality	30 day readmissions	01/02/25	0.00%	12.00%	-3.18%	3.29%	9.77%			Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/02/25	13.46%	12.00%	7.54%	13.11%	18.69%			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/11/24	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/02/25	1	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Food wastage	01/02/25	7.70		12.15	12.15	12.15			Consistently Anticipated to Meet Target
KGH	Quality	Food wastage	01/02/25	5.46		8.9	8.9	8.9			Consistently Anticipated to Meet Target

Serious or moderate harms

Committee Name: All

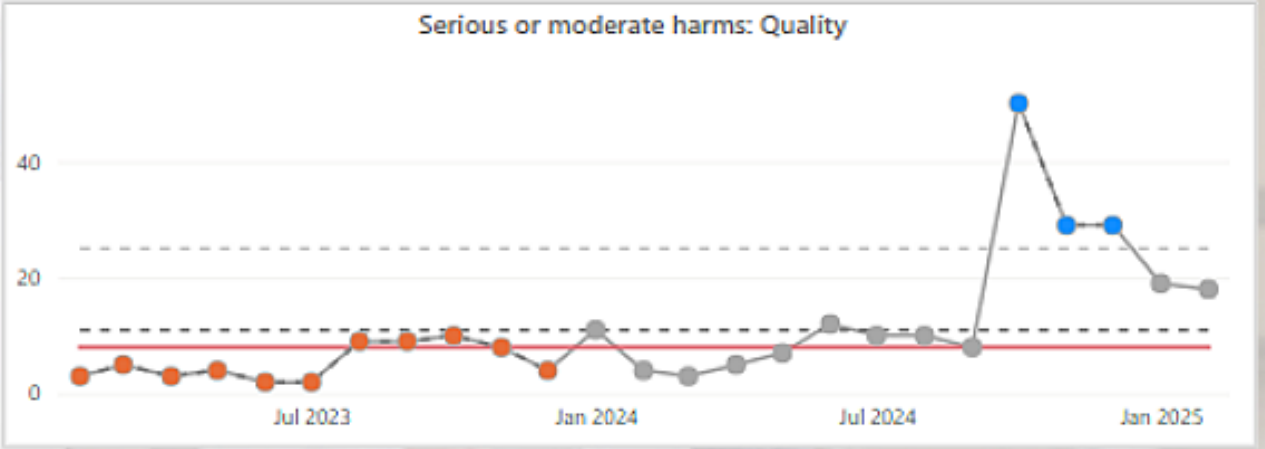
GroupName: Quality

MetricName: Serious or moderate harms

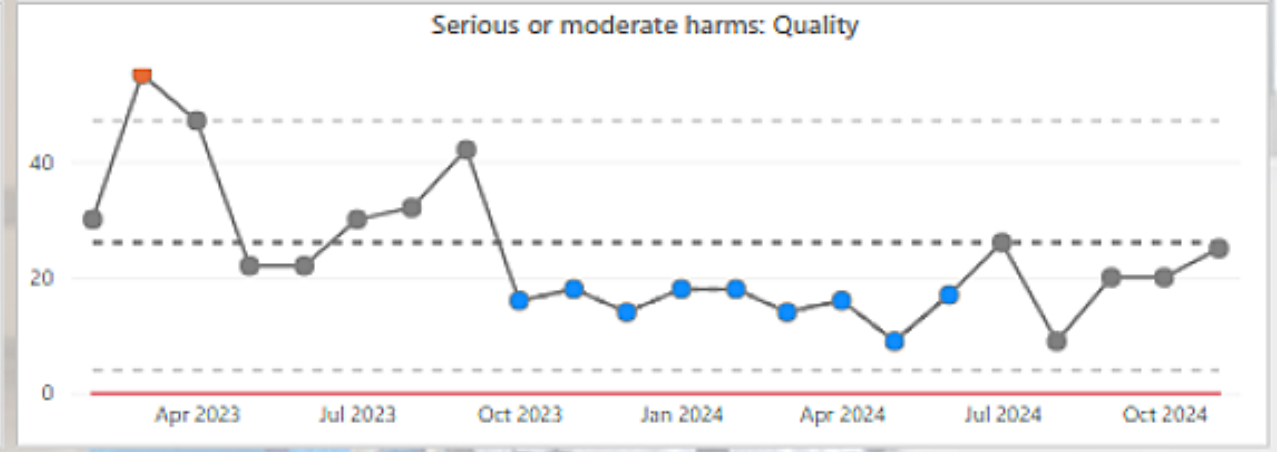
Date: 01/02/2023 – 01/02/2025

18	8	25	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital

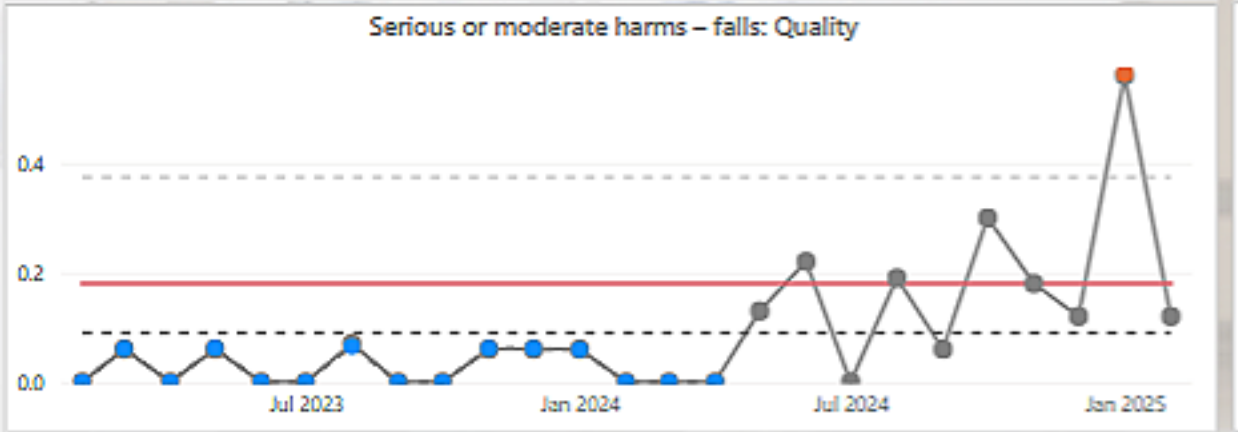


Serious or moderate harms – falls

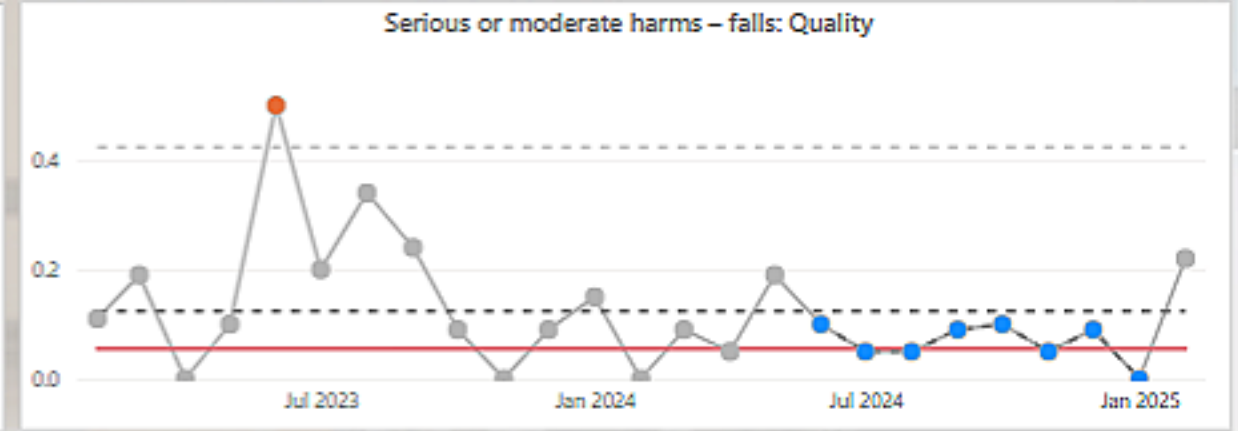
Committee Name	GroupName	MetricName	Date
All	Quality	Serious or moderate harms – falls	01/02/2023 – 01/02/2025

0.12	0.18	0.22	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Patients experiencing falls with moderate harm or above per 1000 bed days.	There was 0.22 harmful falls/1000 bed days		Incidents reviewed through IRG process	Learning is shared through falls validation and falls multidisciplinary working group.

Serious or moderate harms – pressure ulcers

Committee Name: All

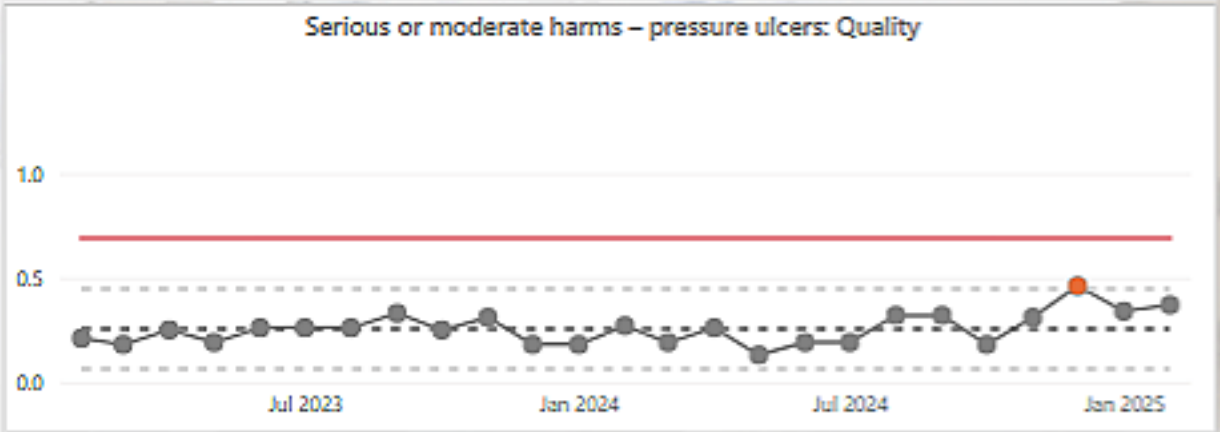
GroupName: Quality

MetricName: Serious or moderate harms – pressure ulc...

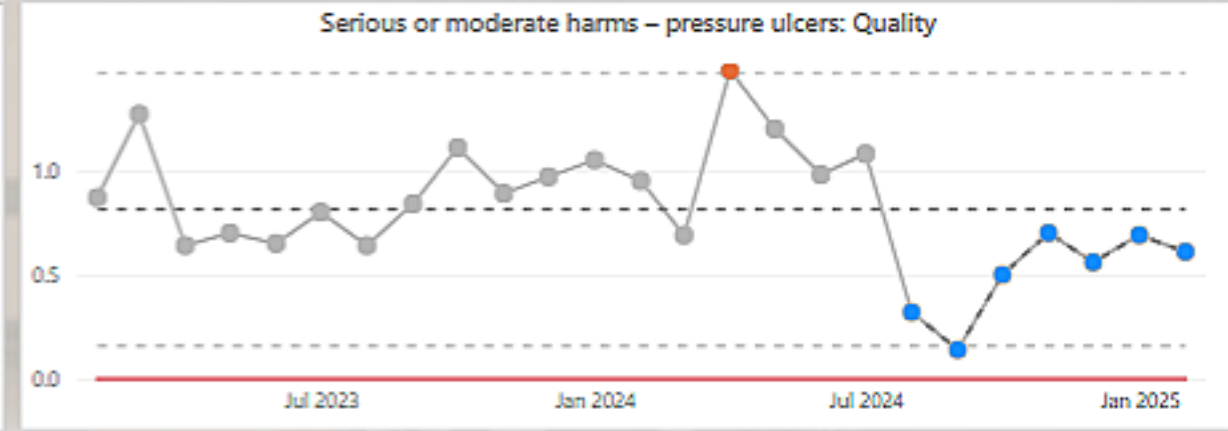
Date: 01/02/2023 – 01/02/2025

0.37	0.69	0.61	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	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 was 0.61 HAPU/1000 bed days.	There was 10 category 2 HAPU's and 1 unstageable HAPU.	All HAPU's are validated by the tissue viability team.	Learning is shared through share and learn and pressure ulcer steering group.

Number of medication errors

Committee Name: All

GroupName: Quality

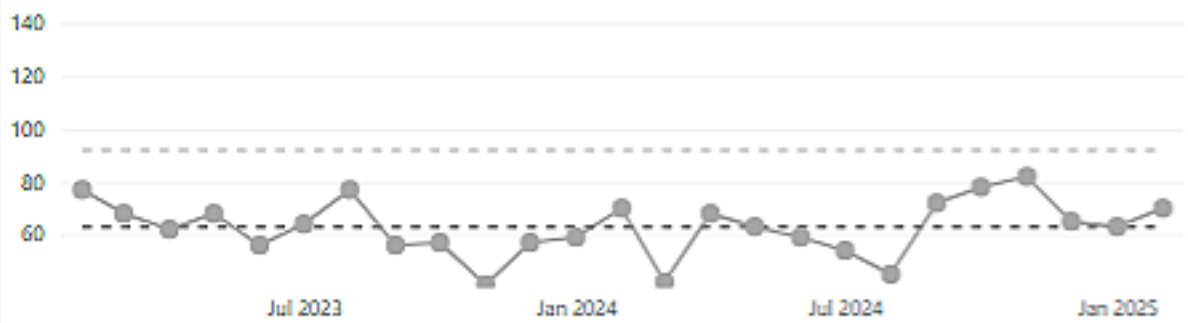
MetricName: Number of medication errors

Date: 01/02/2023 – 01/02/2025

70		144	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

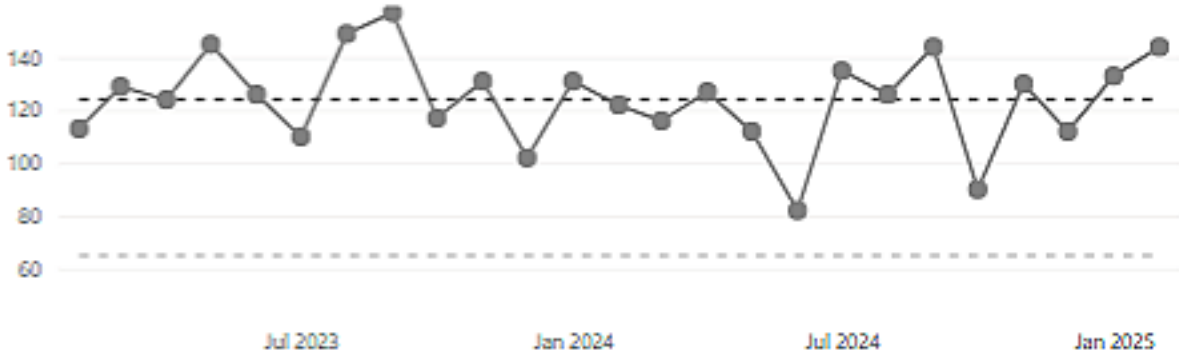
Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality



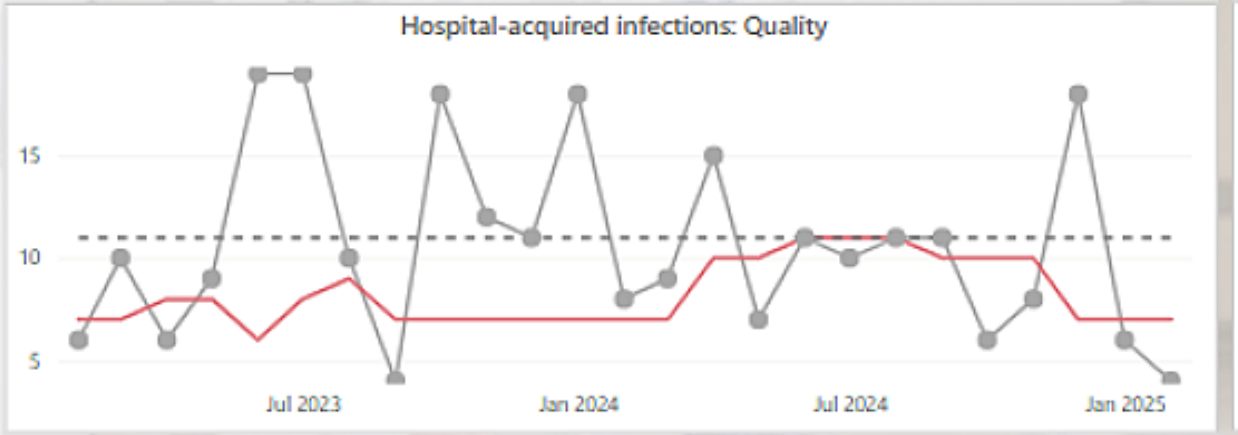
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	The value represents the number of reported medication errors/near misses	For February, there was an increase in reported incidents related to omitted doses and insulin	For discussion at Medicines Safety and Governance Group, to investigate trends and potential learning	Incidents continue to be reviewed by experienced medication safety pharmacist, with feedback and oversight through MSGG.

Hospital-acquired infections

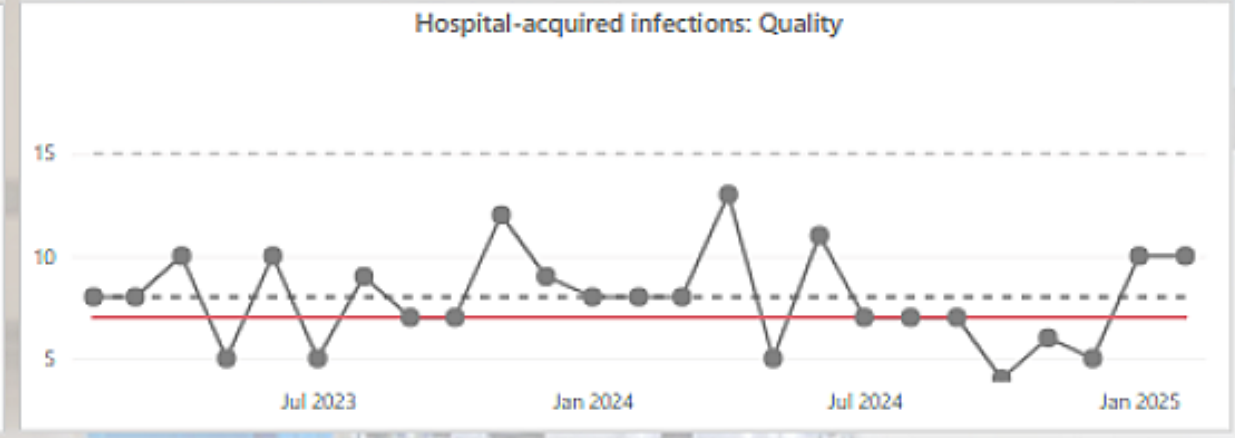
Committee Name	GroupName	MetricName	Date
All	Quality	Hospital-acquired infections	01/02/2023 – 01/02/2025

4	7	10	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Hospital-acquired infections

Committee Name: All

GroupName: Quality

MetricName: Hospital-acquired infections

4	7	10	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

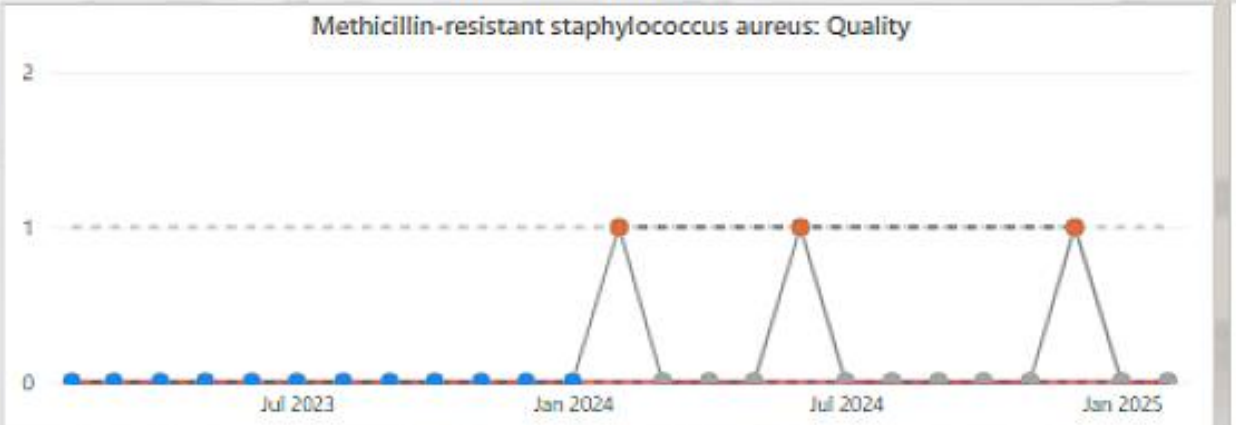
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.		The NHS Standard Contract 2024/25 for Minimising Clostridioides difficile and Gram-negative bloodstream infections has now been published and is reflected retrospectively in the charts. The annual ceilings set are: E. Coli – 76, Klebsiella – 35 and Pseudomonas – 12 with a collective ceiling of 123. These ceilings are allocated across the 12 months and therefore the ceilings will change month to month.	The Group IPC leads collaborated to develop the UHN IPC Quality Improvement plan and UHN Gran-Negative Bactera Procedure in November.Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPOG	The GNB position and actions are monitored monthly and reported quarterly through the UHN Infection Prevention Assurance Committee. They are raised quarterly via the IPC report to Patient Safety Committee and monthly via the CNO exception report for discussion and oversight.
NGH	01/02/25	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.	10 patients developed a healthcare associated Gram-negative blood stream infection (GNB) this month.	The NHSE standard contract for GNB for NGH 2024/25 was published in August as 58 E.coli, 29 Klebsiella and 6 Pseudomonas aeruginosa. Currently under trajectory with 46 E.coli, under with 27 Klebsiella, but have exceeded trajectory for Pseudomonas with 14 cases year to date.	The Group IPC leads collaborated to develop the UNH IPC Quality Improvement plan and UHN Gram-Negative Bacteria Procedure in November. The Continence CNS ICE referral went live in January. All cases of healthcare associated Pseudomonas are now being reviewed by the Consultant Microbiologist and the IPC Team have implemented targeted follow up for these patients from December. IPC collaborative commenced in March.	The GNB position and actions are monitored monthly through the new UHN Infection Prevention Assurance Committee, are raised quarterly via the IPC report to Patient Safety Committee and monthly via the CNO exception report for discussion and oversight.

MRSA

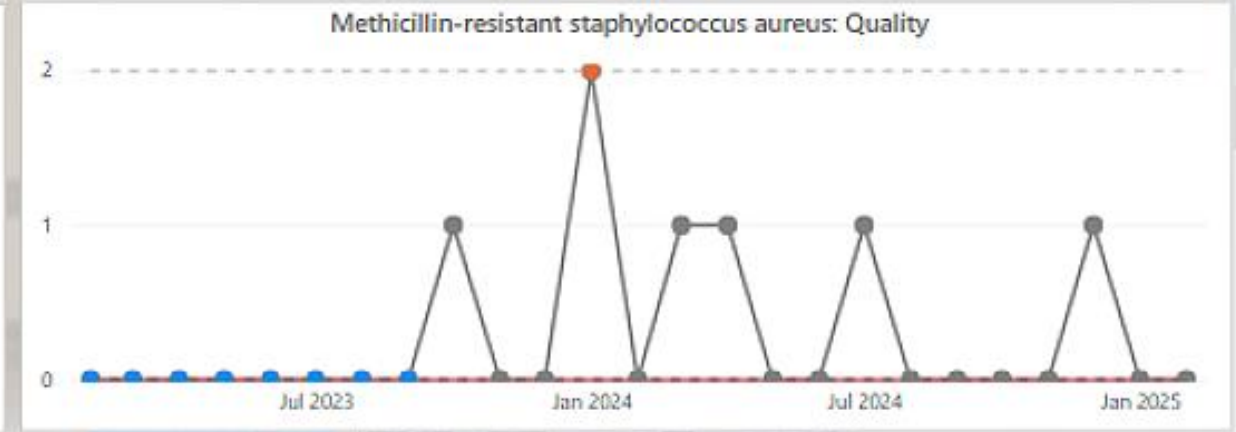
Committee Name	GroupName	MetricName	Date
All	Quality	MRSA	01/02/2023 – 01/02/2025

KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
0	0	0	0

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Patients experiencing a MRSA Bacteraemia	0 patients developed a MRSA bloodstream infection this month.	There is no national trajectory for MRSA or MSSA bloodstream infections, but it is good practice to conduct surveillance on these cases and identify learning opportunities as generally a zero-tolerance approach to these infections is adopted.	HCAI annual plan continues to be delivered.	The HCAI Annual plan will now be monitored through the UHN Infection Prevention Assurance Committee.

C diff

Committee Name	GroupName	MetricName	Date
All	Quality	C diff	01/02/2023 – 01/02/2025

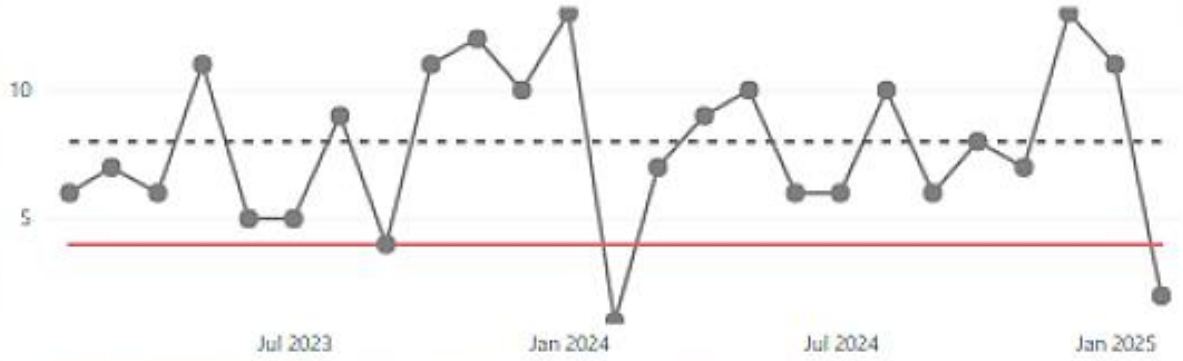
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
2	3	2	4

Kettering General Hospital

Clostridium difficile: Quality

Northampton General Hospital

Clostridium difficile: Quality



C diff

Committee Name: All

GroupName: Quality

MetricName: C Diff

2	3	2	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Reduce the number of patients who develop healthcare associated C.diff infection. NHSE trajectories for 2024/25 not yet set	The chart is showing common cause variation and variable assurance. 2 Patients developed C Diff this month.	The NHS Standard Contract 2024/25 for Minimising Clostridioides difficile and Gram-negative bloodstream infections has now been published and is reflected retrospectively in the charts. The annual ceiling set for C. Diff – 29	SIGHT tool being promoted in clinical areas from the IPC team on ward meetings. SWARMS and after actions review meeting are completed as required for each HOHA , utlerlizng the PSIRF framework. Learning is shared with the clincal areas, divisional governance meetings and at IPOG.. The cases are reviewed at C diff MDT meeting and were all deemed as unavoidable. IPC + AMS ward rounds are undertaken 3 times a week with support from consultant microbiologyst . The UHN IPC teams are supporting the QI IV to oral collaborative project .	IPC daily visits to laboratory to check stool samples and liaising with the clinical areas to ensure all appropriate actions (SIGHT) continue. The CDI positon and actions will be monitored quartlery through the UHN Q1 improvement Plan at the UHN Infection Prevention Assurance Committee, and reported to Patients Safety Committee and monthly via the CNO exception report. Learning and actions are reported to the monthly Infection Prevention Operational meeting.
NGH	01/02/25	Reduce the number of patients who develop healthcare associated C.diff infection. NHSE trajectories for 2024/25 not yet set, but internal ceiling of 50 cases has been set		The NHSE standard contract for CDI for NGH 2024/25 was published in August as 93. Currently sitting over trajectory with 88 actual against 85 targeted C.diff toxin positive patients year to date.	SWARMs and after actions review meetings are completed as required for each HOHA and COHA CDI case using the PSIRF framework and learning is shared back to clinical teams via huddle sheets, Directorate Governance reports and IPOG. Themes centred on management of previous positive cases. The IPC Team are actioning the CDI section of the UHN QI IPC Plan and are supporting the IV to oral UHN collaborative QI project. The second UHN IPC Assurance Committee convened on 19th November. Nationally there is an increase in CDI and our system ranks third lowest for CDI in the region.	The CDI position and actions will be monitored quarterly through the UHN QI Improvement Plan at the UHN Infection Prevention Assurance Committee, are raised quarterly via the IPC report to Patient Safety Committee and monthly via the CNO exception report for discussion and oversight.

SHMI

Committee Name: All

GroupName: Quality

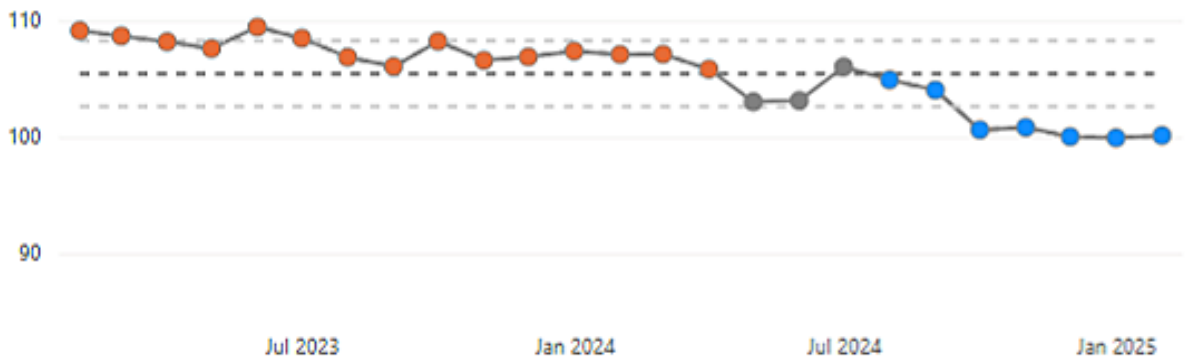
MetricName: SHMI

Date: 01/02/2023 – 01/02/2025

100.10		94	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

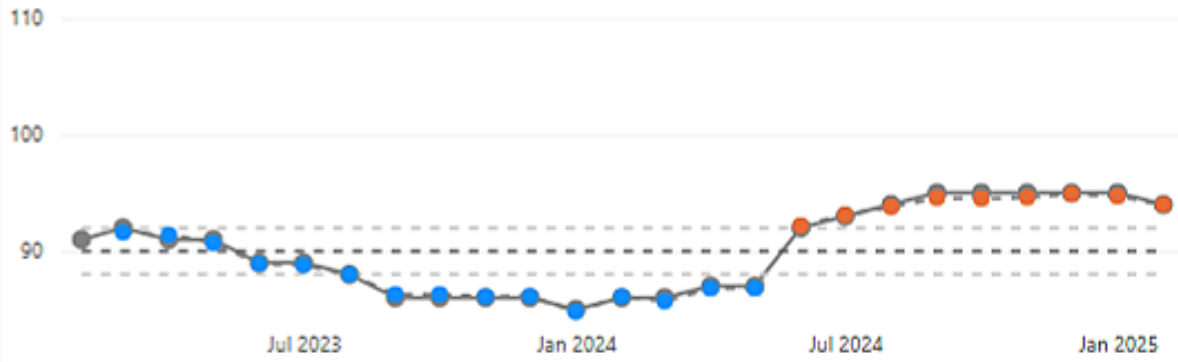
Kettering General Hospital

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	01/02/25	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.	100.1 - 'as expected' (Data Period: October 23 - September)	SHMI is 'as expected' overall. 0 diagnosis groups 'above expected'.	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.
NGH	01/02/25	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	SHMI continues in the as expected range	No current issues	Nil required	Nil required

HSMR

Committee Name: All

GroupName: Quality

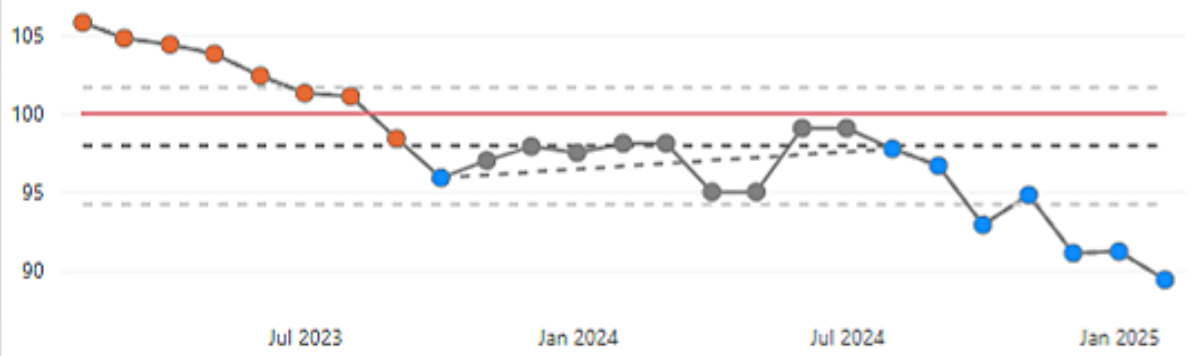
MetricName: HSMR

Date: 01/02/2023 – 01/02/2025

89.40	100	99	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

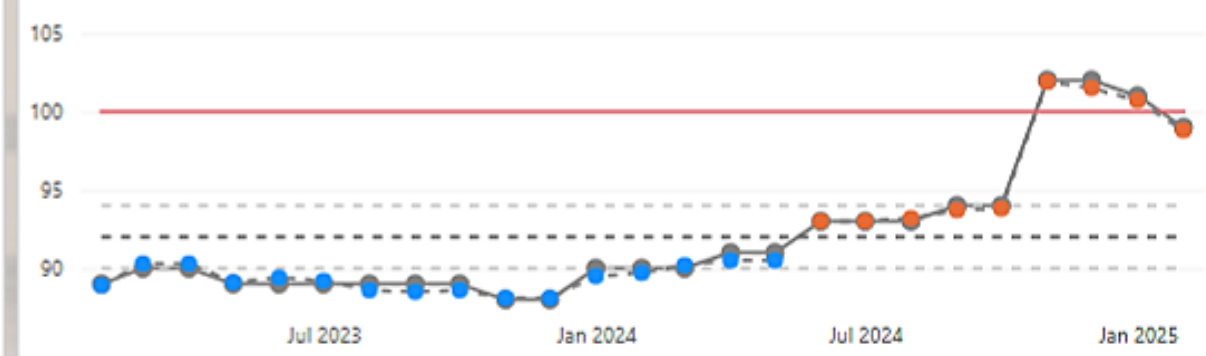
Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	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.	89.4 "below expected" (November 2023 - October 2024) 1 MONTH LAG	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/02/25	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	HSMR continues in the "as expected" range	Nil of note	Nil required	Nil required

SMR

Committee Name: All

GroupName: Quality

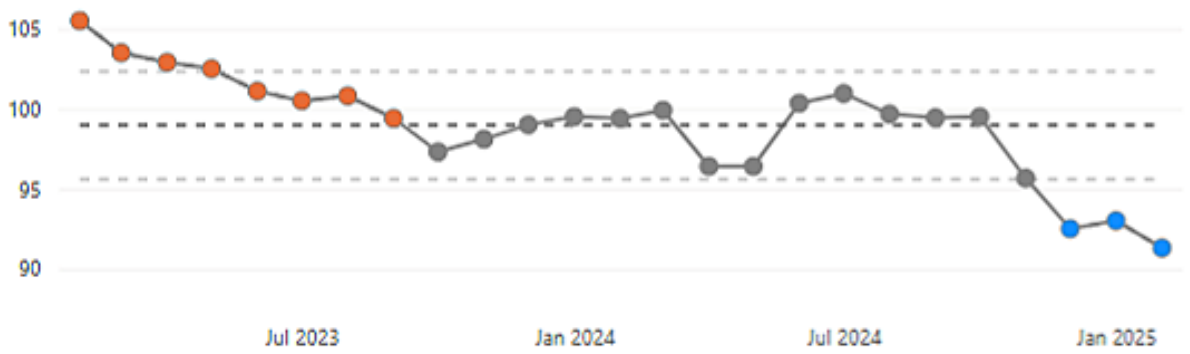
MetricName: SMR

Date: 01/02/2023 – 01/02/2025

91.30		96	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

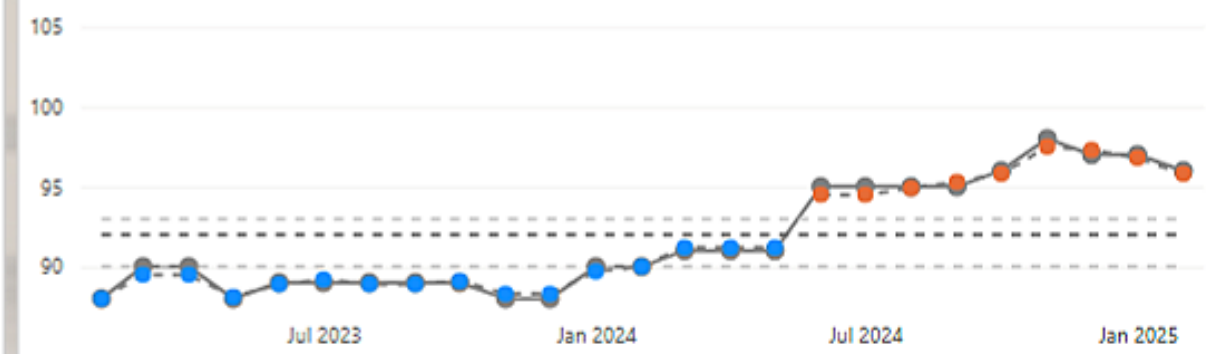
Kettering General Hospital

Standardised Mortality Ratio: Quality



Northampton General Hospital

Standardised Mortality Ratio: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	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.	91.3 'below expected' (November 2023 - October 2024) 1 MONTH LAG	Alerts are monitored through monthly UHN Learning from Deaths Group, with overview provided by Dr Foster Representitve.	Overview of Alerts and actions required detailed in publically available monthly / quarterly Mortality Dashboard.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group is now held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/02/25	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	SMR continues in the "as expected" range	Nil of note	Nil required	Nil required

30 day readmissions

Committee Name: All

GroupName: Quality

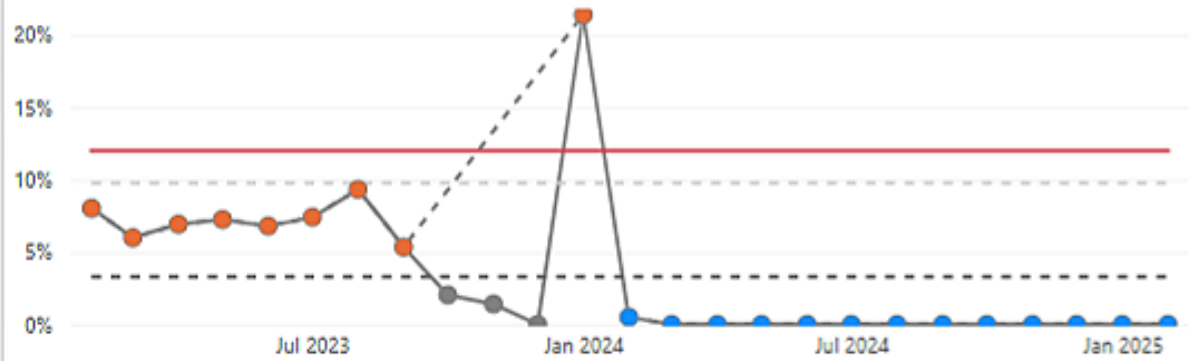
MetricName: 30 day readmissions

Date: 01/02/2023 – 01/02/2025

0.00%	12.00%	13.46%	12.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

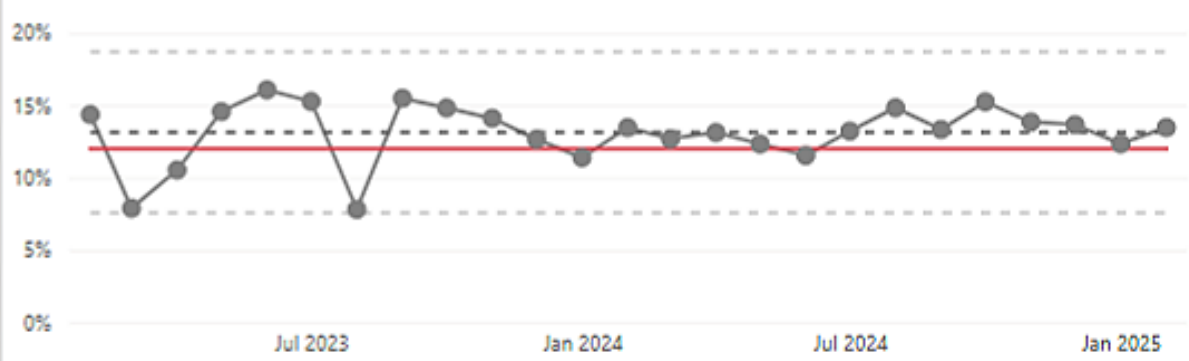
Kettering General Hospital

30 day readmissions: Quality



Northampton General Hospital

30 day readmissions: Quality



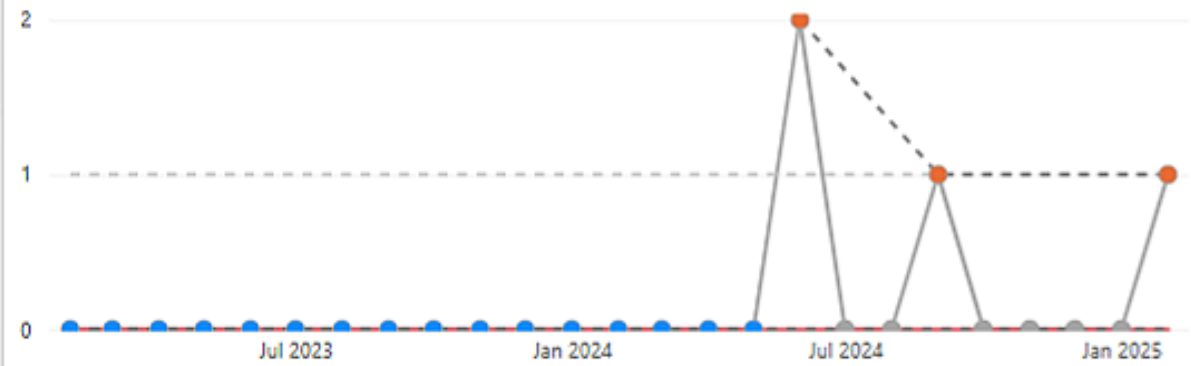
Never event incidence

Committee Name	GroupName	MetricName	Date
All	Quality	Never event incidence	01/02/2023 – 01/02/2025

KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
1	0	0	0

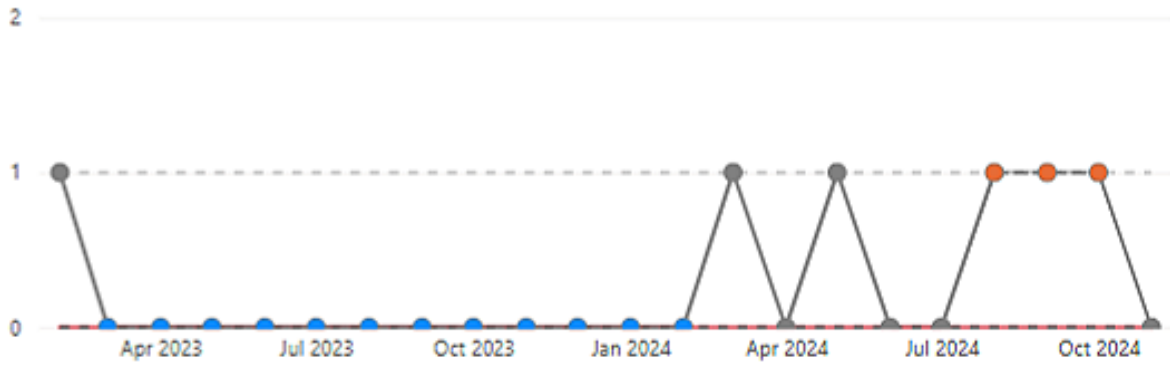
Kettering General Hospital

Never event incidence: Quality



Northampton General Hospital

Never event incidence: Quality



Food wastage

Committee Name: All

GroupName: Quality

MetricName: Food wastage

Date: 01/02/2023 – 01/02/2025

5.46		7.70	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust.	Overall waste return upwards as a trust	Digital Meal ordering delayed due to IT challenge's and IG.	Food waste group ongoing. New dietician has now started at NHFT and will facilitate a review on portion Vs nutritional sizes, which should lead to better waste figures	Ward walks happen monthly between catering & Sustainability. new measuring introduced. Trial of blue pates for behaviour. Digital meal ordering will happen when IT enable the software and allow procurement of mobile devices.

HEALTHi

informatics | intelligence | insight | integration | improvement

NHS
University Hospitals of Northamptonshire
NHS Group

Finance and Investment Committee

Dedicated to excellence

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Finance and Investment Committee

Exec owner: Sarah Stansfield

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

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

1

Following receipt of income to cover the original planned deficit of £55.0m, the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £40.0m deficit (£17.4m KGH, £22.6m NGH). These variances include ongoing UEC, inflationary and specific service pressures recognised as risks in the plan. They also include the impact of HCA re-banding backpay for the period August 2021 to March 2024. ERF income is exceeding planned values and partially mitigating the variance from plan. Further work is required to identify the full CIP programme from the original submission and despite the inclusion of ERF performance the programme is £2.05m worse than plan, (KGH £1.85m worse than plan, NGH £0.19m worse than plan). Following notification of additional surge funding to be received in month 12, UHN are forecasting a £29.98m deficit for the year (KGH £12.95m, NGH £17.03m) A number of additional risks to this forecast continue to be monitored to ensure they can be suitably mitigated

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

Worth remembering for all metrics, 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.

Summary Table

Committee Name: All

Group Name: Sustainability

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Income YTD (M)	01/02/25	45.66	44.07	60	60	60			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Income YTD (M)	01/02/25	36.71	35.51	49.65	49.65	49.65			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Pay YTD (M)	01/02/25	31.12	30.29	42.68	42.68	42.68			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Pay YTD (M)	01/02/25	24.68	24.11	34.66	34.66	34.66			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Non Pay YTD (M)	01/02/25	11.43	9.99	12.71	12.71	12.71			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Non Pay YTD (M)	01/02/25	13.97	11.48	15.79	15.79	15.79			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/02/25	-1.84	0	6.65	6.65	6.65			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/02/25	-1.53	0	7.24	7.24	7.24			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/02/25	1.58	2.11	4.01	4.01	4.01			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/02/25	2.25	2.55	5.3	5.3	5.3			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/02/25	3.07	2.27	5.1	5.1	5.1			Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/02/25	5.02	3.4	8.43	8.43	8.43			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/02/25	9	3	-2	2	7			Not Consistently Anticipated to Meet Target
KGH	Sustainability	Capital Spend (M)	01/02/25	3.61	2.15	6.42	6.42	6.42			Not Consistently Anticipated to Meet Target

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

5 Exec comments KGH

0 Exec comments NGH

14 Total No. of Metrics

Site	MetricName	Value
KGH	Bank and Agency Spend (M)	3.07
KGH	Capital Spend (M)	3.61
KGH	CIP Performance YTD (M)	1.58
KGH	Income YTD (M)	36.71
KGH	Non Pay YTD (M)	11.43
KGH	Pay YTD (M)	24.68
KGH	Surplus / Deficit YTD (M)	-1.53

Metric	Comment
YTD Position	Following receipt of income to cover the original planned deficit of £29.2m the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £17.35m deficit. Variances include ongoing UEC, unfunded inflation, backdated rebanding payments for Healthcare Assistants and other specific service pressures identified as risks in the compilation of the plan. Efficiency delivery is £1.9m worse than plan at month 11. Recovery actions are being progressed to reduce the deficit as much as is safely possible by year end. Following notification of additional surge funding to be received in month 12, the Trust is forecasting a £12.9m deficit for the year.
In month position	The in-month position is a £1.5m deficit versus a breakeven plan. Adverse variances include ongoing UEC pressures including winter plans, insufficiently funded inflation costs and other specific service pressures. ERF performance in the month continues to meet the internal target set at the start of the year. Efficiencies are £0.5m worse than plan in the month.
Income	Year to date income is £6.2m better than plan. ERF now broadly matches the internal target, £1.6m relates to additional non recurrent income recognised as efficiencies and £1.8m relates to Education and Training income, the remainder is largely due to excluded drugs and devices performance.
Non Pay	Year to date non pay excluding depreciation is £10.7m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses relating to UEC pressures and spent in pursuit of elective recovery partly offset by lower than anticipated utility costs. Non pay related efficiencies are broadly on plan at month 11.
Pay	Year to date pay costs are £13.6m worse than plan including the impact of backdated rebanding payments for Healthcare Assistants paid in December, ongoing UEC and other unfunded service specific pressures identified as risks in the plan. Pay related efficiencies are £1.6m behind the target to month 11.

Sustainability

KGH | NGH

Committee Name: All

GroupName: Sustainability

0	5	14
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
NGH	Bank and Agency Spend (M)	3.82
NGH	Capital Spend (M)	3
NGH	CIP Performance YTD (M)	1.74
NGH	Income YTD (M)	45.45
NGH	Non Pay YTD (M)	13.95
NGH	Pay YTD (M)	32.19
NGH	Surplus / Deficit YTD (M)	-2.87

Metric	Comment
YTD Position	Following receipt of income to cover the original planned deficit of £25.8m the residual plan is now a breakeven requirement on a year to date and full year basis against which the actual year to date position is a £22.6m deficit. Variances include backdated rebanding payments for Healthcare Assistants, ongoing UEC and winter pressures, unfunded inflation and other specific service pressures identified as risks in the compilation of the plan. Despite strong ERF performance efficiency delivery remains £0.2m worse than plan at month 11. Recovery actions are being progressed to reduce the residual deficit as much as is safely possible by year end. Following notification of additional surge funding to be received in month 12, the Trust is forecasting a £17.0m deficit for the year.
In month position	The in-month position is a £1.8m deficit versus a breakeven plan. Adverse variances include ongoing UEC pressures including winter plans, insufficiently funded inflation costs and other specific service pressures. ERF delivery remains significantly better than plan. Efficiencies are £0.3m worse than plan in the month.
Income	Year to date income is £14.2m better than plan. This includes £7.1m of estimated overperformance against the ERF target, £4.1m above plan for excluded drugs and devices performance which offset related non pay overspends and £1.4m of Training and Education income above plan.
Non Pay	Year to date non pay excluding depreciation is £20.1m worse than plan. This includes a level of unfunded inflation identified as a risk in the plan and clinical expenses linked to UEC pressures, elective recovery and excluded drugs and devices partly covered by additional income. Non pay efficiency schemes are £2.0m worse than target to month 11.
Pay	Year to date pay costs are £17.2m worse than plan including the impact of backdated rebanding payments for Healthcare Assistants paid in December, ongoing UEC pressures including winter plans and other unfunded service specific pressures identified as risks in the plan. Pay related efficiencies to month 11 are £0.6m better than plan.

Income YTD (M)

Committee Name: All

GroupName: Sustainability

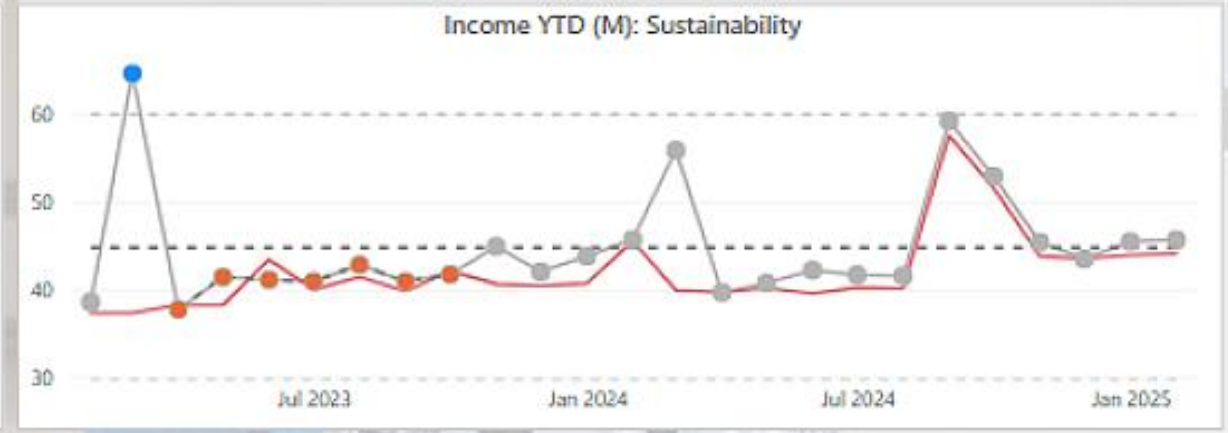
MetricName: Income YTD (M)

Date: 01/02/2023 – 01/02/2025

36.71	35.51	45.66	44.07
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital



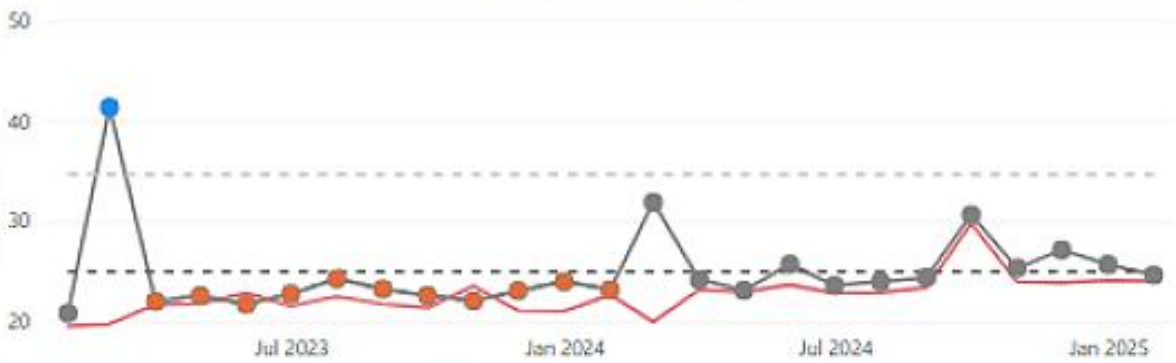
Pay YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	Pay YTD (M)	01/02/2023 – 01/02/2025

24.68	24.11	31.12	30.29
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

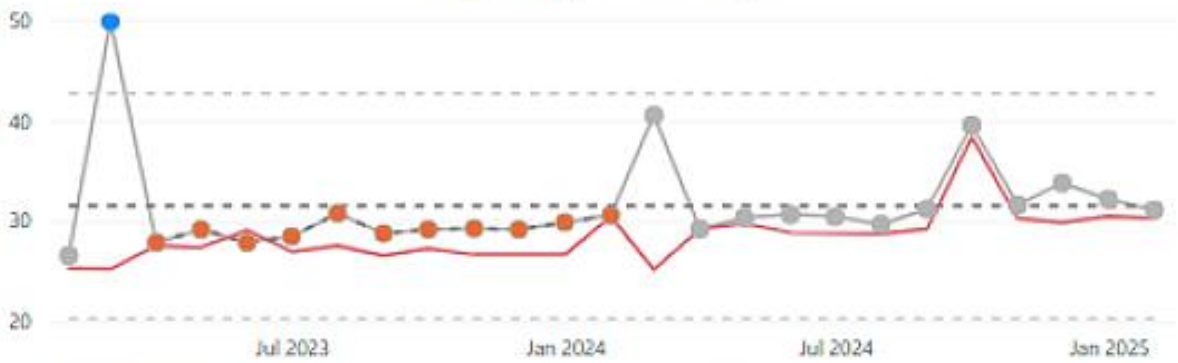
Kettering General Hospital

Pay YTD (M): Sustainability



Northampton General Hospital

Pay YTD (M): Sustainability



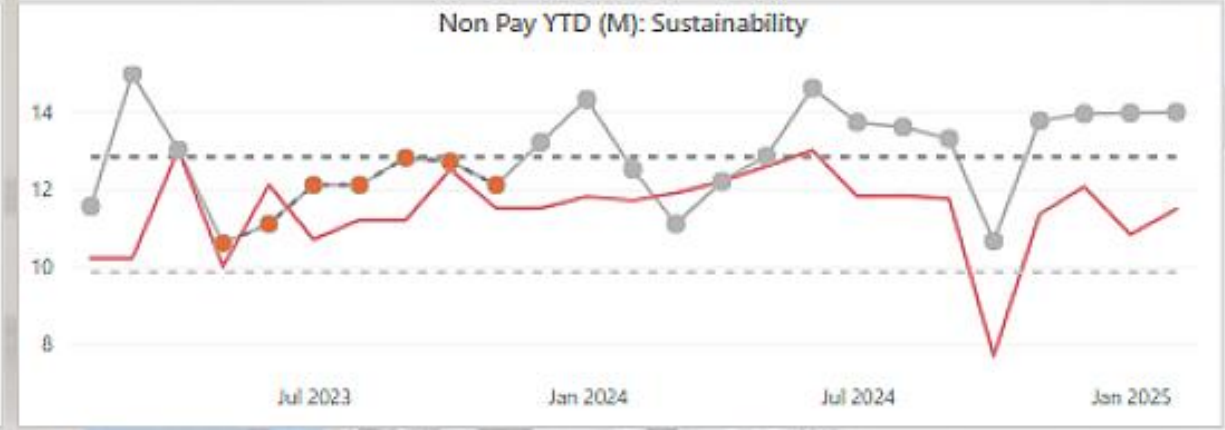
Non Pay YTD (M)

Committee Name	GroupName	MetricName	Date
All	Sustainability	Non Pay YTD (M)	01/02/2023 – 01/02/2025

11.43	9.99	13.97	11.48
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital



Surplus / Deficit YTD (M)

Committee Name: All

GroupName: Sustainability

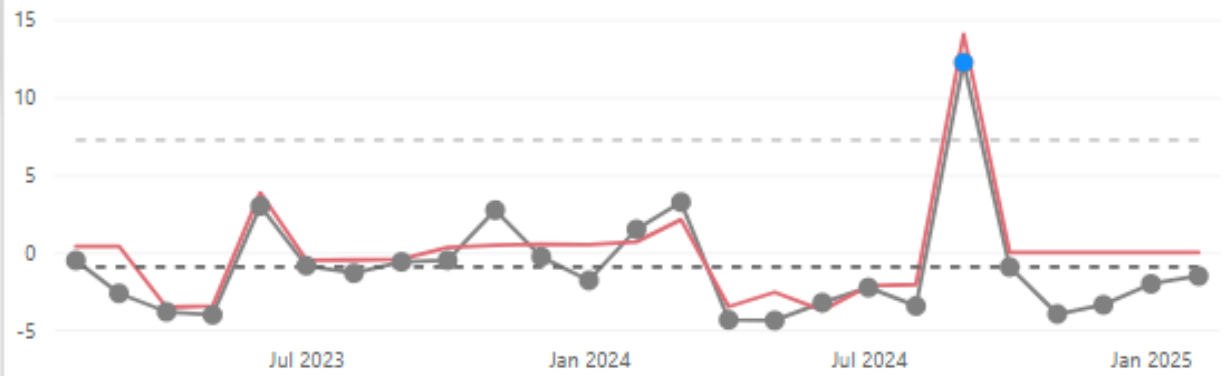
MetricName: Surplus / Deficit YTD (M)

Date: 01/02/2023 – 01/02/2025

-1.53	0	-1.84	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

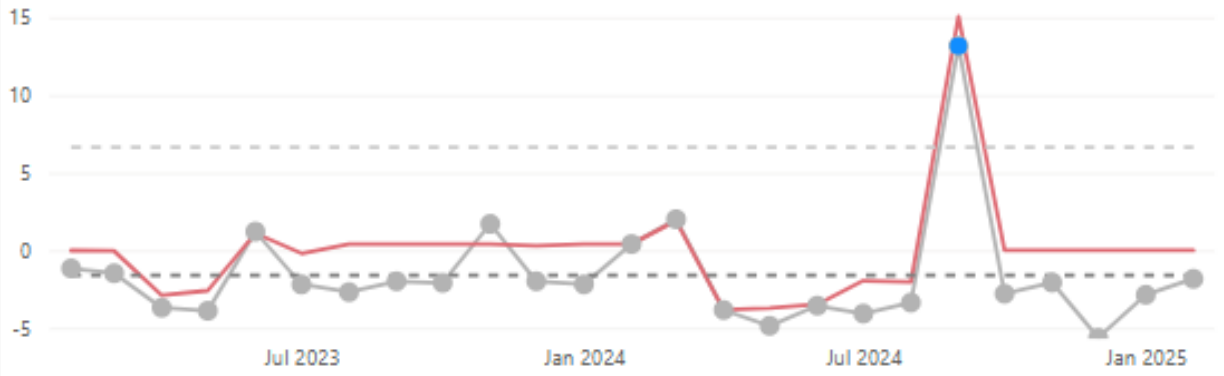
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



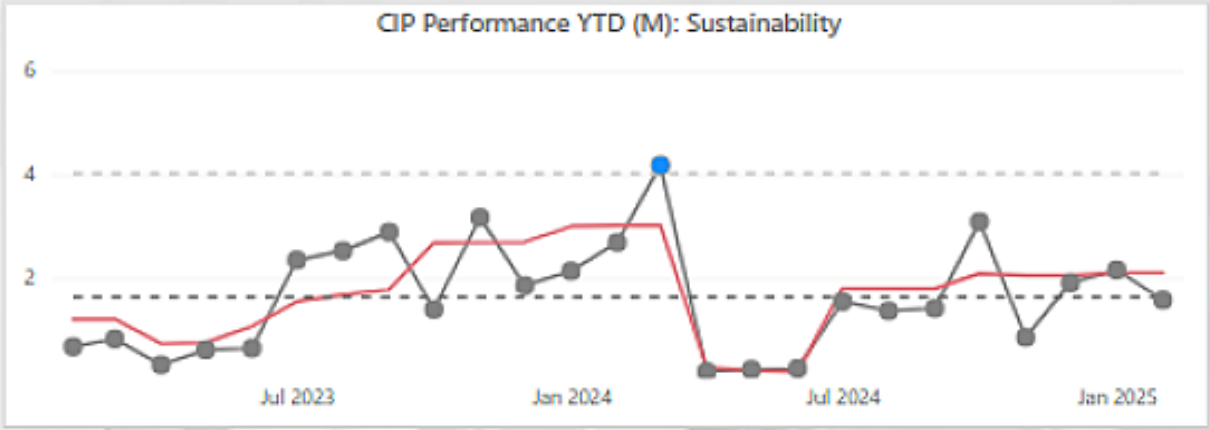
Si

CIP Performance YTD (M)

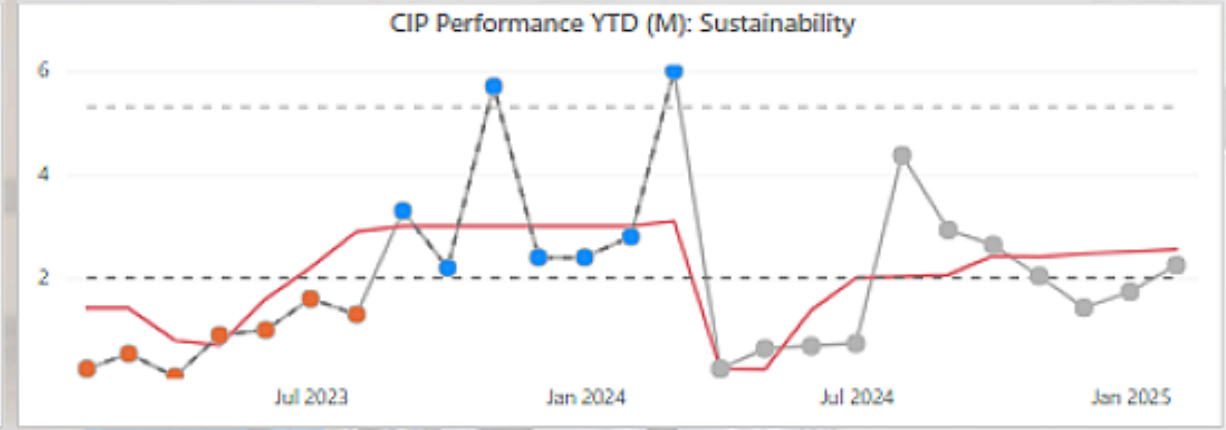
Committee Name	GroupName	MetricName	Date
All	Sustainability	CIP Performance YTD (M)	01/02/2023 – 01/02/2025

1.58	2.11	2.25	2.55
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Bank and Agency Spend (M)

Committee Name: All

GroupName: Sustainability

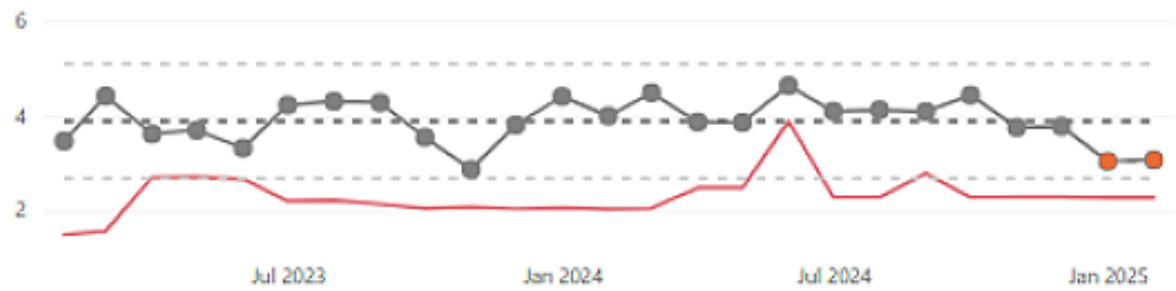
MetricName: Bank and Agency Spend (M)

Date: 01/02/2023 – 01/02/2025

3.07	2.27	5.02	3.4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

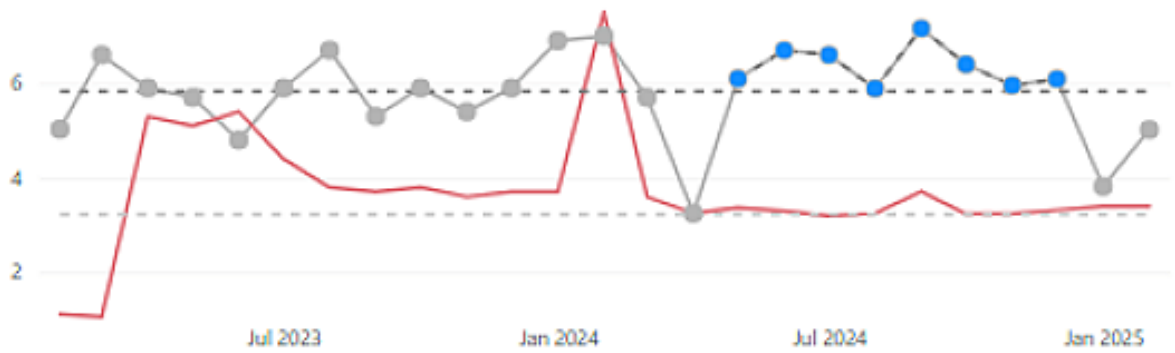
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Capital Spend (M)

Committee Name: All

GroupName: Sustainability

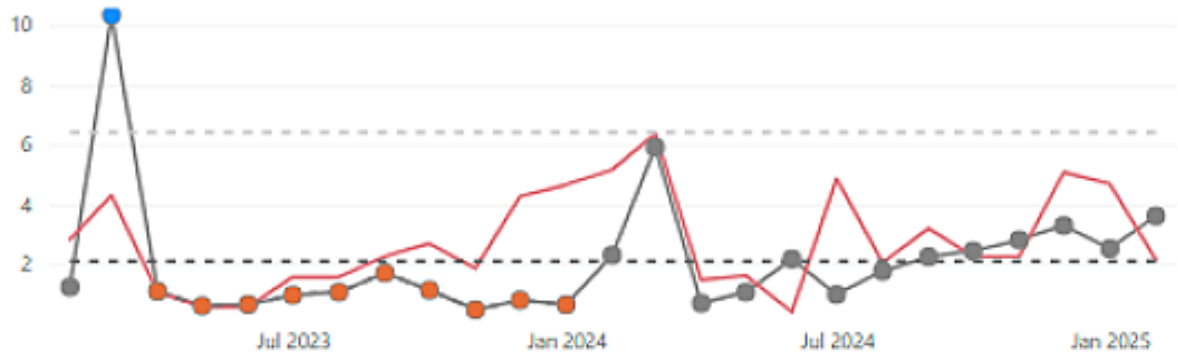
MetricName: Capital Spend (M)

Date: 01/01/2023 – 01/02/2025

3.61	2.15	9	3
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Capital Spend (M): Sustainability



Northampton General Hospital

Capital Spend: Sustainability

Operational Performance Committee

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assuranc	Assurance
KGH	Sustainability	Beds available	01/02/25	551		509	523	537			Consistently Anticipated to Meet Target
NGH	Sustainability	Beds available	01/02/25	611		597	605	613			Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan) 2	01/02/25	12,931	8059	9966	12420	14874			Consistently Anticipated to Meet Target
NGH	Sustainability	Theatre sessions planned	01/01/25	633		574	622	669			Consistently Anticipated to Meet Target
KGH	Sustainability	Theatre sessions planned	01/02/25	0		56	262	467			Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/02/25	4,524	2019	5047	5792	6536			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/02/25	353		273	378	482			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/02/25	4,372		3274	4200	5127			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/02/25	40,654	49126	33473	43960	54448			Not Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan) 2	01/02/25	9,253		5871	9288	12704			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/02/25	0		404	1389	2375			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/02/25	0		29	189	350			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/02/25	0		542	2195	3848			Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/02/25	0		12199	19924	27650			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	31-day wait for first treatment	01/01/25	94.00%	96.00%	82.49%	91.28%	100.07%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	31-day wait for first treatment	01/01/25	91.60%	96.00%	87.52%	94.68%	101.84%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/01/25	71.90%	85.00%	48.61%	65.33%	82.04%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	62-day wait for first treatment	01/01/25	59.60%	85.00%	37.78%	58.63%	79.48%			Consistently Anticipated to Not Meet Target

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnershi...	Cancer: Faster Diagnostic Standard	01/01/25	80.80%	75.00%	77.96%	84.13%	90.31%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Cancer: Faster Diagnostic Standard	01/01/25	83.30%	75.00%	79.09%	84.95%	90.81%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	6-week diagnostic test target performance	01/02/25	89.00%	99.00%	73.77%	81.39%	89.01%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	6-week diagnostic test target performance	01/02/25	90.00%	99.00%	64.43%	73.33%	82.24%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Unappointed outpatient follow ups	01/02/25	8,859	0	5367	6356	7344			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Unappointed outpatient follow ups	01/02/25	3,578		3879	5779	7680			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	RTT over 52 week waits	01/02/25	250	0	238	377	516			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	RTT over 52 week waits	01/02/25	727	0	1028	1297	1566			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Size of RTT waiting list	01/02/25	25,337		26284	27896	29508			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Size of RTT waiting list	01/02/25	41,263	0	39204	41204	43205			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Theatre utilisation	01/02/25	0.00%		29.98%	60.68%	91.38%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Theatre utilisation	01/02/25	77.40%		75.32%	78.51%	81.7%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Bed utilisation	01/02/25	91.76%		86.52%	89.45%	92.39%			Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	Bed utilisation	01/02/25	97.84%		96.6%	98.19%	99.78%			Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	Stranded patients (7+ day length of stay)	01/02/25	339		261	289	316			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Stranded patients (7+ day length of stay)	01/02/25	356		323	370	417			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Super-Stranded patients (21+ day length of stay)	01/02/25	133	0	80	101	122			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Super-Stranded patients (21+ day length of stay)	01/02/25	144	0	122	156	189			Consistently Anticipated to Not Meet Target

Summary Table

Committee Name: All

Group Name: Multiple selections

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assuranc	Assurance
NGH	Systems and Partnerships	Patients with a reason to reside	01/02/25	52.92%	95.00%	52.53%	66.24%	79.95%			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Patients with a reason to reside	01/02/25	71.31%		70.88%	74.98%	79.08%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Ambulance Handover	01/02/25	648		43	322	600			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Ambulance Handover	01/02/25	528		97	383	669			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Time to initial assessment	01/02/25	50.31%		39.7%	45.97%	52.25%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Time to initial assessment	01/02/25	62.65%		52.24%	61.89%	71.54%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Admitted	01/02/25	657		504	604	703			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Average time in department - Discharged	01/02/25	236		203	228	252			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	4hr ED Performance	01/02/25	79.10%		59.46%	65.42%	71.38%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	4hr ED Performance	01/02/25	67.44%		62.77%	67.94%	73.12%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Discharged	01/02/25	193		169	203	237			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Average time in department - Admitted	01/02/25	822		614	888	1162			Consistently Anticipated to Meet Target

Operational and Performance Committee

Exec owners: Sarah Noonan

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 saliant messages from the IGR metrics** for this month:

1. Ambulance Handovers continue to decrease for Feb 25 for KGH and NGH. Both Trusts have indicated Trust Capacity issues.
2. Stranded and Super-stranded metrics are showing increases for Feb 25 at KGH. KGH have indicated system wide meetings continue, escalating any issues and involving external partners in MDT meetings.
3. Unappointed Follow ups continues to show an upward trend in numbers. KGH have indicated capacity issues within clinics to see patients. FDP being rolled out to support with validation and sight.

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

1. Health Intelligence Transformation Programme will be developing the IGR as part of the NEW data warehouse initiative.
2. Unappointed Follow up logic has now been adjusted and NGH now follow the same logic as KGH. Change made in Sept 24 and data has been adjusted back to Sept 22.

Worth remembering for all metrics, 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.

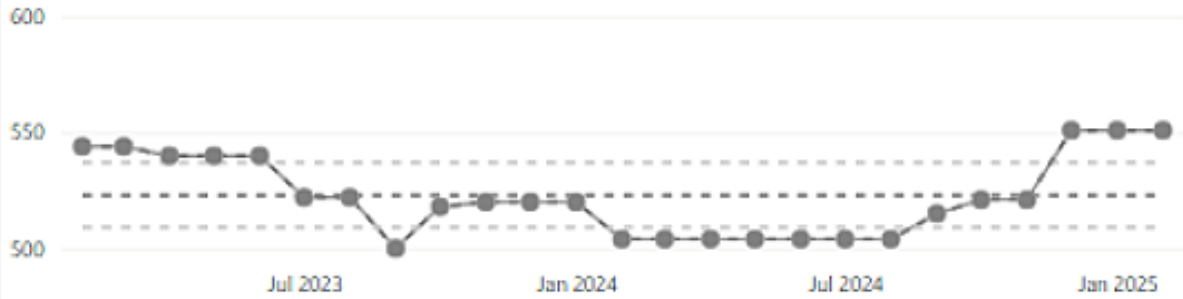
Beds available

Committee Name	GroupName	MetricName	Date
All	Sustainability	Beds available	01/02/2023 – 01/02/2025

551		611	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Beds available: Sustainability



Northampton General Hospital

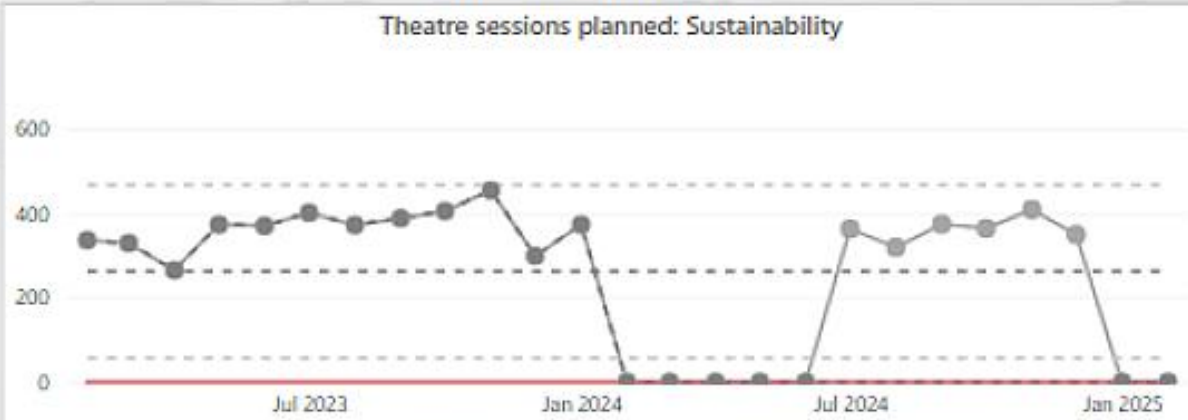
Beds available: Sustainability

Theatre sessions planned

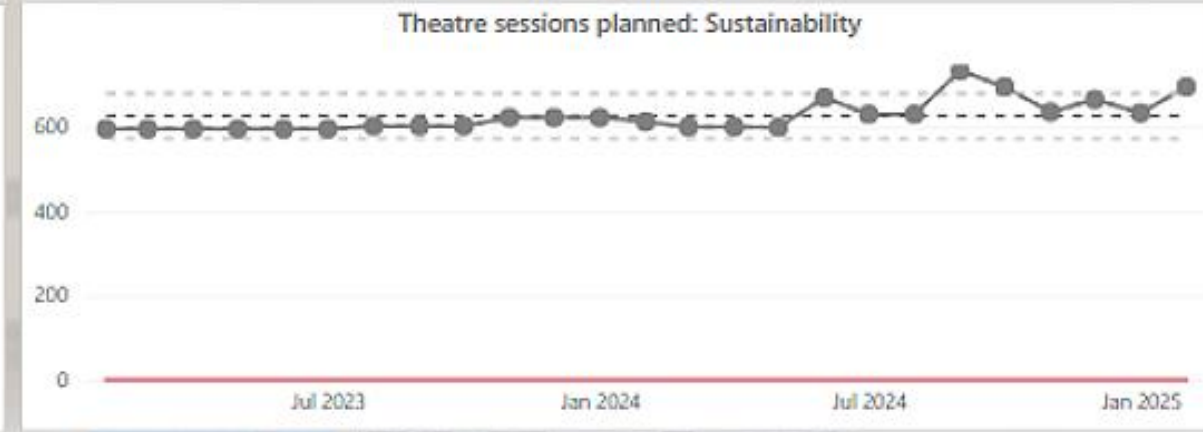
Committee Name	GroupName	MetricName	Date
All	Sustainability	Theatre sessions planned	01/02/2023 – 01/02/2025

KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target
0		695	

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	To monitor number of elective theatre sessions	695 sessions planned for this month	Lack of Anaesthetists resulting in many cancellations of planned lists.	Ongoing substantive and locum recruitment. KGH and MK anaesthetists have been asked if willing to work at NGH weekdays. Development of a workforce plan	Use of locum and agency staff. Additional weekend lists for long waiting and cancer patients

A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

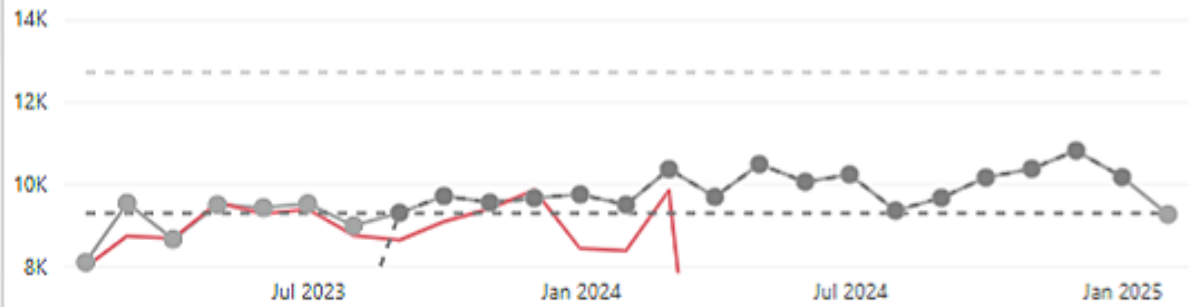
MetricName: A&E activity (& vs plan) 2

Date: 01/02/2023 – 01/02/2025

9,253		12,931	8059
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

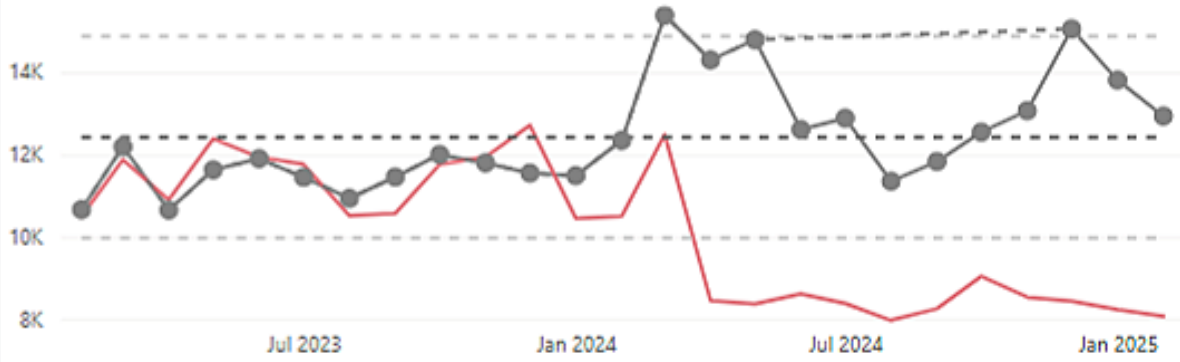
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

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



A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

9,253		12,931	8059
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	A&E attendances	Attendances in February 2025 were 3% lower than in February 2024; and 15% higher than in February 2023. Children's attendances for February 2025 were 5% higher than in February 2024. 77% of total attendances are from the unheralded cohort.	High number of self-presenters increasing the risk of overcrowding in the waiting room impacting patient experience, patient safety and outcomes. Increasing number of paediatric attendances impacting department capacity pressureS 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 National Standard and Ambulance handovers	Medical SDEC continues to operate with extended hours; with activity in February 18% higher than prior to the extension of hours. Frailty SDEC operationalised within its own estate footprint. Ongoing collaborative meetings with EMAS and CUCC colleagues to discuss appropriateness of conveyances and/or alternative streaming options such as direct referral to SDEC. Oversight of the waiting room in paediatrics supported by having an HCA based in the waiting room 09:00 – 21:00, costed as part of winter pressures. Part of a trial to address CQC improvement actions Former reception area in adult ED refurbished to support a functioning doctors office with a window to support having an HCA based in the waiting room 09:00 – 21:00, costed as part of winter pressures. Part of a trial to address CQC improvement actions Former reception area in adult ED refurbished to support a functioning doctors office with a window to support oversight of the waiting area.	Implementation of the Trustwide. escalation protocol Move of patients against confirmed and predicted discharges from base wards to support capacity pressures in ED.

A&E activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

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

9,253		12,931	8059
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	A&E attendances	We have seen a decrease in attendances of 1,243 compared to January 2025. We have a substantial increase of 841 Paediatric attendances compared to January 2025.	Patients still spending more than 24hrs in ED. Overcrowding and patients spending an increased length of stay in seated areas, contributing to poor patient experience, lack of privacy and dignity. Corridor care continues.	Continue to extend opening hours of UTC to 04:00. Continue to extend opening hours of SDEC to 02:00. UTC have seen a decrease of 30 patients attending from January 2025. Working Group to exploreand maximise SDEC criteria/pathways ongoing with SOP to be ratified.	EMAS POD (ambulance assessment) still in use. TES also in use

Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

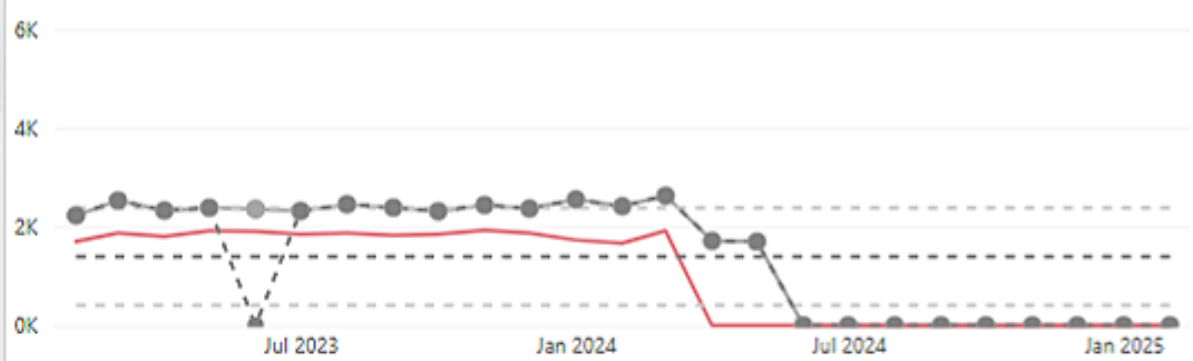
MetricName: Non-elective activity (& vs plan) 2

Date: 01/02/2023 – 01/02/2025

0		4,524	2019
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

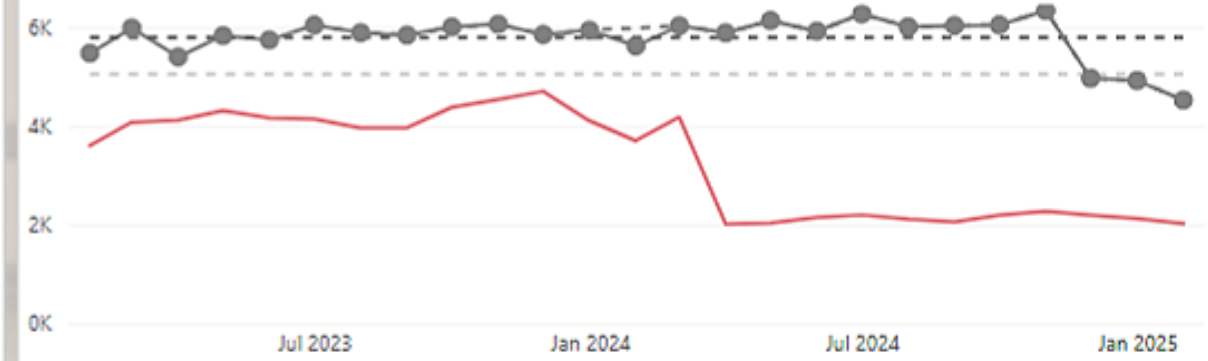
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

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



Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

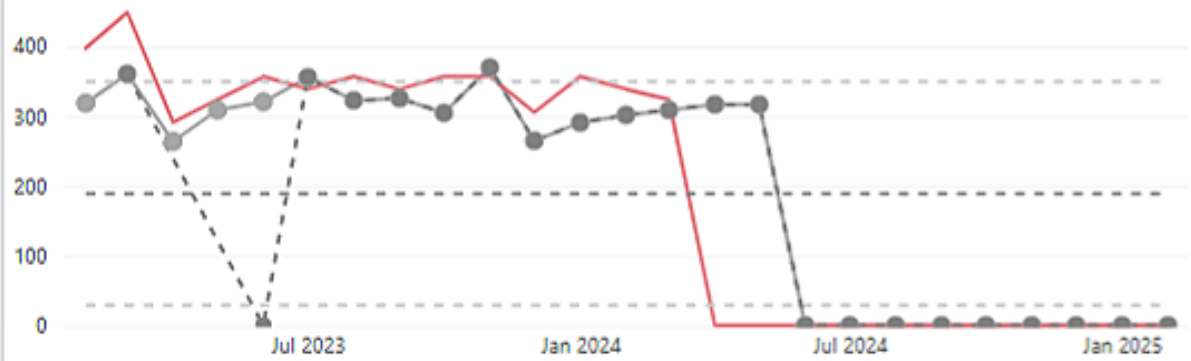
MetricName: Elective inpatient activity (& vs plan) 2

Date: 01/02/2023 – 01/02/2025

0		353	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

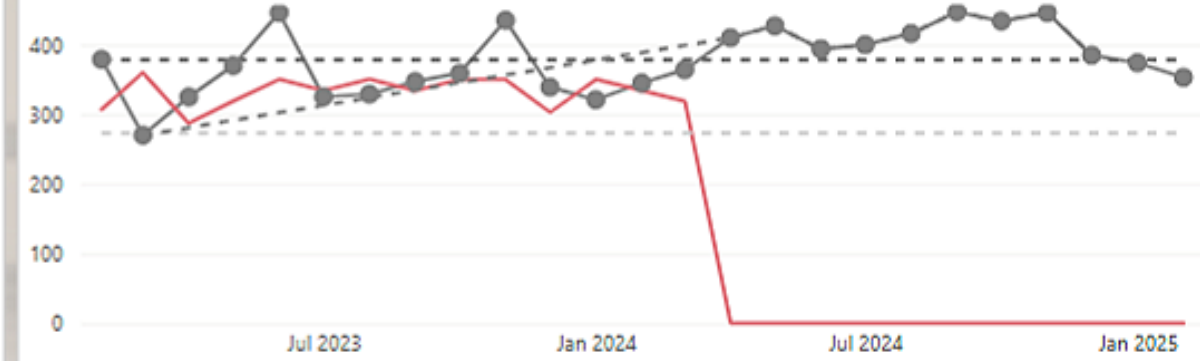
Kettering General Hospital

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
NGH	01/02/25	Elective inpatient activity actuals v plan	Data shows that we delivered a slight decrease in Elective Inpatient activity in February (353vs 374 previous month)	There is absolute focus on clearing 65+ week waiters and we have done our utmost not to cancel elective activity during the winter UEC pressures	Cancer and long waiter lists priortised with transfer of actvity to KGH/Woodlands / Three Shires Hosp. While this activity is recorded for the system it does not appear on NGH activity figures	NGH continues to use IS (Woodlands) to support its long waiters and deliver the max waiting time targets however we are now struggling to find suitable patients to outsource due to comorbidities or complex surgery.

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

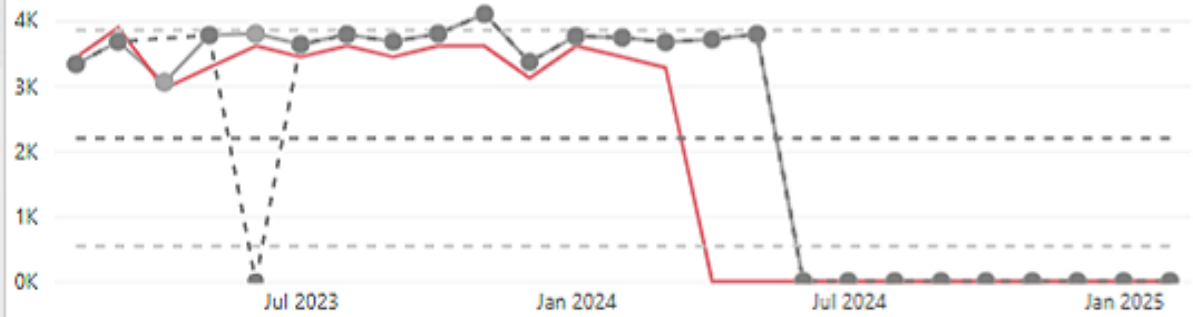
MetricName: Elective day-case activity (& vs plan) 2

Date: 01/02/2023 – 01/02/2025

0		4,372	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

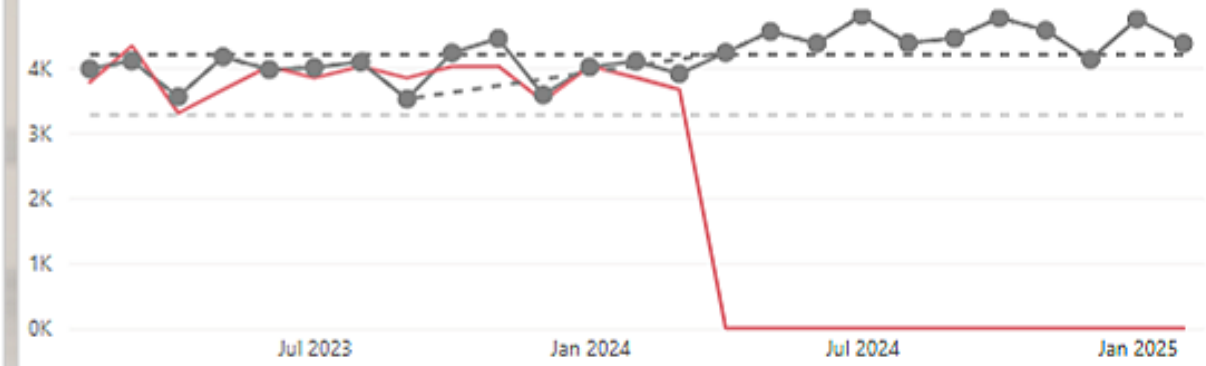
Kettering General Hospital

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
NGH	01/02/25	Elective day case activity actuals v plan	Data shows that we had a decreased Elective Day Case activity in February (4,372 vs 4,744) These figures we expect to increase as coding catches up later in the month due to the staffing challenges in that area (January figure increased by 559 patients)	There is absolute focus on clearing 65+ week waiters and we have done our utmost not to cancel elecitve activity during the winter UEC pressures	Cancer and long waiter lists priortised with transfer of actvity to KGH/Woodlands. While this activity is recorded for the system it does not appear on NGH activity figures	NGH continues to use IS (Woodlands) to support its long waiters and deliver the max waiting time targets however we are now struggling to find suitable patients to outsource due to comorbidities or complex surgery.

Outpatients activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

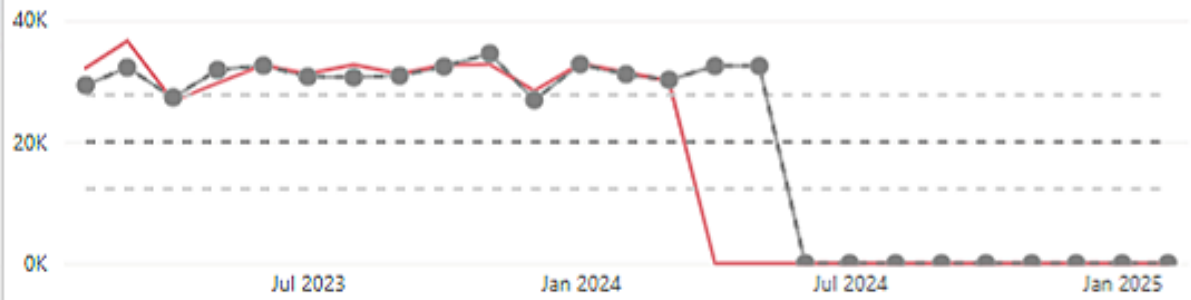
MetricName: Outpatients activity (& vs plan) 2

Date: 01/02/2023 – 01/02/2025

0		40,654	49126
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

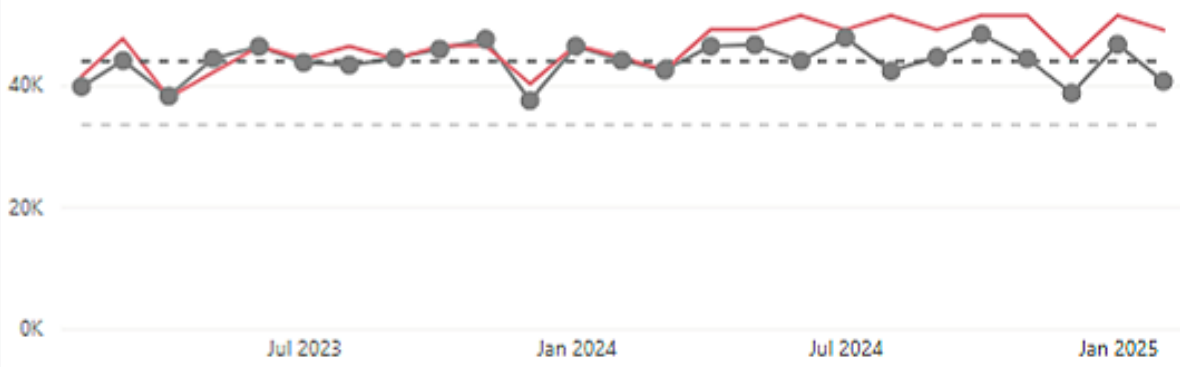
Kettering General Hospital

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
NGH	01/02/25	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we had a decreased OPD activity in February (40,654 vs 46,718)	Activity is below target plan which was 49,126	Increased use of PIFU, application of the access policy for DNA's and a push to increase the numbers of virtual appointments is being picked up with the clinical and admin teams via the Elective Productivity and GIRFT Governance Group that are chaired by a Dep Medical Director every week	Outpatient improvement project continues across the group with a Regional focus on DNA's, referral triage, PIFU and patient validation

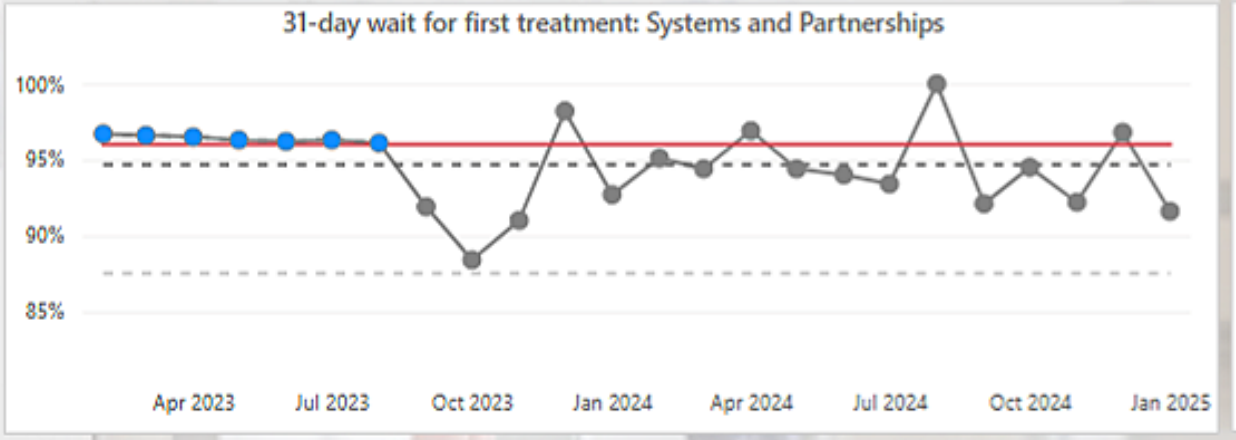
31-day wait for first treatment

NHS University Hospitals of Northamptonshire NHS Group

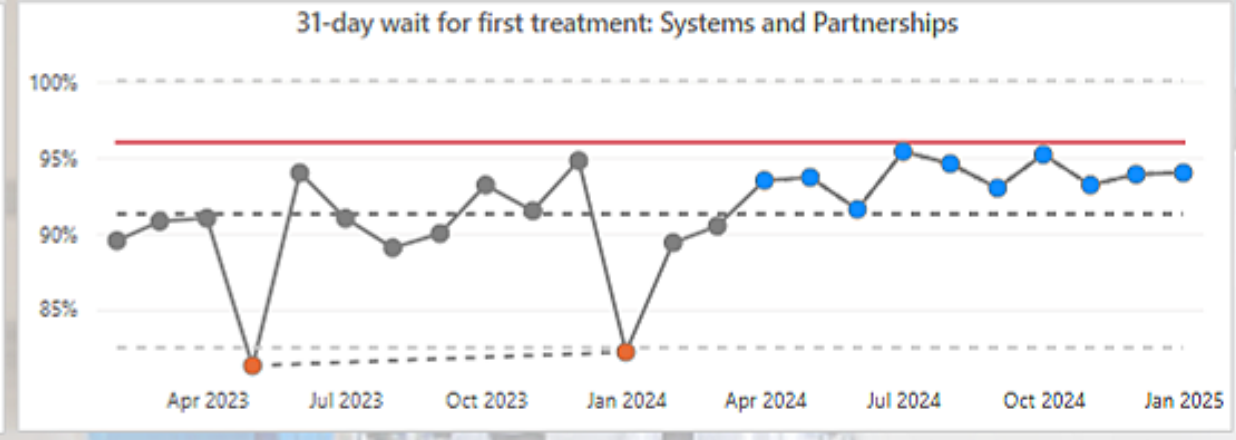
Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	31-day wait for first treatment	01/02/2023 – 01/02/2025

91.60%	96.00%	94.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



31-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 31-day wait for first treatment

91.60%	96.00%	94.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/25	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust recorded 88.9% against the standard of 96%	The Trust achieved 88.9% against the standard, treating 217 patients with 24 recorded breaches. Of these, 19 were related to Skin and Breast. Skin breaches resulted from limited capacity in plastics, while Breast breaches were due to a reduced surgical workforce. This impact is also evident in the 62-day performance.	Escalation to ICS regarding meeting to determine tele-dermatology and AI direction of travel across both Acutes (meeting previously convened but only attended by KGH) Clear communication with Waiting lists - attendance at PTL meetings, access to somerset and PTL Continue to report performance at Patient Access Board x1 WTE Breast Surgeon role out to advert	31d and subsequent tracking lists are reviewed weekly by cancer services tracking team. Potential breaches are escalated to the service leads and actions initiated in response documented within patient tracking notes. Weekly PTLs to review patients between 0-31 days to identify issues or blockages in pathways and breach prevent. Locum commenced in post in Dermatology - 1 wte shared between two consultants Commencement of recruited Breast surgeon Action list including breach dates to be shared with colleagues from plastics to ensure adherence to targets
NGH	01/01/25	% of patients whose treatment is initiated within 31 days of the decision to treat	The Trust did not meet the 93% standard achieving 94%	498 treatments occurred across first and subsequent pathways, an increase of 13% on December with performance of 94%. 30 patients breached, 19 of these were due to surgical capacity, 8 due to oncology re scanning requirements or capacity, 2 patient fitness and 1 due to patient choice.?	weekly report sent to all specialities to highlight patients booked as breaches, predominantly surgery breaches, unable to secure additional capacity. Head and Neck currently have surgeon staffing gaps, recruitment ongoing	Site and corporate ptl's provide full visibility of patient pathways, the 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. Weekly snapshot of performance shared with Medical Director and COO

62-day wait for first treatment

NHS University Hospitals of Northamptonshire NHS Group

Committee Name: All

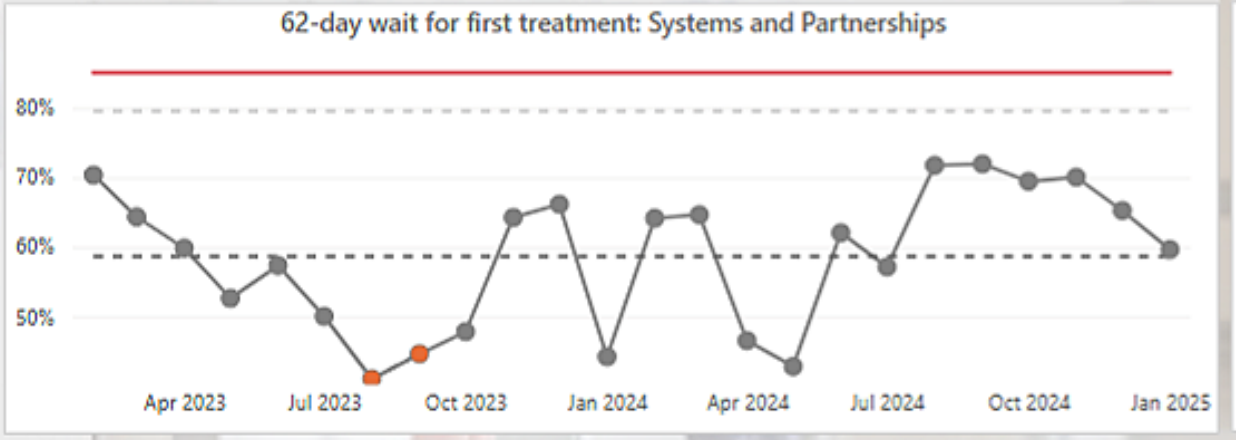
GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

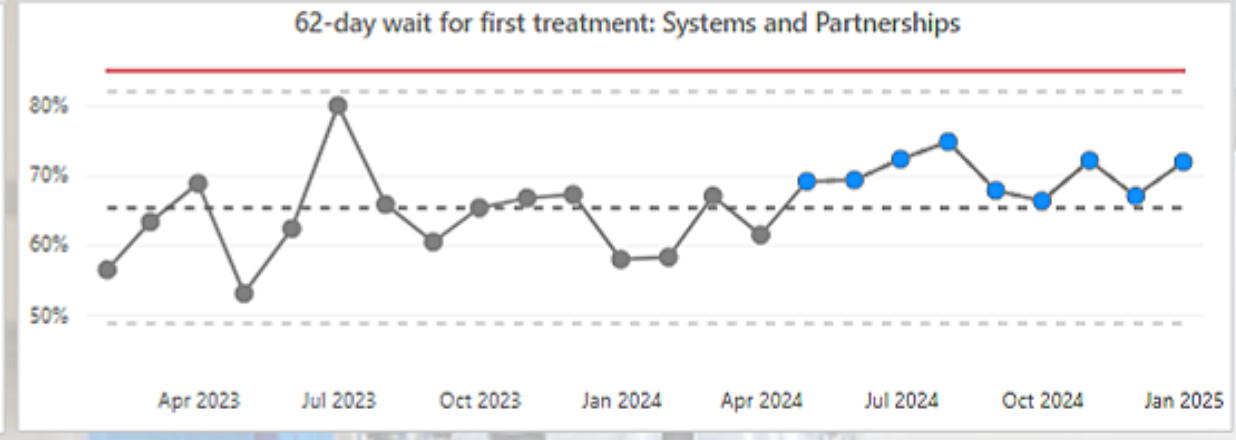
Date: 01/02/2023 – 01/02/2025

59.60%	85.00%	71.90%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



62-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

59.60%	85.00%	71.90%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/25	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the interim national target of 70% Performance for the month of January was recorded at 66.2%.	The Trust achieved a performance of 66.2% against the interim 70% standard. This decline was anticipated due to ongoing challenges in breast services, along with the seasonal variation and patient choice impacting overall performance. Workforce shortages in breast surgery and radiology remain a key challenge. However, improvements are expected in the coming months as one full-time surgeon has now been appointed, and recruitment for an additional surgeon is underway. The Trust continues to perform against its planned trajectory. The number of patients exceeding their breach date increased steadily from late December through January, with patient choice being a key contributing factor. However, since reaching its peak, this number has been decreasing week by week.	No change - Cancer recovery action plan discussed and updated by Head of Nursing for Cancer and presented weekly at patient access board. Ongoing - Attempt to employ overseas pathologist continues. New proposal being reviewed by the pathology team, which means may not have to tender for service expected Q2 2025. A working group has been established to streamline the CTC pathway by prescribing preparation and booking the test at the point of referral from the clinic OPA. WLIs to commence where capacity is required Monitor referrals for suspected prostate cancer, working closely with radiology and the waiting list team to ensure capacity meets demand for MRI and LATP - also being aware of the Chris Hoy media attention, that has increased awareness. Breast locum extended until end of March 2025 to ease burden x1 WTE Breast Surgeon role out to advert	Weekly PTLs for patients with 31 days left on pathways held with tracking team and service support managers from divisions take place. Weekly PTLs to review patients between 0-31 days to identify issues or blockages in pathways and breach prevent. Performance against the standard is discussed weekly at Patient Access Board and presented monthly at the Cancer Management Group Weekly confirm and challenge meeting continues to take place between the Head of Access, Cancer Management team, Service Support Managers, Radiology and Histopathology attend. Representatives from the Waiting list team are invited to attend to ensure TCIs are booked within breach dates. Weekly calls take place with tertiary centres for next steps of patients, both NGH, UHL and St Marks commenced Implementation of clinical review of the site specific PTLs and ensuring this is custom practice within the divisions to ensure patients are moved though the pathway without delay. Newly recruited Breast surgeon now in post.

62-day wait for first treatment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

59.60%	85.00%	71.90%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

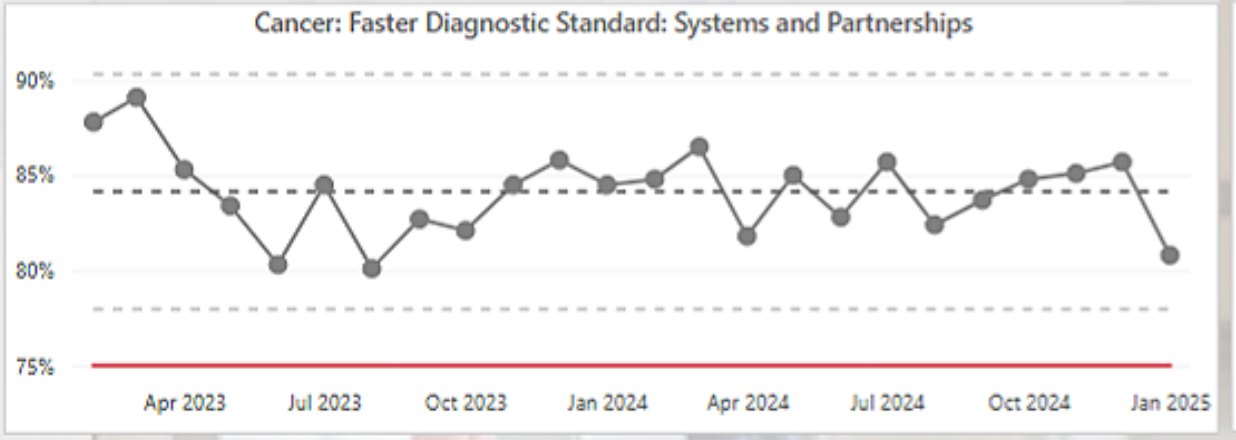
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/01/25	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust exceeded the interim 70% standard reaching 71.9%, a 4.9% improvement on December	7 of the 13 tumour sites achieved 70%. The other sites ranged from 52%-66.7% which is an improved position on the previous month. Provider initiated delay meaning not one delay reason contributed but multiple remains the top breach reason, outpatient capacity and complex routes to diagnosis also featured this month.	The trust continues to prioritise cancer, Moving patients to treatment remains the biggest challenge both at NGH and nationally.	Site and corporate ptl's provide full visibility of patient pathways, the 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. Weekly snapshot of performance shared with Medical Director and COO to identify new and ongoing trends

Cancer: Faster Diagnostic Standard

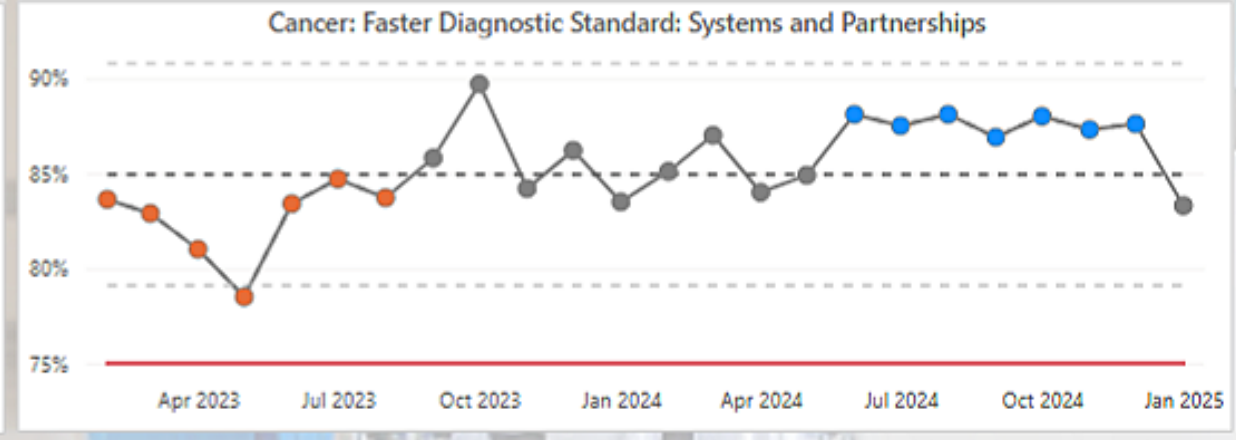
Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/02/2023 – 01/02/2025

80.80%	75.00%	83.30%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Cancer: Faster Diagnostic Standard

80.80%	75.00%	83.30%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

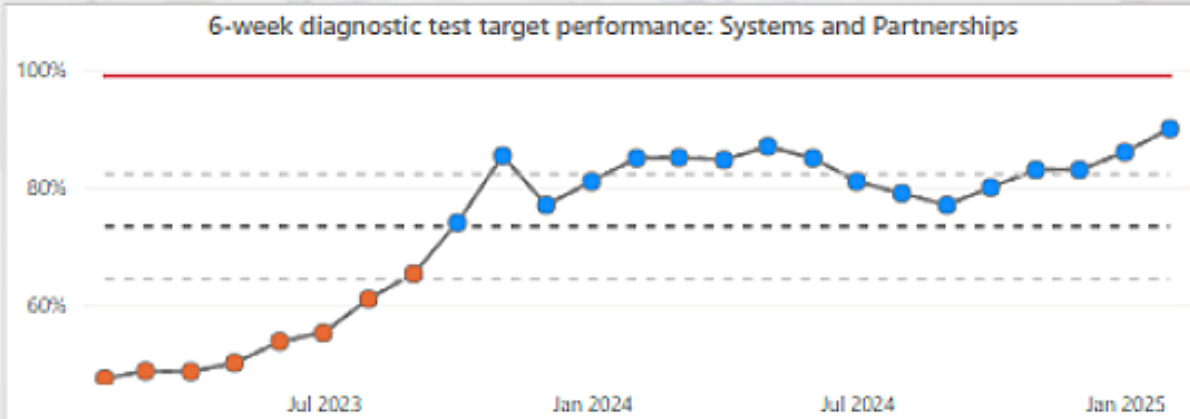
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/01/25	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard for the month of January at 80.2%	The Trust continues to perform well against the faster diagnosis standard. Meeting the national standard of 75%	Divisions to continue to monitor performance against the standard PTL meetings continue to maintain focus and scrutiny on performance Ensure deep dive into tumour sites and feedback of actions and support offered in response to the cancer sites where performance is compromised	Performance against the standard is discussed weekly at Patient Access Board and presented monthly at Cancer Management Group, Cancer Improvement Group as well as at the Northamptonshire Cancer Board As above, achievement of FDS is discussed at existing PTL meetings. Attendance at weekly PTL meetings from histopathology, radiology and waiting list to ensure focus on FDS standard Cystocopy nurse recruited to commence in post March 2025
NGH	01/01/25	% of patients diagnosed in less than 28 days	The Trust continues to exceed the 77% standard reaching 83.3%	None standard exceeded	None standard exceeded	First seen within 7 days. Diagnostics request to report stretch target 7 days Histology 7 days TAT Trust escalation policy and ptl meetings with oversight of all patients Effective MDT meetings

6-week diagnostic test target performance

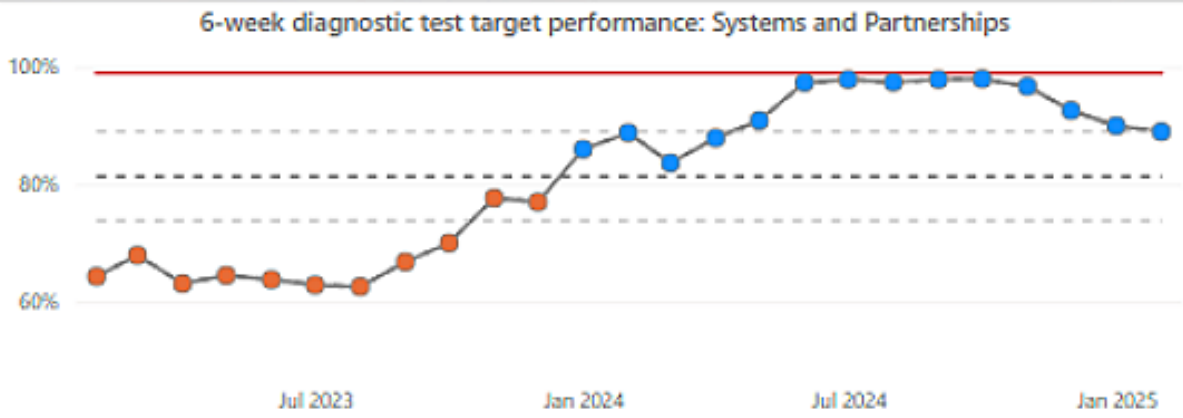
Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	6-week diagnostic test target performance	01/02/2023 – 01/02/2025

90.00%	99.00%	89.00%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



6-week diagnostic test target performance

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 6-week diagnostic test target performance

90.00%	99.00%	90.00%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of patients not seen within six weeks	Feb un-validated performance has seen a Improvment from 86% to 90%	Workforce challenges in Urodynamics Workforce challenges in Neurophysiology Workforce challenges in Audiology Workforce challenges in Cardiac Radiology	Urodynamics Females has been challenged due to clinical leave. NGH have been supporting with long waiting patients. Urodynamics Males have been without a full time nurse for several months. Recent recruitment has been successful with applicant starting in April. Bank shifts being used to test patients waiting. Neurophysiology workforce to be increased in April with new clinician. Locum being used to support weekend gaps. Audiology workforce is being challenged as there is more non DM01 work taking place than non DM01 Work such as repairs. Worklists to be reviewed to see if there is an opportunity to review and realign skill mixes and workloads to allow for more time for DM01 work. Cardiology capacity remains challenged resulting in allocations for Radiology being inconsistent. Majority of the longer waiting are in these cohorts.	Continued weekly validations Engagement with NGH for support Bi weekly DM01 Access Meetings

6-week diagnostic test target performance

Committee Name: All

GroupName: All

MetricName: 6-week diagnostic test target performance

90.00%	99.00%	89.00%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	% of patients not seen within six weeks	NGH has seen deterioration in performance since previous months to 89%	Deterioration in performance continues to be been seen within radiology modalities particularly MRI due to significantly increased inpatient demand (an 85% increase) resulting in DM01 outpatient activity to be cancelled and CT. Challenges also remain within Cardiology specifically in relation to DSE's due to workforce constraints and cessation of additionality.	SBAR submitted for MRI for decision around additional scanner and locum capacity to support mitigation to risk of delivery and Mutual Aid to UHL. Without additional capacity and delay in CDC capacity coming online this continues to be challenged. New consultant has started and will support with additional TOE's/DSE list in April and 30 TOE'S/DSE's have been transferred to UHL to support 13 week wait performance. Capacity gap still remains with additionality being reviewed by specialty to support backlog clearance.	Continued PTL meetings and application of Access Policies

Unappointed outpatient follow ups

Committee Name: All

GroupName: Systems and Partnerships

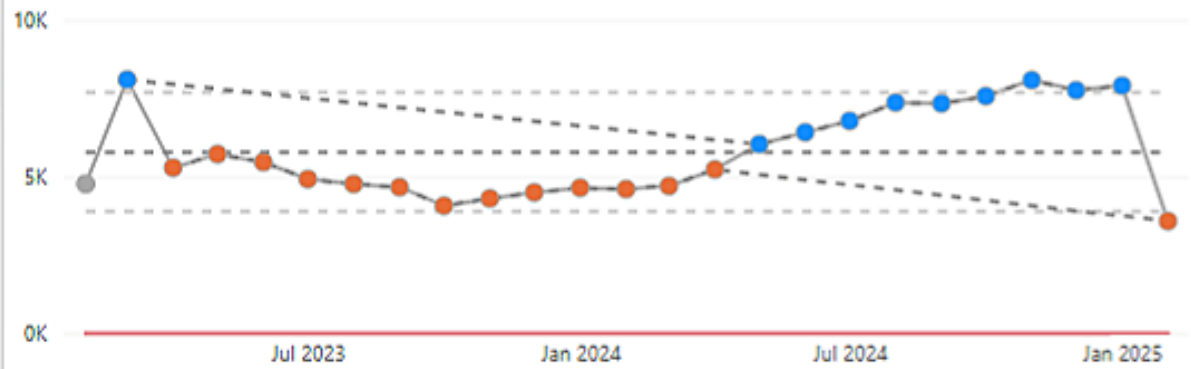
MetricName: Unappointed outpatient follow ups

Date: 01/02/2023 – 01/02/2025

3,578		8,859	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

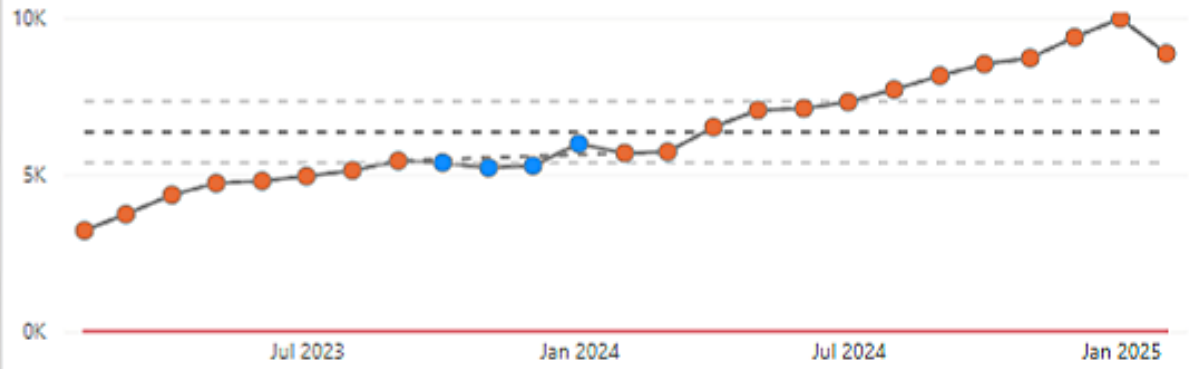
Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Unappointed outpatient follow ups

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Unappointed outpatient follow ups

3,578		8,859	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Count of patients who do not have a booked appointment and are past their due date	Patients 6 months or more past review with no appointment booked has increased from 3443 in January to 3578	Operational and Validation capacity to manually review pathways Reporting mechanisms to allow easy access and visualisation of patient cohorts Follow Up Capacity in most specialties	Validation is supported where possible from specialties and centralised validation teams where possible. Data is circulated weekly for teams to review and action where possible. Activity plans suggest >100% of FU plans are being met. Specialties are challenged to review	Data is circulated weekly for teams to review and action where possible. Activity plans suggest >100% of FU plans are being met. Specialties are challenged to review
NGH	01/02/25	Count of patients who do not have a booked appointment and are past their due date	Number of 6 months has further increased since previous months	Capacity to validate the pathways for accuracy Clinical capacity to book appointments to be seen	- Validation text to be sent currently waiting for PO to be signed off as part of RPA project - Current review of activity plans to support - Prioritisation of patients 12 months past review date and continued circulation of patient level data to support tracking and management - Implementation of Outpatients FDP to support management - to be launched within challenged specialties first - Continued work on the deployment and extended use of PIFU - Patient lead validation is planned to support with closure and discharge for patients who do not wish to be seen.	- standing agenda item at Access Committee

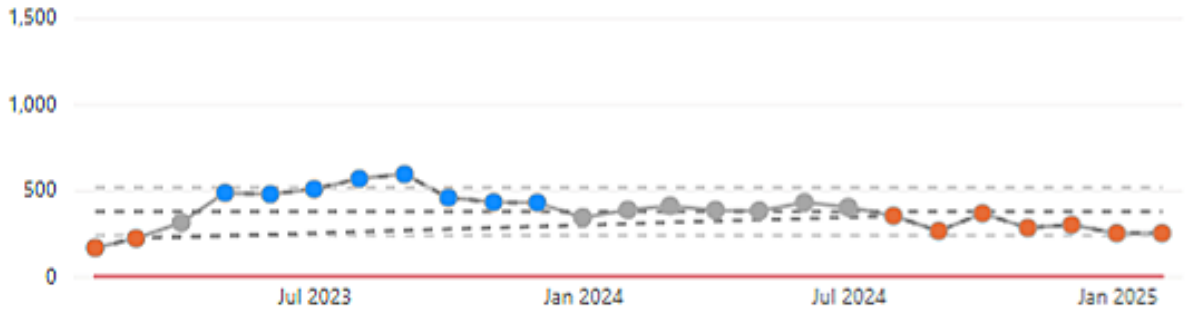
RTT over 52 week waits

Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	RTT over 52 week waits	01/02/2023 – 01/02/2025

250	0	727	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

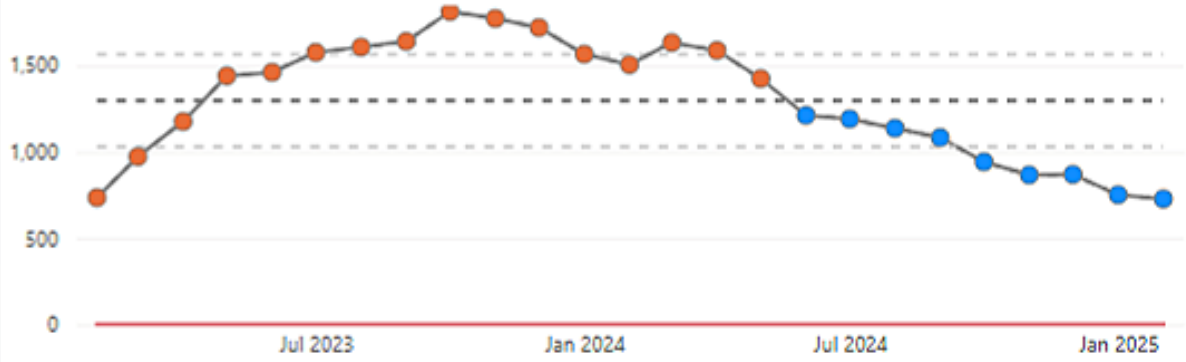
Kettering General Hospital

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

250	0	727	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Un-Validated patients over 52 has seen an increase from 247 in January to 250 in February	Continued support of NGH long waits have resulted in these being prioritized over KGH patients. Patient choice over the new year is still being worked through as patients have decline to be seen earlier for OPAs and TCIs. Complex pathways or procedures requiring specialized equipment, tertiary MDTs, tertiary treatments, consultant only and joint specialty (eg ABR) Head and Neck time to first OPA in excess of 40 weeks for most.	In aim of supporting the UHN position patients have been transferred to KGH. This is likely to continue as there is ambition of balancing waiting times across the two trusts. Patient Choice Active Monitoring is being used where policy applies. Escalation to consultants where possible. Complex cases are being sighted at PTLs and discussed frequently to find alternatives where possible. Additional capacity identified at NGH for Ortho. ENT under clinical review by lead consultant. Oral being support by potential case mix review as NGH have capacity to do different cases that could be offset for KGH waits.	FDP supporting validation and accuracy of PTL FDP being used to support PTL meetings and pathway reviews. PAG being used as accountability

RTT over 52 week waits

Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

250	0	727	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	February has seen a marginal decrease to 745 in the 52+ position	The 52 week cohort continues to reduce at pace with a position of 1,323 reduced from 2,205 last month with reduction in actuals despite the challenged specialties. Risk remains for 65+ and 52+ in challenged specialties at the end March within T&O and General Surgery. The NGH end of February position 65+ position was made up by T&O (14), Gen Surgery (7), ENT (3), Max-Fax (1), Breast (2) - 17 of these were capacity, 6 Complex and 4 Choice (local). Clearance continues to be impacted by Anaesthetic and Theatre workforce constraints resulting in cancellations increase cancer demand and both General Surgery and T&O capacity constraints. In addition, equipment issues in relation to prosthesis impacted clearance within T&O. Cross site collaboration is on-going with weekly cohort in place to manage the position. Wait to first OPA's in in excess of 40+ in challenged specialties and additional specialties such as T&O, Cardiology and Pain.	Validation text to be sent out as part of RPA project Work is being undertaken to support cross-site collaboration to equalise waiting times and reduce waiting times to first OPA's. Cross site collaboration is on-going with weekly cohort in place to manage the position.	- Daily monitoring of long waiting patients - Standing Agenda item at Access Committee - Weekly UHN cohort meetings - PTL weekly; weekly PTL meetings ensures pathways are monitored, managed, and escalated. -Utilisation of independent sector capacity for General Surgery and T&O (will be reviewed new financial year) -Weekend clinics and Theatre lists within surgical division (will be reviewed new financial year) -IPTs from NGH to KGH in T&O and General Surgery undertaken to support these specialties.

Size of RTT waiting list

Committee Name: All

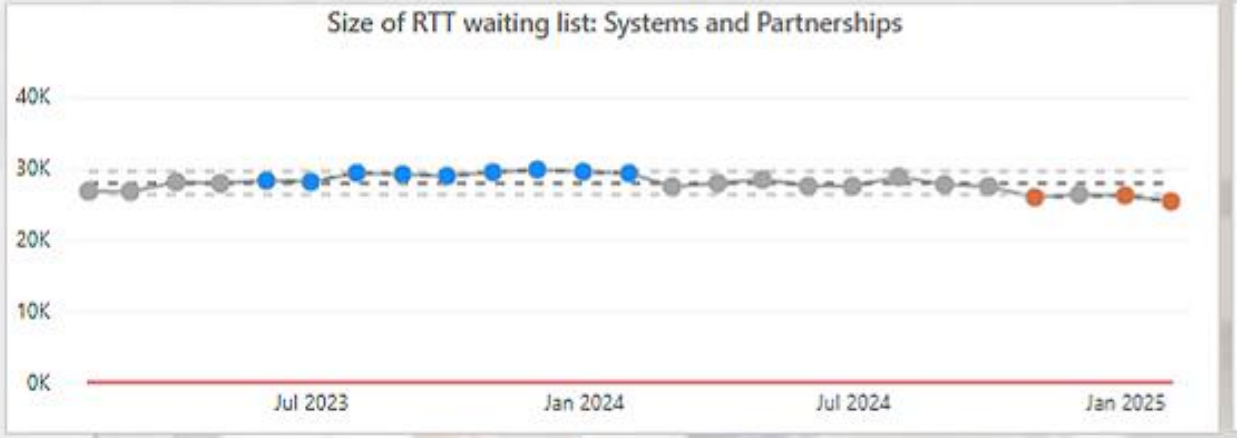
GroupName: Systems and Partnerships

MetricName: Size of RTT waiting list

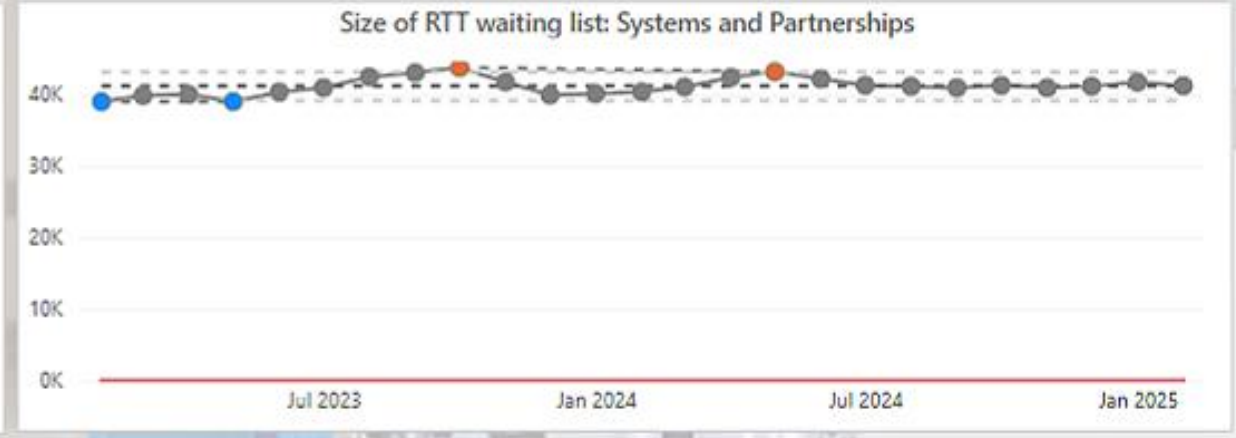
Date: 01/02/2023 – 01/02/2025

25,337		41,263	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Size of RTT waiting list

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Size of RTT waiting list

25,337		41,263	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Count of patients actively waiting against the 18 week RTT target	The total PTL has seen a reduction of 243 patients to 25,337 at the end of Feb25	Continued increase in demand Wait to first OPA in some specialties such as Renal, Oral, Gastro, Ortho Patient Choice	Transformation are supporting specialties in identifying opportunities for efficiencies and developments for patients and pathways Activity plans for 25/26 are being worked on to see where efficiencies can be identified Mutual Aid opportunities in UHL being considered for Renal. Plans to transfer patients between NGH and KGH to balance waiting times and performance in specialties where there are larger disparities.	PTL Monitoring and Management PTL meetings UHN Patient Access Meetings
NGH	01/02/25	Count of patients actively waiting against the 18 week RTT target	Waiting list has decreased marginally from previous month to 41303 from 41755	Continued long waits to first OPA in challenged specialties; T&O, General Surgery, Cardiology Sickness and vacancies within validation team	- Validation text to be sent out as part of RPA project - currently awaiting PO sign off to progress for NGH - Operational planning cycle in progress with review of activity and performance plans for 25/26 in line with proposed productivity and efficiency opportunities to support waitlist management. - Weekly PTL meetings ensures pathways are monitored, managed, and escalated. FDP is also being used in PTL meetings to support with validation efforts. - Revalidation of patients over 12 weeks continues	Weekly PTL meetings ensures pathways are monitored, managed, and escalated. FDP is also being used in PTL meetings to support with validation efforts. UHN patient Access and cohort meetings

Theatre utilisation

Committee Name: All

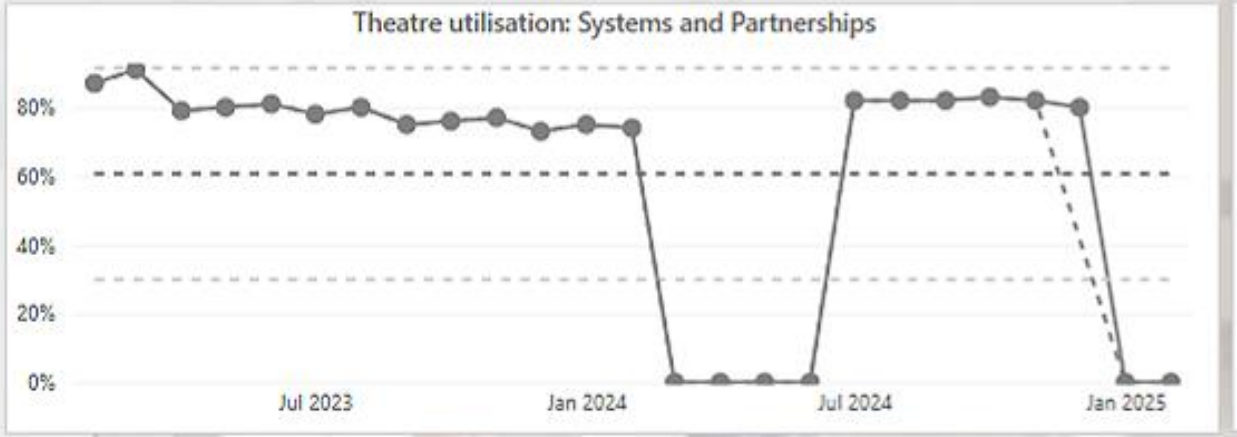
GroupName: Systems and Partnerships

MetricName: Theatre utilisation

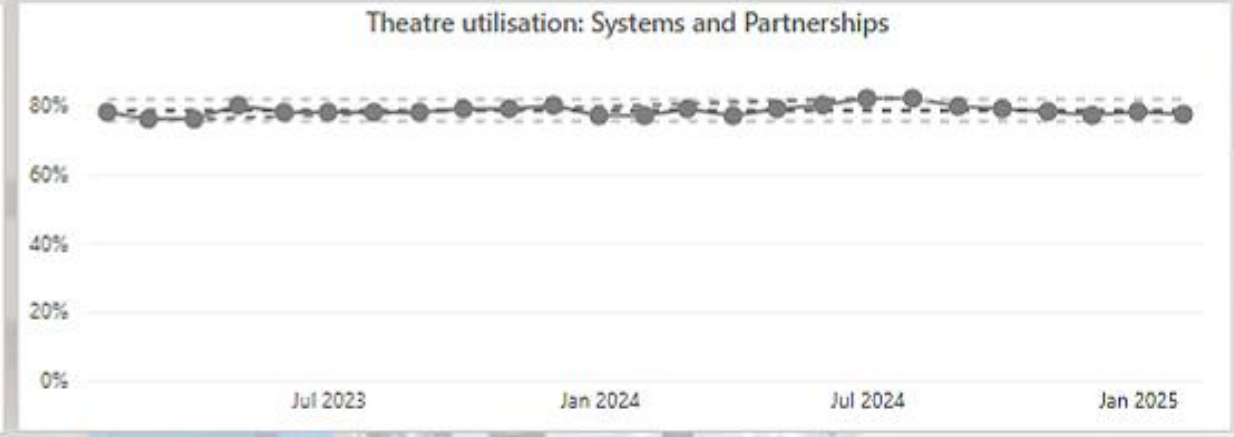
Date: 01/02/2023 – 01/02/2025

0.00%		77.40%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Theatre utilisation % against 85% national target	Theatre Utilisation - Touch time = 78.2%	Sustainment of utilisation. Nexus is not pulling surgeon timings into Palantir. 5% of lists not correctly recorded correctly so effecting overall utilisation.	6-4-2 weekly meeting Planning meetings with Consultants	Newton investigating surgeons timings. Awaiting Nexus upgrade. Training booking staff to ensure correct codes are used to ensure all operations are included in utililisation outcomes.

Bed utilisation

Committee Name: All

GroupName: Systems and Partnerships

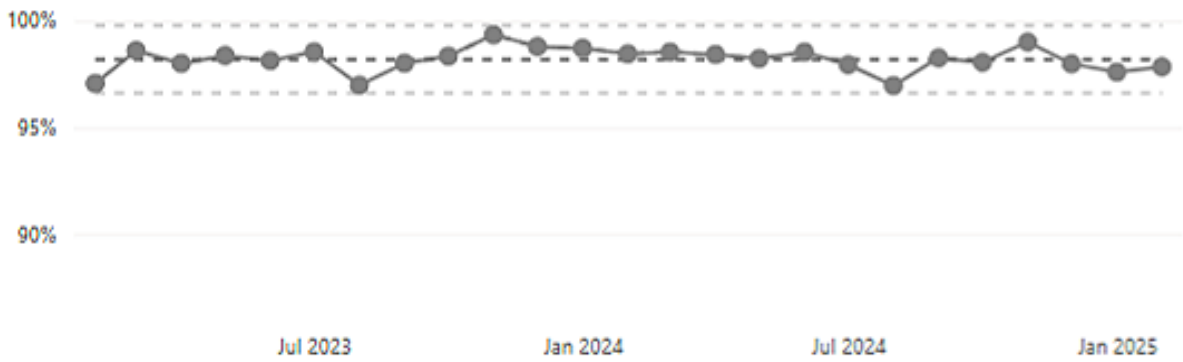
MetricName: Bed utilisation

Date: 01/02/2023 – 01/02/2025

97.84%		91.76%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

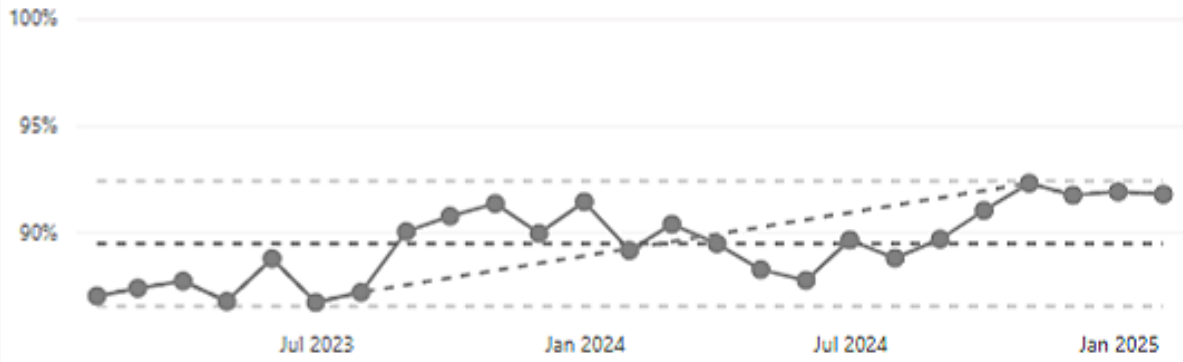
Kettering General Hospital

Bed utilisation: Systems and Partnerships



Northampton General Hospital

Bed utilisation: Systems and Partnerships



Stranded patients (7+ day length of stay)

Committee Name: All

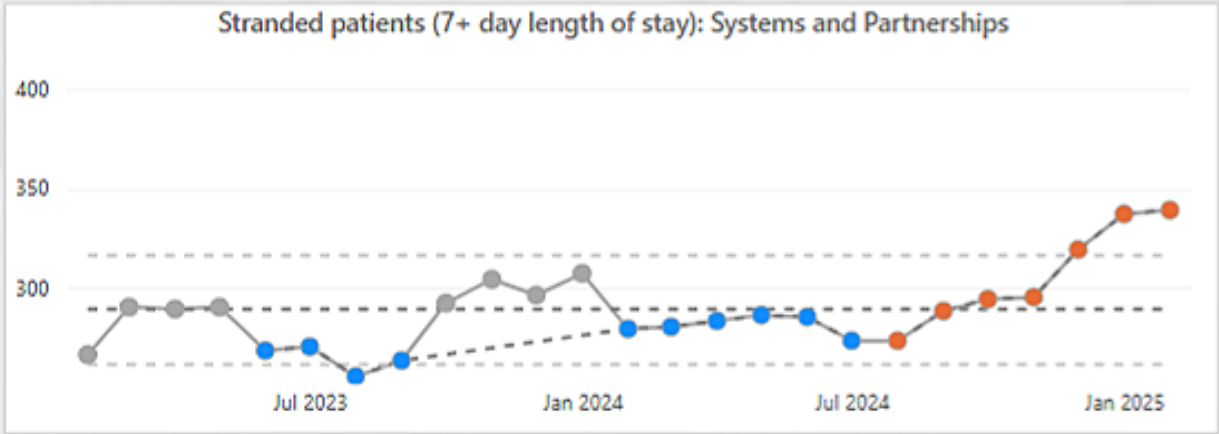
GroupName: Systems and Partnerships

MetricName: Stranded patients (7+ day length of stay)

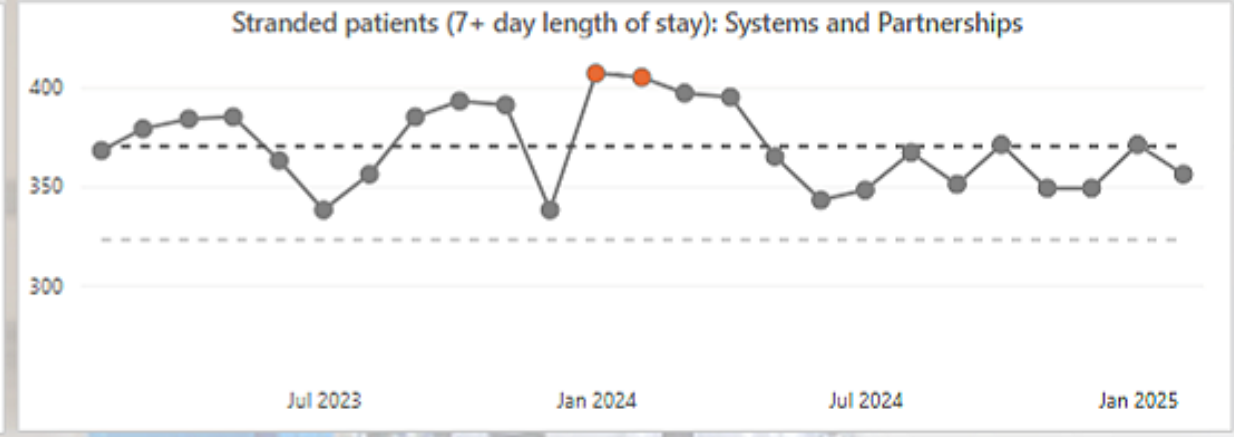
Date: 01/02/2023 – 01/02/2025

339		356	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Number of patients with a LoS > 7 days	Number of patients with a LoS > 7 days	Christmas break, fewer services working, rise in admissions to A/E-Critical incidents in january.	Non- essential meetings cancelled, critical incident meetings throughout the day. Bronze meetings 3 times per week, challenging discharge plans with medical Drs and escalating issues . Discharge workstream meetings continued, looking at the TOC process.	Accessing extra capacity at community beds, Spinneyfields and Berrywood.Twice daily board rounds.Bronze meetings 3 times perweek.Focus on nurse education and training.

Super-Stranded patients (21+ day length of sta

Committee Name: All

GroupName: Systems and Partnerships

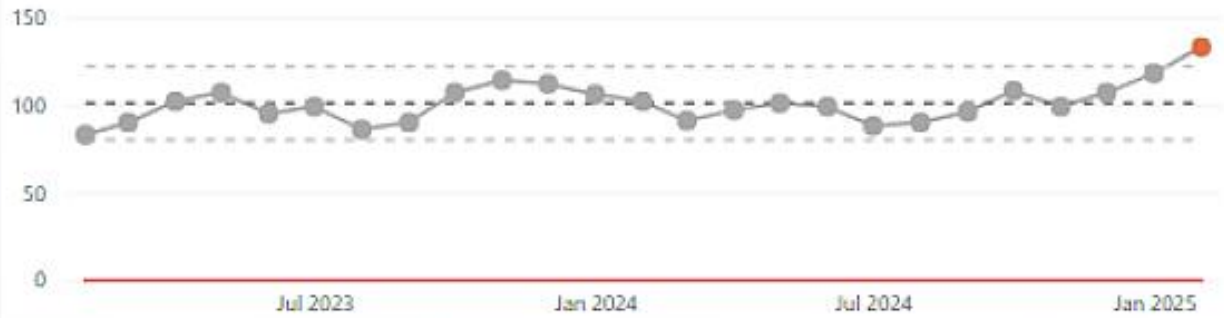
MetricName: Super-Stranded patients (21+ day length ...

Date: 01/02/2023 – 01/02/2025

133	0	144	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

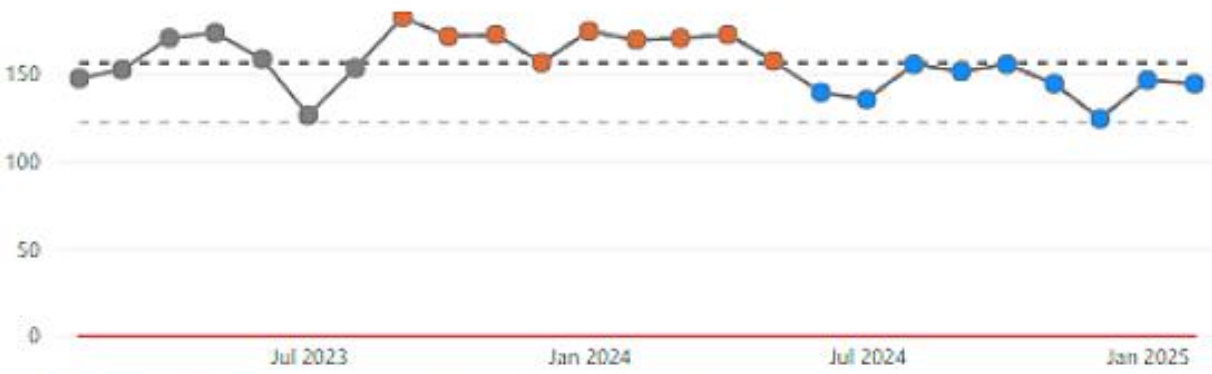
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	Number of patients with a LOS> 21 days	Number of patients with a LOS> 21 days	We saw a rise in admissions to A/E and experienced several critical incidents lasting 3-4 days.	Looked to use other community services, we assessed beds at Berrywood for patients who were difficult to place. Community beds opened escalation beds to support.	Critical incident meetings 3 times per day. Bronze meetings with Drs, matrons, nurses and complex team.NHSE visits continued as did the discharge workstream work. Focus work on TOC submission, details of outstanding presented at the HUB.

Patients with a reason to reside

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Patients with a reason to reside

Date: 01/02/2023 – 01/02/2025

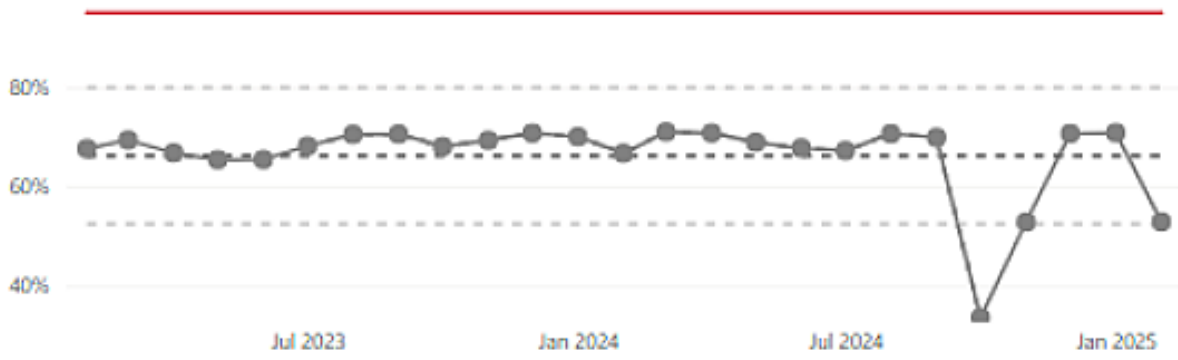
71.31%		52.92%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships

Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Ambulance Handover

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Ambulance Handover

Date: 01/02/2023 – 01/02/2025

648		528	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

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

Northampton General Hospital

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

Ambulance Handover

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Ambulance Handover

648		528	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	EMAS ambulance handovers > 60 minutes	The organisation has seen a further decrease in the number of black breaches during February; with 28% of handovers >60 mins. 463 were internally validated by the ED team	Trust capacity pressures impacting our ability to offload within 15 mins. We continue to see a surge in arrivals during peak times of the day; Lower number of EMAS attendances indicative of long ambulance waits in the community and a high number of self-presenters with higher acuity	Handover delays supported by operationalising corridor nursing following enactment of the enhanced Trust rapid flow protocol and assurance of boarding across wards. Ongoing engagement with EMAS lead via a monthly collaborative forum to review appropriateness of conveyances, use of alternative pathways and handover expectations Continue to facilitate physician and nurse assessment for patients where handover is delayed to ensure safety and minimum care standards are maintained. Continue to promote direct streaming to Medical SDEC Currently trialling a safety tool at handover to capture any patient harms because of a delayed handover, to include submission of a datix detailing the level of harm.	No incidents of harm identified from the harm reviews undertaken.

Ambulance Handover

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Ambulance Handover

648		528	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	EMAS ambulance handovers > 60 minutes	Total ambulance attendance to ED = 2,400 of which 736 were over 30min and 501 were over 60min. Performance 67.74% (Performance in January 2025 69.34%) 46% of these patients went home and 55% were admitted	Overcrowding due to backend flow. High acuity of patients which are unsuitable for EMAS POD or SDEC and not meeting criteria. Patients staying in the POD for prolonged periods.	Continue to use corridor outside of resus for reverse boarding. Continued use of EMAS POD for patients meeting criteria. Continue ambulance triage assessment for suitability to SDEC for patients meeting the criteria. Continue to minimium care standards of all patients waiting on ambulances	EMAS POD staffed by external company till end of March 2025. 3 Patients are able to be cared for in the EMAS POD. Continue to use TES

Time to initial assessment

Committee Name: All

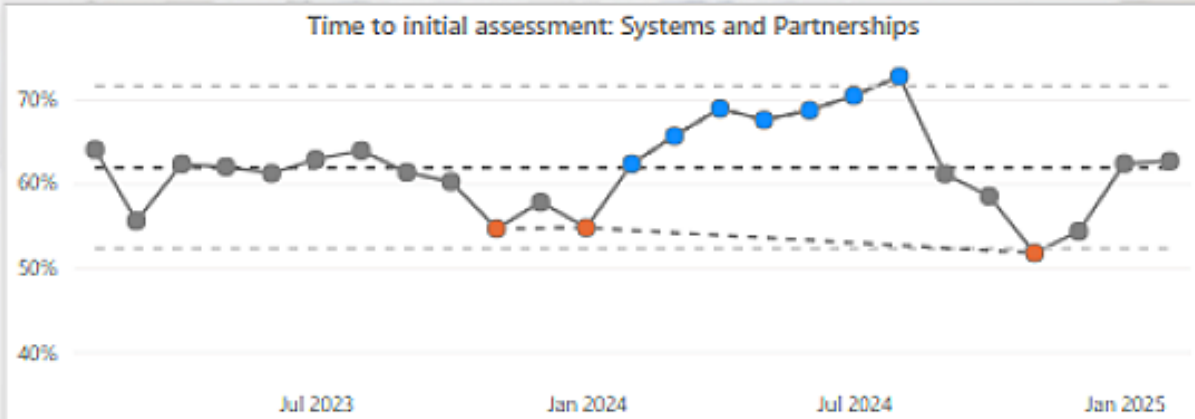
GroupName: Systems and Partnerships

MetricName: Time to initial assessment

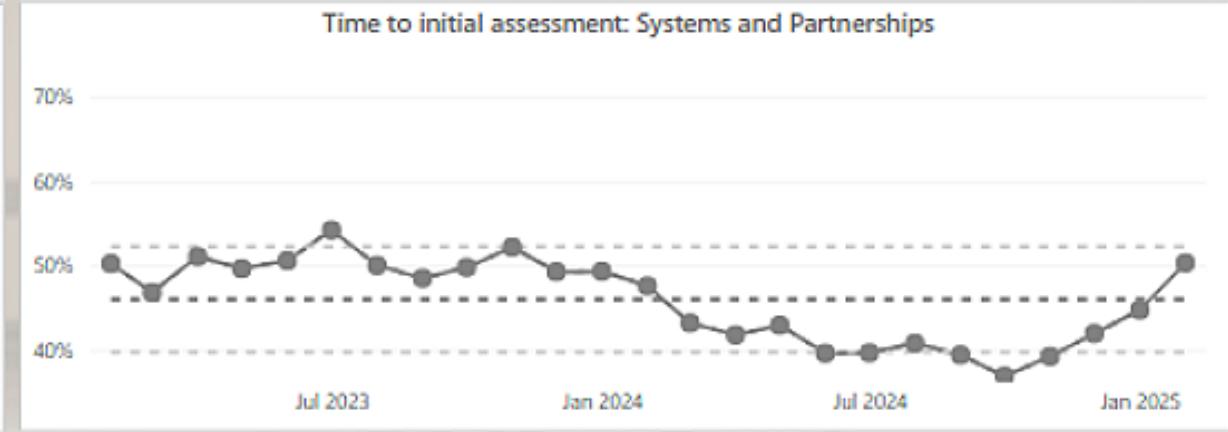
Date: 01/02/2023 – 01/02/2025

62.65%		50.31%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Time to initial assessment

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Time to initial assessment

62.65%		50.31%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	Performance against TTIA has shown a significant increase over the past 2 months. ?Our local data tells that on average, TTIA in Feb was 12.8 mins for PED, 19 mins for Adults. According to the local data, average TTIA in Amb majors and F2S was 2 mins longer than in streaming and Majors.	Our ability to complete TTIA within time standard continues to impacted during periods of heightened activity Long ambulance waits for handover impacts TTIA performance further impacted by nursing numbers inhibiting our ability to increase triage rooms in ED Assessment space available to increase triage rooms limited due to current estate footprint.	Continued provision of opening additional triage rooms to support at times of a surge in activity or where there is an escalated concern with a delay in time to initial assessment (depending on staffing levels).	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.
NGH	01/02/25	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	This remains the same as January 2025	Due to current capacity (2 rooms) in streaming, when we have an influx of patients, often 25 or more arriving per hour, will see increase in delays for being seen by Snr Clinician. Primary and secondary streamming has commenced. Walk in patients that require a trolley can block assessment rooms when overcrowded.	Work will start on the Streaming hub late February 2025 and will be completed by end of March 2025. Continue to ensure that assessment area's are not bedded. Additional staff are sent to the front to help triage and Snr Clinician are asked to help stream patients to alternate pathways.	Ensure that flow out of ED is done timely with sufficient resources (transfer nurse/porters). To ensure safety additional resource is sent to area's when overcfowing becomes an issue.

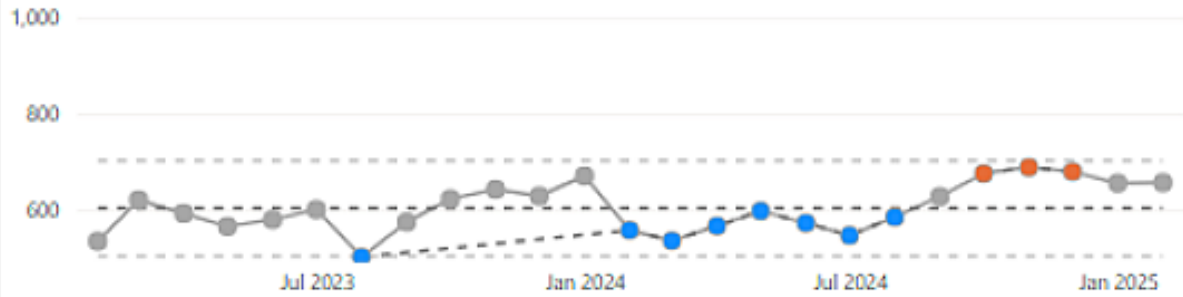
Average time in department - Admitted

Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	Average time in department - Admitted	01/02/2023 – 01/02/2025

657		822	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

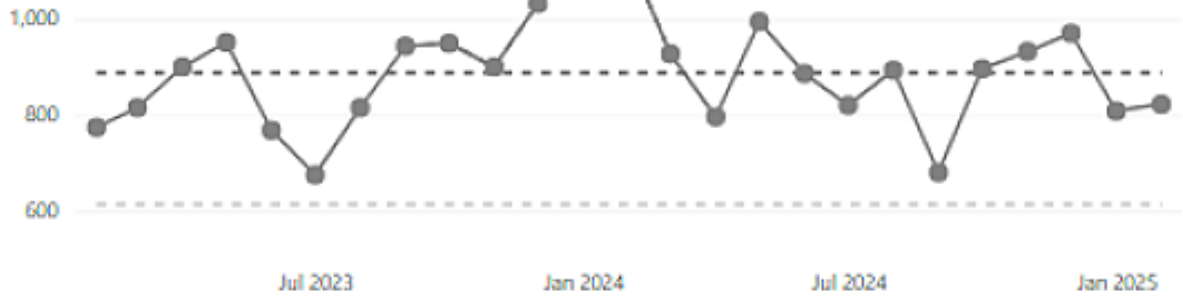
Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



Northampton General Hospital

Average time in department - Admitted: Systems and Partnerships



Average time in department - Admitted

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Average time in department - Admitted

657		822	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Average time in department for those patients who are admitted to the hospital	The data shows us that the average time in the department for admitted patients in February has slightly increased from the previous month. Patient awaiting admission have an average wait time of 11 hours	This is not solely an ED Metric but a Whole System metric and largely impacted by capacity and flow out of ED. Admission of MH patients into UC wards continues due to the unavailability of inpatient beds in the community.	Frailty SDEC operational within its own estate. Continue with direct admission into acute medical wards for patients with EDD >48hours Currently developing a joint UHN IPS documents that outlines clinical standards for patients on the UEC pathway. ED Watershed policy in development	Use of escalation areas and outlying capacity Rapid transfer protocol
NGH	01/02/25	Average time in department for those patients who are admitted to the hospital	A marginal increase of 8min from 800min in January 2025.	Continued high acuity of patients and backend flow means patients will wait longer in ED for a bed. We often run out of physical beds for patients on trolley's. Delays with radiology in particular overnight when there is not enough staff to accompany patients to radiology as they need an escort.	Ensure patients care and safety is paramount. Continue to to extend opening hours for SDEC and UTC Utilise discharge lounge when available. Continue to follow professional standards and escalating promptly. Mental Health patients continue to wait long for beds.	Safer staffing levels are a key focus. We ensure transfer team in order to move patients out of ED to wards quickly and safely Corporate staff often asked to help facilitate moves to wards.

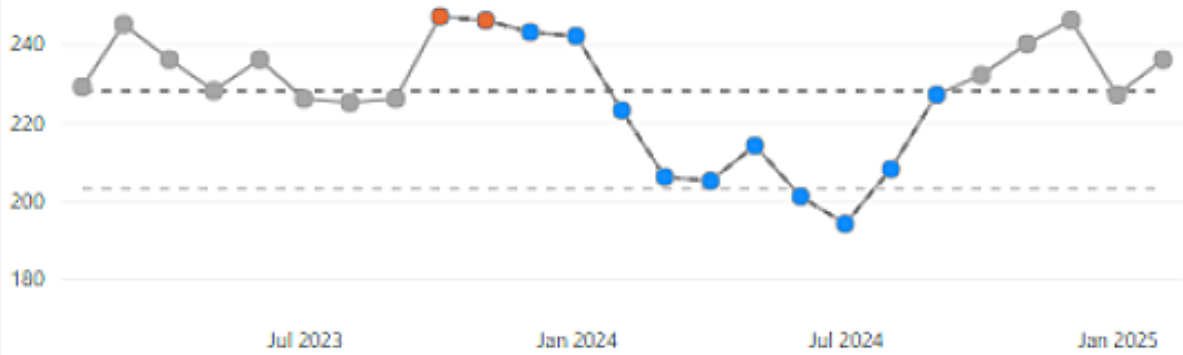
Average time in department - Discharged

Committee Name	GroupName	MetricName	Date
All	Systems and Partnerships	Average time in department - Discharged	01/02/2023 – 01/02/2025

236		193	
KGH: Current Value	KGH: Current Target	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

Average time in department - Discharged

Committee Name	GroupName	MetricName
All	Systems and Partnerships	Average time in department - Discharged

236		193	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Average time in department for those patients who are not admitted to the hospital	The data shows an average time to discharge for non-admitted patients within 240 mins. This is an improved position from the previous month.	Recognised limitations with regards to existing streaming and re-direction pathways available from ED. Staffing resource impacting ability to open EDU. 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.	Extended operational hours for Medical SDEC continues. EDU remains operational, with a drop in the average daily attendances = 9 p/day over the last 2 months. Utilisation of the area impacted by staffing resource redirected to support corridor nursing for our patients identified for queuing out. Currently developing a joint UHN IPS document that defines clinical standards for patients on the UEC pathway.	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 EDU
NGH	01/02/25	Average time in department for those patients who are not admitted to the hospital	A marginnal increase of 8min from 800min in January 2025.	Continued high acuity of patients and backend flow means patients will wait longer in ED for a bed. We often run out of physical beds for patients on trolley's. Delays with radiology in particular overnight when there is not enough staff to accompany patients to radiology as they need an escort.	Ensure patients care and safety is paramount. Continue to to extend opening hours for SDEC and UTC Utilise discharge lounge when available. Continue to follow professional standards and escalating promptly. Mental Health patients continue to wait long for beds.	Safer staffing levels are a key focus. We ensure transfer team in order to move patients out of ED to wards quickly and safely Corporate staff often asked to help facilitate moves to wards.

4hr ED Performance

Committee Name: All

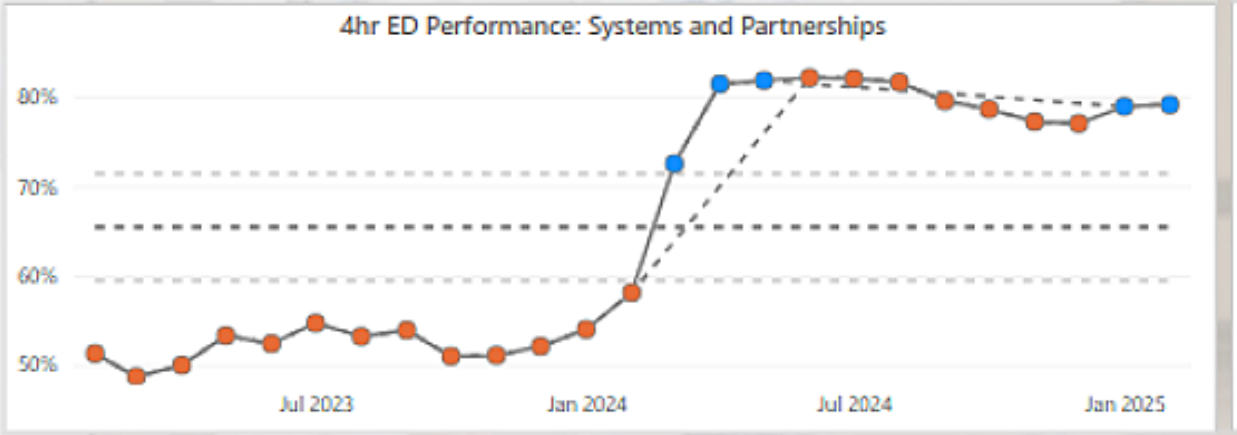
GroupName: Systems and Partnerships

MetricName: 4hr ED Performance

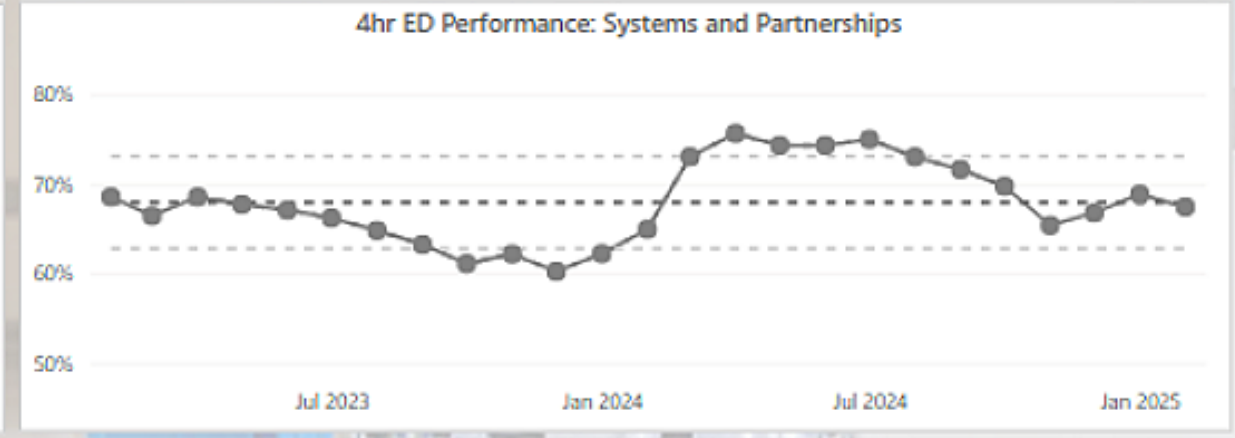
Date: 01/02/2023 – 01/02/2025

79.10%		67.44%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



4hr ED Performance

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 4hr ED Performance

79.10%		67.44%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	The data tells us that there has been a slight improvement in performance from the previous month. Overall performance = 79% - target achieved. KGH = 62.4%, Non-admitted = 71.6%. MIAMI/Paeds consistently achieving target; with our ambulatory majors' patients achieving 5-10% higher than overall adult performance.	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 Ability to operationalise EDU impacted by staffing pressures and the requirement to open the corridor to support offloads. 4-hour performance variable on ambulance majors' pathway	EDU operational hours remains 13:00 – 01:00; with average daily admissions = 9 Medical SDEC continues to operate with extended hours. Frailty SDEC operationalised within its own estate footprint.	Implement rapid flow protocol Appropriate use of operational escalation protocol
NGH	01/02/25	% of emergency patients seen, treated if necessary, and either discharged or admitted, within four hours of arrival in ED	A decrease of 1.39% in overall performance for February 2025 - target of 66% achieved Type 3 total attendances = 2,333 which is 30 attendances less than January 2025 Type 5 (SDEC) continuing to extend opening hours until 02:00am	Bedding of assessment rooms, leads to delays in patients being seen. Delays from specialties. Delays in diagnostics	Increase in staffing numbers. Timely escalations of delays and concerns. Extended opening times of SDEC/UTC till end of March 2025 (to be reviewed).	Post, post take ward round to identify patients improving and who could go home. Reminders at huddles about 4hr performance standard of care.

People Committee

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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	01/02/25	89.41%	85.00%	87.75%	88.49%	89.24%			Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/02/25	91.95%	85.00%	90.87%	91.96%	93.05%			Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/02/25	85.74%	85.00%	82.03%	84.8%	87.57%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/02/25	79.69%	85.00%	75.93%	78.18%	80.44%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/02/25	4.78%	5.00%	4.23%	4.91%	5.6%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/02/25	5.14%	5.00%	4.22%	5.28%	6.33%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/02/25	8.02%	8.00%	9.06%	10.59%	12.13%			Consistently Anticipated to Not Meet Target
KGH	People	Vacancy rate	01/02/25	9.01%	8.00%	10.45%	12.19%	13.92%			Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/02/25	5.10%	6.50%	6.2%	6.67%	7.14%			Not Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/02/25	6.05%	6.50%	7.4%	7.81%	8.21%			Consistently Anticipated to Not Meet Target
NGH	People	Formal procedures	01/02/25	25		8	18	27			Consistently Anticipated to Meet Target
KGH	People	Formal procedures	01/02/25	11		6	13	19			Consistently Anticipated to Meet Target
NGH	People	Roster publication performance	01/01/25	34	42	32	37	43			Not Consistently Anticipated to Meet Target
KGH	People	Roster publication performance	01/02/25	41	42	39	43	48			Not Consistently Anticipated to Meet Target
KGH	People	Time to hire	01/02/25	69.70	70	79.73	79.73	79.73			Not Consistently Anticipated to Meet Target
NGH	People	Time to hire	01/02/25	94.50	70	105.93	105.93	105.93			Not Consistently Anticipated to Meet Target
NGH	People	Number of volunteering hours	01/02/25	3,784		2718	3547	4376			Consistently Anticipated to Meet Target
KGH	People	Number of volunteering hours	01/02/25	2,750		1598	2321	3045			Consistently Anticipated to Meet Target

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	Safe Staffing	01/02/25	103.00%		99.53%	103.72%	107.91%			Consistently Anticipated to Meet Target
KGH	People	Safe Staffing	01/02/25	99.75%		94.13%	98.66%	103.19%			Consistently Anticipated to Meet Target

People Committee

Exec owner: Paula Kirkpatrick

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

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

1. Sickness and Absence Rate has decreased for Feb 25. Commentary has indicated several different strategies including targeting areas with high sickness rates, actively managing attendance against absence triggers and development of guidance and protocol to follow for HR.
2. Mandatory Compliance remains static and above target. Ongoing focus on Staff and Managers to improve compliance.
3. Number of Volunteering hours has decreased for Feb 25. Commentary has indicated a focus in retention of existing volunteers.

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
3. The Committees have confirmed that the Safe Staffing metric is to be reported in the Peoples Committee.

Worth remembering for all metrics, 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.

Mandatory training compliance

Committee Name	GroupName	MetricName	Date
All	People	Mandatory training compliance	01/02/2023 – 01/02/2025

91.95%	85.00%	89.41%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	All competency areas are reporting greater than 95%	Targetting and flexible sessions, accurate DNA tracking	Working closely with ESR and the National project to align requirements and frequency
NGH	01/02/25	% of staff compliant with their mandatory training	% of staff compliant with their mandatory training profile	Training compliance across all areas maintained, an increased focus on IG is required to meet the National target submission that is due in Qrt 1	Working closely with SME to increase offer and focus to achieve target submission.	General hospital acurity

Appraisal completion rates

Committee Name: All

GroupName: People

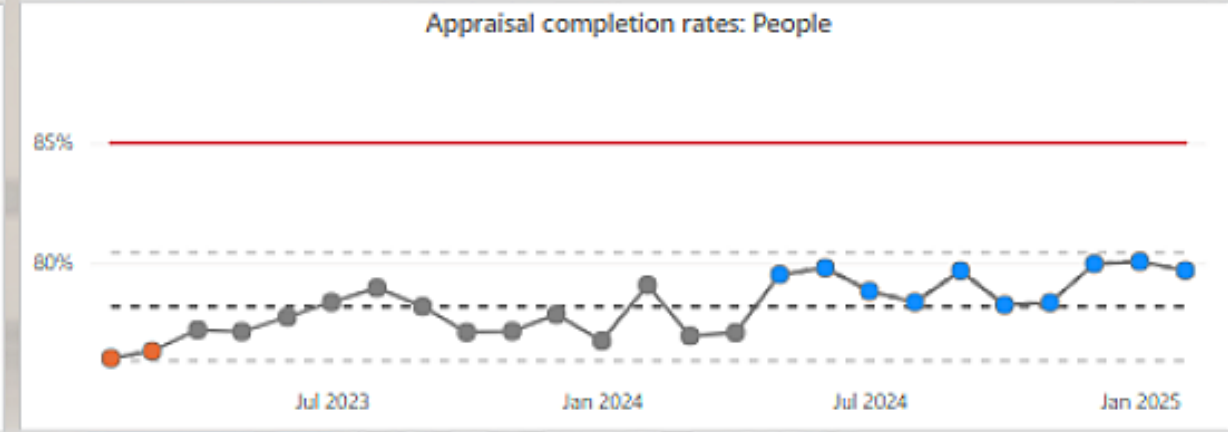
MetricName: Appraisal completion rates

Date: 01/02/2023 – 01/02/2025

85.74%	85.00%	79.69%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital



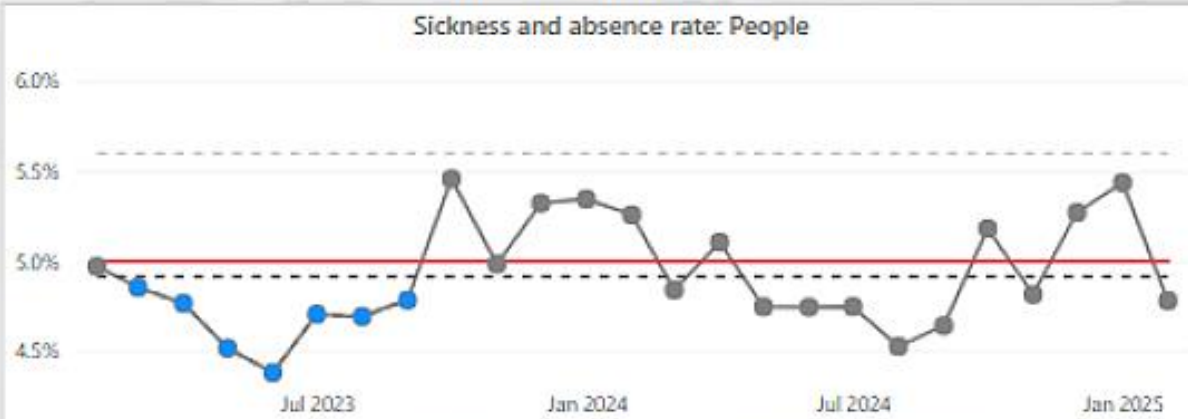
Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	Medical re validation this month has impacted on compliance nut no other key ares outlying with small numbers in all areas outstanding.	Awareness sessions and the development of appraisers is on going, with chase on those non	compliance has maintained above 85% since May 2024
NGH	01/02/25	% of staff having completed their appraisal	% of staff who have had a documented appraisal in the past 12 months	When applying parameters that represent active staff the compliance is 84.2%	Ongoing development of staff awareness and development of appraisers. Manager chase for notifications and employee prompts in place	Ongoing work to consider greater automation for notification of completion

Sickness and absence rate

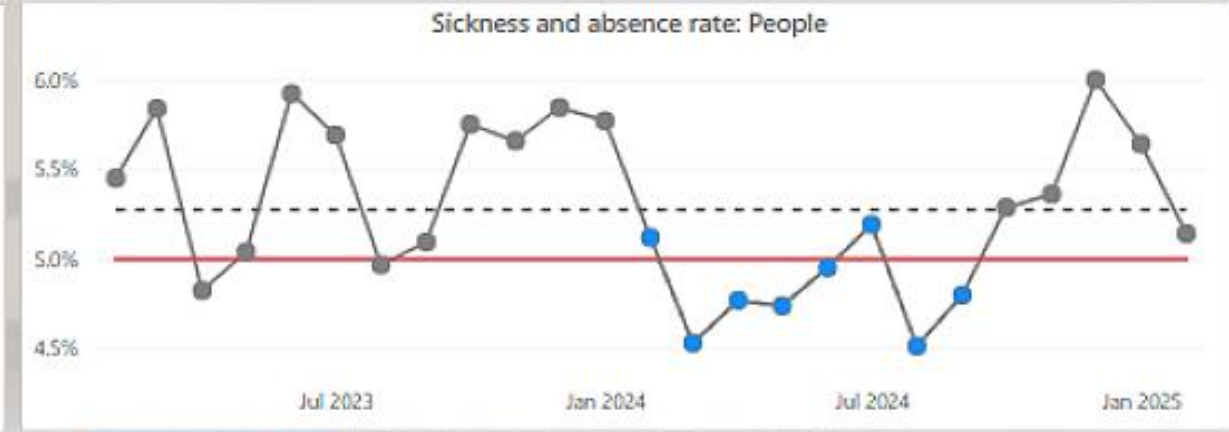
Committee Name	GroupName	MetricName	Date
All	People	Sickness and absence rate	01/02/2023 – 01/02/2025

4.78%	5.00%	5.14%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

4.78%	5.00%	5.14%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of Staff absent	There was a decrease in sickness absence in the month of February 2025 sitting at 4.78% in comparison to January 2025 that sat at 5.44%. Both short- and long-term absence rates have decreased, with short term absence reflecting 2.07% and long-term absence at 2.71%.	The top three recorded reasons for absence were, Cough/Cold Flu (279 employees), Gastrointestinal (214 employees) and Anxiety/Stress/Depression (109 employees.	Review point reports are shared with Divisions bi-monthly to highlight where employees have exceeded Trust targets and Short Term and Long-Term Reviews are scheduled with employees in line with Trust Policy. As part of the new Health and Wellbeing at Work Policy (Supporting attendance at work) , Health passports are being implemented across teams and support is being sought through the wellbeing teams and Occupational Health.	We encourage managers to have regular wellbeing discussions with staff to prevent potential absence and seek early intervention. We engage and promote Trust wellbeing services to gain advice regarding supporting individuals in the workplace, whether that be whilst they are at work or supporting a return to work. Promotion of services provides employees the opportunity to access services themselves at their own discretion.

Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

4.78%	5.00%	5.14%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/02/25	% of Staff absent	Above Target: Currently is 5.08%, which is 0.8% above the adjusted target of 5%. Results are within the statistical boundary. Mean absence has decreased 0.56% from previous month at 5.64%.	* Short term absence: Above target @ 2.96% but has reduced from previous month. Prevalence order relate to Cough/Cold/ COVID-Flu, Gastroenteritis and anxiety/ depression/stress. Medicine Division and Clinical support services have the highest short-term absence. All Divisions had higher than average short term sickness absence. * Long term absence (over 28 days): is under 2.5% target overall. Only support services division has a greater than 2.5% target but at 2.99% is reducing from previous month at @ 3.75%. * Staffing groups at risk: Estates and Facilities, Admin and Clerical and Additional Clinical Services remain Oversight: • UHN Divisional Consultation now in active phase of competitive recruitment and impacting on mental health referrals and workplace stress levels. • January-February referrals into the Staff Psychology and HWB service were the highest on record since monitoring in 2021 with 81 referrals (17 suicide risk related) per month this is contrast average of 40 per month 1 year ago. This is anticipated to be as a result of the unprecedented winter and operational pressure and the organisational restructure impact. • Winter pressures/ operational demand high. Medicine Division has the highest short term absence rates but not the long term rates.	* H&WB Services are providing integrated support into the UHN Divisional consultation programme with the OD team and offering additional 1:1 and group consultation sessions to staff now identified "at risk" of job loss or redeployment. * Providing H&WB clinical support for the UHN Divisional consultation programme –debriefs and support for Business Partners and OD service. * Actively managing attendance against absence triggers - in Long term conditions/ MSK cases are being actively managed in RTW programme on therapeutic hours and being offered supportive multidisciplinary approaches to their recovery through occupational health assessment, physiotherapy assessment A Living Well with Pain Group delivered by the Staff Psychological wellbeing service.• Targeting areas with high sickness absence (hot spots). High prevalence of very long term sick staff in health care assistant roles. Plan to address at recruitment and through clearance the impact of mental health and role specific challenges through OH-HWB-HRBP processes. • Actively managing attendance against absence triggers - in Long term conditions/ MSK cases are being actively managed in RTW programme on therapeutic hours and being offered supportive multidisciplinary approaches to their recovery through occupational health assessment, physiotherapy assessment and a Living Well with Pain group managed by staff psychology service. • Guidance and a protocol to follow for HR and managers that provides a robust and evidence-based process for the management of unprofessional and inappropriate behaviours concerns at work. SOP has been finalised and is now out for consultation across the UHN.	* HSE Working Minds Campaign set up - joint workstreams to manage burnout and stress at work set up between Health and Safety and HWB teams to implement around mental health awareness events over the year - calendar dates set. Quarterly reports for the H&S committee will also now include data from the staff psychology and HWB services about psychological risk and acuity. * Reviewed the function and effectiveness of the internal model of winter vaccine programme and the value of utilising a more flexible and accessible external model of delivery. The ILT approved in December 2024 a change of flu vaccine delivery model to an external model to enhance staff engagement and increase access to venue and timing of vaccine local to staff. Flu vouchers have now been procured and an internal comms and socialisation programme will commence in June-September. * Continue to provide UHN Group wide Health & Wellbeing Conversations training and staff suicide risk management training in a 6-week rolling programme to prevent the impact of mental and physical health deterioration of staff on their service delivery and absences and to engage leaders in their proactive management of staff wellbeing. * Commenced all staff workplace stress management support programme "Looking After You at Work" 8 week course from October 2024. 1st course completed Feb 2025 awaiting feedback and evaluation on burnout impact. Designed to mitigate impact of workplace challenges and engaging workforce in proactive management of their mental health and its impact at work.

Vacancy rate

Committee Name: All

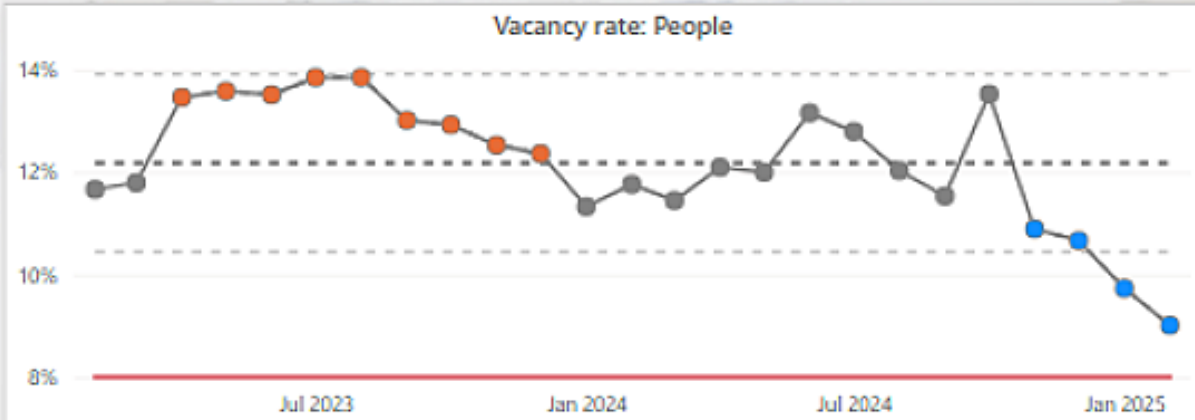
GroupName: People

MetricName: Vacancy rate

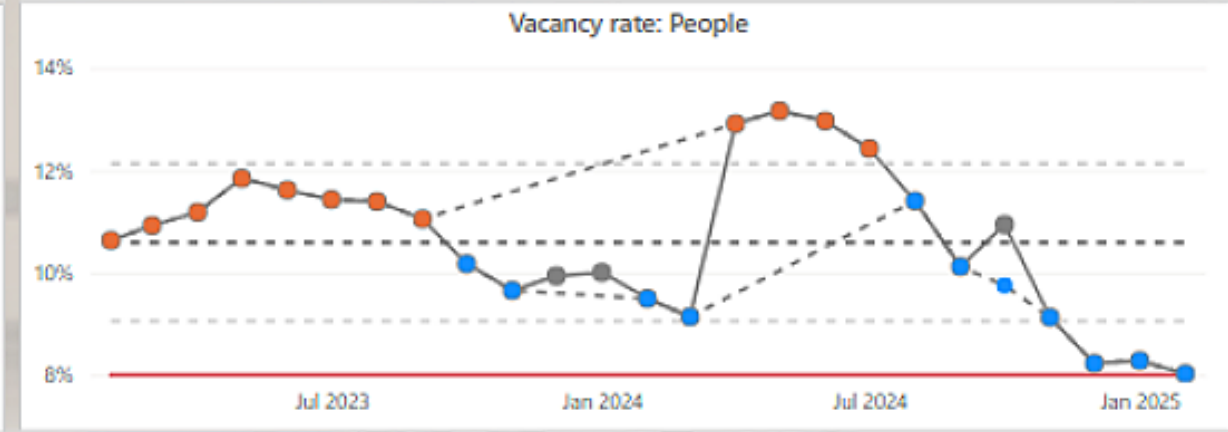
Date: 01/02/2023 – 01/02/2025

9.01%	8.00%	8.02%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Turnover rate

Committee Name: All

GroupName: People

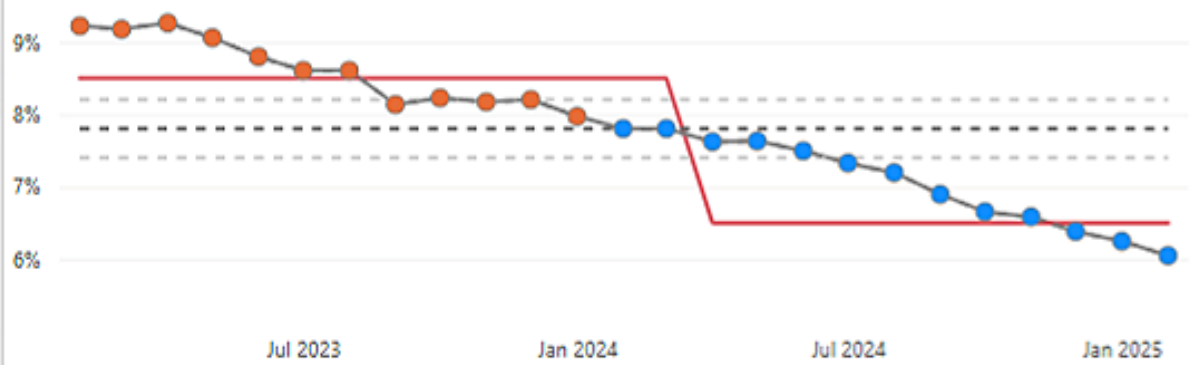
MetricName: Turnover rate

Date: 01/02/2023 – 01/02/2025

6.05%	6.50%	5.10%	6.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

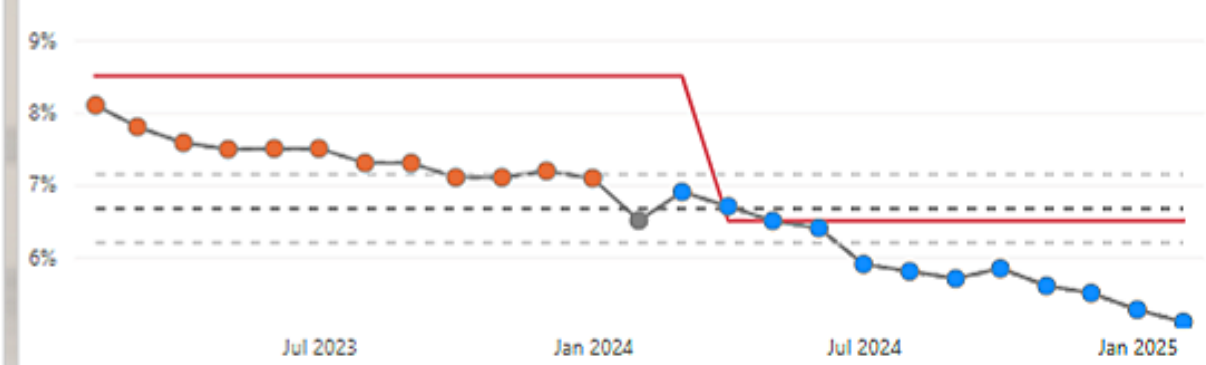
Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	% of staff leaving the organisation over a 12 month rolling period	Number of leavers as a proportion of total headcount.	Issues relate to the risk of those nearing retirement age wishing to retire. Issues also relate to ensuring greater flexibility for working patterns and ensuring staff engagement.	Scoping work is underway to better understand what Health and Well-being, HRBP case management and OD intervention data is informing us relating to turnover. A more detailed update is due in quarter 1 2025.	Range of Health and Wellbeing initiatives in place. Career development and pathway opportunities continue to be used and developed and promotion of agile/flexible working and retire and return options to retain workforce.
NGH	01/02/25	% of staff leaving the organisation over a 12 month rolling period	Number of leavers as a proportion of total headcount.	Issues relate to the risk of those nearing retirement age wishing to retire. Issues also relate to ensuring greater flexibility for working patterns and ensuring staff engagement.	Scoping work is underway to better understand what Health and Well-being, HRBP case management and OD intervention data is informing us relating to turnover. A more detailed update is due in quarter 1 2025.	Range of Health and Wellbeing initiatives in place. Career development and pathway opportunities continue to be used and developed and promotion of agile/flexible working and retire and return options to retain workforce.

Formal procedures

Committee Name: All

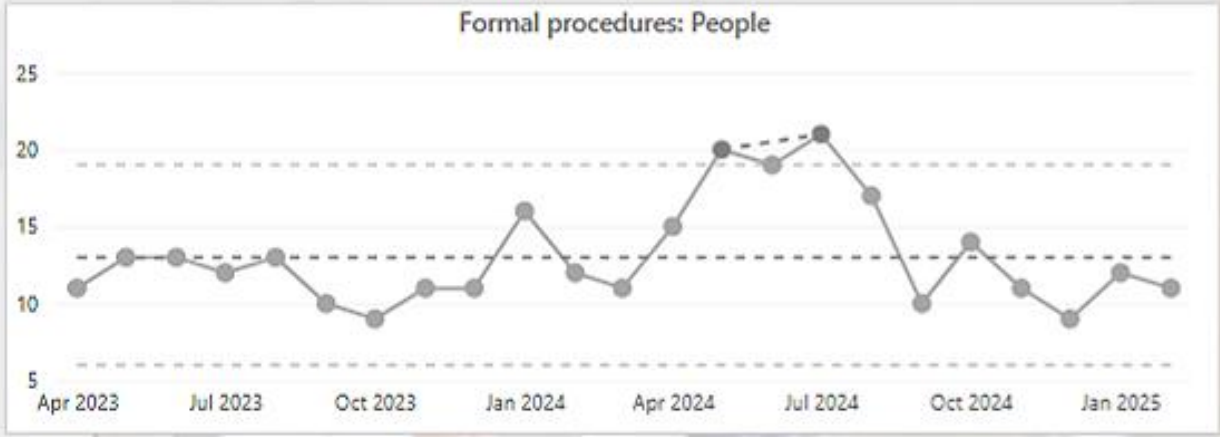
GroupName: People

MetricName: Formal procedures

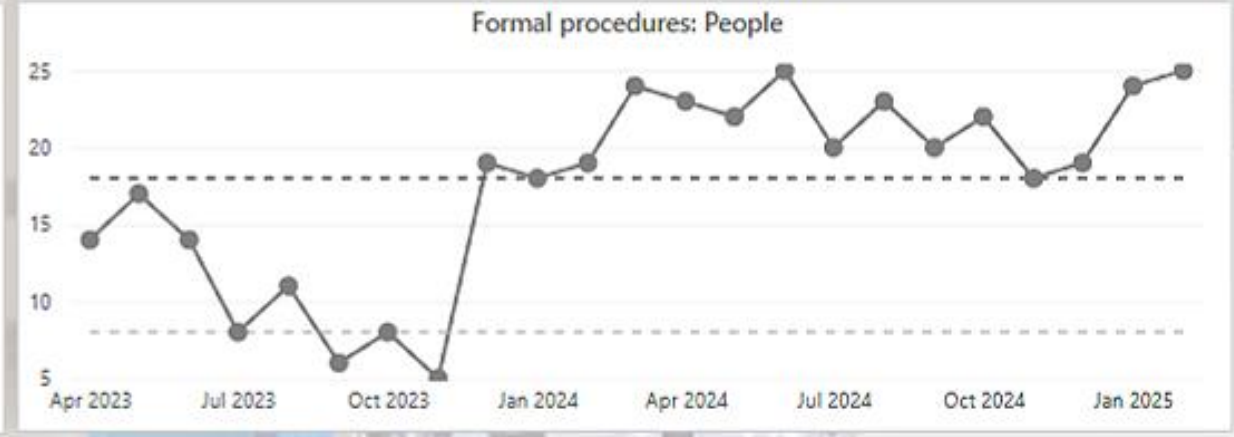
Date: 01/02/2023 – 01/02/2025

11		25	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Number of formal complaints – active and open	We currently have 8 live formal disciplinary cases and 3 live grievance cases.	There has been an increase in formal disciplinary cases during February 2025, involving cases where action has been taken short of suspension, such as restriction of duties. Case delays have involved rearranging meetings and union availability.	We continue to actively engage with our staff side colleagues to try and ensure meetings are held in a timely manner. We engage with relevant stakeholders regarding action short of suspension promptly. We also ensure meetings are rescheduled at the earliest opportunity.	We assign each investigator with an experienced HR Support. We aim to take action short of suspension where possible to provide the employee with a level of stability throughout the process, but also to provide additional resource elsewhere in the Trust as appropriate. These decisions involve discussions with various stakeholders, to ensure a well-rounded, fair and transparent decision-making process.

Roster publication performance

Committee Name: All

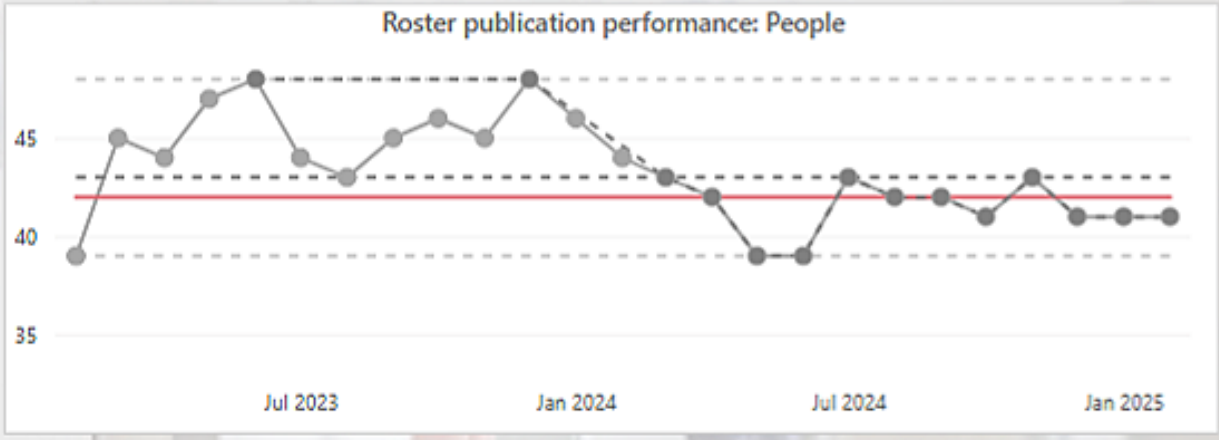
GroupName: People

MetricName: Roster publication performance

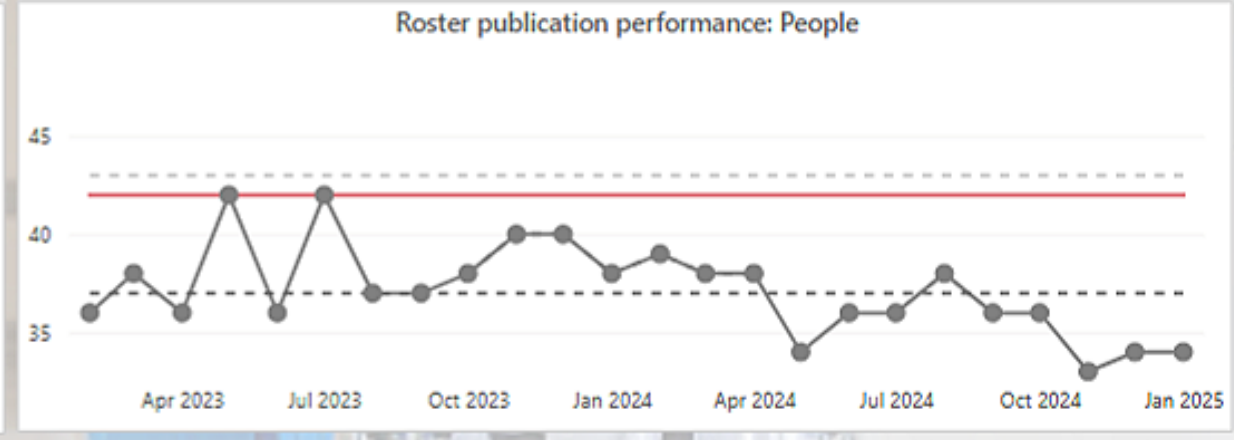
Date: 01/02/2023 – 01/02/2025

41	42	34	42
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Time to hire

Committee Name: All

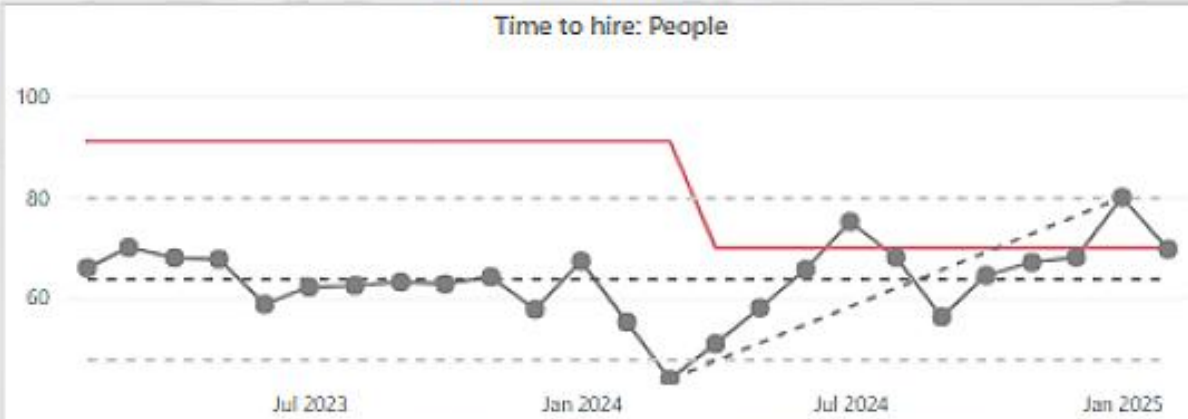
GroupName: People

MetricName: Time to hire

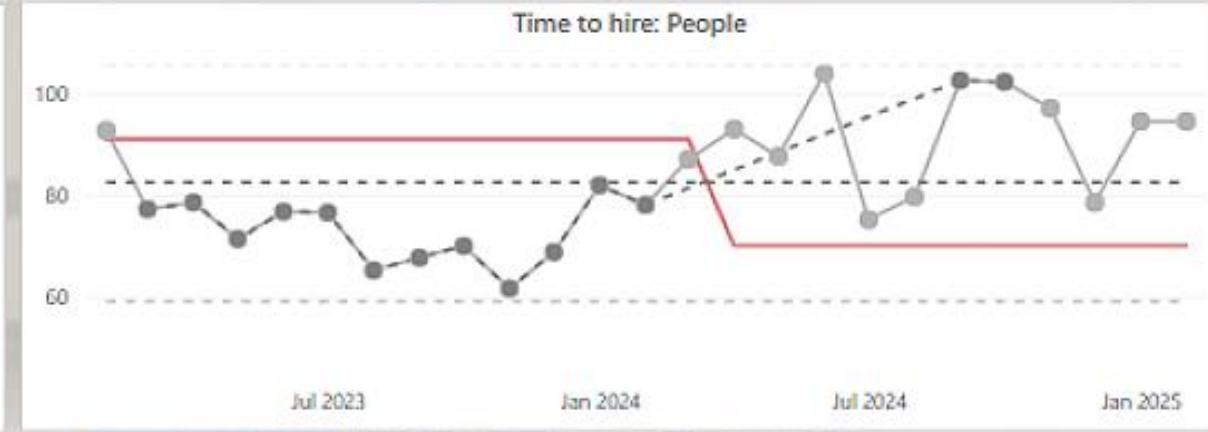
Date: 01/02/2023 – 01/02/2025

69.70	70	94.50	70
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Number of volunteering hours

Committee Name: All

GroupName: People

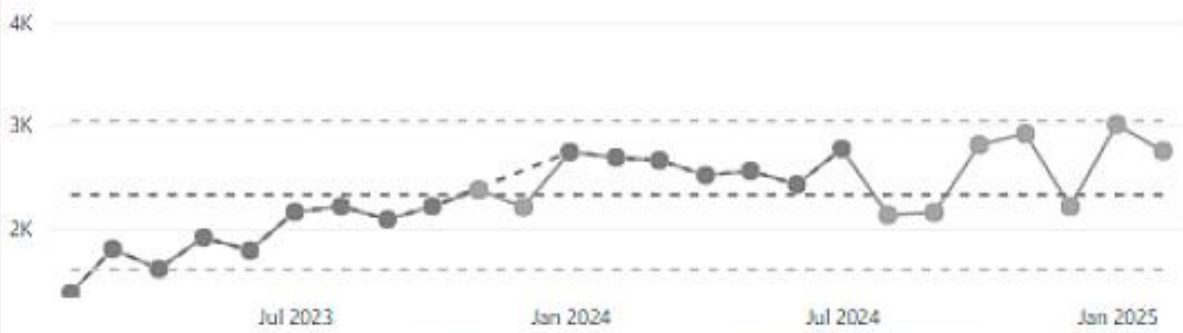
MetricName: Number of volunteering hours

Date: 01/02/2023 – 01/02/2025

2,750		3,784	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

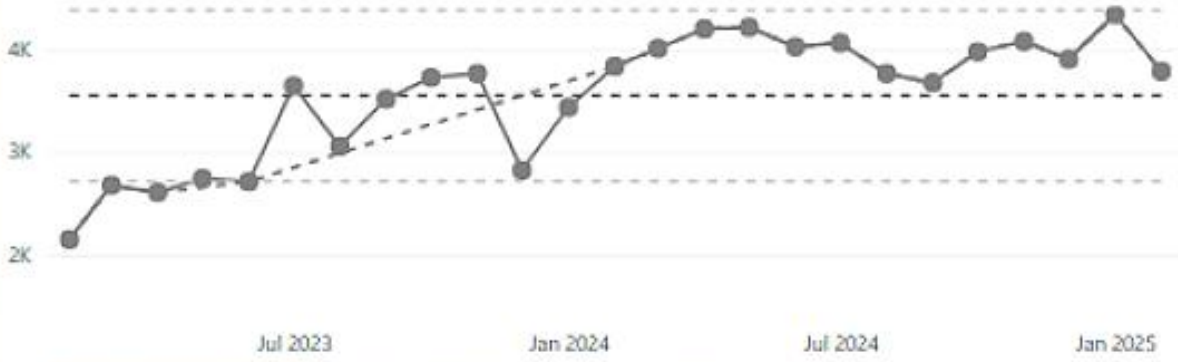
Kettering General Hospital

Number of volunteering hours: People



Northampton General Hospital

Number of volunteering hours: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	Number of volunteering hours	2750	Reduction in hours	Continuation on focusing on retention and targetted recruitment	Reduction in hours due to a number of our student volunteers having mock exams and there being 3 less days in the month than January
NGH	01/02/25	Number of volunteering hours	3784	Reduction in hours	Continuation on focusing on retention and targetted recruitment within th e community	Reduction in hours due to a number of our student volunteers having mock exams and there being 3 less days in the month than January

Safe Staffing

Committee Name: All

GroupName: People

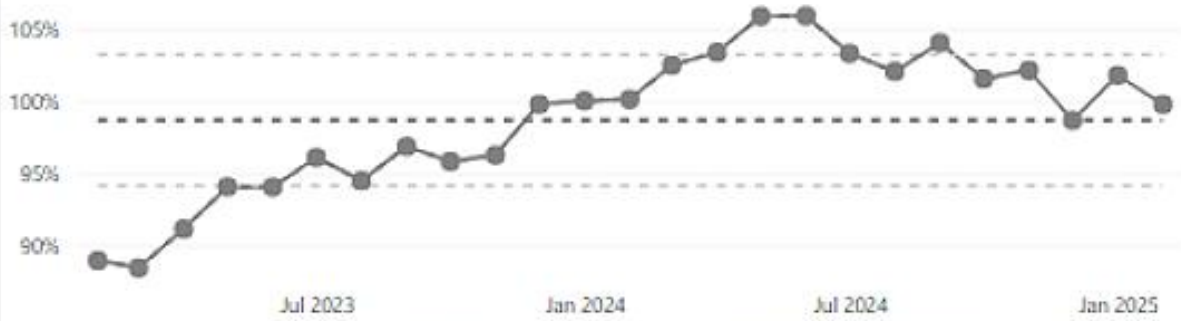
MetricName: Safe Staffing

Date: 01/02/2023 – 01/02/2025

99.75%		103.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

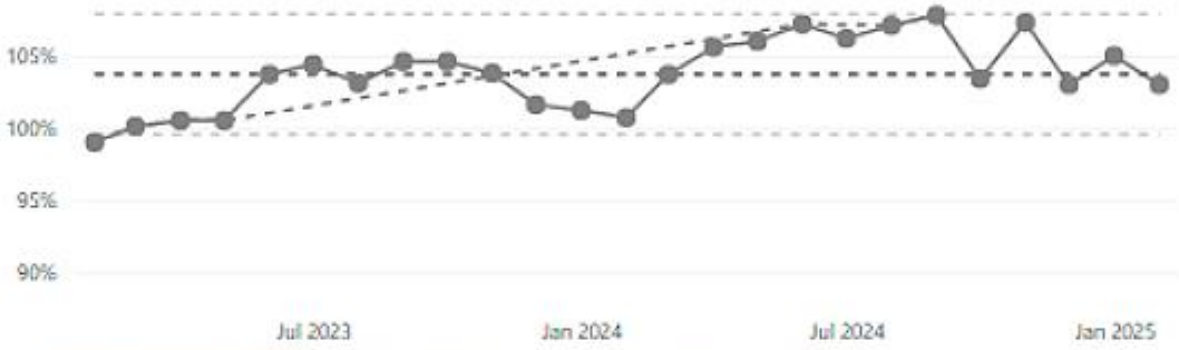
Kettering General Hospital

Safe staffing: People



Northampton General Hospital

Safe staffing: People



Safe Staffing

Committee Name: All

GroupName: People

MetricName: Safe Staffing

99.75%		103.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/02/25	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 provides us with assurance that we are ensuring safe staffing across the site. There continues to be an increase in RN shifts in escalation areas as part of the winter pressures escalation plan. Non registered staff needed for specially has reduced this month in line with new management strategy for this area	None	escalation plans with reduce as of 31/3/25 in line with winter planning	Continued recruitment and NA training/ deployment planning, along utilisation of staff bank to support during winter pressures/ when needed. This is reviewed twice daily in staffing cells
NGH	01/02/25	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.	103.0% This is the combined day and night shift fill rate % for registered and non-registered nursing staff. Reported nationally to NHSE in accordance with the National Quality board guidance. The value tells us that the combined registered and non-registered nursing and midwifery fill rates are above the current NGH target and but has reduced by 0.4.% since Oct 24 (103.4%). This means that the actual staffing levels met the planned staffing levels 100.4% of the time in January which has a positive impact on patient safety, quality of care and patient experience.	Nursing and Midwifery continues to be more than 30% unavailability with parenting rates of 4.5% and sickness rates at 7.6%, this indicates that the actual staffing fill rates have been supported by temporary staffing measures via bank and agency. The above 100% is a result of enhanced observation of care being in addition to budgeted establishment but essential to providing safe care to patients requiring enhanced levels of care and un-reflected roster templates changes awaiting to be updated. Enhanced care team is now in post and should see a reduction in the use of 1:1, although this may take a few months for the vacancies to be fully recruited. There continues to be signs of a reduction in the use of Enhanced care shifts in Dec 24.	The monthly roster metric KPI meetings will continue to focus on managing unavailability, there have been improvements in terms of other leave and roster housekeeping however high rates of sickness require a greater focus. The trust wide ongoing work around agency reduction plans will also be introduce at these meetings for discussion and assurance, as well as the weekly recruitment and retention meetings and progress tracker. Agency HCA are no longer used at NGH, Agency RN is under scrutiny with a drive to reduce the numbers, this is no longer on autocascade and permission is sought when agency require to ensure safe staffing levels. Agency levels have reduced over the last 8 weeks.	NGH hold twice daily safety huddles to monitor and mitigate staffing concerns and shortfalls where plans are made to provide internal mitigations and redeployment of staff to maintain safety. Temporary staffing is utilised when all opportunity for internal mitigation is exhausted. More recently UHN RAG rating for staffing shortfalls have been agreed and implemented, this has given greater objectivity in relation to evaluation of shortfalls, this has ensured alignment of approach to staffing evaluation across KGH and NGH.

BOARD COMMITTEE SUMMARIES

University Hospitals of Northamptonshire Boards of Directors Meeting: 4 April 2025

AGENDA ITEM 5

Operational Performance: 20 February and 20 March 2025

Finance and Investment: 25 February and 25 March 2025

Quality and Safety: 26 February and 26 March 2025

People: 27 February and 27 March 2025

Audit: 31 March 2025

UHN Operational Performance Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 20th February 2025 (1 of 2)		
Reporting Non-Executive Director: Trevor Shipman (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Health Intelligence: UHN Data Warehouse and capability delivery	1. Received an update on the delivery of the new UHN data warehouse which has been handed over to the Health Intelligence team. 2. Noted with concern the risk to delivery posed by the current high vacancy rate in Health Intelligence and acknowledged the challenges in recruiting individuals with the necessary skill set.	-	Limited
Integrated Performance Report Metrics and Format	Approved the proposed metrics and targets for the 'Responsive' domain for development into the new Integrated Performance Report.	Approved	Reasonable
Operational performance	Noted that: 1. Northamptonshire had triggered UEC Tier 2 based on 12-hour performance Tier 2 and Ambulance handover Tier 1. 2. There had been a 5-8% increase in attendances at both sites in January 2025 compared to January 2024. 3. Ambulance handover performance had improved in January. 4. There was an aim to improve length of stay by 1 day at NGH and half a day at KGH. Plans at specialty and ward level are being developed for this. 5. UHN planned care performance remains strong compared to regional peers with the highest referral to treatment (RTT) and faster diagnosis (FDS) performance in the region at 62.4% and 85.8% respectively. While the system has the lowest number of 65-week breaches in the region, it is not projected to hit zero by February; the reasons for this were noted. 6. Although diagnostic performance remains good, there is increasing emergency activity and a fragility of some modalities such as MRI and Neurophysiology.	-	Reasonable

UHN Operational Performance Committee Upward Report to Board of Directors	Date of reporting group's meeting: 20th February 2025 (2 of 2)

Reporting Non-Executive Director: Trevor Shipman (Chair)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Diagnostics Deep Dive	1. Received an in-depth review of diagnostic performance against key deliverables. 2. Noted successes and challenges in diagnostics, and measures being implemented to address these challenges. 3. Noted good progress with the Community Diagnostic Centre programme, with Corby exceeding activity expectations and work underway to ensure maximum capacity is utilised at Kings Heath.		Reasonable
Subgroup upward reports	1. Received upward reports from the UHN Urgent and Emergency Care Steering Group and UHN Elective Productivity Board. 2. Noted items of limited assurance from these groups and the actions being taken to address these.		Reasonable
2025/26 Planning Update	1. Received an update on the 2025/26 operational planning process ahead of the Headline Plan submission to NHS England.		Reasonable

UHN Operational Performance Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 20th March 2025

Reporting Non-Executive Director: Trevor Shipman (Chair)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Our one digital Strategy	Considered and endorsed the **one digital** Strategy 2025-28 for approval by the Boards of Directors	Endorsed and recommends Board approval – on agenda.	-
Digital Department upward report	Received an update on the transition to a single Electronic Patient Record (EPR) system for UHN, including related issues impacting the NGH Vitals system from the end of March until the go-live date. Assurance was provided regarding the contingencies being developed to address these challenges	-	Reasonable
Operational performance	1. Noted that: a) Weekly Tier 2 meetings with the ICB and NHSE have commenced. b) Average ambulance handover times across UHN have improved but still exceed the 45-minute standard. c) A&E 4-hour performance remains a concern, sometimes leading to overcrowding in the department. d) Planned care performance against regional peers remains strong, with the highest Referral to Treatment and Faster Diagnosis performance in the region. However, there is a risk in relation to 65 week waits at the end of March. e) Limited surgical capacity in General Surgery and T&O at NGH has been a challenge for 65 weeks due to mismatched demand and capacity. Efforts are underway to balance the waiting lists. 2. Was assured that significant efforts are being made to address issues in urgent and emergency care. However, due to current delivery concerns, only limited assurance can be confirmed in this area.	-	Reasonable (planned care) Limited assurance (urgent and emergency care)
Cancer Legacy	1. Received an update on the overall cancer legacy position, highlighting robust operational oversight and the dedicated efforts of the teams involved. 2. Noted that both trusts perform well regionally against key deliverables. However, continued focus is necessary, and specific actions have been identified to improve outcomes in key tumour sites (Colorectal, Urology and Head and Neck).	-	Substantial

UHN Finance and Investment Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 25 February 2025

Reporting Group Chair: Damien Venkatasamy

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Finance Report Month 10	The year-to-date UHN position was a £36.6m deficit (£15.8m KGH, £20.8m NGH). This was inline with the new forecast position discussed last month. UHN had applied for cash funding to bridge the cash gap in March and several queries had been received from NHSE, confirmation was awaited on the outcome. KGH had a greater capital amount outstanding, and assurance related to this was limited.	Monthly monitoring	Limited
25-26 NICB finance and operating plan	The financial plan 25-26 was discussed in the context of national planning guidance and targets. NHS Organisations were expected to reduce the cost base by at least 1% and achieve 4% improvement in productivity. The activity and operational impact was shared with the Committee. UHN had made the decision to go with scenario 3 (No Waiting List Initiatives or Insourcing). Reduction targets will not be met unless there was an impact on patient WLI, which increased the risk of impact on quality.	25-26 plan agreed 26/03/25	Limited
IPR agreement of metrics	The Committee approved the IPR metrics for the 'Responsive' domain for inclusion in the IPR. The Committee requested the inclusion of a metric for the workforce against budgeted WTE, as well as the workforce metrics are measured against plan, and whether this could be done in aggregate and agency as a% of the pay bill.	Approved	-
Mortuary Business Case	The Committee approved the business case subject to clarification on specific matters (resolved for Boards' approval on 7 March).	Approved	-

UHN Finance and Investment Committee Upward Report to Boards of Directors	Date of reporting group's meeting: 25 March 2025		
Reporting Group Chair: Damien Venkatasamy			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
ME2 Pathology Tender Award	F&I was advised of the outcome of the Midlands and East 2 pan-pathology managed service procurement process and required timelines for approval of the 10-year contract with options to extend for two further years. KGH would take effect from 01 April – discussions were underway to bring NGH's start date forward as NGH would not access savings for 4 years.	On Part II agenda 04/04/2025	-
Efficiency and Productivity Delivery plan 25-26	Next year UHN would need to deliver a challenging efficiency target which was likely to require substantial reductions in pay and non-pay expendtirue. £18m of schemes had been identified against a possible £85m plan, with a further £10m of schemes in progress. The Committee expressed concern on the gap still needing to be identified.	25-26 Plan agreed 26/03/2025	Limited
UHN SFI and scheme of delegation.	The Committee endorsed the UHN SFI and scheme of delegation.	On agenda	-
Trust Insurance Renewal Paper	The Committee approved the Trust Insurance Renewal for commercial cover to commence from 01 April 2025.	Approved	-

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th February 2025 (1 of 3)		
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Subgroup reports	1. Received upward reports from the Nursing Midwifery & AHP Committee, Patient Safety Committee, Health and Safety Committee, Risk Management Committee, Patient and Carer Experience and Engagement Group, and Children and Young Peoples Board. 2. Was notified of a prevention from future deaths letter received from the coroner. Assurance was provided to the committee on the actions being taken in response to this. 3. Noted that the regional neonatal Operational Delivery Network recommends the rebuilding of the neonatal estate, for the benefit of patient experience.		Reasonable
Subgroup reports	1. Received an update regarding the loss of provider for Autism Spectrum Disorder (ASD) assessments. 2. Noted discussions with the ICB regarding recommissioning of this service with a new provider, which is UHN's responsibility.		Limited
Patient Story	Received an audio recording of feedback received from patients of their experiences in the Emergency Department.	-	n/a
Perinatal Quality Surveillance Scorecard	Noted with concern the end of external funding of some essential posts in the maternity services at both trusts which could compromise patient safety and smoking at the time of delivery trajectories.	-	Limited
KGH Maternity Safety Programme update.	Noted that Maternity Safety Support Programme (MSSP) work is ongoing. An MSSP governance review of maternity services at KGH is underway which has identified shortfalls that are being addressed.	Agenda item 7.1	Reasonable
Harm Free Care Report	1. Received and noted the harm free care report which provided an overview of hospital acquired harm. 2. Noted that despite operational pressures across both sites, harms remain stable.		Reasonable

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th February 2025 (2 of 3)

Reporting Non-Executive Director: Chris Welsh (Convenor)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
Patient Experience Q3 report	1. Confirmed reasonable assurance that processes of identifying, investigating and learning from all patient safety incidents are being managed effectively. 2. Noted concerns about friends and family results relating to the emergency departments.	-	Reasonable
Patient Experience Q3 report: Complaints	1. Noted that complaints response rates at NGH continue to be poor. The committee looks forward to receiving information regarding learning from complaints.	-	Limited
IPR metrics and format	Approved the proposed metrics and targets for the 'Caring', 'Safe' and 'Effective' domains for development into the new Integrated Performance Report.	Approved	-
Update on actions being taken following KGH Children and Young People concerns	Noted that work is ongoing and was assured that robust actions are being taken to address the concerns raised regarding Children and Young Peoples services and the paediatric emergency department at Kettering General Hospital.	-	Reasonable
KGH and NGH IPC Annual Reports	Approved the KGH and NGH annual Infection Prevention and Control reports on behalf of the Board of Directors.	Approved	-

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th February 2025 (3 of 3)

Reporting Non-Executive Director: Chris Welsh (Chair)

Agenda Item	Description and summary discussion **The committee:**	Decision / Actions and timeframe	Assurance level *
County mortuary	1. Confirms its assurance of the business case from a quality perspective. 2. Supports the continuing work on the new service.` 3. Endorses option 2 for approval by the Board of Directors	Approved 07/03/25	Reasonable
Mortality Dashboard Quarter 3 2024	Noted that all mortality indicators are within the 'expected' range.	-	Reasonable
UEC mortality report	Noted that following an ONS statement, there is no evidence of increased mortality arising from extended stays in the emergency department.	-	Reasonable
Clinical Collaboration: EPR update	Received an update on the quality monitoring of the implementation of the EPR system.	-	Reasonable
CQC NGH UEC inspection	Noted that immediate CQC feedback from an NGH urgent and emergency care inspection, raised multiple concerns but at the time of the committee's meeting, none of these required immediate remediation.	Agenda item 6	Reasonable

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th March 2025 (1 of 3)		
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Subgroup reports	1. Received upward reports from the Nursing Midwifery & AHP Committee and Patient Safety Committee. 2. Noted items of limited assurance from these groups and the actions being taken on these.		Reasonable
Patient Story	Received and commended to the Boards, the patient story which shared a mother's positive experience of the care her son received in the KGH neonatal unit	-	n/a
Perinatal updates	1. Received and noted an update from the Perinatal Assurance Committee and was assured that the perinatal services are achieving compliance against the national key safety indicators, with actions in progress to address any gaps. 2. Noted external funding of some essential posts in the maternity services at both trusts ends on 31st March. 3. Noted practice and system issues with the EPMA system and that support is needed from Digital colleagues to support the ease of access to the system.	Digital support required. Agenda item 7	Reasonable
Harm Free Care Report	1. Received and noted the harm free care report which provided an overview of hospital acquired harm. 2. Noted that despite operational pressures across both sites, harms remain stable.		Substantial
Organisational oversight of Temporary Escalation areas (TES)	Received assurance that UHN is taking proactive actions to ensure organisational oversight of the quality of care delivered to patients in temporary escalation areas.		Reasonable

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th March 2025		
Reporting Non-Executive Director: Chris Welsh (Chair)			
Agenda Item	**Description and summary discussion** **The committee:**	**Decision / Actions and timeframe**	**Assurance level ***
Learning from complaints	Received assurance that the organisation is actively learning from complaints and using them as a tool to drive improvement and identify underlying systematic issues.	-	Substantial
Safeguarding Annual Reports 2023-2024	Approved the KGH and NGH Safeguarding annual reports for 2023-2024.	Approved	-
UHN Q3 Safeguarding Report	1. Noted with concern and escalates to the Boards that UHN currently lacks a Responsible Clinician for managing Mental Health sections for children in our care. 2. Noted that a rollout date for the PLF app at NGH, which will enhance child safeguarding, has yet to be finalised.	Escalate to Boards of Directors	Reasonable
Integrated Performance report & UEC standards report	1. Noted that a recovery plan is in place to address NGH complaints responses and the existing backlog. 2. Was assured that Directors of Nursing have oversight of the quality of complaints responses.	-	Reasonable
Improving Together Quarterly update	1. Received a quarterly update on Quality Improvement following approval of the Improving Together strategy. 2. Noted current delivery against the three key metrics in the Improving Together strategy and the delivery plans and progress identified for the seven goals. 3. Welcomed the alignment of quality improvement priorities to PSIRF.	-	Reasonable
Paediatric Autistic Spectrum Disorder (ASD) and ADHD service	1. Received an update on the approach to resolve the issue of paediatric ASD and ADHD assessments. 2. Acknowledges the complexity of this issue and escalates this to the Boards of Directors due to the committee's significant concerns. The committee recommends an external joint review to resolve the matter.	Escalate to Boards of Directors.	No assurance

UHN Quality and Safety Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 26th March 2025 (3 of 3)

Reporting Non-Executive Director: Chris Welsh (Chair)

Agenda Item	Description and summary discussion The committee:	Decision / Actions and timeframe	Assurance level *
UHN Digital Update	Received an update on UHN digital activity and progress in relation to uptake of EPMA training.	-	Reasonable
UHN/UHL OMFS Head and Neck Cancer	1. Received an update on the benefits realisation of the UHL/UHN Oral Maxillofacial Surgery Services (OMFS) collaboration, aimed at addressing challenges and ensuring sustainable services for the future. 2. Noted that a permanent resolution to the fragility of the service is needed.	-	Limited
Children and Young People Patient Safety Culture Review	Noted the findings of and welcomed all the recommendations from the external review of the culture within the Children's emergency department, paediatric assessment unit and Skylark ward at Kettering General Hospital.	On agenda	Reasonable
NGH CQC Urgent and Emergency Care report and action plan	1. Received an update on the actions being taken following the CQC's unannounced inspection of NGH, which evaluated the quality of care in Urgent and Emergency Care and Medical services, as part of a national review of pressurised services across England. 2. Noted the requirement to establish flow through the department and the hospital.	Agenda item 6	Reasonable
Deep Dive: near miss incidences	1. Received the in-depth review of near miss incidences and was assured by the reporting of these incidences.	-	Reasonable

People Committee Reports to the Boards of Directors	Date of reporting group's meeting: 27 March 2025 (1 of 3)		
Reporting: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Chief People Officer's report (CPO)	Performance against People Metrix is variable. The publication of the national staff survey gives us a broader insight into cultural performance and raises concerns, particularly in engagement and advocacy. Other culture metrics are performing well including an improvement in sickness absence but workforce sustainability metrics continue to cause concern. There are three significant areas of focus in the People Team currently: staff survey response; annual planning cycle; and leadership reorganisation.	-:	-
Workforce – financial sustainability	Workforce Sustainability metrics continue to cause concern. The Committee discussion again focussed on whole time equivalents, Agency and Bank spend, off framework usage and non-clinical usage. Actions have continued as outlined in the Month 10 report. Whilst progress is being made in terms of increased controls in place we are still over target/budget in all areas. An update was provided by the CPO on the latest Business Planning activity, and the impact on workforce numbers and costs. We are now looking ahead to Month 1 in April 2025 and encouraging different and focussed thinking on workforce matters.	-	Limited
People Services Automation Strategy	A report was provided to committee outlining the status and future plans for RPA at UHN, with particular reference to people processes and Practice. The committee are encouraged by progress and plans and recognise the importance of automation in achieving key people related targets.	-	-
Culture – Staff Survey	The Committee received the overview report and in particular the scores and changes; engagement plan; and the need for promotion of corporate actions and support for teams. The committee was encouraged by the early planning interventions and corporate priority plan to take forward activity directly related to the Staff Survey. An open debate took place expressing ongoing concern regarding the key to staff engagement and the need for staff voices to be heard. We hope to see an improved assurance rating in the coming months to reflect the amount of hard work and planning around Staff Survey.	Agenda item 9	Limited

People Committee Reports to the Boards of Directors	Date of reporting group's meeting: 27 March 2025 (2 of 3)		
Reporting: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Absence Management	The focus of this report for the Committee was to gain assurance on the causes, context and considerations underpinning Absence Management. Whilst our absence figures are in line with national and regional data, concern was expressed around the high level of stress-related absence with staff feeling burnt out. The discussion culminated in three questions where it was acknowledged that further work is required: Where do we pull together data regarding stress related absence and is it accurate? What do we do this? How do we know what the impact is?	-:	Limited
Nursing and Allied Health Professionals Strategy	**Annual Establishment Papers -** The Committee received the paper and noted that both Chief Nurse and Medical Director considered that UHN achieves Good Compliance in respect of the figures. The Committee recommended approval of the reports to the Boards **Nursing. Midwifery and AHP Priorities for UHN -** After significant consultation this is now in final draft and is recommended to the Board following design work. A clear Executive Summary signposted the way forward and in particular the extension of Pathway to Excellence across UHN was acknowledged and welcomed as a potentially useful Organisational Development tool. Whist concerns remain around Fill Rate for registered nurses, and some significant variations exist for example in Paediatrics at KGH and ED at NGH, the Committee took substantial assurance at this stage of planning.	Agenda item 10 Tbc (Boards)	- Substantial
Medical Education Report	The report came to committee for assurance that each site is able to discharge its responsibility in the provision of undergraduate and post graduate support. Whilst there is some assurance here it was acknowledged that increased input is required in respect of feedback from staff, and it is anticipated that the appointment of the new Director of Medical Education will enhance reporting and triangulation moving forward.	-	Limited

People Committee Reports to the Boards of Directors		Date of reporting group's meeting: 27 March 2025 (3 of 3)	
Reporting: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Guardians of Safe Working	This was the first joint report provided to the panel which is welcome. Whilst overall assurance is reasonable a request has been made that work is carried out between the CMO and Director of Corporate and Legal Affairs to review the report content and in particular ensure that recommendations made are relevant for this committee.	-:	Reasonable

KGH/NGH Audit Committees (meeting together) Upward Report to Boards of Directors	Date of reporting group's meeting: 31 March 2025

Reporting Chair: Alice Cooper

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Lessons from 2023-24 KGH Annual Accounts & Audit Process	The Committees received an update on the plans in play to enhance the UHN's ability to meet the external audit requirements and timelines for this year-end. It was acknowledged that the auditors had noted a significant improvement since last year, and this was welcomed by the Committees, but that risks remained in the plans, most significantly at KGH, where the timetable was currently slightly behind awaiting the arrival of two further agency staff members into the finance team shortly. The Committees agreed actions to follow the meeting to share the timetable and agree how members could be kept informed as to progress and have more frequent assurance between formal meetings.	Ongoing assurance plan, and sharing of timetable to be agreed by 7 April	Reasonable
Accounting Policies, Estimated and Material Judgements for the 2024-25 Annual Accounts	The Committees received a paper setting out detail on the significant accounting matters for the year-end audit and took substantial assurance from the thorough consideration of the judgements in advance of the year end process. The Committees subsequently approved the accounting policies for KGH and NGH and confirmed Going Concern status for the preparation of the annual accounts.	Approved	Substantial
Accountability and Continuous Improvement Framework for Management	The Committees received and warmly welcomed the proposed new Framework, and discussed the way in which this would be implemented, supported and how the Committees might seek ongoing assurance on both the initial implementation, and the ongoing operation of the framework to allow clear and transparent management of the divisions within UHN.	Agreement of Audit Committee assurance plan by May 2025	-
UHN Scheme of Delegation, Standing Financial Instructions and NGH Standing Orders	The Committees endorsed these documents for onward ratification by the Boards of Directors.	Agenda item 11	-

*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

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	6

Title	Northampton General Hospital (NGH) CQC Urgent and Emergency Care (UEC): Inspection and Action Plan
Presenter	Julie Hogg – Chief Nurse
Authors	Jo Smith – Director of Nursing Kate Hepton – Interim Deputy Chief Nurse

This paper is for			
☐ Approval	☐Discussion	☐ Note	✓ 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				
✓ Patient	✓ Quality	☐ Systems & Partnerships	☐ Sustainability	☐ 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
On 18 February 2025, Northampton General Hospital had a two-day unannounced visit from the Care Quality Commission (CQC).	Quality and Safety Committee, 26 March 2025

Executive Summary

In February 2025, Northampton General Hospital received a two-day unannounced inspection from the Care Quality Commission (CQC) as part of a national review of pressurised urgent and emergency care services across England.

The inspection focused on our Urgent and Emergency Care (UEC) and medical services, including care for older people. The visit took place during a particularly busy period for the hospital, with high patient demand, extended stays in the Emergency Department (ED), and delays in ambulance handovers — challenges faced by many hospitals across the country.

The CQC recognised the compassion, commitment, and professionalism of our staff, particularly those working in our ED and inpatient specialty teams. We're proud of our colleagues, who continue to deliver kind and dedicated care even during the most pressured times.

However, the inspection also identified a number of concerns which we are taking extremely seriously. On 27 February 2025, the CQC asked us to take urgent action in the following areas:

- The potential risk of harm to patients in the Emergency Department;
- Hospital flow issues affecting the timeliness of care;
- Ensuring the privacy and dignity of patients, particularly where Temporary Escalation Spaces (TES) are in use.

We acted quickly following the inspection, taking immediate and short-term actions to improve safety, patient experience, and flow through the hospital. These include reviewing how and where patients are cared for in high-demand areas and enhancing senior clinical oversight in key areas of the hospital.

We are now awaiting the final CQC report, and will be open and transparent with our staff, patients, and communities about the outcome and our improvement journey.

Providing safe, effective, and compassionate care remains our highest priority. We recognise there is more to do, and we are working closely with partners across the local health and care system to improve flow and reduce pressure on our urgent and emergency services.

We will continue to keep our patients, staff, and stakeholders updated as we move forward.

The Boards are asked to:

1. Receive the report as assurance of immediate action planning and improvements made following high-level feedback from the inspection, and
2. Note our commitment to improving patient flow and the quality of care across our urgent and emergency pathways and continue to work closely with system partners and the CQC.

Appendices
None
Risk and assurance
UHN02 - Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability UHN03 - Deterioration in patient outcomes and experience as a result unwarranted variation in the provision of patient care UHN04 - 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
Financial Impact
No direct implications arising from this report and recommendations.
Legal implications/regulatory requirements
The Care Quality Commission (CQC) regulates all health and social care services in England. Following this unannounced inspection a letter of intent of regulation 31 was issued to the Trust and the action plans described in this paper were developed in response to that letter. No formal notice has been issued by the CQC at this time however, we cannot rule out a regulatory notice.
Equality Impact Assessment
The implementation of improvement plan actions will give rise to positive impacts for patients with protected equality characteristics, particularly relating to age and disability.

Paper

Situation

On 18–19 February 2025, the Care Quality Commission (CQC) carried out an unannounced inspection of Urgent and Emergency Care (UEC) and Medical Services at Northampton General Hospital, as part of its national review of pressurised services.

The inspection took place during a period of significant operational pressure, including:

- Long Emergency Department (ED) waits
- Challenges with hospital-wide patient flow
- Continued use of Temporary Escalation Spaces (TES)
- Delayed ambulance handovers and patients waiting in ambulances
- Increased demand during half-term period

The CQC recognised the compassion and commitment of staff, caring behaviour by ED colleagues under pressure and strong teamwork between inpatient specialties.

However, concerns were raised regarding aspects of care across the UEC pathway and ongoing patient flow challenges.

On 27 February, the Trust received a letter indicating potential enforcement action under Section 31 of the Health and Social Care Act. A comprehensive high-level action plan was submitted in response on 28 February. On 11 March, the CQC confirmed that no urgent enforcement action would be taken at this stage.

However, enforcement action is still under consideration, and we are continuing to implement our short- and medium-term actions. The Trust awaits the final inspection report, which will be shared for factual accuracy before publication.

Background

Northampton General Hospital Urgent & Emergency Services were last inspected by the CQC in October 2019 and received a rating of Good. Medical services (including older people's services) were last inspected in October 2019 and received a rating of Requires Improvement.

Overall, the current rating for the Trust is Requires Improvement following the 2019 inspection during the focused assessment on falls following a cluster of harmful falls within the organisation.

Assessment

High-level feedback received regarding urgent and emergency care services from the CQC following their unannounced inspection, focused on 3 areas of concern:

1. Potential of harm to patients in the emergency department.
2. Hospital flow.
3. Privacy and dignity of patients.

In response to this we have made some immediate changes and developed a detailed action plan focused on key points raised within the feedback.
Some immediate actions put in place were:

- Matron for the Day Model: focusing on quality and safety across ED and Medicine.
- Enhanced Audit and Oversight: increased frequency of care process audits in Temporary Escalation Spaces (TES) and embedding established patient areas into routine quality and safety audits.
- Optimised Staffing and Resources: increased Waiting Room 1 staffing, urgent review of pressure-relieving aids, and intentional rounding every two hours in TES for patients exceeding four hours.
- Fit to Sit Model Implementation: developed, implemented, and monitored via matron audits with governance oversight.
- Strengthened Leadership and Decision-Making: senior nurse leadership development, clarification of roles and structured safety huddles with key decision-makers.
- ED Risk Escalation and Governance: regular risk escalation to site meetings, Divisional Triumvirate, and Governance forums, ensuring proactive responses to safety concerns.
- Optimised Patient Flow: allocation of beds based on total time in ED, reduction of COA corridor capacity and release of private rooms for confidential discussions and examinations.
- Identified further escalation beds in alternative clinical areas, to facilitate the closure of the 3 trolley TES in the Resus corridor.

Operational and System-wide Improvements:

- Hospital-wide Flow Improvement: we have set up a group to lead improvements in discharge process across the wider hospital.
- Ambulance POD: immediate suspension, review of escalation capacity and safe reintroduction during peak pressures.
- New UEC Leadership Team: led by the Deputy Medical Director, Director of Operations and Group Associate Chief Nurse.
- System Collaboration: buddying with Sherwood Forest Hospitals to drive improvements, trusted assessor prescribing review and the development of a release-to-respond model to optimise ED flow.
- Weekly Safety Dashboard and Executive Oversight: senior director Executive team daily check-ins, weekly Executive-ED forums, and expanded ED Improvement Group with system and regional support.

Recommendations

The Boards are asked to:

1. Receive the report as assurance of immediate action planning and improvements made following high-level feedback from the inspection, and
2. Note our commitment to improving patient flow and the quality of care across our urgent and emergency pathways and continue to work closely with system partners and the CQC.

Dedicated to excellence

NHS
University Hospitals of Northamptonshire
NHS Group

Cover Sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	7

Title	UHN Perinatal Quality Surveillance Scorecard – Highlight Report
Presenters	Julie Hogg - UHN Chief Nurse Ilene Machiva - UHN Director of Midwifery
Author	Ilene Machiva - UHN Director of Midwifery

This paper is for			
☐ Approval	☐ Discussion	☐ Note	**X 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				
X Patient	**X Quality**	☐ Systems & Partnerships	☐ Sustainability	☐ 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 brief the Boards of Directors on the key discussions of the perinatal quality surveillance scorecard shared at the UHN Quality & Safety Committee on Wednesday 26 March 2025 and UHN Perinatal Assurance Committee Meeting (PAC) on Wednesday 19 March 2025 – February data discussed. The Boards are asked to receive and note the updates from PAC and associated actions, indicating assurance that: 1. The ddentification investigation and learning from all maternity patient safety incidents is being managed effectively, 2. Maternity services are achieving good compliance against the national maternity key safety indicators, and 3. Bi-monthly meetings of Board level maternity safety champions and the perinatal safety champions are established and occurring.	Obs and Gynae Governance Meetings UHN Perinatal Assurance Committee, 19 March 2025 UHN Quality and Safety Committee, 26 March 2025

Executive Summary

PURPOSE OF THE REPORT:

The scorecard is produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board.

The scorecard includes five areas of focus:

1. Safety
2. Workforce
3. Training
4. Experience
5. Outcomes

The scorecard includes the minimum dataset as described within Maternity Incentive Scheme (MIS), in addition to local insights, operational activity. Neonatal workforce information will be included in future reports.

The Bi-monthly Perinatal Assurance Committee was held on 19 March 2025. The meeting was attended by the Board Safety Champion, the Non-Executive safety champion, and the perinatal services safety champions, with clinical leads from wider teams. The perinatal quality surveillance score cards for NGH and KGH discussed governance issues also covered, which are addressed as part of the quadrant report in the paper.

SUMMARY:

Perinatal Surveillance Dashboard is attached as Appendix 1 and 2

Item(s) for Escalation: *included in PAC Chair's Highlight Report*

Successes

KGH: Call 4 Concern implemented from 4th November as part of national pilot with wellbeing questionnaire being introduced in March 2025. Currently embedding in the service.
Team has seen a 50% increase in patients setting a quit date in February, supporting a reduction in smoking at time of delivery rates.
NGH: Launch of Each Baby Counts Initiative - positive development with renewed focus on the programme promoting psychological safety across the multi-disciplinary teams (MDT).
Maternity booking system graded as achieving inclusion of all service users at the Northamptonshire Equality Delivery System (EDS) workshop in February 2025.
UHN: Successful peri-prem MDT study day across UHN.

Moderate and above Incidents

KGH: There were no Patient Safety Incidents (PSII) and no MNSI referrals in February 2025
NGH: There were three Patient Safety Incidents (PSI) that were referred to MNSI in February 2025. One case has been accepted; the remaining two incidents are awaiting a decision following the MNSI triaging process.

Governance Compliance

KGH: One new claim received in February 2025 and no closed claims. There were no PALs concerns, and no complaints received in the service.
NGH: There was one new claim received in February 2025 relating to an incident which occurred in February 2025, where a baby has been diagnosed with HIE grade 2. There were 5 Patient Advice and Liaison Service (PALS) concerns received relating to an issue with maternity exemption certificate, reported issues with a doctor in a antenatal appointment and three concerns regarding lack of communication. There were no formal complaints received during February 2025.

Service user feedback

CQC maternity survey data has been received in both organisations. KGH had a response rate of 52% and NGH 50% response rate. Action plans in response to survey findings are in the process of being co-produced with service users and shared at PAC. Overall Maternity Friends and Family Test (FFT) Satisfaction Scores for February in both services is 97%, demonstrating a sustained improvement.

Workforce
Both services have seen a reduction in vacancy rates for midwifery and MSW workforce:
KGH: Midwifery staffing met acuity for intrapartum care 78% of the time in February, and on 3% of the time the service was more than two midwives short for the acuity of women presenting in the service. All women received 1:1 care in labour and there were two occasions when the labour ward coordinator was not supernumerary.
NGH Midwifery staffing met acuity for intrapartum care 73% of the time in February. NGH midwifery vacancy position 11.95 WTE (6.12%). All women received one to one care in labour in February 2025. There were no episodes where the labour ward coordinator lost supernumerary status. There was 100% compliance with consultant led ward rounds and 89% compliance with Obstetric Consultant attendance to labour ward when indicated, in line with RCOG guidance.
Red Flags:
KGH: There were 69 red flags reported in February which is a decrease of 31 from previous month. The majority of these related to delayed or cancelled activity, relating to induction of labour pathways.
NGH: There has been a month on month decrease in red flags with 59 reported in February with delayed or cancelled time critical activity accounting for 69%. This is aligned with the improved workforce picture, leading to a reduction in delays in the induction of labour pathways. Quality improvement work in progress across UHN to review induction of labour pathways.
Training Compliance
Across both services, compliance for obstetric anaesthetist was below 90%. Work is in progress to support anaesthetic attendance to training. Attendance was impacted by competing clinical demands.
Saving Babies Lives Care Bundle
Good progress with bundle across UHN. KGH compliance sitting at 96% and NGH at 93% of the bundle following the latest Local Maternity and Neonatal System (LMNS) quality review.
Neonatal Exceptions
NGH: Qualified in Speciality (QIS) 58.2% compliance due to the service being fully established with registered nurses which has diluted QIS compliance. Some nurses currently on the QIS course with an expression of interest out for the next cohort. Opel status meeting QIS standard on a shift-by-shift basis.
KGH neonatal services continue with work to progress to full level 2 status, Perinatal oversight meetings in place to support and monitor progress.

Recommendation:
For the Boards to note the report and indicate assurance that:

1. The identification investigation and learning from all maternity patient safety incidents is being managed effectively
2. Maternity services are achieving compliance against the national maternity key safety indicators, with actions in progress to address any gaps, and
3. Bi-monthly meetings of Board level maternity safety champions and the perinatal safety champions are established and occurring.

Appendices

Appendix 1: UHN Perinatal Surveillance Dashboard (KGH – Feb 2025 Data)
Appendix 2: UHN Perinatal Surveillance Dashboard (NGH – Feb 2025 Data)

Risk and assurance

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

Financial Impact

Potential for increased/changes to workforce and equipment. Failure to achieve our CNST incentive reduction (>£200k). Possible support available through NHS England funding vis LMS work streams.

Legal implications/regulatory requirements
Risk to Board oversight of maternity services in line with the Perinatal Quality Surveillance Tool and the requirements of the Maternity Incentive Scheme
Equality Impact Assessment
This is applicable to all staff within Northamptonshire LMNS and all women accessing care within the LMNS.

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Governance update: **NGH**: Three cases referred to Maternity and Newborn Safety Investigations (MNSI) in line with the MNSI criteria. One accepted by MNSI, relating to a baby born by emergency caesarean section following a placental abruption in early labour. Baby born with grade 2 Hypoxic-ischaemic encephalopathy (HIE). No leaning identified, with the care provided by the community midwife commended. Two cases currently awaiting outcome of MNSI triage process. Both babies transferred out for cooling. Both babies had normal MRI scans. Learning identified around appropriate referral pathways for one of the women who initially presented via A&E, and a delay in appropriate Triage. This did not contribute to the outcome. Reasons for this will be explored as part of the After-Action Review, (AAR) meeting with the team. The second case had appropriate care and from the review it was unclear why the baby was born requiring additional care. **Coroners Inquests** Each of the services have upcoming Coroners Inquests: NGH - 18/06/25 KGH - Date of inquest to be confirmed **Complaints/ PALs Concerns and service user Feedback** A common theme noted relates to communication. Work in progress in both services to share patient stories and learning from complaints during the MDT training week. Patient experience midwives in both service supporting with increased service user feedback via the FFTs.	• Maternity moving back into Rockingham Wing from Sr Thomas Moore Ward on 27 March 2024 • UHN Badgernet system launch planned for the 7 July 2025 for KGH and 3 December 2025 for NGH
Positive assurance to Provide	**Decisions Made**
• **SBLCB vs 3**: good progress made with the bundle, with a congratulations email received from the LMNS clinical director, for the progress made by UHN Teams. Stretch targets agreed for some elements of the bundle	• None to report

KGH Perinatal Quality Surveillance Model—February 2025

Inspected and rated Requires Improvement — Care Quality Commission

Maternity CQC rating (Last Inspected Feb 2019 & Oct 2023 Safe and well-led only)	Safe	Effective	Caring	Responsive	Well-led	Overall

Maternity Perinatal Mortality Data

Perinatal Mortality Data											
		Monthly perinatal losses	Total Number of Losses reported to MBRRACE	Number of losses reported to MBRRACE within 7 days	Perinatal Surveillance completed within 1 month	Number that meet PMRT criteria and 72hr review completed	Parents informed and questions/ concerns noted	PMRT completed by MDT team and comply with CNST submission requirements	Breakdown of perinatal losses			
									Late Fetal Loss >22/40	Stillbirths	NND born and died at KGH	NND (born KGH, transferred and died at other Trust)
Q1 2025	MARCH		3	3	3	1	3/100%	3/100%	1	2	0	1
	FEBRUARY	3										
	JANUARY	2										
Q4 2024	DECEMBER	1	2	2	2	2 (1 external)	2/100%	1/100%	1	1	0	2
	NOVEMBER	3										
	OCTOBER	0										
Q3 2024	SEPTEMBER	8	3	3	4	3	2/100%	2/100%	0	1	1	0
	AUGUST	5										
	JULY	0										
Q2 2024	JUNE	3	4	4	1	1	1/100%	1/100%	0	2(1CI)	2(2<22/40)	1
	MAY	1										
	APRIL	0										

Review of all Maternity Moderate & Above Incidents

Q4 January—ongoing		
SIRG /RT date	Type of Incident	Incident grading/ Decision
Jan '25	Baby born in Poor Condition	Discussed at round table and Incident Review Group, (IRG) Decision to undertake After Action Review
06/03/2025	Ex Utero transfer	Presented at IRG. Declared as an After Action Review

Q3 October –Dec 24		
IRG date	Type of Incident	Incident grading/ Decision
Oct '24	Undiagnosed 4th Degree Tear	Further review and conformed to be a third degree tear. Level of harm downgraded
Oct '24	Grade C from PMRT process	Presented at IRG. Remain as moderate. No future PMRT grade C to go through IRG as process followed locally
Nov '24	Baby sent out for cooling. MRI HIE 1	MNSI investigation as care issues identified during review . Noted at IRG
Nov '24	Unexpected admission to LNU following resus	Reviewed and actions completed. Patient Safety asked to Downgrade incident at IRG
Nov '24	Fractured ankle	After Action review declared. UHN patient safety team present. Incident to remain at Moderate Harm.
Nov '24	Baby sent out for cooling	Discussed at round table. Referred to MNSI
Nov '24	MOH 5 Litres and admission to ITU.	Discussed at the Maternity Round Table. Patient Safety present. Actions attached to Datix.
Dec '24	Extreme preterm birth	Rapid review completed. No Harm identified to be requested for downgrade at IRG
Dec'24	Admission to ITU	Rapid review completed. No omissions in care identified ITU admission part of care plan from AN period. Incident to be downgraded to no harm

MNSI Current Investigations

No MNSI Referrals Made in February

Ongoing Investigations

1 x Maternal Death

2 x Cooling

PSII/SI Update

None declared PSII in February

Ongoing PSII/SI

Two in February

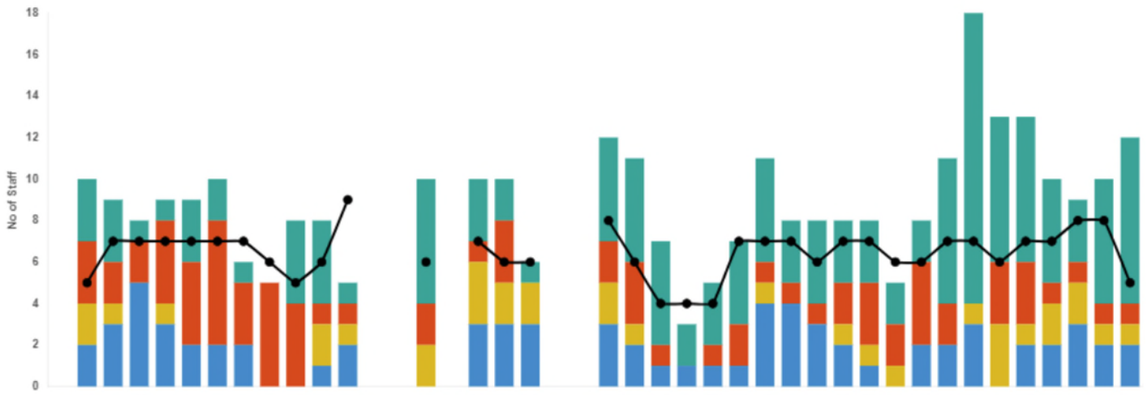
After Action Review—ongoing

4

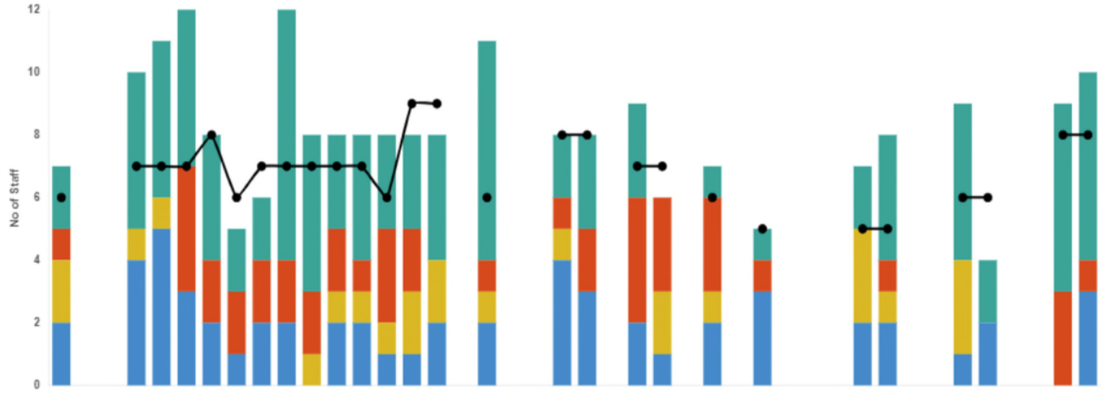
Compliance	77.98%
01/02/2025 to 28/02/2025	

Labour Ward

Total Care Hours and Staffing
01/02/2025 to 07/02/2025

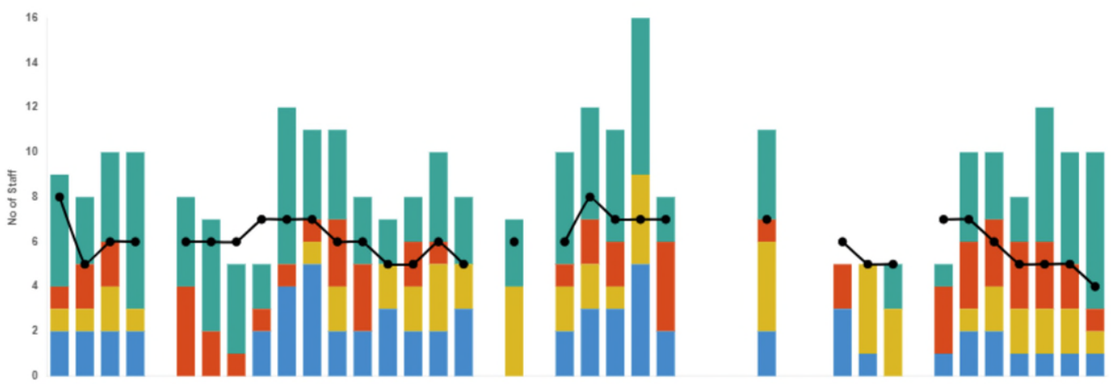


Total Care Hours and Staffing
08/02/2025 to 14/02/2025

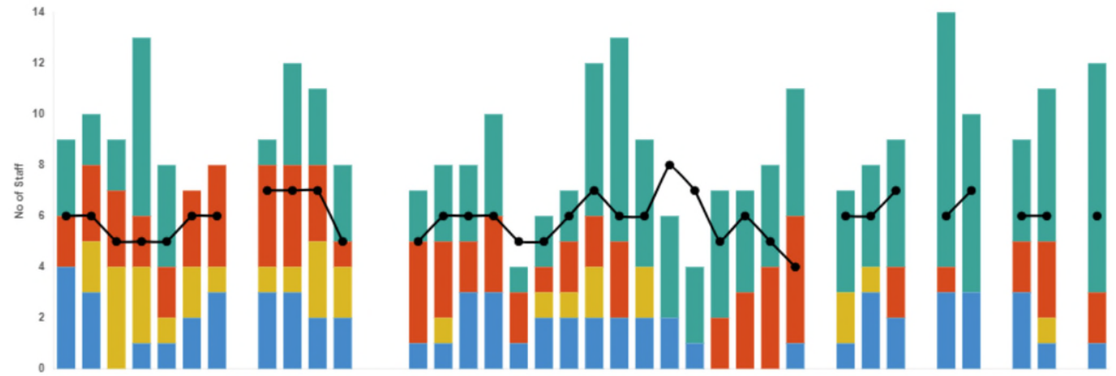


Acuity
- Midwives
- Cat I - V, A2
- PN
- PD1, PD2, R
- A1, X, IOL

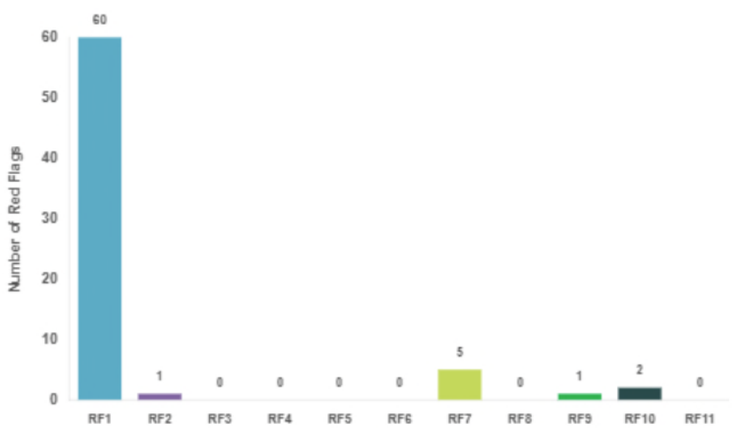
Total Care Hours and Staffing
15/02/2025 to 21/02/2025



Total Care Hours and Staffing
22/02/2025 to 28/02/2025

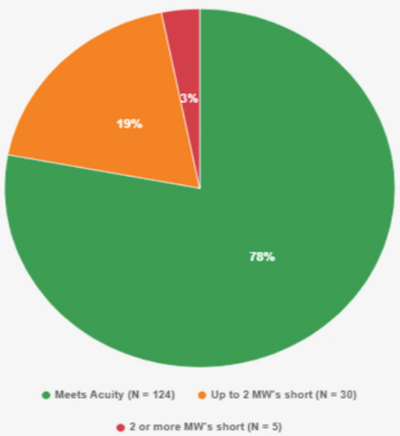


Number of Red Flags
01/02/2025 to 28/02/2025



Red flags
- Delayed or cancelled time critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay in providing pain relief
- Delay between presentation and triage >30 minutes
- Full clinical examination not carried out when presenting in labour
- Delay between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- Coordinator unable to maintain supernumerary status - NOT providing 1:1 care
- Coordinator unable to maintain supernumerary status - providing 1:1 care

Acuity Summary
01/02/2025 to 28/02/2025



Red Flag Exceptions

February 2025

There were 69 Red Flags reported in February which is a decrease of 31 from the previous month. The majority (n.60) of these are relating to RF1 (Delayed ARMs). 2 red flags were RF 10 for Delivery Suite Coordinator not being supernumerary, however they were not providing 1:1 care and appropriate escalation is evidenced on the acuity tool. One red flag was reported for midwife not able to provide 1:1 care in labour, however this was reviewed and found to be a data error.

Maternity Red Flags—LW

January '25—100
February—69

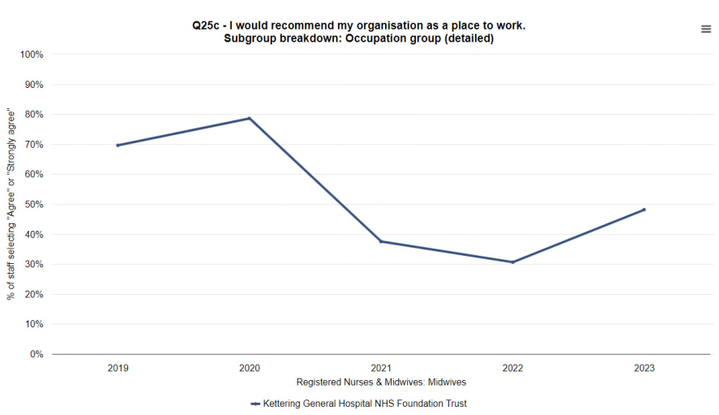
Total Q3 24/25 = 324

Total Q2 24/25 = 335

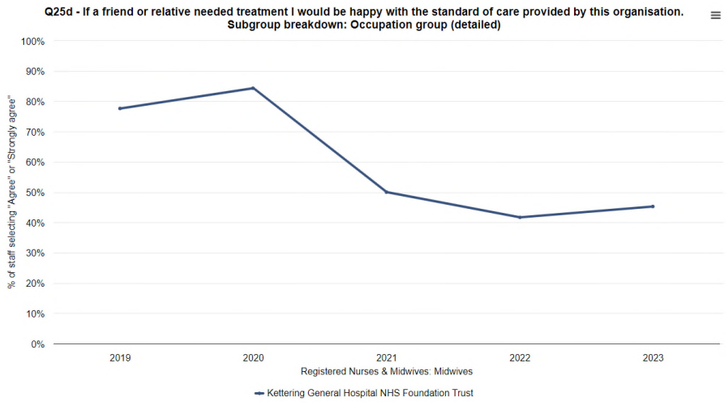
Total Q1 24/25 = 268

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	60	• Relates to delays with transfers to Labour Ward to continue the process of induction of labour awaiting ARM • Escalation process in place via Midwifery Manager on call in relation to delays in labour pathway • Work across UHN commencing to improve IOL pathways
DSC being supernumerary	2	• All not providing 1:1 care—overseeing of clinical care for short periods of time and appropriate escalation in place • All episodes take place out of hours
Delay between admission for induction and beginning of process	5	• All episodes relating to delay in ARM
Missed or delayed care	1	• Data entry error – documented as delayed ARM
Midwife not able to provide 1:1 care in labour	1	• Data entry error as there were no 1:1 patients identified within the numbers

Proportion of Midwives who responded to 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment in the KGH NHS 2023 staff survey:



2019	2020	2021	2022	2023
69.62%	78.57%	37.50%	30.61%	48.15%



2019	2020	2021	2022	2023
77.63%	84.34%	50.00%	41.67%	45.28%

Dedicated to excellence

February 2025
KGH Maternity Statistics

230 babies born

110 girls

120 boys

NHS
University Hospitals of Northamptonshire
NHS Group

104 Vaginal births

23 Instrumental births

3 Water births

3 Home Births

0 Set of twins

Our heaviest baby weighed in at 4.45 Kg (9lb 13oz)

11 Babies delivered on our busiest day

We remember 1 precious baby & their heartbroken parents

12 Preterm babies

45.2%
Vaginal births
22.2% - Assisted
77.8% - Unassisted

54.8%
Caesarean section births
43.7% - Elective
56.3% - Emergency

72.1%
Breastfeeding initiation rate

Maternity Services

Service User Feedback

Comments received in January

MNVP Feedback	MNVP Quarterly Meeting 20th March
Nil for Feb '25 – feedback is sporadic. New NNU MNVP Champion has been recruited. Awaiting further details. MNVP Champion to attend CPD session with Patient Engagement Midwife.	MNVP NGH Champion to support with recording for visiting charter – overnight.
Themes from FFT **Please continue to collect FFT's in all areas** 1. Discharge process slow. 2. Handover of information between LW & STM. 3. Welcome/Ward induction on STM. 4. Private room and partners staying overnight. 5. Staff introducing themselves. 6. Analgesia – length of wait, asking several times. 7. Lost colostrum. 8. Soft non-plastic baby tags. 9. Dr's please listen to me about medical & medicine needs.	**Action** 1a. Discharge length part of CQC action plan, liaise with Patient Experience lead. b. Flying Pharmacy Discharge Team to fast track discharge medication to support discharges and reduce delays. Shared via email & Hot Topics. c. Digital handover tool to be introduced to support all care and discharges. 2. Digital handover tool to be introduced March '25. 3&5 Deputy Ward Manager to devise pack, share importance of introduction, via Hot Topic. 4. Begin visiting charter work May '25 post LTM relaunch & ward move. 6. Email Matron & Ward manager as issues continue with length of time taken. 7.Email feeding team to action. 8. Email Matron & ward manager ? Able to change stock? 9. I continue to support service user, datix completed. Fed back to CD.

PALS Complaints

	December 2024	January 2025	February 2025
Number	3	0	0
Themes	Ex utero transfer Staff behaviour/attitude Communication		

Complaints

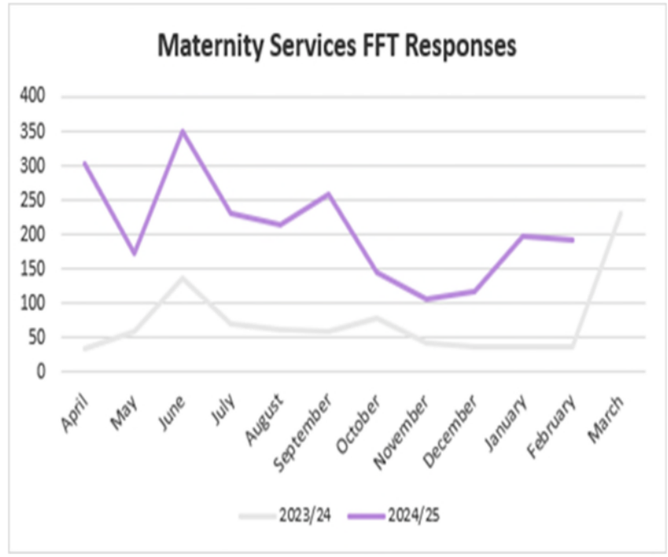
	December 2024	January 2025	February 2025
Number	0	2	0
Themes		Staff behaviour/attitude Poor care/ communication	

CNST Claims Scorecard

	December 2024	January 2025	February 2025
New	1	1	1
Closed	1	0	0

Improvement Work following service user feedback

- Dedicated opening times of community phonelines, publicised
- Listen to Me campaign launch 9th April 25'
- Ward digital handover tool to commence March 25'
- Partnership with Hope4U charity to support families facing poverty
- Request made for charitable funds to support online birth education programme to extend our reach



December Safety Champion Walkabout Feedback

Kerry Williams
Head of Midwifery
Kerry.williams40@nhs.net

Julie Hogg
Chief Nursing Officer
Julie.hogg1@nhs.net

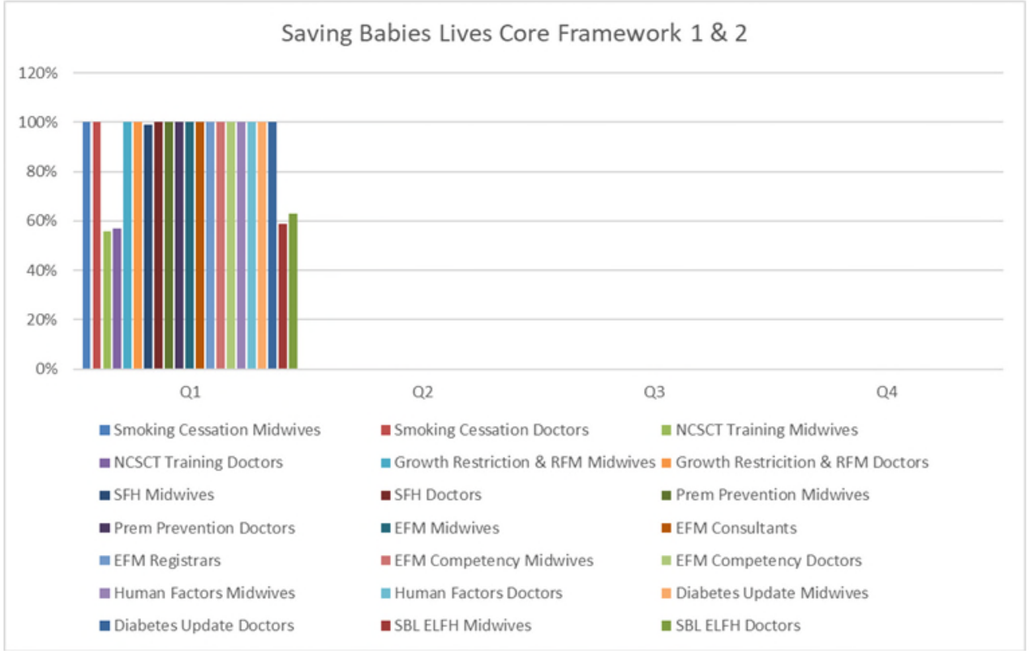
Jill Houghton
Non Exec Director
Jill.houghton1@nhs.net

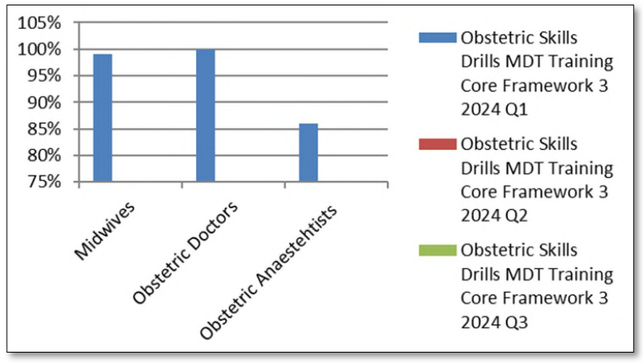
Sree Biswas
Clinical Director
Sreeparna.biswas1@nhs.net

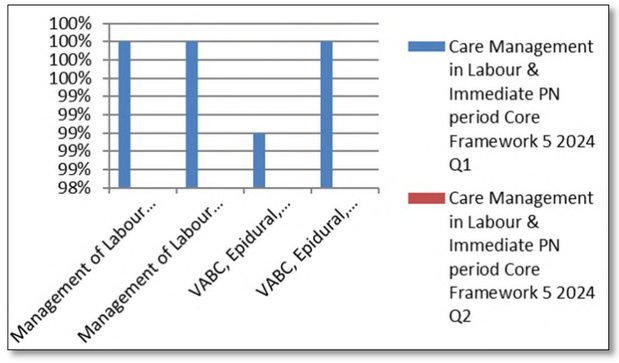
Date of Walkaround : 10th January 2025	**SC Name:** Jill Houghton
Location: KGH Maternity Rockingham Wing	**No. of Staff** : Midwives, MSWs, medics

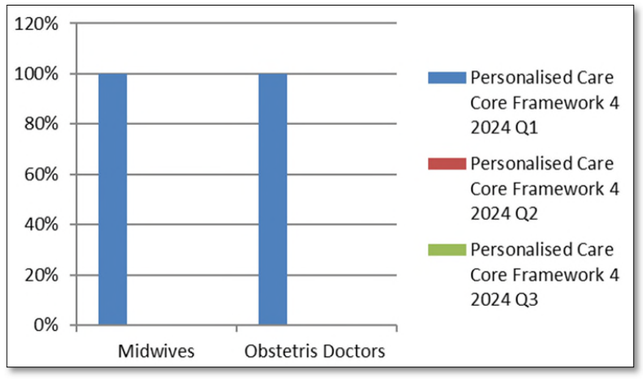
Staff Feedback	Plan
Anxieties around moving back to Rockingham wing, staffing model and plans	Inpatient matron to support with ward core meeting and listening event/feedback with staff.
Concerns around junior midwives supporting with epidural set up	Labour Ward coordinator and intrapartum matron leading on QI project
Concerns around new triage and break relief	Operational matron to address at next LWC coordinator meeting to ensure adequate break relief.

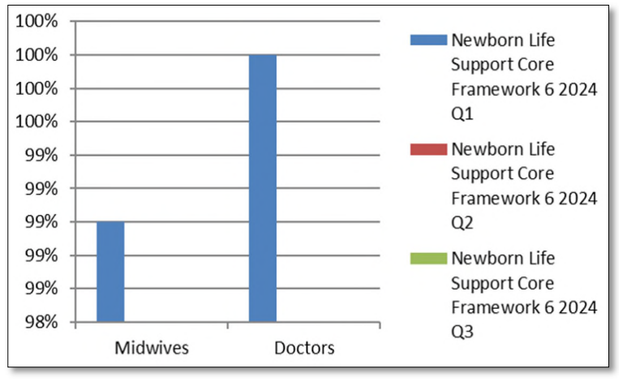
Maternity Specific Training - January 2025











<u>February 2025 —Criteria Framework 1 & 2</u>

Smoking Cessation

Midwives **97%**

Obstetric Doctors **100%**

SFH, RFM, Growth Restriction & Prem Prevention

Midwives **98%**

Obstetric Doctors **100%**

IA, AN EFM & Intrapartum EFM with surveillance

Midwives **99%**

Doctors **100%**

CTG Competency Assessment (Test)

Midwives **99%**

Doctors **100%**

Human Factors Training

Midwives **98%**

Doctors **100%**

Anaesthetists **100%**

<u>Criteria Framework 3</u>

Midwives **98%**

Doctors **100%**

Anaesthetists **100%**

<u>Criteria Framework 4</u>

Midwives **98%**

Doctors **100%**

<u>Criteria Framework 5</u>

<u>Covered on mandatory midwifery</u>

Management of Labour (Annual) & Perineal Trauma (Bi annual)

Midwives **98%**

Doctors **100%**

<u>Criteria Framework 6</u>

<u>Covered on Obstetric Skills Drills</u>

VBAC, Epidural Update, Operative Birth, Critical Care & Enhanced Recovery

Midwives **98%**

Doctors **100%**

<u>Criteria Framework 7 Covid Specific Training</u>

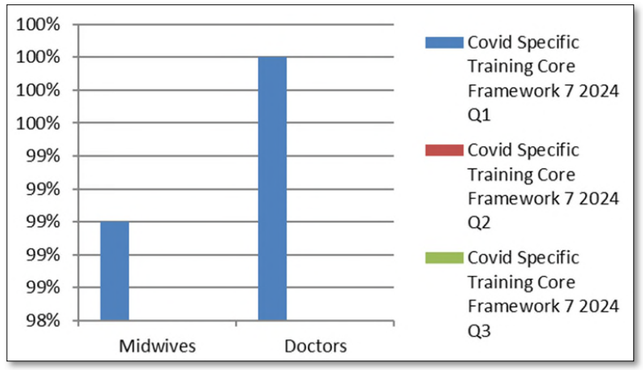
Midwives **98%**

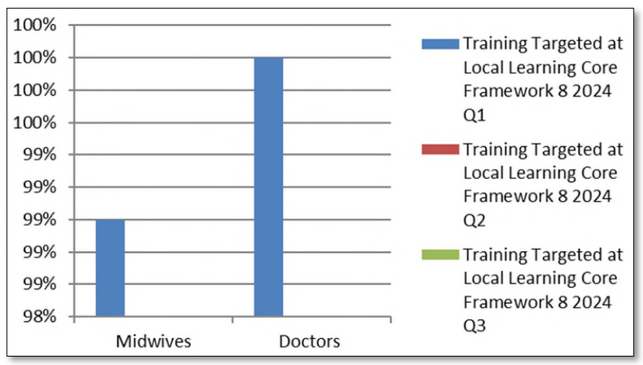
Doctors **100%**

<u>Criteria Framework 8</u>

Midwives **98%**

Doctors **100%**





PROMPT Training inclusion criteria:

- Postpartum Haemorrhage
- Antepartum Haemorrhage
- Impacted Fetal Head
- Pre Eclampsia
- Uterine Rupture
- Maternal Collapse & Resuscitation
- Vaginal Breech
- Shoulder Dystocia
- Cord Prolapse
- HDU & MEOWS charts
- Structured Review Proformas
- Escalation & Thresholds
- Timing of Birth
- Immediate Postnatal Care & VTE
- MDT Ward Rounds
- Human Factors
- Covid
- Epidural

SAFEGUARDING TRAINING

Safeguarding Adults Level 3 – 100%
Safeguarding Children's Level 3 – 100%

CNST year 6 training compliance for safety action 8—non compliant

Maternity Dashboard Key Indicators

Continuity of carer 24/25 progress	July	August	September	October	November	December	January	February
% of women booked on MCoC pathway	18.2%	14.6%	14%	14%	12.3%	14.7%	13.01%	14.9%
%of women delivered on a MCoC path-way (including LSCS team) (*no longer reporting LSCS –purely MCoC)	14.91%	16.27%	18.53%	19.48%%	17.69%	10.70%	16.14%	8.69%*
% of BAME women on a MCoC pathway	77%	71.9%	77.6%	65.57%	64.3%	77%	66.6%	70%

One to One care in labour 24/25	July	August	September	October	November	December	January	February
% of women receiving 1:1 care in labour	100%	100%	100%	100%	100%	100%	100%	100%

Supernumerary status of DSC - 24/25	July	August	September	October	November	December	January	February
No of occasions DSC was NOT supernumerary	5	0	5	1	8	3	6	2

Consultant obstetric Cover on Delivery Suite

INDICA-TOR	MEASURE/ COMMENT	DATA SOURCE	INDICA-TOR SOURCE	GREEN	RED	Apr	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Weekly hours of consult-ant cover on labour ward	Hours/ week	Intrapar-tum score-card	National - Safer Child-birth 2007 Mini-mum 60 Hours	>60	1	60	#	66	66	66	66	66	66	66	66	66	66	66	66	66

OBSTETRIC STAFFING UPDATE

- 14WTE currently in position (12 covering O&G)
- 1 WTE consultant commenced in Feb 2025
- Only 11 cover out of hours.

GMC indicator above demonstrates a continued improvement by the service for clinical supervision of speciality trainees out of hours (please note there was no survey in 2020). These are the most recent results, with the GMC 2023 KGH has been recognised as one of the best pre-forming O&G GMC results in the Midlands 2023.

Dashboard Exceptions

Workforce

In month vacancy shows slightly declined position—due to internal promotions. All clinical posts recruited to. Birth rate plus report recommends uplift of 9.56WTE. Business case completed and submitted.

Incidents

There were no MNSI referrals made in February and 1 moderate incident declared.

3 ongoing cases with MNSI (Maternal death & two babies sent out for cooling)

Homebirth – 5 planned / 3 achieved
Current homebirth rate is 2.3% without a dedicated homebirth team

Saving Babies Lives
As we have now been seen as a high performing organisation, many of out compliance % has been increased.

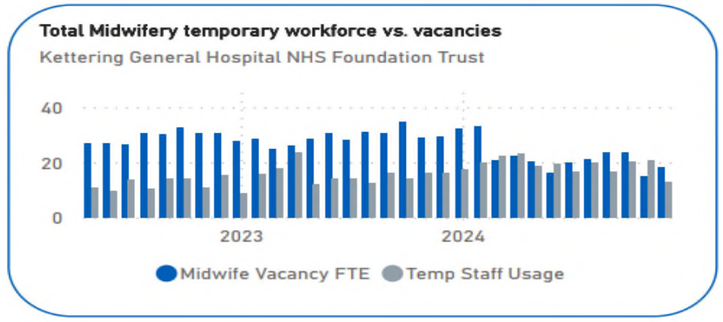
Element 1—We have concerns regarding the lack of funding for MDTA 's, we were originally funded for x3 WTE, funding has reduced to x1 for a further 1 yr contract—this is likely to impact our compliance
Element 2- Partially implemented- previously fully. This is due to a change of audit data required. If data can be reviewed by 10.3.25 may be able to go to fully compliant.
Element 4 – Now fully implemented- previously partially. The implementation of Fresh eyes on the hour appears to have sustained the compliance 90% for hourly fresh eyes.

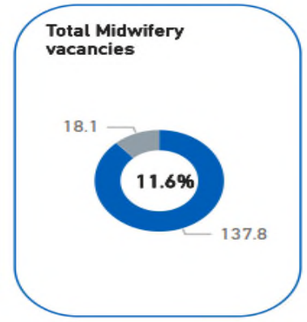
Workforce Data

Maternity Workforce Programme - Midwifery workforce

Midwifery headline figures	Establishment	Midwives SIP	Midwife Vacancy FTE	Vacancy rate
Registered Midwives in trust (WTE/KPI tab)	157.8	143.2	14.6	9.3%
Midwives in maternity services (Maternity tab)	155.9	137.8	18.1	11.6%
	BR+ demand	Establishment gap		Vacancy gap
Midwifery demand (BR+vs.funded establishment)	150.6	5.3		-12.8

Remaining WTE Midwives recruited to —BR+ recommends uplift of 9.56WTE



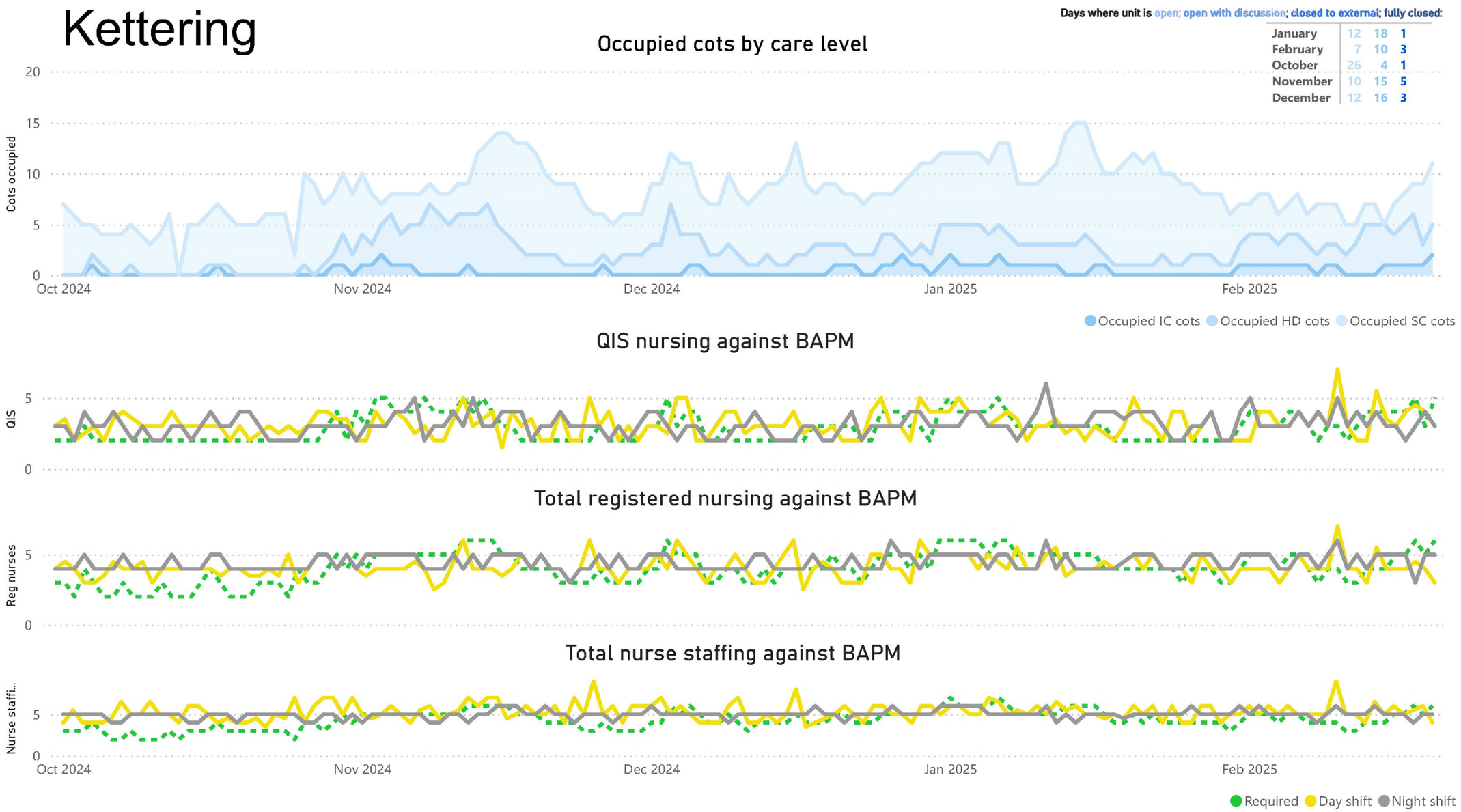


Post Specialty	Trust / Board	Indicator	2019	2021	2022	2023
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Overall Satisfaction	76.86	81.67	75.42	84.23
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Clinical Supervision	92.14	87.64	89.09	90.48
Obstetrics and gynaecology	Kettering General Hospital NHS Foundation	Clinical Supervision out of hours	90.91	88.02	86.11	87.12

Saving Baies Lives—Compliance

Intervention Elements	Description	Element Progress Status (Self assessment)	% of interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully Implemented	100%	Fully Implemented	100%	CNST Met
Element 2	Fetal growth restriction	Partially Implemented	90%	Partially Implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully Implemented	100%	Fully Implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully Implemented	100%	Fully Implemented	100%	CNST Met
Element 5	Preterm birth	Partially Implemented	96%	Partially Implemented	96%	CNST Met
Element 6	Diabetes	Fully Implemented	100%	Fully Implemented	100%	CNST Met
All Elements	TOTAL	Partially Implemented	96%	Partially Implemented	96%	CNST Met

KGH Neonates—January 2025



NGH Perinatal Quality Surveillance Model—February 2025

Maternity CQC rating (last inspected Nov 2022)	Safe	Effective	Caring	Responsive	Well-Led	Overall

Maternity Perinatal Mortality Data

Perinatal Mortality Cases												
		Monthly Perinatal Losses	Total number of losses reported to MBRRACE	Number of losses reported to MBRRACE within 7 days	Perinatal Surveillance completed within 1 month	Number that meet PMRT criteria	Parents informed and questions/ concerns noted	PMRT completed by MDT and comply with CNST submission requirements	Late Fetal Loss >22/40	Stillbirths	NND born and died at NGH	NND (born, NGH transferred and died at other Trust)
Q4 2023/24	Jan-24	1	1	1	0	0	N/A	0	0	0	1	0
	Feb-24	3	3	3	3	2	100%	0	2	2	1	0
	Mar-24	2	2	2	2	1	100%	2	0	1	0	0
Q1 2024/25	Apr-24	0	2	2	2	2	100%	1	0	0	0	2
	May-24	4	3	3	3	3	100%	2	1	3	0	0
	Jun-24	5	1	1	1	0	N/A		1	0	0	0
Q2 2024/25	Jul-24	11	4	4	4	4	3	2	0	2	3	0
	Aug-24	9	1	1	1	1	1	3	2	1	0	1
	Sep-24	3	3	3	2	2	100%	2	2	1	1	0
Q3 2024/25	Oct-24	11	2	2	1	1	100%	1	1	1	1	0
	Nov-24	9	2	2	2	1	1	3	0	1	1	0
	Dec-24	10	2	2	2	1	100%	2	2	2 (incl. 1 TOP)	0	0
Q4 2024/25	Jan-25	5 (1x NND deliv-	4	4	4 (OUH Case)	3	3	3	0	2	2	0
	Feb-25	9	2	2	1 (1 case TOP surveillance not required)	1	1		0	2	0	0
	Mar-25											

Review of all Maternity Moderate & Above Incidents

Q4 24/25 February	
Incident type	**Incident grading/Decision**
ITU Admission	Discussed at IRG (Incident Review Group) harm level increased to severe harm, but not a patient safety event. No learning identified
IUD	Discussed at IRG. To remain Fatal harm but no further investigation other than PMRT
Term admission, transferred out for cooling	Discussed at IRG- to remain moderate harm. MNSI have accepted the case.
Term admission, transferred out for cooling	Discussed at IRG - for AAR (After Action Review). Care going through MNSI Triage in progress to decide if MNSI investigation will be completed
ITU Admission	To be discussed at MIRF (Maternity Incident Review Forum) & IRG
Term admission, transferred out for cooling	MIRF agreed AAR to be arranged. To be discussed at IRG . MNSI Triage in progress to decide if MNSI investigation will be completed
IUD	Discussed at MIRF, no learning identified. For discussion at IRG
Term Admission to NNU	Discussed at MIRF and IRG—agreement to downgrade to low harm. No care issues identified
Smoking Cessation Support	Discussed at IRG and agreed to downgrade to no harm
Failure/insufficient/incomplete monitoring	Discussed at IRG and agreed to downgrade to no harm

Summary

- There were 10 moderate incidents reported in Feb. 3 incidents have been downgraded following agreement at MIRF and IRG. 3 incidents are awaiting discussion at IRG. 4 incidents have been reviewed and remains categorised as moderate or above harm.
- No Patient Safety Incident Investigations (PSII) declared in February. 3 Incidents referred to MNSI, 1 accepted, 2 awaiting triage process

Coroners Cases

2 for NGH one in June and the second, date to be confirmed.

Level of Investigation				
Level of investigation	**Obstetric Datix (Moderate & Above)**	**Internal Local Level Investigation**	**PSII**	**MNSI**
Q4 2023/24	6	0	0	3
Q1 2024/25	24	0	0	2
Q2 2024/25	12	0	0	0
Q3 2024/25	15	0	0	2
Q4 2024/25	8	0	0	3 (referred, 1 accepted)

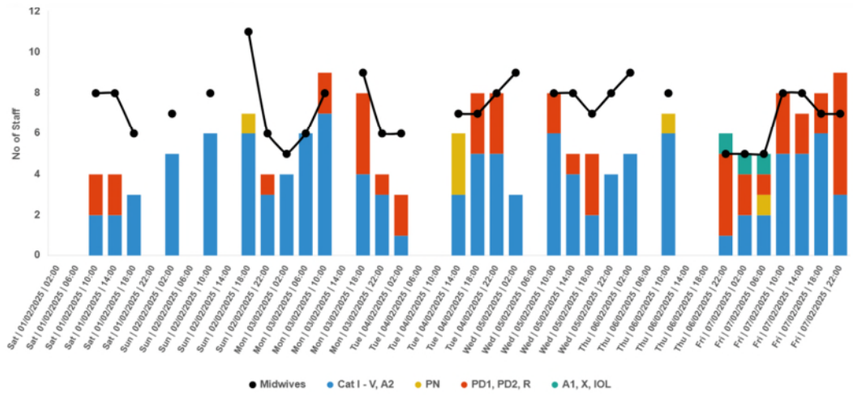
birthrateplus® | Safe Staffing for Maternity Services

Compliance
01/02/2025 to 28/02/2025

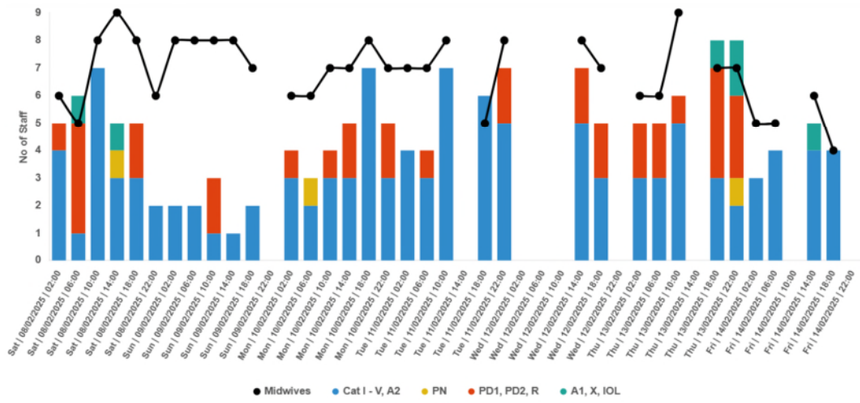
75.60%

Acuity
- Midwives
- Cat I - V, A2
- PN
- PD1, PD2, R
- A1, X, IOL

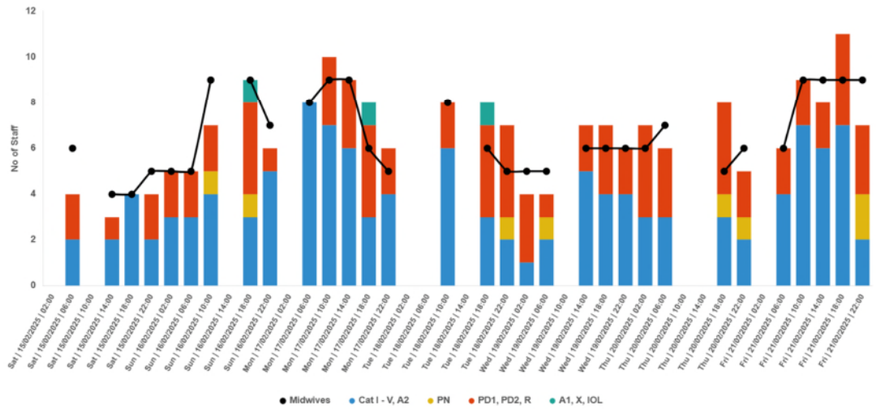
Total Care Hours and Staffing
01/02/2025 to 07/02/2025



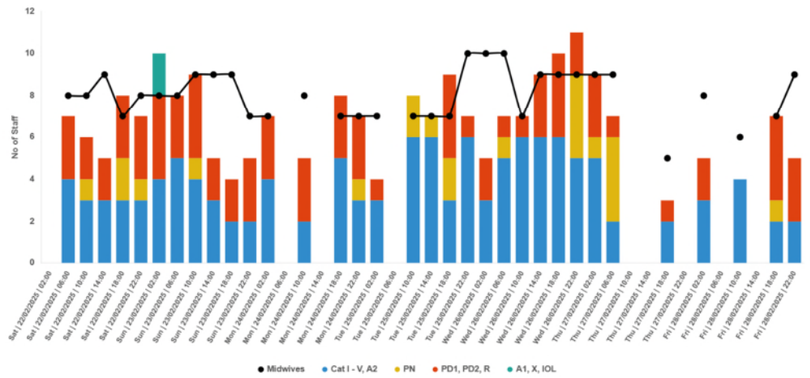
Total Care Hours and Staffing
08/02/2025 to 14/02/2025



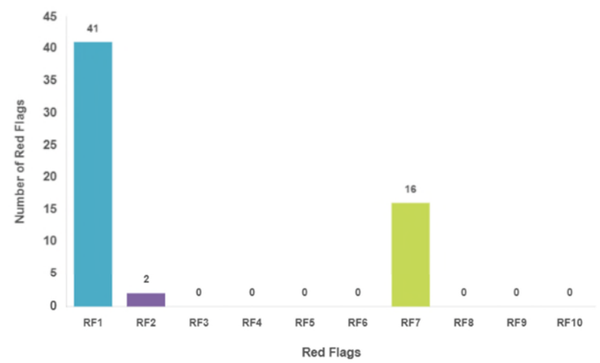
Total Care Hours and Staffing
15/02/2025 to 21/02/2025



Total Care Hours and Staffing
22/02/2025 to 28/02/2025

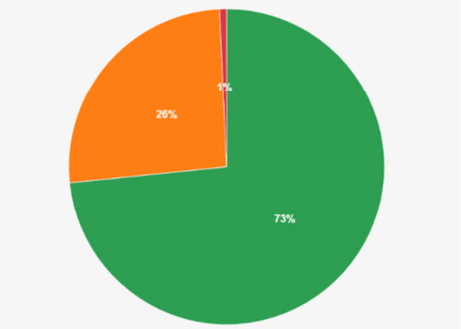


Number of Red Flags
01/02/2025 to 28/02/2025



Red flags
- Delayed or cancelled time critical activity
- Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)
- Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)
- Delay in providing pain relief
- Delay between presentation and triage >30 minutes
- Full clinical examination not carried out when presenting in labour
- Delay between admission for induction and beginning of process
- Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)
- Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour
- Coordinator unable to maintain supernumerary status - NOT providing 1:1 care
- Coordinator unable to maintain supernumerary status - providing 1:1 care

Acuity Summary
01/02/2025 to 28/02/2025



*The % is rounded to nearest whole number

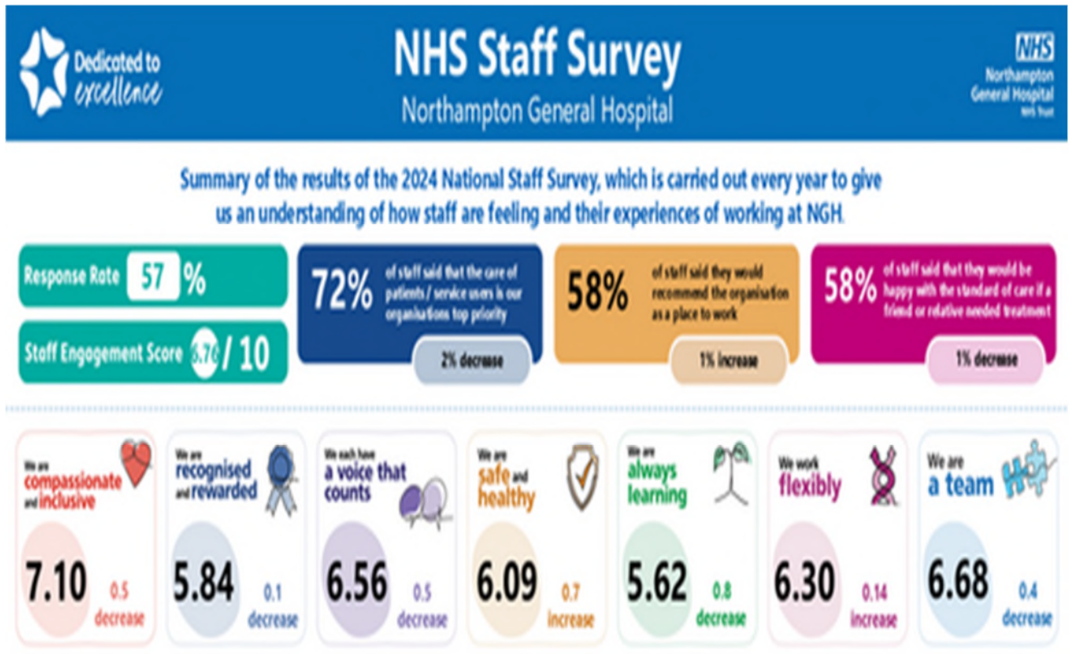
Red Flag Exceptions

February 2025

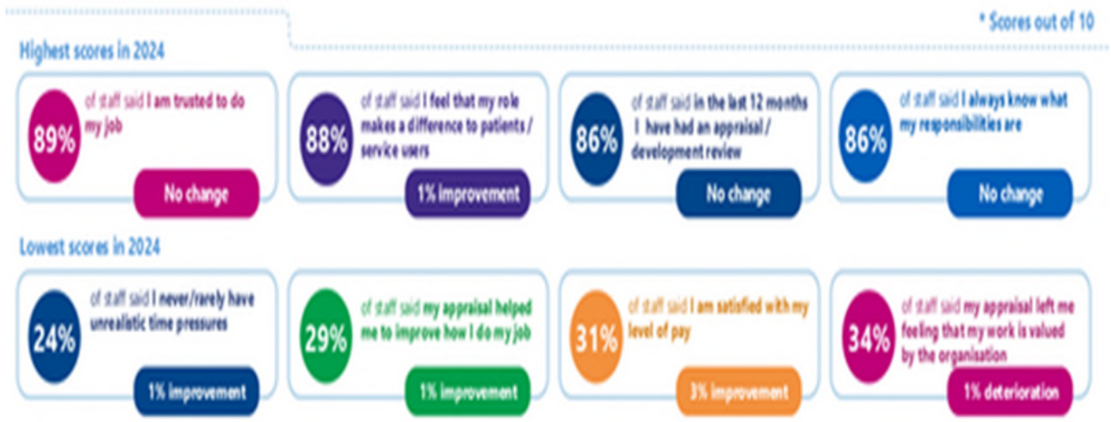
There were a total of **59** red flags reported in February. The highest recording red flag was Delayed or cancelled time critical activity which accounted for **69%** of the total red flags. The 2nd highest recording red flag was Delay between admission for Induction and beginning of process that accounts for **27%** of the total.

Maternity Red Flags—LW
December—69
January— 64
February—59

Red Flag Event	No.	Mitigation
Delayed or cancelled critical activity	41	• Relates to delays with transfers to Labour Ward to continue the process of induction of labour or timely completion of elective caesarean section • Escalation process in place via Midwifery Manager on call in relation to delays in labour pathway • Induction of Labour working group in place from November 2022 reviewing IOL pathways. Outpatient induction of labour commenced January 2024 and Cooks Balloon use commenced March 2024 • Where possible women are offered transfer to other units
Delay between admission for induction and beginning of process . Induction of labour delayed starting by 2 hours	16	• Capacity and staffing impact on timely commencing IOL • Outpatient induction of labour commenced January 2024 and Cooks Balloon use commenced March 2024
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	2	• Appropriate escalation implemented. Intrapartum Matron to investigate



- 2024 NHS Staff Survey now issued - summary of NGH results here
- Department specific results to be analysed and disseminated to staff shortly



Dedicated to excellence

February 2025 Maternity Statistics

139 Vaginal births

20 Instrumental births

10 Laboured in water

10 Birth centre births

6 Home births

158 girls

294 babies born

136 boys

12 Sets of twins

Our heaviest baby weighed in at 4.89kg (10lb 7oz)

18 Babies born on our busiest day

We remember 2 precious babies and their heart broken parents

22 Preterm babies
(Classed as any baby born before 37 weeks 0 days)

NHS
University Hospitals of Northamptonshire
NHS Group

45.2%
Vaginal births
41.5% unassisted,
7.0% assisted)

51.2%
Caesarean section births
(**16.5%** elective, **21,4%** emergency)

21.6% Had an Induction of Labour

%
Breastfeeding initiation rate

Maternity Services

Northampton General Hospital

Service User Feedback

Friends & Family

Feb was a good month for FFT's

- Overall, we received a satisfaction rate of 97.2%.
- The response rate was above the target with a 24.9% (248) response.
- The 'Birth' satisfaction rate was 95.6%, which is the second highest score to date (Aug was 97%).
- Overall, there were 5x 'very poor' ratings but with only 1 providing a comment (cautious with 'very poor's scores in the absences of comments, as some may interpret '5' as 'very good' not 'very poor' and poor ratings usually like to leave feedback).
    - Birth received 2x 'very poor' scores, but no comments were left so I am unable to identify a theme
    - MOW received 1x 'very poor' - again with no comment or narrative
    - RWW received 1x 'very poor' scores with only one comment which was linked to infant feeding with a pressure to AF.
    - Balmoral received 1x 'very poor' but no narrative provided.
- We had lots of positive staff comments this month, with 77 individuals named personally!

Friends & Family Comments

"I could not have asked for better care. Although my birth went nothing like I had wanted, it still was such a positive experience and that is due to the patience, professionalism and kindness of all the staff involved in the birth of my baby"

"Staff were really kind, professional and always there to support me and my baby. They were caring about me from the minute I stepped into the building"

"The staff were lovely and very attentive, all of our needs were met. All of our questions were answered and we felt confident leaving their care. Thank you for everything."

I felt so comfortable and at ease and most importantly safe. Words will never be enough for bringing our baby into the world safely"

"From the moment I was admitted to have my induction, the midwives were very supportive and gave me all the necessary information needed through to when I got into labour. In the labour room, the midwife and student were fantastic as they were very supportive, kind, caring and understanding. God bless you all"

The team throughout have been excellent, this is our first baby and the emergency c-section was a shock, but we have felt safe and support-ed, every step of the way"

"Attentive, kind and understanding. So supportive looking after me and my baby"

FFT numbers collected this month:

Antenatal Community — 100 **(99% Satisfaction Score)**
Birth — 45 **(95.6% Satisfaction Score)**
Postnatal Ward — 94 **(95.7% Satisfaction Score)**
Postnatal Community — 9 **(100% Satisfaction Score)**

Overall satisfaction—97.2%

Board Level Maternity & Neonatal Safety Champions

Julie Hogg
UHN Chief Nurse

Jill Houghton
Non-Executive Director

Maternity & Neonatal Safety Champions

Ilene Machiva
Director of Midwifery

Clare Flower
Head of Midwifery

Dr Amrita Datta
Clinical Director

Dr Nick Barnes
Lead Neonatal and Cardiology Consultant

PALS Complaints			
	DECEMBER 2024	**JANUARY 2025**	**FEBRUARY 2025**
Number	0	1	5
Themes	N/A	Poor experience on post natal ward, inadequate care given	Issue with Maternity Exemption Certificate Reported issues in antenatal appt with Doctor Lack of Communication x3

Complaints			
	DECEMBER 2024	**JANUARY 2025**	**FEBRUARY 2025**
Number	1	3	0
Themes	Issues with Iron infusion, patient left with staining	Reported appalling service & experience Not being heard, Issues with injection given and cleanliness Issue with Sonography and Community	N/A

CNST Claims Scorecard			
	DECEMBER 2024	**JANUARY 2025**	**FEBRUARY 2025**
New	2 Case referred to the MNSI (due to the baby being transferred out for cooling *(DOI: 22/11/24)* Failure of Obs & Gynae to refer to General Surgery who would have organised a CT scan *(DOI: 06/12/22)*	0	1 EMLSCS for fetal bradycardia and placental abruption. Baby born in poor condition requiring inflation and ventilation breaths. Transferred to Gosset on NCPAP then deteriorated so intubated and ventilated on admission. HIE grade 2 *(DOI: 21/02/25)*
Closed	0	0	0

NED Safety Champion Walkaround

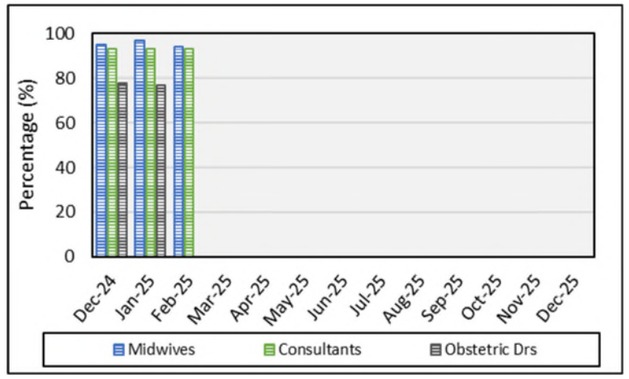
Date: FEBRUARY 2025 **SC Name: Jill Houghton**

Location: NGH **No. of Staff:**

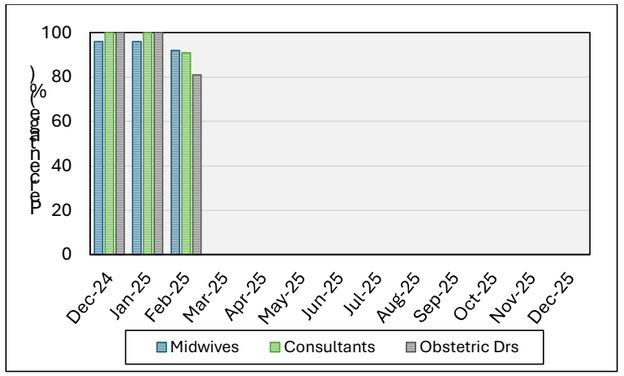
Staff Feedback	Plan
Triage was described as the ED of maternity - not all obstetricians understood this and sometimes referred patients inappropriately so education on the role of triage is still required Labour Ward	Ongoing work by Triage Co-ordinator and Intrapartum Matron to share referral pathways and triage criteria
The team is keen to support the development of some Band 3 MSWs to attend a course at Birmingham University to upskill them to Band 4 - they could then support the Home Birth Team	Service Development in progress and liaison with Birmingham ongoing, led by Con-sultant Midwife and MSW Practice Lead
The team was disappointed that not enough midwives had been trained to use Cooks Balloon for induction and those who had had forgotten their training so medical staff were now inserting Cooks Balloons - also UHL is using Foley's Balloons, which are not licensed, but easier to insert - if we could progress this work induction delays could reduce	IOL Pathway review by Development Consultant Midwife
The team were disappointed that the induction video was not yet in use and are look-ing forward to it arriving	Video now complete after various rounds of editing. To be ratified at Maternity Risk & Governance Meeting on 21 March 2025
Robert Watson Garden looked bereft with no seats outside - how are we getting on with this please?	he Robert Watson Garden is going to be 'opened' in the Spring. We are looking to secure some funding for plants and furniture and will update again soon
STUDENTS: Third year students worried about jobs (apparently 4 in the final cohort would like to stay) but had poor communication about the availability of jobs - sent emails that weren't answered so were unhappy about that too	Regular feedback sessions with the UoN. Ongoing Student Forums with Senior Leadership Team and sessions with dedicated Student PMA
BALMORAL: Very keen to use the discharge video when it arrived as this will speed up discharge in their view	Video animation in editing phase, requiring final midwifery input and to record voice-overs

Maternity Specific Training - February 2024

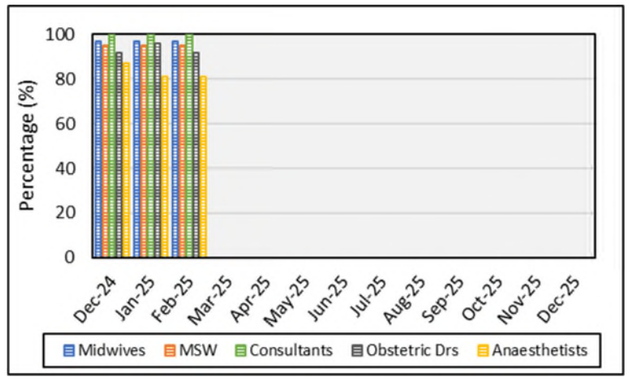
MODULE 1: SAVING BABIES LIVES ELEMENTS



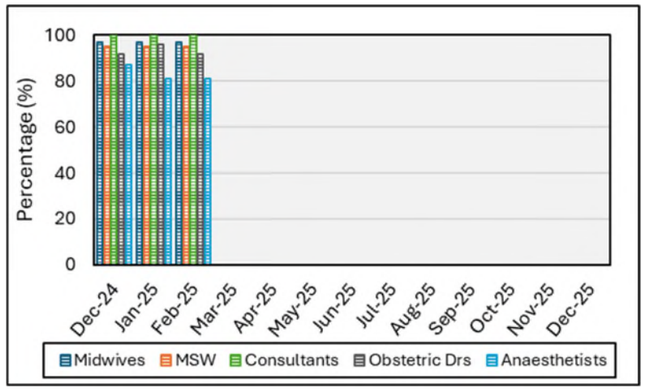
ELEMENT 4:
FETAL MONITORING & SURVEILLANCE



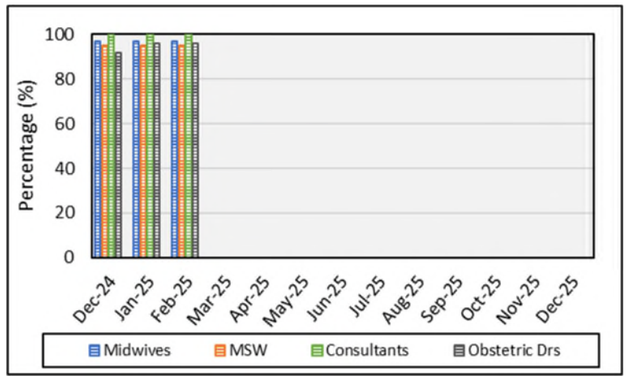
MODULE 3: MATERNITY EMERGENCIES AND MULTI-PROFESSIONAL TRAINING
(VBAC, uterine rupture, APH, care of the critically ill patient, pelvic health and perineal trauma (OASI),



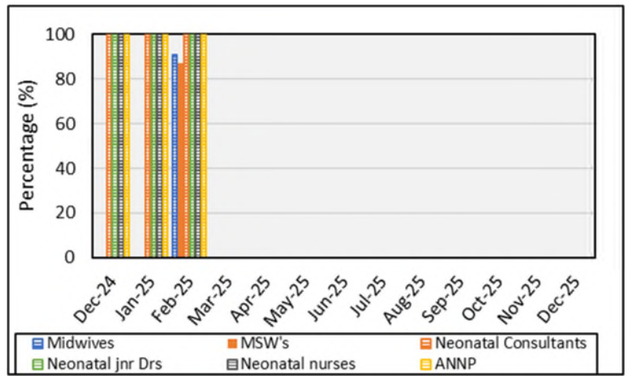
MODULE 4: EQUALITY, EQUITY AND PERSONALISED CARE
(Equality, equity and personalised care: Mentor update, bereavement, Continuity of care,VTE, EDI with cultural competence, trauma informed care, MNVP, ANNBS)



MODULE 5: CARE DURING LABOUR AND IMMEDIATE POSTNATAL PERIOD
(VBAC, uterine rupture, pelvic health and perineal trauma (OASI))



MODULE 6 NEONATAL BASIC LIFE SUPPORT



Actions taken:

- Maintaining good communication links with community and hospital-based ward managers to ensure compliance by offering maternity ward manager meetings
- Support from E-Roster team to enable sickness and maternity leave reports to be run in a timely manner
- Identification of staff returning to work and ensuring mandatory training is completed as soon as possible
- Continue with early dissemination of planned training days, attendance, and facilitation expectation
- Deep dive on those non-compliant, ensure denominator is correct with regard to bank staff no longer working at NGH
- Further escalation of concerns regarding bank staff list to improve accuracy of database and subsequent patient safety

PROMPT Training inclusion criteria:

- Postpartum Haemorrhage
- Antepartum Haemorrhage
- Impacted Fetal Head
- Pre Eclampsia
- Uterine Rupture
- Maternal Collapse & Resuscitation
- Vaginal Breech
- Shoulder Dystocia
- Cord Prolapse
- HDU & MEOWS charts
- Structured Review Proformas
- Escalation & Thresholds
- Timing of Birth
- Immediate Postnatal Care & VTE
- MDT Ward Rounds

SAFEGUARDING TRAINING

Safeguarding Adults Level 3 – 94%
Safeguarding Children's Level 3 – 84%

The Safeguarding Team do the following to support staff training compliance:

- SGL3 Training (full day) is held every month via MST
- Training dates are advertised in the monthly Safeguarding Bulletin and on the Safeguarding page on the Street
- Staff are notified via ESR when they are out date
- The Safeguarding Team email staff on a monthly basis to inform them when they are out of date
- There are no issues with accommodating SGL3 due to capacity

Maternity Dashboard Key Indicators

2024/25	Goal	Dec	Jan	Feb
Midwife to birth ratio	01:27	01:23	01:23	
BBA	0	1	2	1
MNSI Declared	0	1	0	1
Number of Complaints	0	1	3	0
Term admissions	≤3%	5.6%	4.2%	4.1%
3rd/4th Degree tears	≤3.4%	0.0%	1.4%	4.3%
Babies transferred for cooling	0	0	0	3
ENS Babies	0	0	0	1
ITU/HDU Admissions	0	0	0	2
Total stillbirths	0	2	2	2
Term stillbirths	0	1	0	0
Pre-term stillbirths 24-36+6	0	0	2	1
FFT satisfaction score: Antenatal Community	≥96%	98.7%	100%	99.0%
FFT satisfaction score: Maternity - Birth	≥96.6%	91.9%	87.0%	95.6%
FFT satisfaction score: Postnatal ward	≥93.7%	94.4%	97.0%	95.7%
FFT satisfaction score: Postnatal Community	≥97.5%	100%	N/A	100%
CO levels documented at booking	≥90%	91.5%	95.0%	97.7%
Safeguarding children level 3 training	≥85%	85%	84%	84%
PROMPT training compliance - all staff. (Excluding sickness and mat leave)	≥90%	98%	98%	97%

OBSTETRIC STAFFING UPDATE

- 10.8 WTE currently in position (10.8 WTE Substantive Consultants + 2.2 WTE Locum Consultant)
- 8.8 WTE Consultant able to undertake full clinical duties
- 1x Vacancy currently with Special Interest in College Tutor role- Job out to advert

Continuity of Carer—No CoC team at present and 1 team focussing on BAME woman for Antenatal & Postnatal Care

Dashboard Exceptions	Comments
BBA (Birth Before Arrival of Midwife/hospital)	BBA in ambulance on route to NGH
MNSI Declared	Emergency caesarean section for fetal bradycardia and placental abruption. Baby transferred to tertiary centre for cooling. MNSI inve progress.
Term Admissions	There were a total of 12 admissions in February, all have been reviewed at MIRF. From a maternity perspective there is one avoidable and a AAR is being arranged following the review of the incident. 1 of the admissions will be investigated by MNSI and another 1 is av triage process at MNSI. These admissions still awaiting to be discussed at ATAIN which is scheduled for 17th March 2025.
3rd/4th Degree Tears	There were a total of six 3rd degree tears, reviewed at MIRF and no learning identified.
Babies Transferred out for cooling / ENS Babies	All babies transferred for cooling have been referred to MNSI.
ITU/HDU Admissions	ITU admission following emergency caesarean section, followed by major obstetric haemorrhage and hysterectomy. IRG agreed no investigation required. Antenatal admission to ITU . Case awaiting to be reviewed at MIRF and IRG
Total Stillbirths	Intrauterine death. Reviewed at MIRF—no omissions identified and no learning identified. IRG agreed incident to remain fatal but not a safety event.
FFT satisfaction score: Maternity-Birth	Birth received 2x 'very poor' scores, but no comments were left so I am unable to identify a theme

Workforce Data

Maternity Workforce Programme - Midwifery workforce

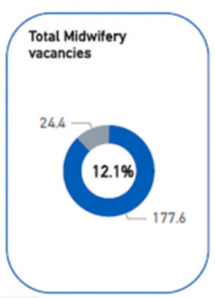
Midwifery headline figures

	Establishment	Midwives SIP	Midwife Vacancy FTE	Vacancy rate
Registered Midwives in trust (WTE/KPI tab)	202.1	177.6	24.4	12.1%
Midwives in maternity services (Maternity tab)	202.1	177.6	24.4	12.1%

Midwifery demand (BR+vs.funded establishment)	BR+ demand	Establishment gap	Vacancy gap
	197.4	4.6	-19.8

Felt Vacancy Rates: (as of Feb)
Midwives 13.86%
MSWs 15.19%

Labour Turnover Rate (Jan-Dec 2024)
Midwives 4.29%
MSWs 1.38%



One-to-One Care in Labour	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025
% of women receiving 1:1 care in labour	100%	100%	100%	97.3%	99.5%	99.2%	100%	100%	100%	100%	100%

Supernumerary Status of LW Co-ordinator	Apr 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025
No. of occasions LWC was NOT supernumerary	0	1	0	1	0	0	0	2	0	0	0

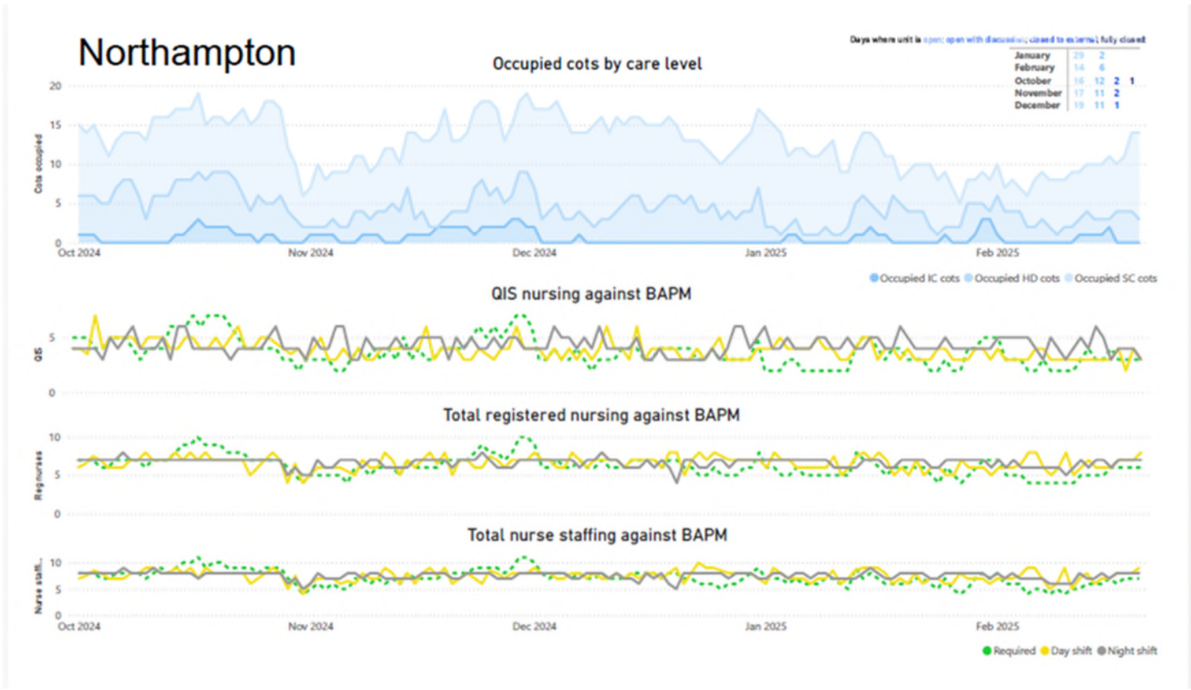
Saving Babies Lives—Compliance

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	90%	Partially implemented	85%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	94%	Partially implemented	93%	CNST Met

Neonatal Exceptions - January 2025 Data

Nursing Staffing – Opel Status
QIS substantive is currently at 58.2% which is under the BAPM recommendation of 70% There are 4 staff currently on the course. Expression of interest is now out for the next course due to start in September. The OPEL status chart below shows that QIS nursing against BAPM standards was met on a shift by shift basis



SPC DATA
Antenatal steroids: 100% compliance
Magnesium sulphate: 100% compliance
Intrapartum antibiotic: 75% compliance
Delayed cord clamping: 100% compliance
Temperature on admission: 0% compliance - There was one baby eligible, they were hot on admission and then they were transferred out very septic and unwell
Breastmilk within 24 hours of birth: 0% compliance - There was one baby eligible for milk, they were transferred out within 6hrs of birth as septic and unwell and did not get any milk
Parental consultation: 97% compliance
Parental inclusion on ward rounds: 60% compliance - we have been given funds from the EMNODN to purchase a iPad so that this can support discussion with parents that are unable to attend the ward round
Timely ROP screening: 100% compliance

Perinatal BadgerNet data meeting continues monthly to look over the data, ensure added correctly and any missing data is rectified. This continues to work well with the team and is reflected in the reduction of missing data.

CNST Compliance

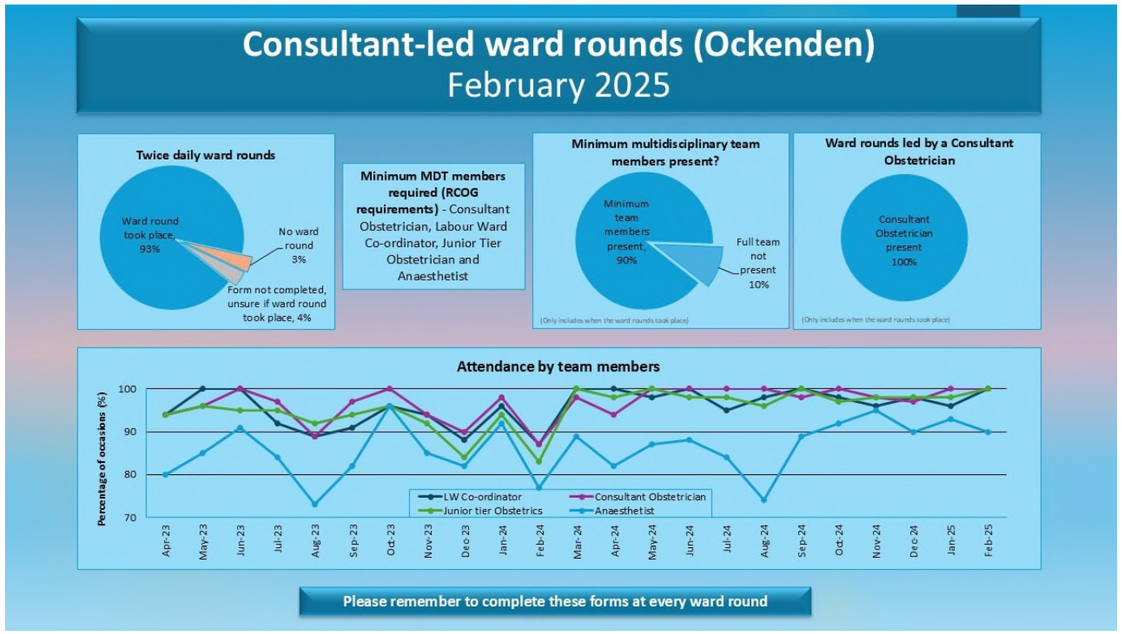
Overview of progress on safety action requirements

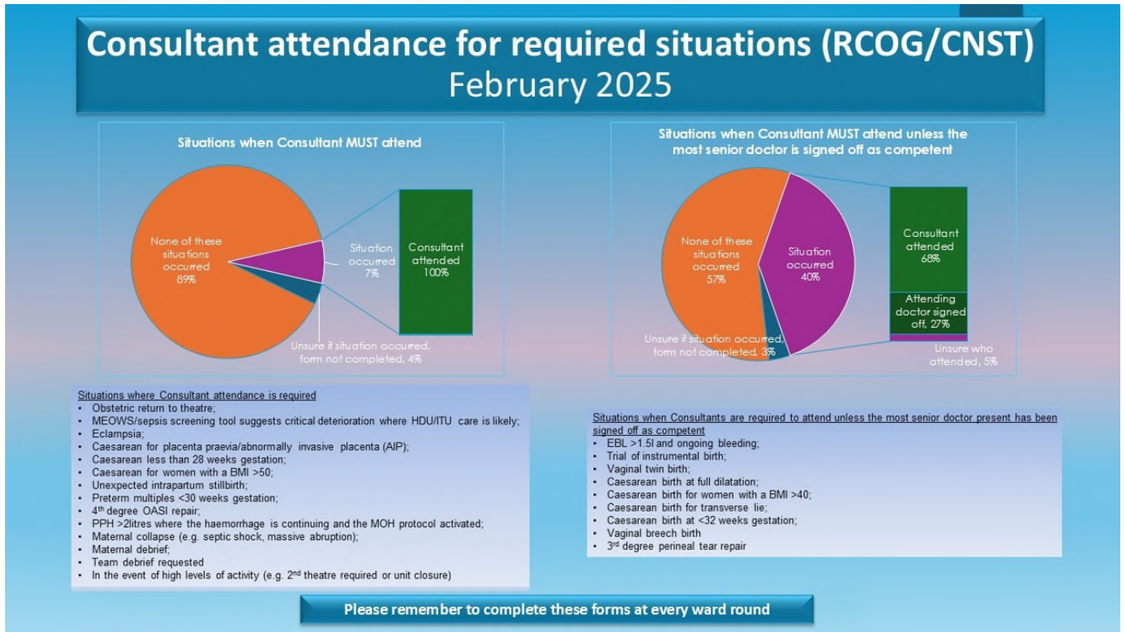
Safety Action Requirements:

Safety Action	Red	Amber	Green	Blue	Total Requirements
1	1	0	0	5	6
2	0	0	0	2	2
3	0	0	0	4	4
4	0	0	0	20	20
5	0	0	0	6	6
6	0	0	0	6	6
7	0	0	0	7	7
8	0	0	0	17	17
9	0	0	0	9	9
10	0	0	0	8	8
Total	1	0	0	84	85

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed





Cover Sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	7.1

Title	KGH Maternity Support Programme: Latest Position
Presenters	Julie Hogg, UHN Chief Nurse Ilene Machiva, UHN Director of Midwifery
Author	Ilene Machiva, UHN Director of Midwifery

This paper is for			
☐ Approval	☐ Discussion	☐ Note	**X 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				
X Patient	**X Quality**	☐ Systems & Partnerships	☐ Sustainability	☐ 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 brief the Boards of Directors on the progress made with the MSSP (Maternity Safety Support Programme) and the Maternity Improvement Advisors (MIA) feedback to the service The Boards of Directors are asked to receive this report: 1. To be sighted on the feedback from the Quality review and the Governance deep dive, and 2. To note that prioritisation will be required for KGH maternity to achieve continuous improvement, and the potential need for additional support to progress.	UHN Perinatal Assurance Committee Quality and Safety Committee

Executive Summary
KGH Maternity services entered the NHSE Maternity Safety Support Programme (MSSP) in July 2024, with the official onboarding taking place on 9 December 2024. The service has an appointed senior midwifery and obstetric consultant Maternity Improvement Advisor (MIA). Bi-monthly reports, **(Appendix 1)** will be shared with the Trust, with immediate feedback of any safety concerns identified. KGH is now in the Diagnostic phase of the MSSP. The Quality Improvement site visit was completed in October 2024. A report from the Quality visit is attached to the report **(Appendix 2).** The governance deep dive commenced on 8 January 2025. Four site visits have been completed and involved one to one meetings with team members and attending different governance forums. The impact of the current estate challenges on service provision and service transformation has been recognised by the MIAs, and they have commended the enthusiasm and hard work of the teams they have met. Key findings and areas of improvement including actions in progress discussed in the quadrant report section of the paper. **Recommendation:** The Boards of Directors are asked to receive this report: 1. To be sighted on the feedback from the Quality review and the Governance deep dive, and 2. To note that prioritisation will be required for KGH maternity to achieve continuous improvement, and the potential need for additional support to progress.
Appendices (available in documents section of Board portal or from the Company Secretary: kgh-tr.corporate@nhs.net)
Appendix 1: Bi-monthly MIA report Appendix 2: Quality Improvement Report
Risk and assurance
Non delivery of National and Local recommendations and improvements in maternity care which compromises our Trust strategic objectives and may result in increased claims, poor patient outcomes/ experience and Trust reputation.
Financial Impact
Potential for increased/changes to workforce and equipment. Failure to achieve our CNST incentive reduction (>£200k). Possible support available through NHS England funding vis LMS work streams.
Legal implications/regulatory requirements
Risk of the safety of maternity services being called into question and the aligned financial and reputational risk
Equality Impact Assessment
This is applicable to all staff within Northamptonshire LMNS and all women accessing care within the LMNS.

This report may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemption

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
Bi-monthly Report: ***Triage***: concerns around the Triage pathway and the delays in implementing the Birmingham Symptom Specific Triage System (BSOTS), which is a validated maternity Triage process. The risk to implementation is due to Estate and workforce. The estate issue will resolve with the move back into Rockingham where a bespoke Triage space has been developed with the refurb. The risk is around the availability of midwifery and medical workforce to support the pathway. Business cases for both medical and midwifery workforce submitted as part of the planning phase. ***Quadrumvirate/ leadership***. Vulnerable area of leadership because of the of the transition from a site-based quad to into the group model approach. MIAs plan to observe the transition as part of their work in the service. ***Obstetrics workforce***. Alignment of obstetric consultant cover with leadership roles and clinical roles that required dedicated consultant presence eg elective caesarean section pathway ***Governance structures***. Implementation of Patient Safety Incident Response Framework (PSIRF) in maternity including varying levels of understanding of PSIRF among clinical teams. Further clarification will be sought by MIAs around identifying and learning from incidents is shared across the service. ***Governance***. Elements of governance of identified as fragile with potentially a single point of failure due to the way teams work. ***Governance***. Maternity governance structure is complex, and could potentially lead to key themes, trends and early oversight of key safety signals being diluted or lost. ***Service user voice***. Development of service user voice within the governance and quality oversight structures. ***Obstetric Antenatal clinic pathways including the diabetes pathway***: loss of routine face to face obstetric antenatal appointments. Capacity challenges in the diabetes pathways because of the availability of clinic rooms to see woman face to face as well the availability of the workforce to support the increasing demand in the pathway. **Quality Improvement (QI) Paper:**	***Triage:*** Intermediate Triage pathway that supports risk based assessment of women when they present to the service commenced in January 2025. Quality improvement plan and staff training in progress to support implementation of BSOTs in April 2025, following the move back into Rockingham. ***PSIRF (Governance)***: Maternity staff training in progress with the support of the UHN Patient Safety Team. Patient Safety Team supporting with all elements of incident investigation while the training is in progress. Bi-weekly meeting in place with UHN Director of Clinical Governance and Quality to track progress, and proactively identity resource and help required to progress. ***Governance Workforce***: Band 8c Perinatal Governance role going out to advert shortly to support with alignment of Governance structures across the UHN, which will support increased resilience.

Staff training and development around the application of QI Methodology requires further improvement Increase visibility of QI in clinical areas including QI boards in clinical areas. Challenges around the MNVP provision making co-production of pathways difficult. Escalated to the ICB Recommendations made at the QI report noted and will be reflected in the improvement journey that the service is on	
Positive assurance to Provide	Decisions Made
Bi-monthly Report: MIAs note in the report that all staff they have met with or come across in the service have been enthusiastic, professsional with a desire to improve the maternity services. **Quality Improvement**: Numerous QI projects underway, supported by the Life QI Platform opted in the report A well-established Professional Midwifery Advocate (PMA) service leading on staff wellbeing and professional support Identified good practise in relation to KGH having an allocated QI lead to support work streams, and quarterly learning sessions integrating learning from clinical incidents with QI summaries.	External Governance lead identified by the Trust to support the service with the governance workstreams required to support quality improvement in the service, and the emerging learning and actions from the MSSP Single Perinatal Quality Improvement Plan being developed to support continuous improvement, and bringing the CQC actions, and other maternity key quality improvement drivers into a single approach

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4th April 2025
Agenda item	8

Title	Our **one digital** Strategy 2025-28
Presenter	Will Monaghan, Group Chief Digital Information Officer
Author	Will Monaghan, Group Chief Digital Information Officer

This paper is for			
X Decision	☐Discussion	☐Note	☐Assurance
To formally receive and discuss a report and determine 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				
X Patient	**X** Quality	**X** Systems & Partnerships	**X** Sustainability	**X** 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 seek the Board's approval of the **One Digital** Strategy 2025-28.	Operational Performance Committee (endorsed), 20 March 2025

Executive Summary

Our **one digital** Strategy 2025-28 provides a framework for digital and data transformation across both Trusts, focusing on getting the basics right, putting users first, enabling transformation, embracing emerging technology, unifying data, leveraging strategic partnerships, and creating and embedding **one digital** to deliver better care and outcomes for patients and improving staff experience.

Our **one digital** Strategy is strategically aligned and directly supports Group and Trust collaboration aims, and addresses the core challenges of service demand, financial pressures and workforce retention. Further, this strategy demonstrates our ambition for the UHN/UHL Group to be a national digital leader in NHS transformation. It sets bold targets and incorporates commercial innovation opportunities.

Delivery will be monitored through measurable outcomes and KPIs with regular executive oversight via the One Digital Hospitals Board.

The strategy has been endorsed by the Operational Performance Committee.

The Boards are asked to **approve** Our **one digital** Strategy.

Appendices
Our **one digital** Strategy is attached at Appendix 1. Equality Impact Assessment (available in 'documents' section of Board portal
Risk and assurance
Delivery progress and performance of this strategy will be overseen by our One Digital Programme Management Office (PMO), reporting to the One Digital Hospitals Board.
Financial Impact
The implementation of strategic initiatives will be underpinned by comprehensive financial planning and sustainable funding streams secured through the appropriate mechanisms.
Legal implications/regulatory requirements
There are no specific legal or regulatory impacts.
Equality Impact Assessment
Enclosed - this strategy outlines the Digital and Data commitments and contribution to equitable healthcare delivery.

Our **one digital** strategy

2025 – 2028

v1.2 March 2025

University Hospitals of Leicester NHS Trust
University Hospitals of Northamptonshire NHS Group

Introduction

In October 2023, University Hospitals of Leicester NHS Trust (UHL) and the University Hospitals of Northamptonshire NHS Group (UHN) - comprising Kettering General Hospital and Northampton General Hospital - formalised their collaboration by forming the UHL and UHN Group.

The strategic goals of this collaboration include:

- **High-quality care for all** - ensuring consistent, excellent care across all facilities.
- **Being a great place to work** - fostering a supportive and inclusive environment for colleagues.
- **Partnerships for impact** - collaborating with various stakeholders to maximise healthcare outcomes.
- **Research and education excellence** - promoting innovation and learning to advance medical practices.

By working together under unified Group leadership, the Trusts aim to address challenges such as increased demand for services, financial pressures, and workforce recruitment and retention. This integrated approach is designed to deliver sustainable, high-quality healthcare and improve the overall experience for both patients and staff.

Each Trust within the group has a well-established strategic direction, including digital, with strong foundations in digital delivery. This level of digital maturity allows them to effectively support group-level objectives while leveraging their individual strengths in service provision and innovation. However, rather than pursuing separate digital strategies for each Trust, we are now focused on delivering a joint group digital and data strategy – **one digital**.

Our **one digital** strategy acts as a framework for our collaborative work across both UHL and UHN. By working together across UHL and UHN we will leverage increased scale, provide a consistent platform to transform care, allowing us to scale innovation faster, support larger and more ambitious research and harness the unique capabilities from each Trust to deliver better outcomes for patients and an improved experience for our staff.

Foreword

The future of sustainable healthcare is digital and data driven. Getting it right will mean better care and outcomes for patients, and an improved experience for colleagues. The scale of what we can achieve together is genuinely exciting. We serve almost two million people across our Trusts, with a 30,000 strong workforce and a combined turnover of £2.4 billion.

Our scale as a Group brings real opportunity - whether that is attracting commercial partners, negotiating better contracts, or creating centres of excellence for our health system. By bringing our programmes together underpinned by our **one digital** approach, we will make a bigger impact for patients, communities, and colleagues, faster.

There are seven ways we will do this, which are expanded further through this strategy:

1. **Getting the basics right** - creating reliable, modern digital foundations that support daily operations.
2. **Putting users' needs first** - implementing systems that work for our people, reducing complexity, and making delivering and receiving care easier.
3. **Using digital as a tool for transformation** - solving bigger challenges and adopting innovations faster by working together across UHL and UHN.
4. **Embracing emerging technology** - taking bold steps with innovative solutions, from artificial intelligence to process mining, placing these at the core of care delivery.
5. **Bringing our data together** - transforming care through unified data, making insights accessible to everyone to empower staff and enhance research.
6. **Harnessing strategic partnerships** - increasing our impact through collaboration with NHS organisations, academic institutions, and private sector partners.
7. **Creating and embedding one digital** - delivering a unified approach to digital and data transformation across our organisations.

IM&T at UHL has become the Digital and Data team, while at UHN, we have expanded our remit from Digital to Digital and Data. **One digital** has replaced UHL's eHospital and UHN's dedicated to digital excellence programmes, providing a single banner for how we describe and organise our work. This isn't just a name change - it's a commitment to transforming care together.

We are bringing our digital and data governance together through shared decision-making forums to align our strategies, share learning, and make the most of our combined resources. It's about making sure we can move quickly and effectively when opportunities arise to work together.

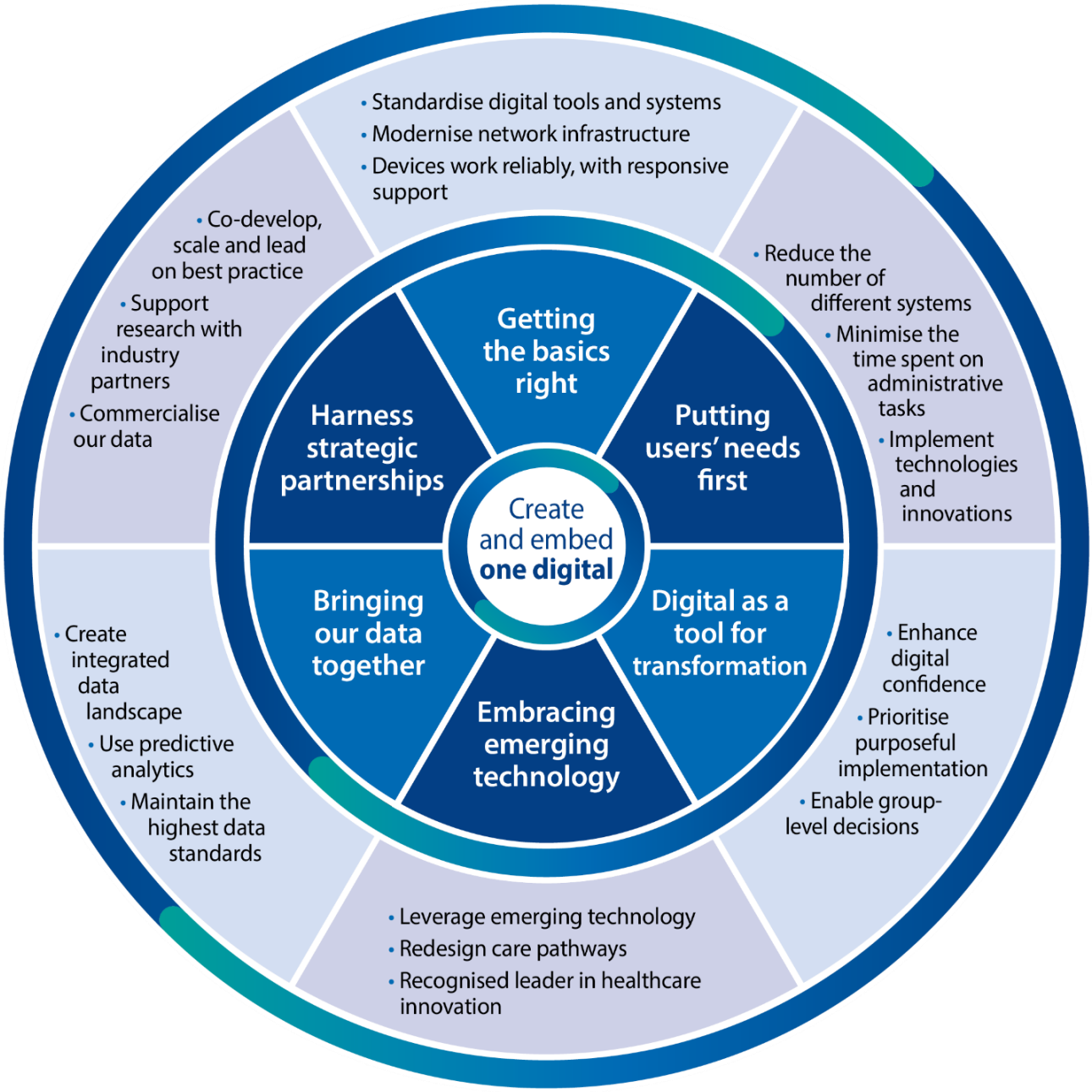
This strategy sets out our high-level ambition for 2025-2028, supported by detailed delivery roadmaps and clear measures of success. Delivering a unified strategy isn't about losing what makes each Trust special. It's about amplifying our impact and creating new opportunities. Whether based in UHL or UHN, we have a chance to build something great together. Every improvement we make, every innovation we deliver, and every minute of time we save for our teams - it all adds up to better care for our patients.

Will Monaghan
Group Chief Digital Information Officer

Strategy on a page

Our mission:

Make it easier and safer to deliver and receive care



Getting the basics right

A relentless focus on the basics is the foundation for everything we want to achieve.

We will make systems simpler and more reliable, so they don't get in the way.

Where we are now

Our foundational digital systems are not consistent or robust enough. This is worsened by systems that make people's jobs harder to do. Fragmented technology and inconsistent training mean colleagues often lack confidence in the tools they need. These challenges have led to frustration and hindered progress. To move forward, we must focus on making it easier and safer to deliver and receive care, ensuring a dependable digital foundation that supports colleagues and gives confidence in our ability to deliver.

What we aim to achieve

- Network uptime above 99.9% outside of planned downtime throughout 2025.
- Reduced time from device request to delivery from 6 weeks to 1 week
- Standardise digital tools and systems to create an intuitive, seamless experience for all staff.
- Modernised network infrastructure to enhance connectivity, reliability, and performance.
- Ensure a digital experience where devices work reliably, with responsive support resolving urgent issues within an hour and other matters the same day, so staff can work efficiently with minimal disruption.
- Remove obstacles and friction points by carefully studying how colleagues need to work to perform their roles, and ensure digital solutions are optimised to support these more effectively.

How we will do it

We will deliver a strategic, phased approach to unify and modernise our digital infrastructure:

Consolidate and simplify systems

- Reduce complexity by consolidating platforms and enhancing system integration.
- Improve access and collaboration through standardised tools and processes.

Strengthen network, data centre and device infrastructure

- Ensure reliable, high-speed connectivity across sites.
- Provide modern, up-to-date devices with efficient management and timely upgrades.
- Optimise asset availability and performance through enhanced tracking solutions.

Proactive training and support

- Deliver tailored training to meet staff needs.
- Expand peer-to-peer support networks to build confidence and digital capability.
- Engage regularly with staff to promote transparency, gather feedback, and provide reliable support.

Maintain a relentless focus on cybersecurity, clinical safety and data security and protection

- Uphold and ensure compliance with the highest standards of clinical safety and data security and protection.
- Continually enhancing systems and processes to protect against evolving cyber threats.

By focusing on these priorities, we will create a reliable, modern digital foundation that supports daily operations whilst enabling long-term innovation and transformation across our Trusts.

What happens next?

We will set out specific measures by May 2025 which set out how the experience of technology and support will improve.

Putting users' needs first

We are committed to putting people - patients and colleagues - at the heart of digital transformation.

From now on, we will implement systems that work for colleagues, reduce complexity, support our sustainability, and make delivering and receiving care easier.

Where we are now

Our digital systems are fragmented, outdated, and often feel like a barrier instead of a help. Our colleagues juggle too many systems—spending up to half their time navigating screens instead of caring for patients. Administrative teams, critical to smooth operations, have often been excluded from design decisions, leaving them with tools that don't meet their needs.

A recent staff survey showed that the majority of respondents feel digital tools make their work harder. We have heard your frustrations: re-entering data, delays in accessing vital information, and a lack of integration are holding us back. We acknowledge this and are committed to fixing it - focusing on tools that work for you, simplifying your tasks, and helping you deliver the best possible care.

What we aim to achieve

- Reduce the number of different systems colleagues have to use by 50% by April 2027.
- Minimise the time spent on administrative tasks, enabling colleagues to focus more on patient care by reducing processes that take hours to minutes.
- Integrate medical and remote monitoring devices to automate data entry.
- Implement technologies and innovations that directly improve the delivery and experience of care, ensuring solutions are user-focused, intuitive, and fit for purpose.
- Remove paper records wherever possible to remove the risk and challenges of using digital systems alongside paper.

How we will do it

User-led design
We will place users- healthcare professionals and service teams -at the centre of decision-making. Through co-design workshops, feedback sessions, and clinical and operational leadership, we'll ensure the tools we create reflect sustainable, real-world needs. All systems will be built to latest web accessibility standards across our digital estate, incorporating adaptive and assistive technologies, while also aligning with national usability priorities. No system will be implemented without clear evidence that users have shaped and approved it.

Streamlined decision-making and continuous improvement
A single prioritisation process led by clinical and operational staff will ensure we focus on the initiatives that have the greatest impact. By consolidating and simplifying systems, we will reduce the number of tools colleagues rely on and make digital workflows faster and more efficient.

Once solutions are live, we will not stop there. Ensuring digital and data solutions remain relevant and highly usable is dependent on ongoing engagement from colleagues. We will establish dedicated teams to make prioritisation decisions and run continuous improvement and optimisation of our systems.

Focusing on results
Everything we do is aimed at making it easier to deliver and receive care. We will measure success by how much time and effort we save for staff, how intuitive our systems are, and how well they support excellent patient care.

What happens next?

We will set out the technology roadmap in June 2025 which clarifies what systems we will use for what and which systems we will turn off.

Digital as a tool for transformation

Digital is our biggest opportunity to transform care and services by rethinking them entirely. Working together we can solve bigger challenges, adopt innovations faster, and create meaningful improvements.

By getting this right, we can make things easier and safer for staff, improve outcomes for patients, and run services more efficiently. This is not just about adding technology – it is about fundamentally improving how we work. Digital needs to be part of every conversation about our future, not an afterthought.

Where we are now

We are not making the most of working as a Group. In implementation at its worst, we see either the digital team works in isolation or with a particular service, or teams come to us with a solution they've already picked and just want us to install it. Neither approach works well. We end up with systems that do not talk to each other, features we do not fully use, and different tools doing the same job that cannot be supported and optimised effectively. We need to work differently.

What we aim to achieve

- Ensure every technological investment has a clear pathway to meaningful adoption, prioritising purposeful implementation that drives genuine, practical usage.
- Enable Group-level decisions to align priorities and strategies, such as the Electronic Patient Record direction.

How we will do it

Provide a route for teams to get input upfront
We will make it easy for teams to come to Digital and Data with a problem that needs solving and get help identify the right solution. We will prevent people buying or using services. (including free solutions) that do not follow this process.

Make critical design decisions
We want to get better at using digital to improve care - and help others to do the same. By choosing the right tools, like our Electronic Patient Records, and making sure they work well for colleagues, we can make a real difference to care. When we find something that works, we will share what we have learned with other NHS organisations.

Reduce health inequalities
Our population is diverse in culture, language, age, and digital literacy. By embedding equity in digital transformation, we will ensure our solutions benefit everyone, for example through improved access to medical records and correspondence via patient portals. Working with communities, colleagues, and partners, we will create sustainable digital solutions that enhance equitable, sustainable healthcare delivery, and reduce our environmental impact.

Recognising digital poverty as a barrier to accessing healthcare we will work with local partners and communities to provide targeted support, resources, and alternative access routes that ensure digital healthcare services are accessible to all, regardless of their digital capabilities or circumstances.

Join up transformation
We will join up digital transformation with other teams leading change to embed digital as the primary means of transformation. Every significant transformation across UHL and UHN will consider digital and all digital initiatives will be evaluated for their transformational potential. We will use the same Electronic Patient Record across UHL and UHN.

Embracing emerging technology

We are ready to take bold steps with emerging technology, placing innovative solutions at the core of care delivery. As one of England's largest healthcare providers, our Group's scale allows us to attract world-class partners and lead digital transformation.

Technology must enable care, not hinder it. From Artificial Intelligence (AI) supporting patient care to process mining redesigning pathways, we will adopt, test, and scale tools that deliver maximum value. Smarter systems will eliminate repetitive tasks, streamline workflows, and let all our colleagues focus on delivering.

Where we are now

While we currently use some emerging technologies, we can do more to fully leverage their capabilities across the Group to drive innovation, improve efficiency, and enhance patient care outcomes.

What we aim to achieve

- Leverage emerging technology to improve clinical outcomes and operational efficiency.
- Take bold steps to redesign care pathways using cutting-edge technologies, transforming how care is delivered across all sites.
- Establish UHL/UHN as a recognised leader in healthcare innovation, driving the adoption of emerging technologies at scale.

How we will do it

Leverage emerging technologies
Real-time analytics, automation, and Artificial Intelligence (AI) will reduce administrative burdens, enhance workflows, and provide our colleagues with actionable insights to make informed decisions faster. These advancements will allow our colleagues to spend more time with patients, improving care quality and staff satisfaction.

Invest for innovation
We will take calculated risks on digital tools. This means balancing investment in proven systems with emerging technologies. By allocating resources to learn fast on promising innovations we can accelerate unlocking efficiency gains, and quickly explore new care delivery ideas to transform services for our patients and staff.

Partnerships for impact
We will identify and work with the best partners to deliver inward investment and become a proving ground for emerging technology. We will do this alongside fostering a reputation for a safe and responsible implementation.

Deliver ambitious initiatives
We will integrate emerging technologies such as AI, mobile solutions, voice recognition, smart buildings, robotic process automation, and genetic testing to streamline workflows, improve communication, enhance administrative efficiency, and advance personalised medicine.

Build the UHL/UHN AI Academy
We will create an AI Academy to train staff, ensure safe and effective adoption of technology, and foster innovation. This will empower staff to explore new ways of delivering care and create a Group-wide centre of excellence for digital transformation.

What happens next?

We will set out specific strategy and resourcing plan for emerging technology by June 2025.

Bringing our data together

Transforming care through unified data.

Data can transform care, drive innovation, and improve outcomes. By making data and insights accessible to everyone we will empower our colleagues, enhance research, and enable better decisions for patients and the population we serve.

Where we are now

Our data systems are fragmented and siloed, making it difficult to gain a complete view of patient care or population health. While pockets of research and operational data exist, their impact is limited by a lack of integration and accessibility. We recognise the transformative potential of data and are committed to addressing these challenges with urgency, creating a foundation for smarter, faster, and safer healthcare decisions.

What we aim to achieve

- Create an integrated data landscape that ensures seamless access to actionable insights.
- Use predictive analytics to improve patient outcomes and address health inequalities.
- Maintain the highest standards of data governance to build trust and ensure ethical use.

How we will do it

Improving access to data
We will ensure data is accessible to everyone who needs it, in formats that are clear, actionable, and easy to use. Staff will have the insights they need to make informed decisions, whether in patient care, operations, or research.

Building the foundation with FDP
The NHS Federated Data Platform (FDP) is the cornerstone of our vision for transforming care, unifying data across systems to empower clinicians, drive ground-breaking research, and enable smarter, faster decisions that will improve outcomes for patients and the populations we serve.

Business intelligence
Our business intelligence team will work closely with our clinical and operational teams, providing proactive insights and predictive modelling. We'll extend our focus beyond traditional operational metrics to deliver deeper clinical insights, strengthen clinical governance, and support research initiatives.

Advancing population health and predictive analytics
Data will drive tools that help predict illness, address health inequalities, and enable people to live longer, healthier lives. By integrating research findings and operational data, we will develop solutions that directly improve patient outcomes and healthcare delivery.

Enhanced clinical coding
We will enhance clinical coding accuracy, supported by our integrated digital systems to improve quality and streamline clinical workflows. We will consolidate clinical documentation and implement coding automation to enhance coding accuracy and efficiency. We will continue to improve our in-house coding accuracy, building internal expertise to ensure accurate activity-based revenue, rich clinical data, and robust planning.

Commercialising data ethically
We will explore opportunities to commercialise synthetic data, working with external partners. These efforts will adhere to the highest ethical standards, ensuring transparency and trust.

Embedding trust and governance
Protecting and managing sensitive data is central to our operations. Through rigorous standards, ongoing oversight, and clear

accountability measures we will ensure all data is accurate, secure, and ethically managed. By embedding this into every process, we will maintain trust in how we use data to benefit patients, staff, and the organisation.

Building a data confident workforce
Establishing a Data Academy will upskill staff across the Group and build a data confident workforce. This will empower teams to fully leverage the benefits of integrated data, improving clinical, operational, and strategic decision-making.

What happens next?

We will set out a specific data strategy including a plan for liberating our data for research and commercial opportunities by April 2025.

Harness strategic partnerships

We recognise the power of collaboration to amplify impact and drive innovation strategy.

By forging strategic partnerships with NHS organisations, academic institutions, private sector partners, and community organisations, we aim to enhance healthcare delivery, accelerate digital transformation, and explore commercial opportunities that benefit our Group and the broader health ecosystem.

Where we are now

UHL and UHN have actively pursued partnerships with various NHS and non-NHS organisations to enhance patient care, education, and research both regionally and nationally and are already achieving success from our partnerships. We have delivered significant elements of our Electronic Patient Record (EPR) system leading within the East Midlands Acute Provider Digital Design Collaborative (EMAP DDC) on the region wide deployment of Nervecentre.

We have achieved a first-of-type milestone, at UHL pioneering the use of Palantir technology for advanced data warehousing through the Federated Data Platform (FDP), and UHN serves as an FDP Accelerator Site, collaborating with the national team to develop innovative new use cases.

We have focused on using these partnerships to deliver transformation at lower cost across UHL and UHN. The next phase will be to develop these partnerships into routes to generate revenue for UHL and UHN.

What we aim to achieve

- Partner with other NHS Trusts, technology providers, research institutions and collaborative initiatives to co-develop and scale innovative solutions and lead on best practice.
- Commercialise our data by leveraging data and insights to support research, innovation, and collaboration with industry partners ensuring compliance with ethical and legal standards while generating revenue to reinvest in patient care and service improvement.
- Market anonymised, aggregated data to researchers, pharmaceutical companies, or health-tech startups for research and development purposes.
- Remain one of the top five NHS trusts for development and implementation of the FDP.

How we will do it

- Engage with NHS England, the FDP, and other national bodies to align with strategic goals.
- Develop strong foundational capabilities in EPR and data warehousing.
- Pioneer first-of-type technology, be an accelerator site for digital projects, pilot new technologies and workflows, iterating and improving as we test and learn, scaling what works best.
- Pursue and secure funding streams through collaboration with partner Trusts and national healthcare bodies.
- Data as a Service - market anonymised, aggregated data to researchers, pharmaceutical companies, or health-tech startups for research and development purposes.
- Partner with universities, pharmaceutical companies, and research institutions to use anonymised data for clinical trials, drug development, and health research.
- Use the Trusts' data to create customisable dashboards and reporting tools that can be sold or licensed to other Trusts or healthcare providers.

Create and embed **one digital**

One digital represents a unified approach to how digital works across UHL and UHN, in essence how we deliver everything described in our strategy.

Our mission is to form a cohesive Digital and Data team dedicated to supporting staff. By encouraging colleagues to draw on our expertise, we aim to solve problems together and deliver meaningful, joined-up solutions that meet the needs of the entire organisation.

Where we are now

Working at Group level to deliver **one digital** priorities across UHN/UHL is in its infancy and needs time to mature. A clear governance structure and delivery framework are not fully established, making it harder to align priorities, ensure accountability, and deliver digital initiatives effectively. While collaboration across the Group is starting to develop, it remains limited.

What we aim to achieve

- Foster a Group-wide culture of collaboration and shared responsibility for digital transformation.
- Design and implement a comprehensive delivery framework to drive alignment and accountability across UHL and UHN.
- Establish a clear and robust governance structure to streamline decision-making and ensure effective prioritisation.

How we will do it

Fostering a unified culture and workforce enablement
To support digital transformation, we will help colleagues deliver their critical work more effectively. Our digital and data teams are here to support and collaborate with colleagues, making daily tasks easier and more efficient. We will encourage colleagues to share challenges with digital and data teams so we can solve them together, rather than in isolation. By breaking down silos and empowering teams, we will promote collaboration and ensure our digital initiatives meet the needs of the whole organisation.

Enhancing responsiveness and continuous improvement
Digital and data teams will focus on solving problems quickly and delivering real, practical results. By working together, we will address challenges directly, improve workflows, and adjust processes as needed. This step-by-step approach will reduce inefficiencies, speed up delivery, and ensure consistent value. By learning from each challenge, we will be better prepared for the next.

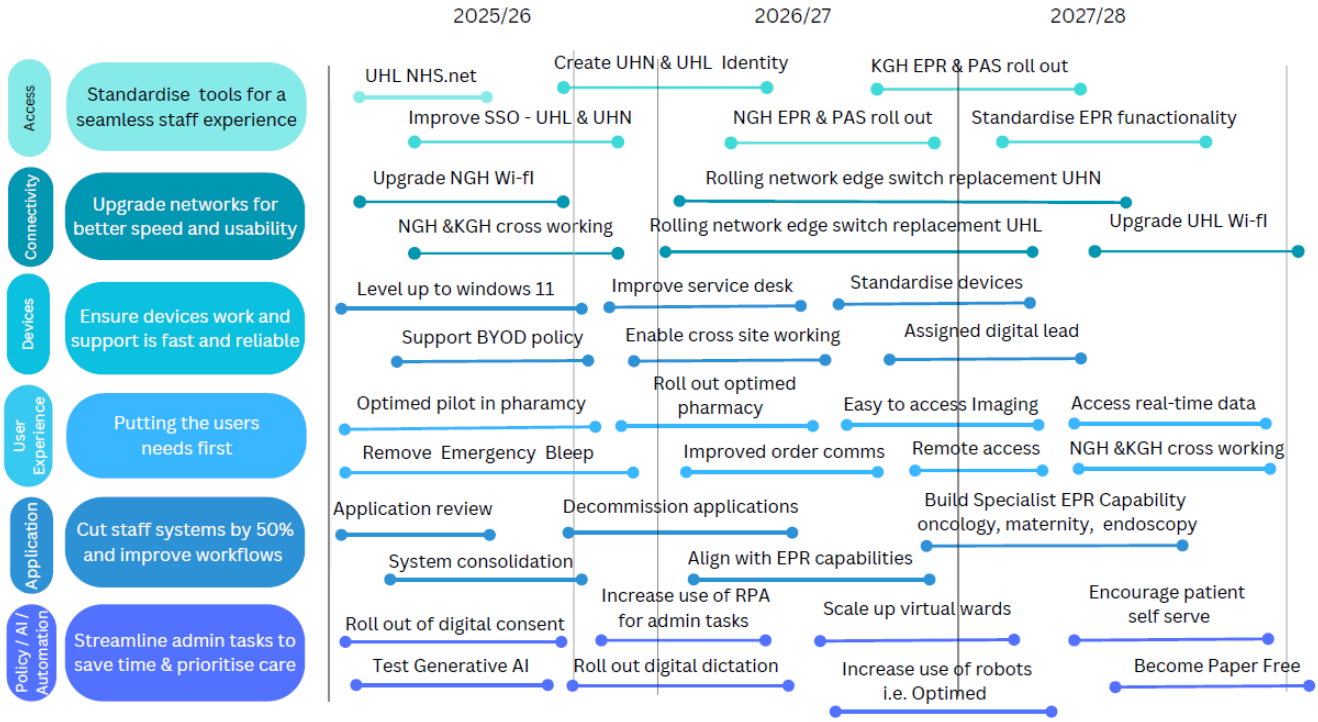
Establishing a Group PMO structure, streamlining governance and processes
We will create a unified **one digital** Portfolio Management Office (PMO) to ensure clear decision-making and shared priorities across UHL/UHN. This approach will improve predictability, transparency, and delivery speed by focusing on fewer, high-impact initiatives. Data-driven decisions will guide resource use, ensuring that all systems are safe and consistently effective.

By standardising processes, we will reduce silos, improve procurement, and align transformation efforts. Streamlined workflows will make collaboration easier, increase efficiency, and ensure all digital and data projects deliver safer and better service outcomes for the Group.

Capability roadmap 2025 - 2028

Our strategy requires fundamental shifts in how we build, deploy, and maintain **one digital** services across our Trusts. This roadmap outlines how we will move from site-specific solutions to group solutions, and maintain operational effectiveness. By focusing on shared capabilities first, we can rapidly demonstrate value while building the foundations for more complex integrations.

The roadmap balances releasing immediate benefits against strategic initiatives that will transform how we deliver digital services across the group.



How we will monitor progress

This strategy will be underpinned by a roadmap detailing a broad range of programmes, initiatives and enablers associated with each goal and objective. Delivery progress and performance will be overseen by our **one digital** Portfolio Management Office (PMO), reporting to Digital Hospital Board.

All initiatives will be financed through a combination of funding sources, including the allocated 2025/26 digital budget, match-funding programs such as Microsoft 365, strategic partnerships with third-party vendors, and central NHSE funding streams, such as the Digital AI Programme and Digital Productivity Funds which saw NGH become an NHS Centre of Excellence due to its Accelerator programme in automation. To effectively measure our digital transformation journey, we will track progress through established industry frameworks and key performance indicators. This includes monitoring our digital maturity scores using recognised standards, alongside measuring patient and staff satisfaction and digital confidence through regular surveys. We will particularly focus on system usability metrics for core platforms like our Electronic Patient Record (EPR), aiming to demonstrate measurable improvements in both technical capabilities and user experience over the strategy period. These quantitative and qualitative measures will provide objective evidence of our progress and help identify areas requiring additional focus or support

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NHS
University Hospitals of Northamptonshire
NHS Group

Cover sheet

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	9

Title	2024 National Staff Survey – Results and Priorities
Presenter	Paula Kirkpatrick, Chief People Officer
Author	Alex Ridley, Organisational Culture Lead

This paper is for			
☐Approval	☐ Discussion	X Note	X 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				
☐ Patient	☐ Quality	☐ Systems & Partnerships	☐ Sustainability	X 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 paper provides the Boards with a summary of the National Staff Survey results 2024, our improvement actions for 2025/6 and how we will support divisions/corporate areas to develop their improvement plans.	People Committee, 27 March 2025

Executive Summary

The National Staff Survey results were published on 13 March 2025. **Participation in the survey in 2024 was down slightly** on 2023, although above average for acute providers using our survey tool.

The key indicators of **confidence to recommend our Trusts as a place to work or receive care** have all deteriorated, apart from "recommend as a place to work which has improved slightly at NGH. The deterioration in advocacy scores is more significant at KGH, where these scores are also lower.

Engagement scores in both Trusts have reduced this year, however they have both improved relative to the national trends in terms of movement from last year. This measure correlates with quality of care and other performance outcomes.

The initial results of the survey show some small improvements in feedback from our colleagues. There are **improvements in People Promise scores** in both Trusts for "We are safe and healthy" and "We work flexibly". However, **all other People Promise scores have reduced** since 2023 – this is in line with the national position which shows only three People Promise average scores have improved this year.

The areas of concern in the 2024 staff survey results remain consistent with the themes in recent years, including the proportion of colleagues who are looking to leave our organisation. Our colleagues tell us that **racial discrimination; feeling tired, burnt out and frustrated; inappropriate behaviours/poor team dynamics; and not feeling valued and recognised are their main concerns**. Colleagues across UHN do not believe the organisation takes **positive action on health and wellbeing**.

We have now identified our corporate priorities which will be led by the People team, with input from relevant stakeholders. Further work will be done throughout April to develop divisional priorities. As the embargo has now lifted, communications have been shared throughout the organisations regarding our results and priorities and this will continue through relevant interested group i.e. networks, VARG, Governors.

Appendices

2024 National Staff Survey Infographics

Risk and assurance

BAF UHN 01 - 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.	Our staff survey engagement scores suggest we should be concerned about the impact on patient care. UHN will develop corporate and local plans to improve colleague experience to mitigate the risk and assurance will be provided to People Committee that controls are in place and effective. The People Delivery Plan captures new and existing actions required to address control and assurance gaps.

Financial Impact

"High levels of staff engagement are associated with low rates of staff sickness absence and therefore lower spending on bank and agency staff. The size of the effect is large: an average upward shift of only 0.12 on scores on a five-point scale of staff engagement is associated with a saving on agency/bank staff spend of £1.7 million." Michael West 2018

Legal implications/regulatory requirements

All NHS Trusts are required to participate in the National Staff Survey

Equality Impact Assessment

The implementation of policies, processes and changes in practice to improve colleague experience are equality impact assessed to ensure no adverse impact on any protected characteristic.

Paper

Situation

The National Staff Survey fieldwork was conducted from 7th October to 29th November 2024. Initial results were received into the organisation in December with final, benchmarked results in February. Results were embargoed until the national publication date on 13 March 2025, but work has been ongoing to identify themes and corporate priority improvement actions.

The proposal for developing divisional action plans has previously been reviewed at the Integrated Leadership Team, and improvement workshops will take place on 10 April 2025.

Background

The appendix: "2024 National Staff Survey Infographics" shows the key headlines of the 2024 KGH and NGH staff surveys.

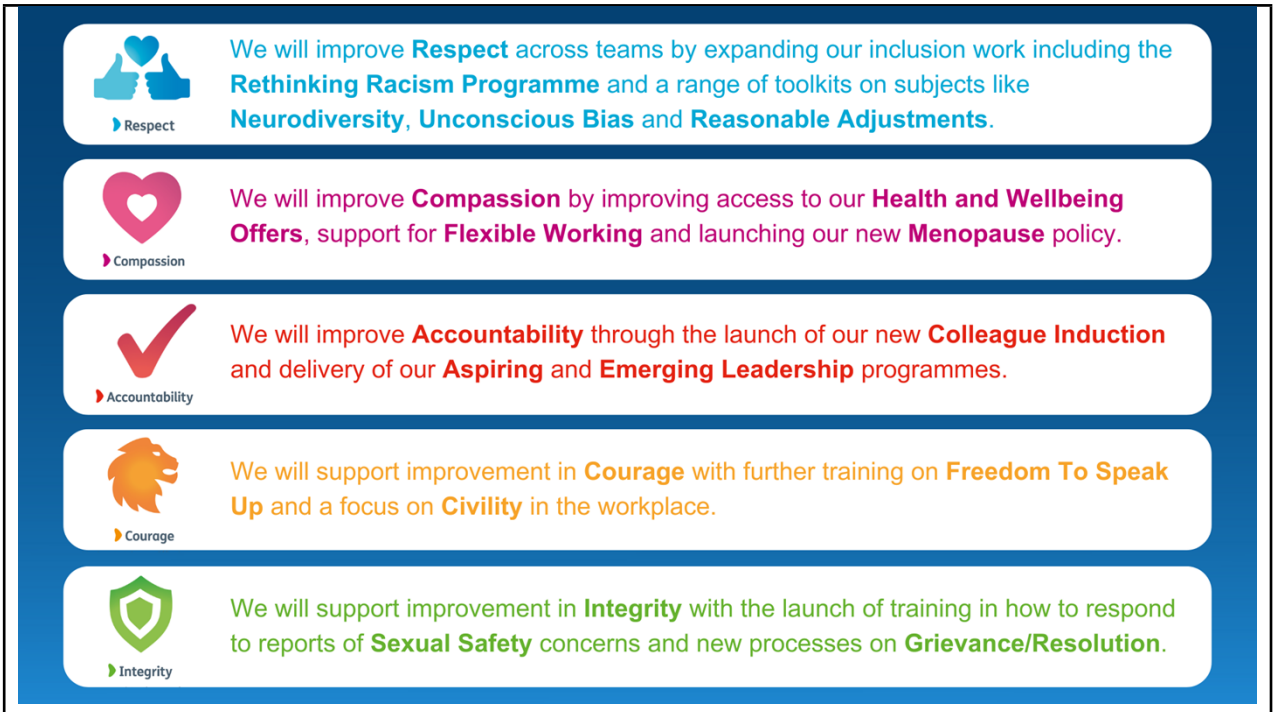
The organisations showed a slight decline in participation, but reported higher than the comparable Trust average.

The key headlines include:

- The majority of questions at NGH saw a deterioration, with just under half deteriorating at KGH.
- The **largest improvements** in scores relate to:
  - KGH – discrimination (not race), availability of food, working additional paid hours
  - NGH – enough staff, flexible working and pay
- The **largest deteriorations** in scores relate to:
  - KGH – discrimination (race), recommend as a place to receive care, feeling appreciated
  - NGH – team dynamics and discrimination (race)
- **NHS People Promise**
  - **The strongest themes** are 'We are compassionate and inclusive' and 'We are a team' at both hospitals
  - **The weakest themes** are 'We are recognised and rewarded' and 'We are always learning' at both hospitals
  - NGH showed a statistically significant increase in 'We are a team'
- The initial analysis shows a slight deterioration across **engagement scores** in both hospitals, although involvement shows a small improvement at KGH.
- **Advocacy** has deteriorated across both Trusts, although "recommend as a place to work" has slightly improved at NGH.
- **Morale** scores have improved at both Trusts, although both organisations are seeing an increase in stressors.

Significant themes to improve in 2025/26

The following have been identified as our priorities for 2025/6 activity:



Communication and engagement plan

Work has been ongoing to identify activity across UHN which can be promoted and scaled up to address the priority improvement areas, as above. Operational plans are being developed with support from Communications to ensure full engagement plans underpin the work, emphasising the link between what colleagues told us in the survey and our actions. We will be aligning activity to our UHN values to ensure colleagues can see the connection between their experience, and what we expect from them and for them.

Updates have been diarised in relevant meetings (including networks and local staff side meetings) to ensure results are shared across relevant stakeholders. New leadership teams will be supported with a full data set and improvement planning framework and a UHN-wide facilitated workshop to develop their improvement plans. An important part of this action planning will be developing further ways to hear the voice of our colleagues in the local area. Progress against these will be measured through the monthly performance framework.

Assessment

During 2024 UHN underwent significant change with the creation of a single executive team and, at the time the survey was being conducted, the impending divisional reorganisation was also pending. Additionally, there have been other factors at KGH, particularly in Children's and Young People's Services, which may have influenced questions around engagement and advocacy. It may therefore not be surprising we have seen slightly lower participation rates and a reduction in engagement across both Trusts.

There are some positives within the results, and these can be linked to actions taken in 2024 e.g. the new restaurant at KGH, the promotion of team-based rostering at NGH and the work the People Promise Managers have been focusing on around sexual safety and flexible working.

There is strong evidence that colleague engagement links directly to the quality of patient care and it is therefore important UHN retains a focus on the factors that contribute to engagement

(morale, involvement and advocacy (recommending the organisation as a place to receive care or work)) to improve engagement in 2025.

Feedback from our survey provider is that scores across acute Trusts have generally reduced.

Racial discrimination continues to be a concern, and will require long term commitment and consistency. This has been a theme in the national survey results this year. We have an anti-racism strategy, underpinned by activities including the Rethinking Race programme and will continue to work with leadership teams in this area.

The behaviour of our patients and their families continues to be a concern for our colleagues (harassment, bullying and abuse) and we should focus on improvement in this area in 2025. Hotspot areas will be identified and shared with our VARG leaders to support interventions.

Our health and wellbeing offer is comprehensive and wide ranging and yet our colleagues do not feel as an organisation we take positive action to support their wellbeing. In 2025 we should focus on strengthening access to wellbeing – in support of this work we have recently surveyed colleagues to inform our HWB strategy for the next three years.

The concerns raised by colleagues in previous surveys continue to feature this year. Our focus on **improving wellbeing, recognition and behaviours and reducing racial discrimination,** must continue with both corporate and local improvement plans.

Recommendations

The Boards are asked to:

1. Formally receive the Staff Survey results, note the feedback from our colleagues and recognize that there is much improvement required;
2. Note the engagement plan to share the results of the survey across UHN;
3. Note the corporate priorities across UHN and the plans to develop local plans in divisions/directorates/departments;
4. Note accountability for performance against improvement plans will be reviewed in monthly assurance meetings, with the work against corporate priorities being overseen by Deputy Chief People Officers/Communications and Engagement Director, and
5. Indicate assurance in respect of the trust's response as evidenced by points (1)-(4|).

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NHS Staff Survey

Kettering General Hospital

NHS Kettering General Hospital NHS Foundation Trust

Summary of the results of the 2024 National Staff Survey, which is carried out every year to give us an understanding of how staff are feeling and their experiences of working at KGH.

Response Rate 52 %

Staff Engagement Score 6.44 / 10

64% of staff said that the care of patients / service users is our organisations top priority — 1% decrease

48% of staff said they would recommend the organisation as a place to work — 3% decrease

46% of staff said that they would be happy with the standard of care if a friend or relative needed treatment — 5% decrease

We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
6.84	5.60	6.33	5.96	5.42	6.01	6.47
0.3 decrease	0.1 decrease	0.1 decrease	0.5 increase	0.1 decrease	0.5 increase	0.2 decrease

* Scores out of 10

Highest scores in 2024

89% of staff said **I am trusted to do my job** — 1% improvement

86% of staff said **I always know what my responsibilities are** — 1% improvement

85% of staff said **I feel that my role makes a difference to patients / service users** — 2% deterioration

84% of staff said **my organisation encourages us to report errors, near misses or incidents** — 1% improvement

Lowest scores in 2024

25% of staff said **I never/rarely have unrealistic time pressures** — 1% deterioration

27% of staff said **my appraisal helped me to improve how I do my job** — 3% deterioration

28% of staff said **I am satisfied with my level of pay** — 1% improvement

30% of staff said **there are enough staff at this organisation for me to do my job properly** — No change

Dedicated to excellence

NHS Staff Survey

Northampton General Hospital

NHS Northampton General Hospital NHS Trust

Summary of the results of the 2024 National Staff Survey, which is carried out every year to give us an understanding of how staff are feeling and their experiences of working at NGH.

Response Rate 57 %

Staff Engagement Score 6.76 / 10

72% of staff said that the care of patients / service users is our organisations top priority — 2% decrease

58% of staff said they would recommend the organisation as a place to work — 1% increase

58% of staff said that they would be happy with the standard of care if a friend or relative needed treatment — 1% decrease

We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team
7.10	5.84	6.56	6.09	5.62	6.30	6.68
0.5 decrease	0.1 decrease	0.5 decrease	0.7 increase	0.8 decrease	0.14 increase	0.4 decrease

* Scores out of 10

Highest scores in 2024

89% of staff said **I am trusted to do my job** — No change

88% of staff said **I feel that my role makes a difference to patients / service users** — 1% improvement

86% of staff said **in the last 12 months I have had an appraisal / development review** — No change

86% of staff said **I always know what my responsibilities are** — No change

Lowest scores in 2024

24% of staff said **I never/rarely have unrealistic time pressures** — 1% improvement

29% of staff said **my appraisal helped me to improve how I do my job** — 1% improvement

31% of staff said **I am satisfied with my level of pay** — 3% improvement

34% of staff said **my appraisal left me feeling that my work is valued by the organisation** — 1% deterioration

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	10
Title	Nursing and Midwifery Annual Establishment Paper
Presenter	Julie Hogg, Group Chief Nurse
Authors	Pippa Clark and Jo Dilley, Associate Chief Nurses

This paper is for			
X Decision	☐Discussion	☐Note	X Assurance
To formally receive and discuss a report and determine 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				
X Patient	X Quality	☐Systems & Partnerships	X Sustainability	X 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
Annual establishment review for Nursing and midwifery ahead of submission to public board of directors in accordance with the requirements of a recent internal audit review and National Quality Board (NQB) guidance on safe staffing.	People Committee, 27 March 2025

Executive Summary

The purpose of this report is to assure the board of the outcomes of the six-monthly establishment reviews for University Hospitals of Northamptonshire NHS Group which took place for Nursing and Midwifery in 2024. The appendices show the actions taken.

The Boards are required to receive this report as part of our compliance with developing workforce safeguards.

The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards (2018) and that staffing is safe, effective and sustainable; evidence for compliance is provided in section nine of the report.

The Boards are asked to receive this report and **approve** the recommended establishments (set out in the appendices) to support improved quality of care and a reduction in run-rate.

Appendices (available in the 'documents' section of the Board portal and from the Company Secretary: kgh-tr.corporate@nhs.net)

Appendix 1 – NGH annual establishment report
Appendix 2 – KGH annual establishment report

Risk and assurance
Oversight of safe staffing is in line with the National Quality Board standards.
Financial Impact
The financial impact has been quantified by the respective finance teams across UHN.
Legal implications/regulatory requirements
Nil known or anticipated
Equality Impact Assessment
Neutral: establishments have been set in line with the national evidence based.

Meeting	University Hospitals of Northamptonshire NHS Group (UHN): Boards of Directors of Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (Part I) Meeting in Public
Date	4 April 2025
Agenda item	11

Title	UHN Schemes of Delegation and Standing Financial Instructions (SFI) NGH Standing Orders
Presenters	Richard Apps, Director of Corporate and Legal Affairs Sarah Stansfield, Interim Chief Finance Officer
Author	Richard May, Company Secretary

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

Group priority				
☐ Patient	☐ Quality	✓ Systems & Partnerships	☐ Sustainability	✓ 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 approve aligned Schemes of Delegation (SD) and Standing Financial Instructions (SFI) for UHN, and updated Standing Orders for NGH, subject to the recommendations of the Audit Committees.	ILT, 6 January 2025 (deferred) and 17 March 2025 (endorsed) Finance and Investment Committee, 25 March 2025 (consulted) Audit Committees, 31 March 2025 (recommendations to be notified to the Boards following this meeting)

Executive Summary

Single aligned SD and SFI have been prepared to reflect the ongoing development of the UHN group model:

Scheme of Delegation (SD)

The SD sets out levels of delegated authority from the Boards of Directors to exercise the powers, duties and responsibilities of the Trusts in accordance with statutory duties, the KGH Constitution, NGH Establishment Order and Standing Orders.

The scheme describes which functions and powers of the Trusts are:

- reserved to the boards themselves (meeting separately or together), so that only the boards may make those decisions
- delegated to individuals (boards' members or employees)
- delegated to committees, sub-committees and other bodies of the organisations that have been established by the boards

The introduction to the scheme establishes the following key principles:

1. The Boards of Directors remain accountable for all their functions, even those delegated to committees, sub committees, individual directors or officers
2. All powers of the Trusts, which have not been retained as reserved by the Boards of Directors or delegated to committees or sub-committees, shall be exercised on behalf of the Boards of Directors by the Chief Executive
3. Except where reserved by this scheme of delegation, statute, regulation, Accounting and Accountable Officer memoranda or Standing Orders of the Trusts, the Accounting and Accountable Officer(s) delegates all powers, duties and responsibilities to the UHN Chief Executive Officer.
4. The scheme sets out functions which be delegated further by named individuals, and any restrictions on this onward delegation, including situations in which a named individual may be unavailable to exercise powers delegated to them
5. The Scheme is to be used in conjunction with the systems of budgetary control and other established procedures within the Trusts, including specific duties, functions, roles and responsibilities set out in Standing Financial Instructions, the terms of reference of formal groups and in approved policies, procedures and operational guidelines. The Directors remain accountable for powers delegated to them by the Boards of Directors.

ILT reviewed and endorsed the following sections:

Decisions and Functions reserved to the Boards (Section 3)

Decisions and functions delegated by the Boards to committees (Section 4)

Decisions and functions delegated to other internal bodies (Section 5)

Financial decisions and functions (Section 6)

This section sets out specific limits of financial authority by value. It has been subject to extensive review to reflect current practice and enable appropriate empowerment to colleagues to manage the 'business as usual' affairs of the trust and prepare cases for new investment as part of established integrated business planning processes. Extracts from Section (6) are reproduced here given their significance to the trusts' activities. The proposed levels are designed to empower colleagues to fulfil their roles whilst retaining appropriate grip and control in the context of challenging financial and operational targets anticipated during 2025-26; role titles have been updated to align to the new divisional leadership structure which came into effect on 1 April 2025.

Performance management and financial controls

Budget holders are required to manage expenditure within approved estimates in collaboration with finance business partners with accountability through performance appraisal and divisional performance reviews. The revenue authorization limits proposed for the ordering of, and payment for, goods and services, do not specify that requisitioning must be within existing budgets; in endorsing the revisions, ILT undertook to ensure that accompanying systems, procedures and behaviours were in place to ensure compliance, and were reviewed to ensure their robustness as required.

The approval levels specified below are subject to funding being available within approved plans and business cases.

Extracts from Section 6 of the draft UHN Scheme of Delegations		
Delegated function	**Level (£)**	**Delegated to**
Revenue expenditure - Approval to order and authorization of payments with or without approved requisitions (list of supplies and services not requiring requisitions to be maintained by the Chief Finance Officer) (inclusive of VAT)	Above £1m	Chief Finance Officer and UHN Chief Executive
	£500,000 to £999,999	UHN Chief Executive
	£250,000 to £499,999	Chief Finance Officer
	£100,000 to £249,999	Executive and Divisional Clinical Directors Deputy Chief Finance Officer Hospital Director of Finance
	£50,000 to £99,999 ('level one officers')	• Head of Operations • Director of Nursing • Director of Midwifery • Clinical Director (Radiology) • Deputy Medical Directors

		• Directors of Medical Education, Research and Innovation • Deputy Directors (other corporate functions) • Chief Pharmacist (Pharmaceutical products only) • Head of Pathology
	£25,000 to £49,999 ('level 2 officers')	• Head of Nursing • Head of Midwifery • Deputy Head of Operations • Operational Business and Performance Lead • Clinical Director • General Manager • Director of AHP • Chief Nursing and Medical Information Officers • Deputy Director of Nursing • Associate Medical Directors • Deputy Director of Medical Education, Research and Innovation • Heads of corporate departments and specialties. • Lab/Haematology Manager (blood products only)
	£10,000 to £24,999 ('level 3 officers')	Deputy Director of AHP Deputy Head of Nursing Assistant Directorate Manager Associate Director of Operations Head of Women's Governance and Quality Improvement Heads of Corporate Departments and Specialties

	Up to £9,999 ('level 4 officers')	Speciality / Service Managers Matrons
	Up to £999 ('level 5 officers')	All other budget holders
Approval of revenue business cases for new expenditure from internal or external sources of funding	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	KGH Board of Directors and Council of Governors
	Over £3 million	Boards of Directors
	£1,000,000 to £2,999,999	Finance and Investment Committee
	Up to £999,999	Integrated Leadership Team (ILT)
	Up to £250,000 (urgent items only)	Chief Finance Officer
Approval of capital business cases for new expenditure from internal or external sources of funding	Where the scheme relates fully or in part to KGH and constitutes a Significant Transaction as defined within the Foundation Trust Constitution	KGH Board of Directors and Council of Governors
	Over £3,000,000	Boards of Directors
	£1,000,000 to £2,999,999	Finance and Investment Committee
	£500,000 to £999,999	Integrated Leadership Team
	£250,000 to £499,999	Capital Committee
	Up to £249,999	Capital Sub-Committees: Digital, Medical Equipment, Estates
Approval of orders and payments for capital expenditure	Within approved allocations and business cases (subject to variance provisions below)	Capital Committee Chair Capital Sub-Committee Chairs Programme Senior Responsible Owners (SRO)
Approval of capital variance (underspends and overspends) compared to original business case value	Overspend of below 5%	Project or Programme Board or Capital Sub-Committee
	Overspend of 5-20%	Capital Committee
	20% to 50%	Integrated Leadership Team
	Over 50%	Finance and Investment Committee

Procurement

The threshold for obtaining a single quote has been increased to £24,999 (£30,000 including VAT) and the distinction between competitive quotes and tenders (up to the procurement threshold of £139,688) abolished:

Extracts from Section 6 of the Draft UHN Scheme of Delegation		
	Value	**Delegated to**
Products and Services Procurement	£0 to £30,000 inc. VAT (minimum one written quote)	Operational Procurement
	£30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	Procurement Team
	Over £139,688 inc. VAT: UK FTS as per PCR15 and/or Procurement Act 2023. Formal Competitive Tenders tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.	Procurement Team
Building and Estates Engineering Procurement	£0 to £30,000 inc. VAT (minimum one written quote)	Operational Procurement
	£30,000 to £ 139,688 inc. VAT: Competitive process, minimum three written quotes, issued on relevant regulated platform. Must comply with current relevant Procurement Regulations.	Procurement Team
	£139,689 - £5,372,609 inc VAT: Formal competitive tender (competitive process via relevant regulated platform and/or framework). Must comply with current relevant Procurement Regulations.	Procurement Team
	£5,372,609 inc VAT and above: UK FTS as per PCR15 and/or Procurement Act 2023. Formal Competitive Tender via relevant regulated platform or further competition via accredited framework	Procurement Team

Section 7 – Decisions and functions delegated to Officers

Delegations to named officers are set out in Section 7 of the scheme, noting that executive and ILT Members not specifically named had authority to carry out their

duties and functions of their roles within the general enabling delegation to the Chief Executive.

STANDING FINANCIAL INSTRUCTIONS (SFI)

Aligned SFI have been prepared, bringing together the trusts' current SFIs whilst continuing to reflect differing statutory responsibility of Foundation (KGH) and NHS Trust (NGH) status.

SFIs detail the financial responsibilities, policies and procedures to be adopted by the Trusts. They are designed to ensure that financial transactions are carried out in accordance with the law and Government policy to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Matters Reserved to the Boards of Directors and the Schemes of Delegation adopted by the Trusts.

SFIs identify the financial responsibilities, which apply to everyone working for the Trusts. They do not provide detailed procedural advice and should therefore be read in conjunction with the detailed departmental and financial policies and procedures.

The SFI have also been comprehensively updated to reflect role titles within the UHN group structure, and the integrated approach to annual planning through the Northamptonshire Integrated Care Board.

NGH Standing Orders

Whilst the Trusts remain separate legal entities, they are required to maintain separate Standing Orders for the regulation of proceeding and business, principally the composition of the Board, the convening and conduct of Board meetings and arrangements for the establishment of committees and sub-committees, including the delegation of functions. The revised draft provides close alignment with the KGH Standing Orders, which were last adopted as part of the Constitution review in June 2024, whilst reflecting different processes for the appointment of the Chair and Non-Executive Directors at an NHS Trust. The draft at **Appendix C attached** is presented for the **NGH Board of Directors** for adoption, subject to the recommendation of the NGH Audit Committee.

Recommendations

(1) The Scheme of Delegation and SFI are presented for **the Boards' approval** (subject to the recommendations of the Audit Committees) as set out in Appendices A-B.
(2) The NGH Standing Orders are presented for the **NGH Board of Director's approval** (subject to the recommendation of the NGH Audit Committee) as set out in Appendix C.
(3) That, following adoption, the Chief Finance Officer and Director of Corporate and Legal Affairs work with the Integrated Leadership Team to take the necessary steps to ensure the appropriate publication, communication and dissemination of, and compliance with, these documents.

Appendices (available in 'documents' section of Board portal or from the Company Secretary: kgh-tr.Corporate@nhs.net)
Appendix A – Draft UHN Scheme of Delegation of Authority to exercise the powers, duties, functions and responsibilities of the Trusts Appendix B – Draft UHN Standing Financial Instructions Appendix C – Draft revised NGH Standing Orders
Risk and assurance
SFIs provide a key control in mitigation of Board Assurance Risk UHN08 relating to the Medium Term Financial Plan
Financial Impact
No direct implications.
Legal implications/regulatory requirements
The KGH Constitution and NGH Standing Orders require schemes of delegation to be prepared. The Code of Conduct and Accountability in the NHS issued by the Department of Health requires that each NHS organisation shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned.
Equality Impact Assessment
Final versions will be published on the Trusts' websites in accessible formats.

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	4 April 2025
Agenda item	12

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

This paper is for			
☐ Approval	☐Discussion	✓ Note	☐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				
☐ Patient	☐ Quality	☐ Systems & Partnerships	☐ Sustainability	☐ 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 Seals to be reported to the Boards of Directors.	None

Executive Summary

The **NGH** Board is requested to note the use of the Trust Seal in respect of the Deed of Variation between NGH and the Maggie Keswick Jencks Cancer Caring Centres Trust on 13 February 2025, affixed by the Director of Corporate and Legal Affairs in the presence of the Director of Estates, Facilities and Sustainability.

The **KGH** Board is requested to note the use of the Trust Seal in respect of the Sub-station lease to ESP (power infrastructure provider) at the Corby Community Diagnostic Centre on 4 March 2025, affixed by the Group Company Secretary in the presence of the Director of Strategy.
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