Northampton General Hospital NHS
NHS Trust

A G E N D A

PUBLIC TRUST BOARD MEETING
Wednesday 23rd February 2011
9.30 am Boardroom, NGH

TIME	ITEM	TOPIC	PRESENTED BY	ENCLOSURE
9.30	1.	Apologies	Dr J Hickey	
	2.	Declarations of Interest	Dr J Hickey	
	3.	Draft minutes of meeting held on 1st December 2010	Dr J Hickey	**1**
	4.	Matters arising	Dr J Hickey	
9.40	5.	Chief Executive's Report	Mr P Farenden	**2**
Clinical Quality & Safety				
9.55	6.	Infection Prevention Report	Ms S Hardy	**3**
10.05	7.	Maternity Survey Results 2010	Ms S Hardy	**4**
10.10	8.	Clinical Governance Accreditation Scheme	Ms S Hardy	**5**
Operational Assurance				
10.20	9.	Performance report	Mrs C Allen	**6**
10.25	10.	Finance report	Mr J Drury	**7**
10.35	11.	HR Report	Ms C Wilkinson	**8**
Strategic Issues				
10.45	12.	Risk Management Strategy	Ms S Hardy	**9**
10.50	14.	Any Other Business		
10.55	15.	**Date & time of next meeting** 9.30am Wednesday 27th April 2011, Boardroom, NGH		
		CONFIDENTIAL ISSUES To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Dr J Hickey	

Minutes of the Public Trust Board Meeting held on
Wednesday 1st December 2010 at 9.30am
Room 1 Training and Development Centre, NGH

Present:	Dr J Hickey	Chairman
	Mr P Forden	Chief Executive
	Mr C Abolins	Director of Facilities & Capital Development
	Mrs C Allen	Director of Operations
	Mr J Drury	Director of Finance
	Ms S Hardy	Director of Nursing, Patient Services & Midwifery
	Mr B Noble	Non-executive Director
	Mr C Pallot	Director of Planning & Performance
	Mr N Robertson	Non-executive Director
	Dr S Swart	Medical Director
	Ms C Wilkinson	Director of HR
	Mr P Zeidler	Non-executive Director
In attendance:	Miss V Burgess	Executive Assistant
	Mr M Essery	Shadow Lead Governor
	Ms M McVicar	Shadow Governor
	Dr R Kelso	Shadow Governor
	Mrs E Saunders	Kings Fund
	Mr D Wenham	Member of the Public
Apologies:	Ms S Rudd	Company Secretary
	Mr D Savage	Shadow Governor
	Mr R Jones	Shadow Staff Governor
	Cllr C Long	Shadow Governor
	Mr A McPherson	Shadow Governor
	Ms N Aggarwal-Singh	Non-Executive Director
	Mr G Kershaw	Associate Non-executive Director

TB 10/11 33 Declarations of Interest

No interests in items on the agenda or additions to the Register of Interests were declared.

TB 10/11 34 Minutes of the meeting held on 4th October 2010

The minutes of the previous meeting were approved as a true record.

TB 10/11 35 Matters Arising

As per the matters arising from the previous meeting the following was confirmed.

The hand hygiene compliance update for visitors will be included in the next members newsletter as agreed at the previous meeting.

Mrs Watts had now circulated the update against the 2009 communications strategy.

TB 10/11 36 Chief Executive's Report

The new Foundation Trust public consultation had now been completed as, due to the previous consultation taking place 4 years previously, it was necessary for the Trust to undertake a further public consultation. There had been good support received for the consultation, the proposal to reduce the age for members to 14 years of age had not been supported and therefore this would remain at the current age of 16. The Board **APPROVED** this proposal.

During a meeting of the Overview and Scrutiny Committee it had been agreed that the Trust could contact their youth forums to recruit new members.

It was confirmed that as part of the Transforming Community Services scheme that Northampton General Hospital (NGH) would take ownership of the rehabilitation beds in Daventry, beds at Danetre Community Hospital and also the MIAMI service. The due diligence process is currently being undertaken and the final approval for the transfer would be considered by the Trust Board following completion. Mr Pallot also confirmed that the majority of the services would be transferred to the Northamptonshire Healthcare Trust.

Mr Forden highlighted the recent national award received by the Trust for its Same Sex Accommodation the Board agreed that this was a great achievement for the Trust.

Mrs Joy Margetts, senior ward sister had recently been commended by the University of Oxford for work she had done in recruiting families for a research study.

Finally the hospital had upgraded its laparoscopic equipment over the last six months and also employed three new laparoscopic surgeons in the previous twelve. This was instrumental in the development of laparoscopic services at the hospital and this was key to the delivery of new training which had attracted surgical trainees from elsewhere. Dr Swart also confirmed that this contributed to the enhanced recovery programme at the hospital and vital for the cancer services provided.

Dr Swart noted that the Dr Foster HSMR data for the Trust was likely to be of interest to the media. The predicted death rate for NGH was amongst the lowest in the country. Communication had been shared within the Trust which highlighted the importance of correct coding; the use of palliative coding has a great impact on the figures. Dr Hickey asked if the introduction of a column written by Dr Swart in the Chronicle and Echo, an idea that has been previously discussed, would be helpful in ensuring members of the public remain informed and reassured as to what the hospital was doing to ensure that its patients were safe. Dr Swart will speak to Mrs Watts in this regard.

TB 10/11 37 Infection Prevention Report

There had been no cases of MRSA during the period of the report and NGH also has the lowest bed day rate in the region for C-difficile. The report had shown that there had been further improvement in the hand hygiene rate audits within the Trust and there was now a willingness within the Trust to "name and shame" those not willing to comply with this area of the hygiene code. Ms Hardy said that she was confident that the Trust would meet its internal ceiling for C-difficile cases and that during the CQUIN negotiations that the target for the next year would be more challenging. Dr Hickey asked if the Trust had previously been given a falsely high

bed rate target, however this was confirmed as not being the case.

Mrs Allen informed the Board that Kettering General Hospital had already experienced winter vomiting virus and that NGH should be mindful of this. With this in mind a proactive campaign was being initiated which would involve press releases reminding visitors of good practice. There were no plans to change current visiting times however there was to be a restriction of one visitor per bed.
Mr Noble asked if the Trust was facing any issues with swine flu this year and Mr Forden confirmed that there had been no issues. Dr Swart noted that the seasonal flu vaccine included the vaccine for H1N1.

Dr Swart also confirmed that the Trust would now be measured on its cases of meticillin sensitive Staphylococcus aureus (MSSA).

The Board **NOTED** the update.

TB 10/11 38 Quality Accounts

Dr Swart presented her report on the quarterly accounts which outlined the Trust progress against the Quality goals that had been set. Currently two of the goals aligned with the CQUIN targets were a risk for the Trust and failure to meet these targets would result in a financial impact for NGH. These were VTE which, based on current YTD performance, would result in the Trust achieving £223,500 of the £298,000 available and Stroke, which would result in achieving £140,000 of the £175,000 available.

With regard to the VTE target Dr Swart confirmed that only four trusts nationally were on target to achieve and all have e-systems to manage this target.

Dr Hickey asked that for the next year if the Trust would follow the existing format for the Quality accounts, Dr Swart confirmed that whilst the format for 2011/12 had not yet been received she would recommend that the Trust use the toolkit when supplied.

TB 10/11 39 Annual Research and Development Report

Dr Swart presented the Annual Research and Development (R&D) Report which outlined the successful bid that the R&D department had made to increase the funding available for the number of studies across the Trust. Dr Swart said that the studies undertaken by the department were part of the Trust maintaining its Cancer Centre status.

Currently the structure for the nursing staff involved in R&D was under review, being led by Mrs Hardy, and this would also form part of the reporting structure formalisation that was also under review.

Mr Robertson asked where the current subjects were from, and it was confirmed that these were not all patients of the Trust, some came from other sources. He also asked where the risk assessments for the trials were reviewed and Dr Swart confirmed that there were both internal and external review structures to oversee the assessments. Mr Drury confirmed that the department was currently fully costed and making a surplus and the new structure would ensure the most efficient use of this resource. The new structure would also formalise the governance arrangements. Mr Robertson asked that this commercial risk was discussed at a future Audit Committee. Mr Drury confirmed that there was an indemnity built into the commercial trials undertaken by the Trust.

TB 10/11 40 Performance Report

Mrs Allen presented her report and confirmed that although there had been some issues during October the Trust was still meeting its YTD target for the Transit Time Target. In order to maintain this there was a need to maintain a 97.5%/98% rate, which was currently not being achieved. Mr Noble sought clarification on the new National Target and the implications of this for the Trust. Mrs Allen confirmed that although the National Target was 95% internally NGH continued to target itself at 98%. Mr Forden confirmed that although the PCT had asked that NGH close beds the demand management plans had not impacted on demand. The PCT was now looking to pay a marginal 30% rate on over activity, which was not helpful as this purely moved the financial risk and pressure.

TB 10/11 41 Finance Report

Mr Drury presented the finance report for the month of October. Currently the YTD position was a surplus of £592k compared to the FIMS planned surplus of £1.15m which gave rise to an adverse variance against plan of £558k.. The non-elective case mix had reduced for the month which had impacted on the income for the month.

There had been a reduction in non-pay costs and whilst there had also been a reduction in locum costs there had been an increase in bank costs, which could be partly attributed to half term. Mr Noble asked what factors would impact on the income figures for the month and Mr Drury confirmed that the date of the discharge of patients could have a significan impact on the monthly figures.

Mr Drury also asked for the approval of the Board for the SALIX loan of £500k, which is an interest free loan from the Energy Saving Trust. This would fund works carried out on the Training and Development building including replacement windows that would reduce the utility bills for the building.

The Board **APPROVED** the loan.

TB 10/11 42 HR Report

Ms Wilkinson presented her report to the Board which outlined the latest appraisal figures for the Trust, having been collated from directorate information. There had been new forms and guidance issued which was now being used throughout the hospital. Mr Robertson asked for assurance as to the quality of the appraisals that were taking place. Ms Wilkinson said that a mini survey was currently underway throughout the Trust on appraisal and that she would bring these results back to the Board.

The new E-rostering system was now being implemented, the core team have been trained and were now cascading this training across the Trust and would be completed during February. This would then facilitate the implementation of electronic timesheets across the Trust. Mr Zeidler asked that regular updates be bought to the Board regarding the e-rostering implementation, Mr Kershaw also queried, via Mr Robertson, the length of time of implementation and Mr Forden confirmed that the timetable was realistic to ensure the implementation of all of the functionality. It was also **AGREED** that the e-rostering implementation was built into the capital plan.

Ms Wilkinson drew the Boards attention to the sickness absence figures which had seen a slight increase. The directorate with the highest sickness rate was Medicine, however it should also be noted that they also had the highest vacancy

rates, both of which were being monitored. There was currently a vacancy for the HR Business Partner for the directorate, but it was hoped that this would be filled shortly and that this would have a positive effect on the figures. It was **AGREED** that an update on the directorate be included within the report.

TB 10/11 43 Sustainability Action Plan

Mr Abolins presented his report on the Sustainability Action Plan and confirmed that there had been a steering group set up to oversee the progress on the action plan. This action planned was mapped to the 10 NHS goals and also to the carbon reduction strategy adopted by the Trust. The importance of this relates to the carbon reduction tax which would be levied by the treasury which would add a cost pressure to the Trust. There was also the issue of the size of the site and bills received so initiates that could reduce these outgoings would be very positive. Dr Hickey asked if either wind turbines or solar panels had been considered. Mr Abolins confirmed that this was being looked into, there would be a long term payback but there could also be the option to sell any excess energy produced.

The Board **SUPPORTED** the strategy and action plan.

Dr Hickey asked if there were the skills within the directorates to support the strategy and Mr Abolins replied in the positive, he also confirmed that there had been a recent appointment to the post of Sustainability Manager to provide further support. Mr Abolins invited members of the Board to the Sustainability Launch which was taking place the next day.

Finally, Mr Abolins sought Board approval for an additional £68k loan from the Energy Saving Trust, in addition to the £500k already approved, this was to continue the improvements to the Trust including a new roller door to the Stores. This would be over 4 years and again would be interest free. The Board **APPROVED** this additional loan.

TB 10/11 44 Any Other Business

Dr Kelso asked the Board to note the excellent treatment that his 98 year old mother-in-law had received during her recent stay at NGH and also the service that the family subsequently received from the bereavement suite.

Dr Hickey ended the meeting by thanking Mr Forden for his time during his last 2 years at the Trust as this was his last Public Board Meeting. The Board echoed his thanks.

TB 10/11 45 Date and Time of Next Meeting

Wednesday, 23rd February 2011, Boardroom

Actions arising

TB 10/11 35	Inclusion of hand hygiene compliance results in Members Newsletter	SR	Next issue
TB 10/11 39	R&D risks to be discussed at Audit Committee	SR	Next Audit Committee
TB 10/11 42	Provision of updates on e-rostering implementation, and inclusion of E-rostering into Capital Plan Medicine Sickness Absence rate update to Board	CW CW	June 2011 February 2011

Northampton General Hospital NHS
NHS Trust

BOARD SUMMARY SHEET	
Title	Chief Executive's Report
Submitted by	Paul Farenden – Chief Executive
Date of meeting	23rd February 2011
Corporate Objectives Addressed	
SUMMARY OF CRITICAL POINTS	
PATIENT IMPACT	
STAFF IMPACT	
FINANCIAL IMPACT	
EQUALITY AND DIVERSITY IMPACT	
LEGAL IMPLICATIONS	
RISK ASSESSMENT	
RECOMMENDATION The Board is asked to note the report.	

Summary

This is my first report to the Trust Board and is limited by my having had only 20 days actually working on site.

I have experienced during the time the intense pressure for the hospital over the Christmas and New Year period and the remarkable and resilient response of the staff in providing safe care to an unprecedented number of patients.

I have been surprised by the quality of most of the internal structure of the hospital, how well kept and clean it is presented for our patients with good signposting and helpful volunteers.

My infection control and Board to Ward visits have provided the opportunity to meet a large number of highly motivated and committed staff proud of their ward or departments work, all the staff I met seemed committed to the provision of high quality care, I'm sure the non-executive directors would enjoy these visits which would help them both understand the way the hospital works and provide them with a level of assurance surrounding care quality.

A recent visit by the Quality Assurance Team for Colposcopy have praised the unit for the quality of it's care, its facilities and priorities and proposes to use some of the features of the departments approach as a model for others.

Other News

National Award for Home Birth Team
NGH midwives have won one of the UK's top midwifery prizes for their work on home births. The home birth team led by Anne Richley, Sally O'Connell and Babita Williams scooped the Implementing Government Policy Award at the Royal College of Midwives (RCM) Annual Awards, presented in January.

The three lead a team of 12 midwives set up to ensure that choice - as outlined in the previous Government's Maternity Matters policy – was given to women, particularly around home birth.

The team is aiming to get the home birth rate up to ten per cent of all births in the NGH area. Their results are impressive and they have already increased the home birth rates to around seven per cent of births in the area – more than three times the national average.

New radiotherapy technology is on the way
A new technology called image guided radiation therapy (IGRT) is currently being installed in the radiotherapy department, and will be used from mid-March. The new state-of-the-art equipment will provide even better treatment to patients with certain types of cancers, by delivering radiation to the tumour with millimeter accuracy, sparing the surrounding tissue and increasing the likelihood of eliminating the cancer.

Day Surgery Unit is one year old – and pleasing patients
Since opening in February 2010, the new Day Surgery Unit has gone from strength to strength, and staff carried out a total of 2428 procedures in the first year. Improving the experience for day case patients was the whole purpose of establishing a new unit, and the signs are that the unit has proved to be an unqualified success.

Patients have described it as good, if not better, than private hospital facilities, and they have praised the unit as clean and efficient, the staff as excellent, friendly and helpful. The unit recently obtained the highest satisfaction scores of any department, measured by the PET trackers, for a record seventh month.

STAR Awards take place on 1 March
We received a high number of entries for the 2011 STAR Awards and the judging panel had a difficult task to whittle these down to three shortlisted nominations in each category. The winners will be announced at the award ceremony on 1st March, when we will also present the Long Service Awards. Well done to everyone who was nominated.

Photographers recognised in national awards
Congratulations to Duncan Kempson and Lee Hillyard of our medical illustration department, who have both been recognised in the Institute of Medical Illustrators annual awards.
Lee picked up two bronze awards for his clinical images. Duncan picked up two clinical awards, a bronze and a silver - and also a bronze award for an image taken in the NGH sterile supplies department, which featured in the August issue of the hospital's Insight magazine last year.

Date set for Nursing and Midwifery conference
Following the success of the 2010 event, the date has been set for another Nursing and Midwifery conference – it is to be held on Thursday 12 May, National Nurses Day. This year the theme is "I can, we can – working in partnership"

The focus of the conference will be around collaborative working between nurses, midwives and all staff groups to improve the patient experience at NGH. There will be a number of presentations from all levels of staff across the Trust focusing on the partnership theme, as well as a poster competition.

Haematology work is under way
The long overdue redevelopment of the haematology department began on Monday 31st January and will take about 10 months to complete. The construction works comprise an extension to the area to the west of the existing department and a complete redevelopment of the existing accommodation. This upgrade is being undertaken in partnership with Macmillan as one of their flagship projects this year.

Ser	Monitor Scorecard Indicators (Apr 2010)	Thresholds	Monitoring Period	Weighting	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan
Mon01	Clostridium difficile year on year reduction	Trajectory (98 Full Year)	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon02	MRSA – maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level	Trajectory (6 Full Year)	Quarterly	1	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Mon03	Maximum waiting time of 31 days for subsequent treatments for all cancers	Surgery – 94% Drug – 98% Radiotherapy – 94%	Quarterly	1	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon04	Maximum two month wait from referral to treatment for all cancers	85%	Quarterly	1	0.0	1.0	0.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0
Mon05	For admitted patients, maximum time of 18 weeks from point of referral to treatment	90%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon06	For non-admitted patients, maximum time of 18 weeks from point of referral to treatment	95%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon07	Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98%	Quarterly	1	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0
Mon08	People suffering heart attack to receive thrombolytic within 60 minutes of call (where this is the preferred local treatment for heart attack)	68%	Quarterly	1	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Mon09	Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon10	Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon11	Screening all elective in-patients for MRSA	100%	Quarterly	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mon12	Each national core standard	0	Ad-hoc	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
					2.0	**1.3**	**1.0**	**0.0**	**3.0**	**0.0**	**1.0**	**1.0**	**1.0**	**1.0**

Ser	Performance Indicators	Target	Monitoring Period		Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan
PI01	Provider cancellation of Elective Care operation for non-clinical reasons either before or after Patient admission	9%	Monthly		7.90%	7.52%	6.33%	7.34%	6.43%	5.34%	6.07%	5.74%	6.25%	7.06%
PI02	18 weeks RTT - admitted	90%	Monthly		94.89%	96.25%	97.76%	97.16%	97.84%	97.52%	97.37%	97.55%	96.63%	96.64%
PI03	Elective Activity Total		Monthly		4,231	3,899	4,411	4,188	3,625	4,251	3,993	4,063	3,567	3,856
PI04	Non-Electivity Activity Total		Monthly		3,066	3,346	3,290	3,334	3,232	3,382	3,568	3,307	3,618	3,677
PI05	GP referrals - % variance against capacity plan	0%	Monthly		8.73%	6.59%	10.20%	11.31%	9.49%	10.32%	9.66%	9.73%	6.30%	5.29%
PI06	Sickness Absence	5%	Monthly		4.85%	4.79%	4.74%	3.81%	4.55%	4.04%	3.81%	4.18%	5.20%	

Ser	Corporate Clinical Measures & Patient Safety	Target	Monitoring Period		Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan
C&PS 01	HSMR - Elective	<100	Quarterly		91.9%	98.8%	102.4%	0.0%	99.0%	0.0%	113.7%			
C&PS 02	HSMR - Non-Elective	<100	Quarterly		127.5%	108.0%	90.5%	105.2%	105.4%	103.2%	99.1%			
C&PS 03	MRSA Cases per 10,000 pop, using average bed base of 575	0.29%	Monthly		0.58%	0.29%	0.19%	0.14%	0.23%	0.19%	0.16%	0.14%	0.13%	0.11%
C&PS 04	CDIFF Cases per 1,000 pop, using average bed base of 575	0.46%	Monthly		0.41%	0.37%	0.34%	0.30%	0.24%	0.24%	0.24%	0.22%	0.22%	0.20%
C&PS 05	Serious Untowards Incidents		Quarterly		1	0	1	3	0	0	0	0	0	0

Ser	Patient Experience Measures	Target	Monitoring Period		Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	Jan
PE 01	Length of Stay Elective	3.1	Monthly		3.23	3.32	3.52	3.51	3.52	3.53	3.59	3.62	3.68	3.74
PE 02	Length of Stay Non-elective	4.6	Monthly		4.65	4.69	4.73	4.77	4.74	4.79	4.83	4.91	5.02	5.08
PE 03	Readmission Rates	6%	Quarterly		4.6%	5.2%	5.1%	5.2%	5.8%	5.9%	5.8%			
PE 12	Would you be willing to be treated in this hospital again?	95%	Monthly		96.5%	98.0%	97.3%	97.7%	96.5%	97.5%	97.5%	98.5%	98.4%	98.4%
PE 13	Delivering Same Sex Accomodation	0	Monthly		3	0	2	0	2	0	0	0	0	0

Northampton General Hospital NHS
NHS Trust

BOARD SUMMARY SHEET	
Title	Monthly Infection Prevention Performance Report
Submitted by	Sue Hardy
Prepared by	Fiona Barnes
Date of meeting	23rd February 2011
Corporate Objectives Addressed	To develop and embed measures for quality and clinical outcomes to achieve the highest standards

SUMMARY OF CRITICAL POINTS
Monthly update on reportable HCAIs

PATIENT IMPACT
High – review of incidents and trend analysis of HCAIs is paramount to improving patient safety and quality of care.

STAFF IMPACT
High – review of incidents and trend analysis of HCAIs is paramount to improving patient safety and quality of care and also impacts on staff safety and wellbeing.

FINANCIAL IMPACT
Will be identified as required

EQUALITY AND DIVERSITY IMPACT
Applicable to all

LEGAL IMPLICATIONS
The Board has a statutory obligation to ensure appropriate infection prevention and control mechanisms are in place.

RISK ASSESSMENT
Failure to review infection prevention and control would be considered to be high risk.

RECOMMENDATION
The Board is asked to consider the content of this report.

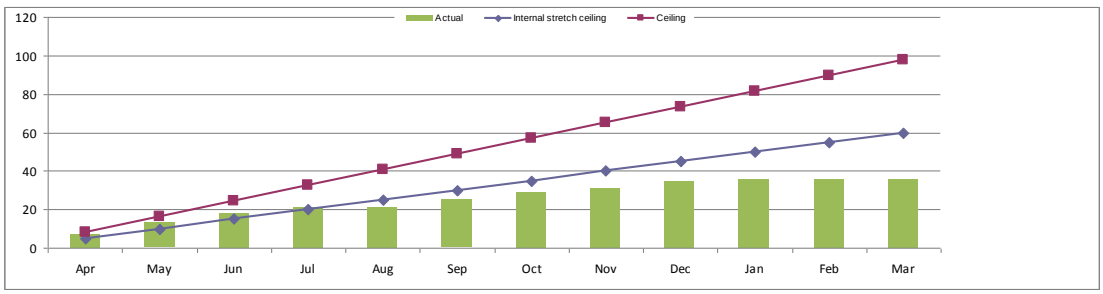
Introduction
The Board is aware of its duty to ensure appropriate infection prevention and control mechanisms are in place to promote patient safety and quality of care. This report provides the assurance required by the Board to satisfy its statutory requirements by providing an update as to the current situation in relation to Healthcare Acquired Infections (HCAIs) within the Trust.

MRSA Bacteraemia (Appendix 1)
The Trust is measured on the number of MRSA bacteraemias cases per 10,000 bed days based on a bed base of 575. The Trusts ceiling for MRSA bacteraemias is 6 cases. In January there were no >48hrs MRSA bacteraemias. Our year to date number of >48hrs MRSA bacteraemias is 2 which is currently 0.11 / 10,000 bed days.

MRSA Colonisation (Appendix 2)
During January there were 22<48hrs and 9>48hrs cases of MRSA colonisation. Internal patient verified data identifies 99.02% compliance for the screening of elective admissions during January. The compliance rate for emergency screening was 93.3% in January. Operational teams continue to work to reach 100% but this has to be risk assessed against the matched census approach, where we achieved 135.6% for elective screening. The Whole Health Economy is reviewing how this will be taken forward as a health economy in light of the 'target' and reporting being 'dropped' from the Operating Framework in 2011/12.

MSSA Bacteraemia (Meticillin Sensitive Staphylococcus Aureus)
From 1st January the Trust has been monitoring the number of MSSA bacteraemia. During this month there were 2<48hrs and 2>48hrs. Although not yet a requirement, Root Cause Analysis (RCA) have been conducted in line with previous MRSA reporting for the post 48hr cases to identify any learning we can take forward. The SHA expectation is that 'targets' will be set during Q4 of 2011/12 through the PCT, following the initial data being gathered.

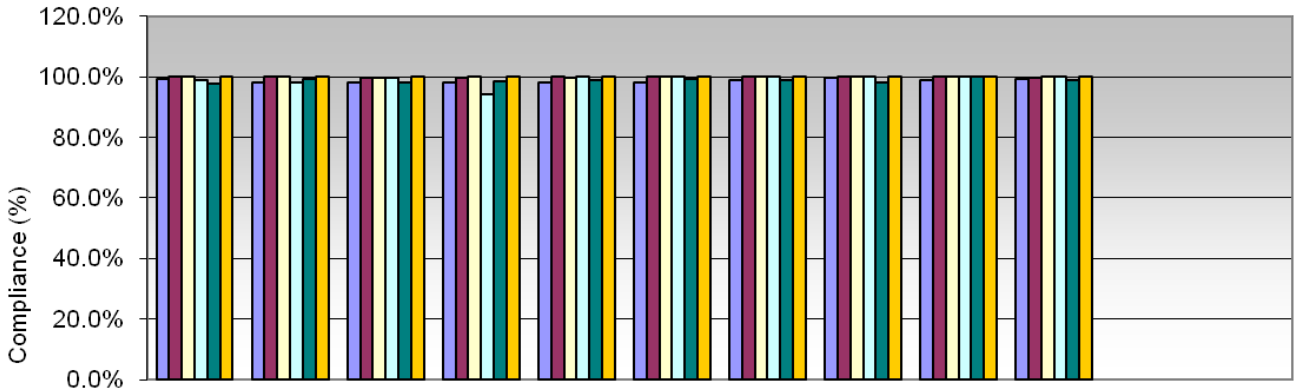
Clostridium Difficile (C Diff) (Appendix 3)
The Trust has a ceiling target of 95 C. Diff. cases with an internal stretch ceiling of 60 cases. During January the Trust identified 3 < 3 day and 1 > 3 day cases of C. Diff. which equates to a cumulative of 0.2/1,000 bed days. Our total number of > 3 day cases of C. Diff to date is 36.



2011/12 MRSA & C. Diff trajectories
Over the past month there have been lengthy discussions between ourselves and the PCT regarding the proposed HCAI trajectories. Both the C. Diff. and MRSA figures were calculated by taking the incidence of cases during the twelve months October 2009 – September 2010 as reported by trusts to the HPA. The proposed 'targets' are 3 >48hrs MRSA bacteraemias and 54 >48hrs C. Diff. The C. Diff ceiling is particularly challenging and requires further discussion with the Board. The acquisition of Danetre further compromises this.

Noro-virus Outbreak
On 10th January the Trust declared an Outbreak due to diarrhoea and vomiting. The Outbreak involved Collingtree and Cedar wards. Daily Outbreak meetings ensured that the operational management of the Trust was risk assessed and balanced with the management and containment of the Outbreak. A total of 27 patients and 11 staff were affected and 36 bed days were lost due to the ward closures. Following extensive support and collaboration by the IPC team and the ward staff Cedar ward was opened on 17th January and Collingtree was opened 21st January. The outbreak will be formally reported as an SI to the Board in accordance with Trust guidance.

Hand Hygiene Audit
Information from the Hand Hygiene Observational Tool (HHOT) shows that in January the overall compliance for hand hygiene was 99.6%.



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Doctor	99.4%	98.1%	98.0%	98.0%	97.9%	98.1%	98.7%	99.6%	98.8%	99.2%	0.0%	0.0%
Nurse/HCA	100.0%	100.0%	99.8%	99.7%	99.9%	99.9%	99.9%	100.0%	99.9%	99.8%	0.0%	0.0%
Therapist	100.0%	100.0%	99.5%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%
Pharmacist	98.8%	98.1%	99.6%	94.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%
Porter	97.5%	99.1%	97.9%	98.4%	98.7%	99.1%	98.8%	98.0%	100.0%	98.7%	0.0%	0.0%
Phlebotomist	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%

Recommendation
The Board is asked to discuss the content of this report.

Sue Hardy
Director of Nursing, Midwifery & Patient Services
DIPC

Appendix 1
MRSA Bacteraemia Incidence by Ward

MRSA Bact	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		
Ward	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	Trust Total 2010-11
Hawthorn																									0
Willow		1																							1
Collingtree 23hr																									0
ITU																									0
HDU																									0
A & E																									0
Abington																									0
Cedar										1															1
Becket																									0
SingleHurst																									0
Knightley																									0
Gossett																									0
Disney																									0
Paddington																									0
Balmoral																									0
Robert Watson																									0
Sandringham																									0
Spencer																									0
Sturtridge																									0
Allebone																									0
Benham																									0
Creaton	1																								1
Dryden																									0
EAU																									0
Eleanor																									0
Victoria																									0
Rowan																									0
Finedan																									0
Compton																									0
Brampton																									0
Holcot																									0
Althorp																									0
Talbot Butler			1																						1
Trust Total 2010-11	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4

Appendix 2
MRSA Colonisation Incidence by Ward

MRSA ISOLATES	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		
Ward	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	<48	>48	Trust Total 2010-11
Hawthorn					1							4													5
Willow		1								2			2		2		1	2							10
Collingtree				1					1		2							1							5
ITU	1	1					1								1				2						6
HDU					1																				1
A & E							1						1				1								3
Abington																									0
Cedar				1						2	1	1	1			2		1							9
Becket																		1		1					2
SingleHurst																									0
Knightley			1	2											1			1							5
Gossett																									0
Disney	1						1								1										3
Paddington									1						7		1		1						10
Balmoral																									0
Robert Watson																									0
Sandringham																									0
Spencer					1										1		1			1					4
Sturtridge																									0
Allebone										1									7						8
Benham				1				1					1	1				1							5
Creaton				1	1		1					2								1					6
Dryden					1	1	2												1						5
EAU	9		11		5		9		8		17		11		7		8		9						94
Eleanor				1										1	1		1			1					5
Victoria		2		1																1					4
Rowan			2					1					1		1	1			2						8
Finedon															1										1
Compton			1					1		2	1														5
Brampton		2																		1					3
Holcot		2		1	1	2								1				1		2					10
Althorp						1												1		1					3
Talbot Butler															1		1								2
Trust Total 2010-11	11	8	15	9	11	4	15	3	10	7	21	7	17	3	24	3	14	9	22	9					0

Appendix 3

Clostridium Difficile Incidence by Ward

CDT	Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Trust Total
Ward	<3day	>3 da	<3da	>3 da	<3da	>3 day	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	<3da	>3 da	2010-11
Hawthorn												1													1
Willow																									0
Collingtree												1		1											2
ITU																									0
HDU		1		1		1																			3
A & E																			1						1
Abington																									0
Cedar		2		1		1					1					1									6
Becket						1		1					1			1									4
SingleHurst																									0
Knightley																									0
Gossett																									0
Disney																									0
Paddington																									0
Balmoral																									0
Robert Watson					1																				1
Sandringham																									0
Spencer														1											1
Sturtridge																									0
Allebone		1										1													2
Benham				1		1												1							3
Creaton		1		1		1					1			1				1							6
Dryden															1										1
EAU	1	1	1		1				3		1				2		1		1						12
Eleanor																									0
Victoria																	1	1							2
Rowan		1					1											1		1					4
Finedon							1																		1
Compton				2										1											3
Brampton												1													1
Holcot																									0
Althorp								1																	1
Talbot Butler								1									1		1						3
Trust Total 2010-11	1	7	1	6	2	5	2	3	3	0	3	4	1	4	3	2	3	4	3	1	0	0	0	0	58

TRUST BOARD SUMMARY SHEET	
Title: -	Maternity Survey Results 2010
Submitted by: -	Sue Hardy, Director of Nursing & Midwifery
Prepared by: -	Anne Thomas, Head of Midwifery & Gynaecology
Date of meeting: -	23rd February 2011
Corporate Objectives Addressed: -	Patient Experience is a priority for the Trust • To develop and embed measures for quality and clinical outcomes to achieve the highest standards • To ensure facilities are fit for purpose from a patient's perspective and for safe, effective and efficient delivery of services • To develop and embed measures for patient satisfaction

SUMMARY OF CRITICAL POINTS: -

The national Maternity Survey results were reported in October 2010 through the Care Quality Commission (CQC). NGH results and benchmarking are provided with actions identified to continuously improve the patient experience.

PATIENT IMPACT: -

High – review of our services from national surveys help us identify areas for improvement in the patient experience.

STAFF IMPACT: -

High - Staff morale can have a positive impact upon patient experience and perception of care and enhances the reputation of the Trust.

FINANCIAL IMPACT: -

Reputational impact from poor survey results may result in patients choosing to have their care elsewhere

RISK ASSESSMENT

Shortcomings in patients' experiences of the Trust has a potential to impact on:

- The organisation's reputation within the local community
- The Trust as a provider of choice
- The morale of staff

EQUALITY & DIVERSITY IMPACT ASSESSMENT: -

Patient experience applies equally to all women and their families.

RECOMMENDATION: -

The Board is asked to note the Maternity Survey Results and the actions taken to continuously improve the patient experience.

Introduction
The Board will be aware that every 3 years a national survey is conducted of women's experiences of maternity services. This paper sets out the main areas of achievement and areas for improvement from the recent survey undertaken in February 2010 and reported on through the Care Quality Commission (CQC) in October 2010.

Background
In order to improve the quality of services that the NGH Maternity Unit delivers, it is important to understand what patients think about their care and treatment.

The CQC benchmark provides the results of the second survey of maternity services provided by NHS Trusts in England. The 2010 results overall identify that NGH Maternity Services is rated as 'similar to other units' in the high level analysis (displayed on the CQC website), but detailed internal review identified a number of areas for improvement.

Women were eligible for the survey if they had a live birth between1 -28 February 2010 and were aged 16 years or older. Women who had a home birth were also eligible. The response rate for NGH was 58% (national response rate 52%) and the total number of respondents was 178.

Results
The results are divided into 5 sections:

- Care during pregnancy (antenatal care)
- Labour and birth
- Staff during labour and birth
- Care in hospital after birth (postnatal care)
- Feeding the baby during the first few days

Each section contained a series of questions to enable women to rate their experience.

For the 19 questions NGH Maternity Services was rated: (see Appendix 1)

- In the top 20% of Trusts for 2 questions
- In the intermediate 60% of Trusts for 11 questions
- In bottom 20% of Trusts for 6 questions

Areas where women responded positively about the maternity service:

- Being offered choice of place of birth
- Timely perineal suturing following birth
- Making the partner or companion feel welcome at the birth

Ratings for being treated with kindness, respect and dignity were within the intermediate 60% at all stages of pregnancy. However, it is disappointing to note that the perceptions following birth were significantly lower than at other stages of the pregnancy and labour.

The main areas for improvement were:

- Communication; women reported that they were not given sufficient explanation prior to their screening tests and scans in early pregnancy. However, the information given was positively regarded.

- Women felt they wanted to be more involved in decisions about their care and they commented on the need for consistency of advice and active support and encouragement.

- Women reported that they didn't always receive the pain relief they wanted in labour.

Next Steps
A detailed action plan has been developed by the Directorate and is being monitored through the Obstetric Governance Group on a monthly basis. Two of the questions where we performed in the bottom 20% of Trusts have been added to the Maternity Specific PET to allow a greater focus in those areas. Other questionnaires are also being developed that will allow the Maternity Service to have a greater understanding of the perceptions of women having care at NGH, thereby allowing opportunities for continuous improvement in the patient experience.

Updates will be reported to the Board as part of the quarterly Patient Experience Report.

Recommendation
The Board is asked to note the Maternity Survey Results and the actions taken to continuously improve the patient experience.

Sue Hardy
Director of Nursing, Midwifery & Patient Services

Patient survey report 2010

Survey of women's experiences of maternity services 2010

Northampton General Hospital NHS Trust

4

The national survey of women's experiences of maternity services 2010 was designed, developed and co-ordinated by the Surveys Co-ordination Centre for the NHS Patient Survey Programme at Picker Institute Europe.

making patients' views count

National NHS patient survey programme
Survey of women's experiences of maternity services 2010

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Survey of women's experiences of maternity services 2010

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us about their experiences.

This report shows the results of the second survey of maternity services provided by NHS trusts in England. It shows how each trust scored on a number of questions in the survey, compared with national average results[1]. The report enables you to understand the trust's performance, and to identify areas where it needs to improve.

Results for each trust are also displayed in the CQC 'Care Directory', where it is possible to see whether a trust performed 'better' or 'worse' than the majority of other trusts. National overall results for the 2010 survey compared with the results for the 2007 survey are also available, alongside an explanation of the key issues. These documents were produced by the Surveys Co-ordination Centre at Picker Institute Europe.

A similar survey of women using maternity services was also carried out in 2007. These surveys are part of a wider programme of NHS patient surveys, which cover a range of topics including mental health services, adult inpatient and outpatient services, and ambulance services. To find out more about our programme, please visit our website (see 'further information' section).

About the survey

The second survey of maternity services involved 142 NHS acute trusts and 2 primary care trusts (PCTs). We received responses from over 25,000 women, a response rate of 52%. Women were eligible for the survey if they had a live birth between 1-28 February 2010 and were aged 16 years or older[2]. Women who had a home birth were also eligible.

Interpreting the report

For each of the 19 survey questions reported here, individual responses were converted into scores on a scale of 0 to 100. A score of 100 represents the best possible response. Therefore, the higher

[1]This report provides results for 19 questions where care is provided by NHS acute trusts in England. We do not include the remaining questions that relate to care provided by the local primary care trust; however results for these questions have been provided directly to those trusts.

[2]Some trusts with a small number of women delivering in February would have also included women who gave birth in January 2010. For further details on women excluded from the survey, please see the survey guidance manual at: http://www.nhssurveys.org/Filestore//documents/Maternity_Survey_Guidance_2010_v7.pdf

the score for each question, the better the trust is performing[3].

Please note: the scores are **not percentages**, so a score of 80 does not mean that 80% of people who have used services in the trust have had a particular experience (e.g. ticked 'Yes' to a particular question), it means that the trust has scored 80 out of a maximum of 100. A 'scored' questionnaire showing the scores assigned to each question is available on our website (see further information' section).

Please also note that it is not appropriate to score all questions within the questionnaire for benchmarking purposes. This is because not all of the questions assess the trusts in any way, or they may be 'filter questions' designed to filter out respondents to whom following questions do not apply. An example of such a question would be C6: "Thinking about the birth of your baby, what kind of delivery did you have?"

The graphs included in this report display the scores for this trust, compared with national benchmark scores. Each bar represents the range of results for each question across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- The red section (left hand end) shows the scores for the 20% of trusts with the lowest scores.
- The green section (right hand end) shows the scores for the 20% of trusts with the highest scores.
- The orange section (middle section) represents the range of scores for the remaining 60% of trusts.

A white diamond represents the score for this trust. If the diamond is in the green section of the bar, for example, it means that the trust is among the top 20% of trusts in England for that question. The line on either side of the diamond shows the amount of uncertainty surrounding the trust's score, as a result of random fluctuation[4].

Since the score is based on a sample of women in a trust rather than all women who have given birth, the score may not be exactly the same as if everyone had been surveyed and had responded. Therefore we calculate a confidence interval[5] as a measure of how accurate the score is. We can be 95% certain that if everyone in the trust had been surveyed, the 'true' score would fall within this interval.

[3]Trusts have differing profiles of maternity service users; for example, one trust may have more 'first time' mothers than another. This is significant because it strongly influences women's experiences and could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of maternity service users. To account for this, we 'standardise' the data. Results have been standardised by parity (whether women have given birth previously) and age of respondent, to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-parity profile reflects the national age-parity distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different profiles of maternity service users.

[4]If a score is on the 'threshold' for the highest scoring 20% of trusts (if the white diamond is on the line separating green and orange), this means that the score is one of the highest 20% of scores for that question. Similarly, trusts with scores on the threshold for the lowest scoring 20% of trusts are included in this lowest 20% of scores.

[5]A confidence interval is an upper and lower limit within which you have a stated level of confidence that the true mean (average) lies somewhere in that range. These are commonly quoted as 95% confidence intervals, which are constructed so that you can be 95% certain that the true mean lies between these limits. The width of the confidence interval gives some indication of how cautious we should be; a very wide interval may indicate that more data should be collected before making any conclusions.

When considering how a trust performs, it is very important to consider the confidence interval surrounding the score. If a trust's average score is in one colour, but either of its confidence limits are shown as falling into another colour, this means that you should be more cautious about the trust's result because, if the survey was repeated with a different random sample of patients, it is possible their average score would be in a different place and would therefore show as a different colour.

The white diamond (score) is not shown for questions answered by fewer than 30 people because the uncertainty around the result would be too great. When identifying trusts with the highest and lowest scores and thresholds, trusts with fewer than 30 respondents have not been included.

At the end of the report you will find the data used for the charts and background information about the patients that responded.

Notes on specific questions

Question B5: "Were you given a choice of having your baby at home?"
This question was only answered by women who answered 'yes' to question B4 (At the start of your pregnancy did you have a choice about where you could have your baby?").

Questions C2 and C4: "During your labour, were you able to move around and choose the position that made you most comfortable?" and "During your labour and birth, did you feel you got the pain relief you wanted?" were not answered by women who had a planned caesarean.

Questions D2, D3 and D4: "Looking back, do you feel that the length of your stay in hospital after the birth was...", "Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?" and "Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?" were not answered by women who had a home birth and did not go to hospital.

Further information

Full details of the methodology of the survey can be found at:
http://www.nhssurveys.org/

More information on the programme of NHS patient surveys is available on the patient survey section of the website at:
http://www.cqc.org.uk/patientsurveys.cfm

The results for each trust will also be available under the organisation search tool of the CQC website:
http://caredirectory.cqc.org.uk/caredirectory/searchthecaredirectory.cfm
(Enter a postcode or organisation name, then scroll down to 'What people said about this trust')

Results, questionnaire and scoring for the 2010 survey of women's experiences of maternity services can be found at:
http://www.cqc.org.uk/maternitysurvey2010.cfm

Results from the 2007 survey of maternity services can be found at:
http://www.cqc.org.uk/maternityservices2007

Survey of women's experiences of maternity services 2010
Northampton General Hospital NHS Trust

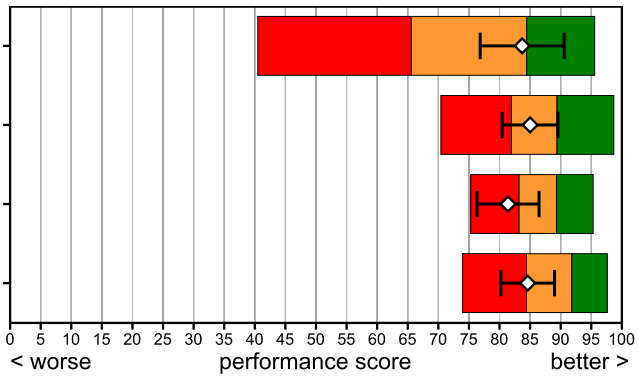
Care during pregnancy (Antenatal Care)

Were you given a choice of having your baby at home?

Dating scan: was the reason for this scan clearly explained to you?

Were the reasons for having a screening test for Down's syndrome clearly explained to you?

20 week scan: was the reason for this scan clearly explained to you?



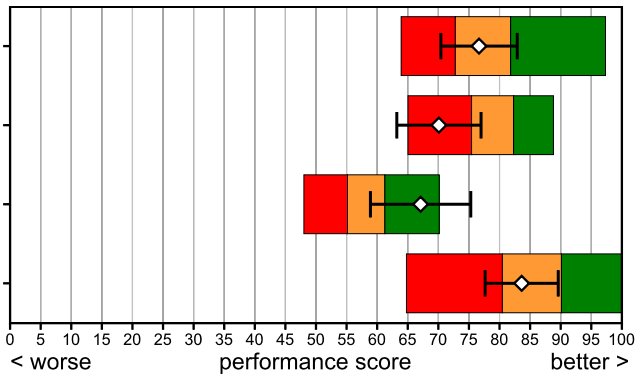
Labour and birth

During labour, could you move around and choose the most comfortable position?

During labour and birth, did you get the pain relief you wanted?

If you had a cut or tear requiring stitches, how soon after the birth were the stitches done?

Did you have skin to skin contact with your baby shortly after the birth?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Survey of women's experiences of maternity services 2010
Northampton General Hospital NHS Trust

Staff during labour and birth

Did you have confidence and trust in the staff caring for you during the labour and birth?

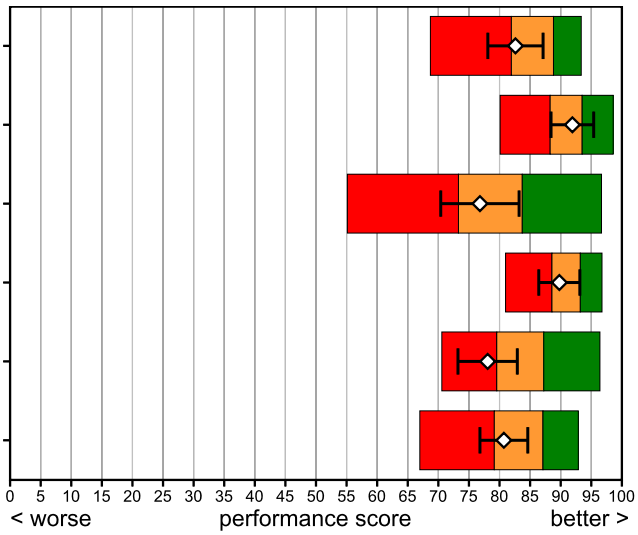
If you had a partner or a companion with you during your labour and delivery, were they made welcome by the staff?

Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?

Thinking about your care during labour and birth, were you spoken to in a way you could understand?

Thinking about your care during labour and birth, were you involved enough in decisions about your care?

Overall, how would you rate the care received during your labour and birth?

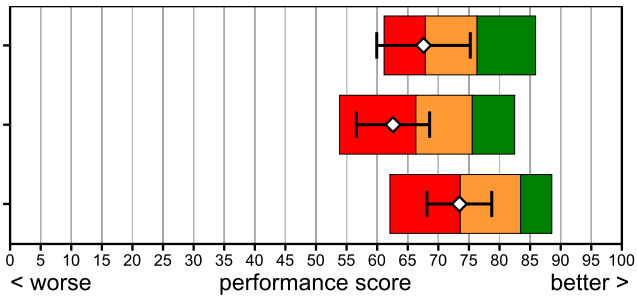


Care in hospital after the birth (Postnatal care)

Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?

After the birth of your baby, were you given the information or explanations you needed?

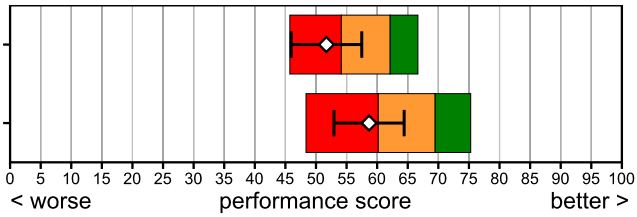
After the birth of your baby, were you treated with kindness and understanding?



Feeding the baby during the first few days

Did you feel that midwives and other carers gave you consistent advice?

Did you feel that midwives and other carers gave you active support and encouragement?



Best performing 20% of trusts

Intermediate 60% of trusts

Worst performing 20% of trusts

◇ This trust (vertical lines show amount of uncertainty as a result of random fluctuation)

This trust's results are not shown if there were fewer than 30 respondents.

Survey of women's experiences of maternity services 2010

Northampton General Hospital NHS Trust

		Scores for this NHS trust	95% Confidence Interval Lower	95% Confidence Interval Upper	Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
Care during pregnancy (Antenatal Care)								
B5	Were you given a choice of having your baby at home?	84	77	91	66	84	96	110
B15	Dating scan: was the reason for this scan clearly explained to you?	85	80	90	82	89	99	160
B17	Were the reasons for having a screening test for Down's syndrome clearly explained to you?	81	76	86	83	89	95	162
B19	20 week scan: was the reason for this scan clearly explained to you?	85	80	89	84	92	98	167
Labour and birth								
C2	During labour, could you move around and choose the most comfortable position?	77	70	83	73	82	97	127
C4	During labour and birth, did you get the pain relief you wanted?	70	63	77	75	82	89	119
C9	If you had a cut or tear requiring stitches, how soon after the birth were the stitches done?	67	59	75	55	61	70	59
C10	Did you have skin to skin contact with your baby shortly after the birth?	84	78	90	80	90	100	152
Staff during labour and birth								
C12	Did you have confidence and trust in the staff caring for you during the labour and birth?	83	78	87	82	89	93	172
C13	If you had a partner or a companion with you during your labour and delivery, were they made welcome by the staff?	92	88	95	88	94	99	169
C14	Were you (and/or your partner or a companion) left alone by midwives or doctors at a time when it worried you?	77	70	83	73	84	97	172
C15	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	90	86	93	89	93	97	171
C16	Thinking about your care during labour and birth, were you involved enough in decisions about your care?	78	73	83	80	87	96	165
C17	Overall, how would you rate the care received during your labour and birth?	81	77	85	79	87	93	171
Care in hospital after the birth (Postnatal care)								
D2	Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?	68	60	75	68	76	86	157
D3	After the birth of your baby, were you given the information or explanations you needed?	63	57	69	66	76	82	159
D4	After the birth of your baby, were you treated with kindness and understanding?	73	68	79	74	83	89	160

Survey of women's experiences of maternity services 2010

Northampton General Hospital NHS Trust

		Scores for this NHS trust	95% Confidence Interval Lower	95% Confidence Interval Upper	Threshold for the lowest scoring 20% of NHS Trusts	Threshold for the highest scoring 20% of NHS Trusts	Highest score achieved (all trusts)	Number of respondents (this trust)
Feeding the baby during the first few days								
E4	Did you feel that midwives and other carers gave you consistent advice?	52	46	57	54	62	67	165
E5	Did you feel that midwives and other carers gave you active support and encouragement?	59	53	64	60	69	75	166

Survey of women's experiences of maternity services 2010
Northampton General Hospital NHS Trust

Background information

The sample	This trust	All trusts
Number of respondents	178	25488
Response Rate (percentage)	58	52

Demographic characteristics	This trust	All trusts
Percentage of mothers	(%)	(%)
First-time	48	49
Who have previously given birth	52	51
Age group (percentage)	(%)	(%)
Aged 16-18	1	1
Aged 19-24	12	13
Aged 25-29	32	23
Aged 30-34	32	33
Aged 35 and over	23	29
Ethnic group (percentage)	(%)	(%)
White	88	84
Mixed	3	2
Asian or Asian British	2	7
Black or Black British	5	4
Chinese or other ethnic group	0	1
Not known	2	2

Northampton General Hospital NHS
NHS Trust

BOARD SUMMARY SHEET	
Title	Clinical Governance Review Scheme
Submitted by	Sue Hardy, Director of Patient, Nursing and Midwifery Services.
Written by	Roz Young – Quality Assurance Manager
Date of meeting	23rd February 2011
Corporate Objectives Addressed	To improve clinical quality and safety

SUMMARY OF CRITICAL POINTS

- An outline of the Clinical Governance Review Scheme (CGRS) 'pilot' which will be used to gain assurance at ward and department level of compliance with the 16 essential standards for quality and safety.
- Next steps identified to continue implementation of the methodology.

PATIENT IMPACT

The CGRS is designed to ensure that clinical areas comply with the 16 standards for quality and safety thus ensuring that the healthcare delivered at NGH is safe and effective for the population we serve.

STAFF IMPACT

The CGRS will facilitate a rise in understanding of the CQC Essential Standards for Quality and Safety.

FINANCIAL IMPACT

Failure to achieve compliance with the CQC essential standards at Directorate level could result in financial penalties for the Trust.

EQUALITY AND DIVERSITY IMPACT

The CGRS assesses whether staff deliver healthcare that meets the needs of the community we serve and that no act or omission is detrimental to a diverse group of staff or population.

LEGAL IMPLICATIONS

It is a legal requirement for NGH to monitor compliance with the CQC essential standards and this is monitored at Board Level. The CGRS ensures there is also accountability for compliance throughout the organisation.

RISK ASSESSMENT

Failure to demonstrate ongoing compliance with the CQC Essential Standards for Quality and Safety will put the Trust services at risk of having conditions attached to the registration and possible enforcement action being taken.

RECOMMENDATION

The Board are asked to note the contents of this report and support the ongoing development of the CGRS as a support mechanism to the 'Confirm and Challenge' assurance mechanism currently in place.

Introduction
The Board is aware that we already have a robust assurance 'Confirm and Challenge' process in place for the corporate assessment of compliance with the Care Quality Commission (CQC) Essential Standards for the Quality and Safety. However, the process does not provide us with the detail required at Directorate/Ward level to allow us to target areas for support and improvement programmes.

The CQC inspects organisational compliance at 2 levels, corporate and ward/department level. We are very aware that we may have an unannounced inspection at any time – and definitely within the next 14 months. With this in mind the Clinical Governance team have developed a process called the Clinical Governance Review Scheme (CGRS) which will;

- Seek assurance of compliance with the standards at the point of care delivery.
- Improve understanding of the essential standards with staff working in clinical settings.

The aim of this process is to compliment the 'Confirm and Challenge' assurance process, thereby allowing the Board to have a full understanding of our compliance within the Essential Standards for Quality and Safety.

Development of the Assessment Tool
The CGRS was developed using guidance published by the CQC on monitoring compliance and CQC inspection reports. The assessment tool covers all 16 essential standards and mimics the inspections undertaken by the CQC. The tool uses a variety of methods to assess compliance including;

- Questions to all staff
- Observing practical
- Reviewing health records
- Questions to patients.

An example can be found in appendix 1. The review also takes into account a wide variety of governance information already available such as;

- Matrons dashboard
- Head Nurse Quality Indicators
- Human Resources information
- Infection prevention dashboard

The Review Process (Appendix 2)
On 4th February 2011 two internal inspection teams undertook four unannounced inspections on EAU, Hawthorne, Cedar and Balmoral. The teams specifically chose to arrive unannounced to replicate the inspection approach of the CQC. Assessment teams were led by the Director of Nursing; or Deputy Director of Nursing & Governance.

Teams introduced themselves to staff and tried to remain as unobtrusive as possible whilst they observed practice, interviewed staff and patients and reviewed health records. Notes were made throughout the assessment and then findings were attributed to the appropriate essential outcomes. Teams then made an objective judgment based on their findings, triangulating evidence where at all possible. To ensure the judgments were fair and proportionate, the three teams reviewed each other's findings and agreed on the final judgment.

A detailed report will be submitted to the Head Nurse (the DM and CD will be copied in) within 10 working days for further action. Matrons will then be responsible for developing an action plan for areas of concern to the Head Nurse and Clinical Governance Facilitator within

10 working days. Action plans are to be monitored through the Directorate Governance Group with updates supplied to the Governance Unit.

Test Results
Broad themes for improvement were identified as follows:

- Dignity and respect
- Acting on clinical risk assessments
- Evidence of training in medical devices

However, it was encouraging to note that in all but 1 ward, areas of concern found by the team generally correlated to areas of non-compliance on the Head Nurse Quality Indicators and Matron's dashboards.

Next Steps

- The Clinical Governance team will develop an organisation wide program to allow all clinical areas to have a CGRS over the next four months. Areas will be prioritised if they are identified as at a higher risk on the dashboards; have experienced a Never Event; or if they have experienced a recent Serious Incident.
- There is a need to expand the review teams to allow a base of individuals familiar with the process but who will also provide consistency for ratings in the standards.
- The CGRS will be reported to the Board through the Quarterly Clinical Quality Safety Report for discussion at the Healthcare Governance Committee (HGC).

Recommendation
The Board are asked to note the contents of this report and support the ongoing development of the CGRS as a support mechanism to the 'Confirm and Challenge' assurance mechanism currently in place.

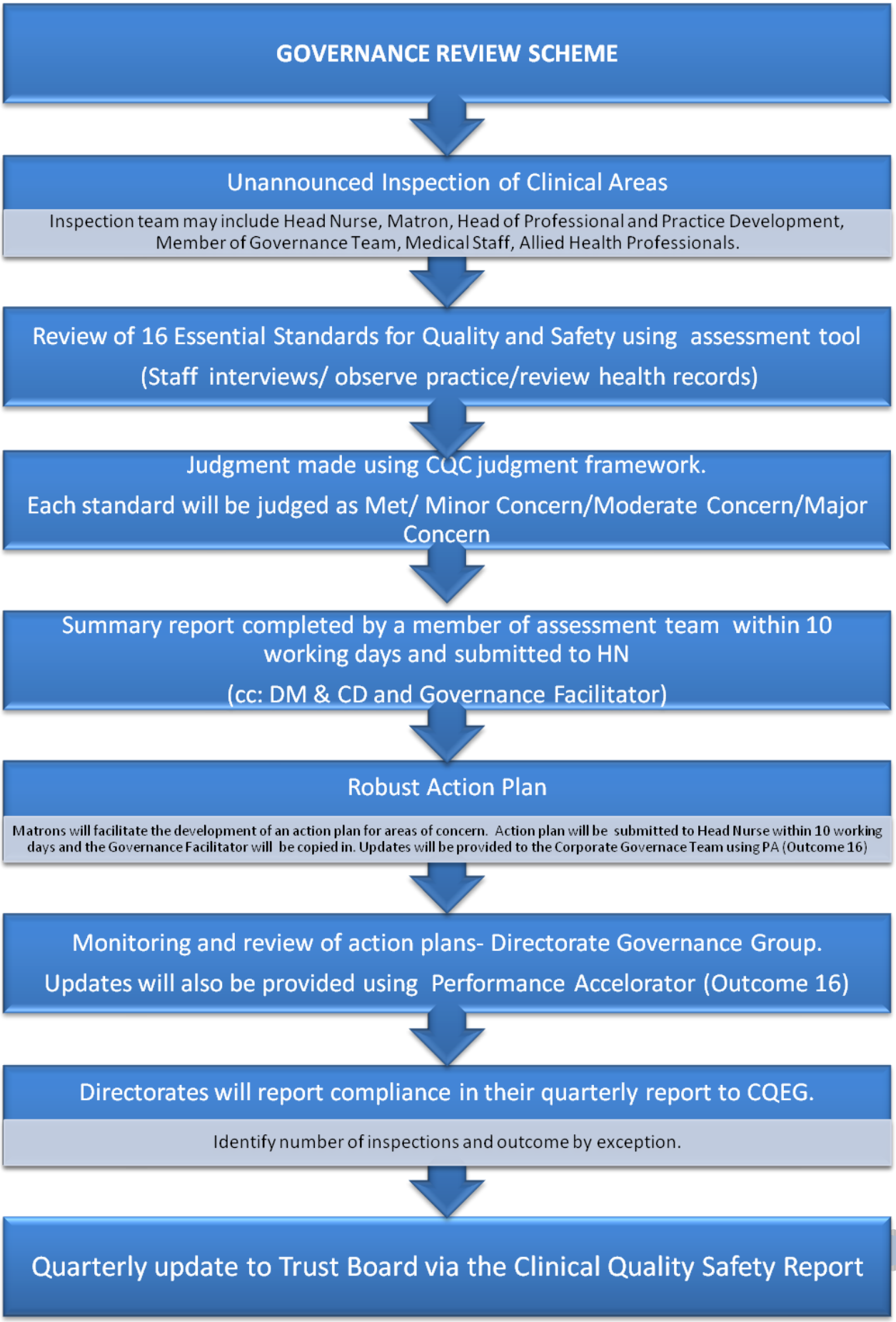
Outcome 2- Consent -NHSLA Mandatory training and Consent Policy.

Standard	Source	Yes	No	Comments
Have staff had training in taking consent? *The consent policy states that doctors that take consent for an invasive procedure or operation for which they cannot undertake must receive training. Staff that undertake procedures and operations must have had consent training.*	Ask doctors/ Nurses			
Have clinical staff had mental capacity act training ? This applies only to staff that will assess patients mental capacity	Ask Doctors and senior B5 and above nurses.			
Staff explain the risks and benefits to patients and provide patients with information (Pt records- review consent documents and medical records)	Observe documentation			
Staff explain the risks and benefits to patients (ask patients who have had a procedure or surgery)	Ask patients.			

JUDGEMENT - Compliance: An overall judgment should be made of compliance. You do not need to assess all of the elements above as a tick box exercise but instead should consider all of the relevant information. If the evidence suggests there are concerns about meeting the 16 regulations consider what is reasonable , practical and proportionate when making a judgment and read the guidance on P16-19.

NO CONCERN MINOR CONCERN MODERATE CONCERN MAJOR CONCERN **Please circle and comment.**

1


GOVERNANCE REVIEW SCHEME
Unannounced Inspection of Clinical Areas
Inspection team may include Head Nurse, Matron, Head of Professional and Practice Development, Member of Governance Team, Medical Staff, Allied Health Professionals.
Review of 16 Essential Standards for Quality and Safety using assessment tool
(Staff interviews/ observe practice/review health records)
Judgment made using CQC judgment framework.
Each standard will be judged as Met/ Minor Concern/Moderate Concern/Major Concern
Summary report completed by a member of assessment team within 10 working days and submitted to HN
(cc: DM & CD and Governance Facilitator)
Robust Action Plan
Matrons will facilitate the development of an action plan for areas of concern. Action plan will be submitted to Head Nurse within 10 working days and the Governance Facilitator will be copied in. Updates will be provided to the Corporate Governace Team using PA (Outcome 16)
Monitoring and review of action plans- Directorate Governance Group.
Updates will also be provided using Performance Accelorator (Outcome 16)
Directorates will report compliance in their quarterly report to CQEG.
Identify number of inspections and outcome by exception.
Quarterly update to Trust Board via the Clinical Quality Safety Report

PUBLIC TRUST BOARD SUMMARY SHEET	
Title: -	Performance Report
Submitted by: -	Christine Allen - Director of Operations
Date of meeting: -	23rd February 2011
Corporate Objectives Addressed: -	

SUMMARY OF CRITICAL POINTS: -

This report sets out the key areas of performance for Northampton General Hospital NHS Trust for Month 10 **(January 2011)**.

During January the following performance issues are of note:

- **Transit Time Performance**. The Trust did not achieve the transit time of 95%. The Trust achieved 92.91% up from 87.78% in December. The year to date position is 94.78%.
- **Cancer Standards**. The Trust achieved;
  - 80.7% for urgent GP referrals treated within 62 days against the standard of 85%. The year to date position is 86.8%.
  - 89.5% for subsequent surgery treatment against the standard of 94%. The year to date position is 99.3%.
  - 80% for all cancer patients treated within 62 days from a consultant upgrade against the standard of 85%. The year to date position remains above the standard at 90.4%.

PATIENT IMPACT: -

N/A

STAFF IMPACT: -

N/A

FINANCIAL IMPACT: -

N/A

RISK ASSESSMENT: -

N/A

EQUALITY & DIVERSITY IMPACT ASSESSMENT: -

N/A

RECOMMENDATION: -

Trust Board are asked to note the contents of this report.

Northampton General Hospital NHS
NHS Trust

PERFORMANCE REPORT – FEBRUARY 2011

1. INTRODUCTION

This report sets out key areas of performance for Northampton General Hospital NHS Trust for **Month 10** (January 2011). The report is based on the NHS Performance Framework - Service Performance Standards and Targets.

More detailed performance is reported by exception i.e. where performance is below standard, where there are specific pressures that present a risk to the ongoing achievement of any of the standards or where there are high profile issues e.g. new targets.

2. SERVICE PERFORMANCE

2.1 Performance Against National Targets

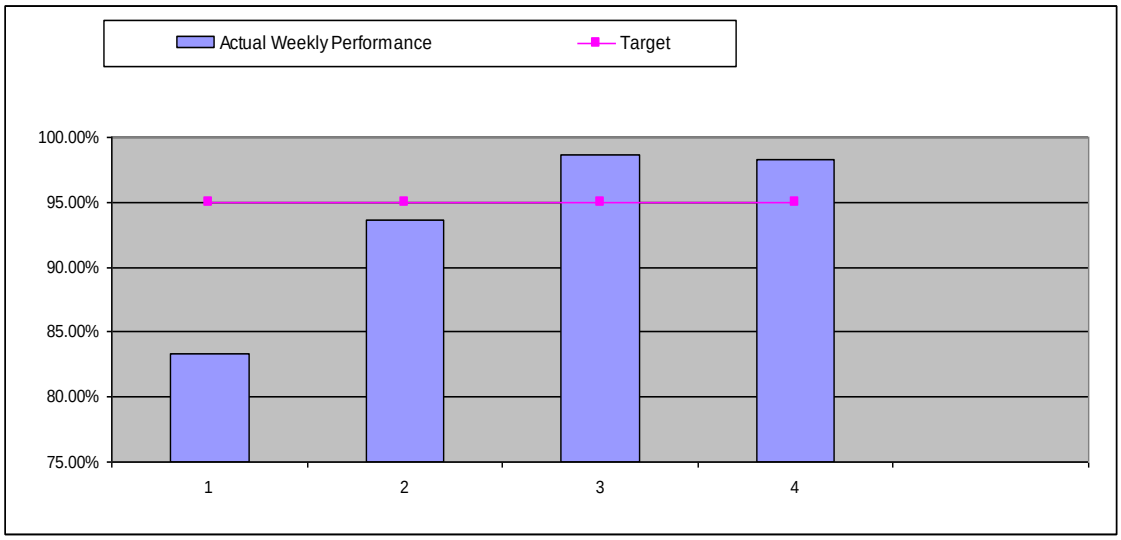
Performance Indicator	Monitoring	Standard	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	YTD	98%										
Cancelled ops-breaches of 28 days readmission guarantee as % of cancelled ops	YTD	5.00%										
MRSA	YTD	6										
C Diff	YTD	98										
18 weeks RTT-admitted	Quarter	90%										
18 weeks RTT-non- admitted	Quarter	95%										
Achievement of standards in all specialties	Quarter	0										
2 week GP referral to 1st outpatient	YTD	93%										
2 week GP referral to 1st outpatient-breast symptoms	YTD	93%										
31 day second or subsequent treatment-surgery	YTD	94%										
31 day second or subsequent treatment-drug	YTD	98%										
31 day second or subsequent treatment-radiotherapy	YTD	96%										
62 day referral to treatment from screening	YTD	90%										
62 day referral to treatment from hospital specialist	YTD	85%										
62 days urgent referral to treatment of all cancers	YTD	85%										
Reperfusion: Primary Angioplasty (PPCI)	YTD	75%										
Reperfusion: Thrombolysis	YTD	68%										
2 week RACP	YTD	98%										
Delayed transfer of care	Total in period	3.50%										
Patients that have spent more than 90% of their stay in hospital on a stroke unit	2008-09	60%										

2.2 Transit Time Target

In January 2011, the monthly position for the 4 Hour Transit Time Standard improved from 87.78% in December to 92.91%.

The unprecedented pressures on the Trust during December continued during the first two weeks of January.

Improvement in the weekly 4 Hour Transit performance during January 2011 is shown below:



Additional measures were implemented to manage the increased emergency demand and during the last two weeks of January the Trust recovered the position and achieved over the standard for each week. The year to date performance is currently at 94.78%. With the continued improvement in achieving the standard against the current predicted activity levels the Trust is on target to achieve the year end position.

2.3 Cancer Waits

During January the Trust did not achieve 3 of the Cancer Standards, however the year end position for all the Cancer Targets are above the standard.

2.4 62 Day Standard from Urgent GP Referral to Start of Treatment

During January 80.7% of urgent GP referrals were treated within 62 days against the standard of 85%. The year to date position is 86.8%.

A recovery plan has been developed and all Directorates are working towards achieving the standard for February and to maintain the year end position.

2.5 31 Day Standard for Subsequent Surgical Treatment

During January the Trust achieved 89.5% against the standard of 94%. The year to date position is 99.3%.

A recovery plan has been developed and all Directorates are working towards achieving the standard for February and to maintain the year end position.

2.6 62 Days from Consultant Upgrade to Start of Treatment

During January the Trust achieved 80% for all cancer patients treated within 62 days from a consultant upgrade against the standard of 85%. The year to date position remains above the standard at 90.4%, however this is a fall from 94.7% at the end of December. The Trust did not achieve the standard for quarter 3, achieving a quarterly performance of 84.6%.

A full recovery plan has been developed and the Trust is on target to achieve the year end position.

3. RECOMMENDATIONS

The Trust Board are asked to discuss and debate any issues arising from this report.

BOARD SUMMARY SHEET	
Title	Finance Report to the Board – January 2010/11
Submitted by	Mr J Drury, Director of Finance
Date of meeting	23rd February 2011
Corporate Objectives Addressed	Financial Duties / Financial Strategy

SUMMARY OF CRITICAL POINTS

Breakeven Financial Duty.
The Income and Expenditure performance of the Trust at month 10 shows a surplus of £184k.

Capital Resource Limit (CRL)
The Capital Resource Limit (CRL) for 2010/11 totals £10.385m with a further £778k from donations. Total capital expenditure of £7.419m has been incurred at month 10.

External Financing Limit (EFL)
The Trust's planned External Financing Limit is -£883k. The Trust is therefore forecast to generate a net inflow of £883k from operations and working capital during the year.

Capital Cost Absorption Rate
The Trust is required to achieve a capital cost absorption rate of 3.5%. Planned dividend repayments are forecast to achieve this duty.

Better Payment Practice Code (BPPC)
The position for August shows 71% compliance by volume and 50% compliance by value which is below the required target of 95% compliance.

PATIENT IMPACT

STAFF IMPACT

FINANCIAL IMPACT
Risk identified to achieving SHA control surplus target of £2m. Current forecast indicates a surplus of £1.0m to £1.5m at the financial year end.

EQUALITY AND DIVERSITY IMPACT

LEGAL IMPLICATIONS

RISK ASSESSMENT
This paper references to the BAF as follows:

- 33 Failure to produce adequate LTFM
- 40 Compliance with Prompt Payment Policy

RECOMMENDATION
The Board is asked to note the financial position for period ended January 2011.

Northampton General Hospital NHS
NHS Trust

FINANCE REPORT
JANUARY (MONTH 10)
2010/11

Key numbers at a glance

I&E Position	£000's	
	In-month I/E	183	£253k Deficit after Impairment reversal
	Forecast YTD	1,464	£1.5m Forecast surplus YTD
	Actual Year to date I/E	184	Surplus in Jan
	FIMS Plan (Year to date)	1,738	£1.7m Surplus YTD
	PCT SLA Income Variance	2,779	Above plan for YTD
	Full Year I&E Forecast	1,500	Forecast I&E surplus
	Financial Risks to Forecast	895	CIP Risk Q4

EBITDA Performance	£000's	
	Trust	(1,906)ADV	£1.9m behind original plan

Cost Improvement Schemes	£000's	
	In month delivery	527	CIPs achieved in January
	Year to date	8,394	CIPs achieved to Janauery
	Year to Go	1,816	17% of CIP forecast to be delivered
	Full Year Forecast	10,210	Total target £12m
	FYE Unidentified	1,790	Total target £12m

Capital	£000's	
	Year to date expenditure	7,419	Capital expenditure for period
	Forecast as % of plan	93%	Target minimum of 75%

SoFP (movement in year)	£000's	
	Non-current assets	(290)	In-year depreciation plus Capex
	Current assets	2,367	NHS Debtors & Accruals
	Current Liabilities	2,309	Accruals & Dividend

Cash	£000's	
	In month movement	(469)	Reduction over December 10
	In Year movement	(1,461)	Reduction over March 2010
	Debtors Balance > 30 days	1,786	Total outstanding over 30 days
	BPPC (by volume) YTD	71%	Target 95% paid in 30 days

KPIs		
	Financial Risk Rating (Shadow)	3	Surplus Margin low
	EBITDA	91.0%	91% achievement of plan
	Liquidity	17.5	Incl. unused WCF of £17m
	Surplus Margin	0.2%	Due to low level of surplus overall
	Pay / Income	65.9%	Pay 66% of Income for YTD

Overview Month 10

Performance against plan: The position for January is a year to date surplus of £184k compared to a planned surplus of £1.7m (FIMS) giving rise to an adverse variance of £1.55m against plan, (last month £437k surplus, £1.3m adverse to plan). The forecast position (August review) was for a surplus of £1.4m at the end of month 10. The underlying position for January was a deficit of £253k after adjustment for impairment reversal of £436 in month (see slide1.3).

SLA Income: Income from PCT SLAs is £2.8m (1.6%) ahead of plan (including £1.5m efficiency target). Minor improvement in Elective workload now £1.7m (9.8%) behind plan. Significant increase in NEL and Critical Care activity in January (£513k above forecast / accrued in M10). Day case activity remains above plan but continues to fall from 4% (Oct) to 0.3% ahead of plan in January. Outpatient procedures under commissioned and continue to perform above the plan set by the PCT for the year by £2.2m. A&E income remains at 8.8% below plan for the year to date. Income for excluded medicines has increased in line with spend and is broadly on plan. Total provisions of £2m have been included in the financial position to cover contract challenges. WIP estimated to have increased by £190k since the start of the year. Plan to January includes £667k for Stroke Centre opening in October (not included in PCT income guarantee).

Other Clinical Income: Private Patient Income is £200k (16%) behind plan and RTA and CRU income is £58k behind plan.

Other Income: Other income is £2,020k ahead of plan primarily due to R&D income, Medicine sales ,VAT claims and new Antenatal Screening contract (Pathology).

Risks: The Trust continues to identify the following factors as significant risks to the financial position:
- NEL activity demand
- CIP Delivery
- Cytokine Inhibitors (Excluded Medicine)
- Contract challenges for non NHSN PCTs

Pay: Pay increased by £300k between December and January. The primary reasons for this increase were the payment of December bank holiday enhancements of £150k combined with an additional pay week (5th week) in January. There was a reduction of £27k in the rate for agency costs although January saw an increase in the cost of Medical Locums of £54k (but £32k above the average run rate for the year). The overall cost of Nursing services reduced by £4k month on month. Within this figure bank costs accounted for a £59k reduction and agency expenditure a £36k increase. The costs of additional international recruitment will impact in Q4 and it is essential that the Trust plans for the additional staff by reducing reliance on temporary cover accordingly.

Headcount: At the end of January the Trust employed 3,716 WTE (3,727 WTE contracted). Worked WTE amounted to 3,899 WTE (3,873 WTE) including 190 WTE Bank Staff, 76 WTE Agency and 1 FTE Medical Locum utilised during January.

Non-Pay: There was an increase of £241k in non-pay expenditure between November and December, notably in medicines, clinical supplies, consultancy fees and training costs. The costs of the Resource Hub restructure, £50k and a contribution to the SHA Leadership Academy £24k were also accrued in M9. Within the position for medicines the cost of Cytokine Inhibitors is forecast to grow significantly over the financial year and currently stands at £370k above plan.

Cash: Cash balances reduced in January with continued unmet creditor demands. BPPC compliance remains at 71% by volume and 50% by value for the year to date (in month 93% by volume and 65% by value). Due to the requirement to repay the remaining H2 dividend and meet the year end EFL cash target of £3.8m creditor payments will need to be suppressed in March.

Forecast: The position based on the position to January gives rise to additional risk of achieving the £2.0m surplus target at the year end. The current forecast range is for a surplus range of £1.0m - £1.5m.

1.0 Income & Expenditure Account M10

I&E Summary	Plan 2010-11 £000's	YTD Actual £000's	YTD Plan £000's	Variance to plan £000's	Forecast YTD M10	FIMS YTD M10	Forecast EOY
SLA Clinical Income	203,479	172,355	169,576	2,779FAV	172,132	169,251	208,036
Other Clinical Income	2,914	2,056	2,421	(365)ADV	2,393	2,540	2,527
Other Income	22,533	20,824	18,804	2,020FAV	19,641	18,440	25,289
Total Income	**228,926**	**195,235**	**190,801**	**4,434FAV**	**194,166**	**190,231**	**235,852**
Pay Costs	(150,719)	(128,710)	(125,646)	(3,064)ADV	(127,294)	(122,806)	(154,110)
Non-Pay Costs	(60,531)	(54,980)	(50,422)	(4,558)ADV	(53,776)	(53,962)	(66,053)
CIPs	1,978		1,648	(1,648)ADV			
Reserves	(3,560)		(2,931)	2,931FAV			(500)
Total Costs	**(212,832)**	**(183,690)**	**(177,350)**	**(6,340)ADV**	**(181,070)**	**(176,768)**	**(220,663)**
EBITDA	**16,094**	**11,545**	**13,451**	**(1,906)ADV**	**13,096**	**13,463**	**15,189**
Depreciation	(9,847)	(7,836)	(8,174)	338FAV	(8,095)	(8,168)	(9,461)
Amortisation	(10)	(8)	(8)	(0)ADV	(9)	(25)	(10)
Impairment of Fixed Assets							
Net Interest	16	27	13	14FAV	12	12	35
Dividend	(4,253)	(3,544)	(3,544)	(0)ADV	(3,540)	(3,544)	(4,253)
Surplus / (Deficit)	**2,000**	**184**	**1,738**	**(1,554)ADV**	**1,464**	**1,738**	**1,500**
Normalised	**2,000**	**184**	**1,738**	**(1,554)ADV**	**1,464**	**1,738**	**1,500**

- **£184k year to date surplus.**
- **Forecast position was for a surplus of £1,464k for the year to date.**
- **DH (FIMS) Plan was for a surplus of £1.7m year to date.**
- **Year end forecast is for a £1.0m - £1.5m surplus (plan £2m).**
- **Agreed PCT forecast to January plus non-elective over performance included in YTD position.**

Notes to I&E Account

1. Reserves include £2.9m to cover CQUIN costs
2. £2m unallocated CIPs are b/fwd from 09-10
3. SHA control total £2m surplus.
4. Current forecast £1.5m surplus at year end.

1.1 Income & Expenditure Account (last 3 months)

3 Month Run Rate £000's	November		December		January			Av. YTD
	Actual	Plan	Actual	Plan	Actual	Plan	Forecast	Actual
SLA Clinical Income	17,331	17,255	17,288	16,580	17,454	16,841	17,083	17,235
Other Clinical Income	277	247	249	246	139	247	270	206
Other Income	2,172	1,846	1,959	1,878	2,139	1,844	1,892	2,082
Total Income	**19,780**	**19,348**	**19,497**	**18,704**	**19,733**	**18,932**	**19,245**	**19,524**
Pay Costs	(12,848)	(12,522)	(12,756)	(12,560)	(13,055)	(12,704)	(12,635)	(12,871)
Non-Pay Costs	(5,730)	(5,039)	(5,971)	(5,043)	(5,766)	(5,113)	(5,479)	(5,498)
CIPs	0	165	0	165	0	165	0	0
Reserves	0	(257)	0	108	0	(257)	0	0
Total Costs	**(18,579)**	**(17,653)**	**(18,727)**	**(17,330)**	**(18,821)**	**(17,909)**	**(18,115)**	**(18,369)**
EBITDA	**1,202**	**1,695**	**769**	**1,374**	**912**	**1,023**	**1,130**	**1,155**
Depreciation	(835)	(835)	(596)	(821)	(813)	(837)	(822)	(784)
Amortisation	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Impairment of Fixed Assets	0	0	(436)	0	436	0		0
Net Interest	4	1	3	(0)	4	1	1	3
Dividend	(354)	(354)	(354)	(354)	(354)	(354)	(354)	(354)
Surplus / (Deficit)	**16**	**506**	**(615)**	**198**	**183**	**(168)**	**(46)**	**18**

- £183k surplus in January (£253k deficit after impairment).
- SLA income £613k above forecast for the month.
- Income includes £513k for NEL and Critical Care over performance in January.
- Pay and non-pay expenditure above forecast for month.
- Impairment reversed on receipt of updated indices from DV.
- Other clinical income includes £50k for Antenatal Screening in January.

1.2 SLA Income by Point of Delivery M10

SLA Income by PoD £000's	Plan 2010-11	YTD Actual	YTD Plan	Variance to plan	%
Day Case	28,960	24,168	24,101	67FAV	0.3%
Elective Inpatients	20,712	15,602	17,300	(1,697)ADV	-9.8%
Non Elective	69,459	60,247	57,845	2,402FAV	4.2%
Outpatient First Attendances	13,077	10,383	10,958	(575)ADV	-5.2%
Outpatient Follow Up Attendances	9,786	9,332	8,201	1,131FAV	13.8%
Outpatient First - NCL	1,334	1,202	1,117	84FAV	7.6%
Outpatient Follow Up - NCL	1,624	1,876	1,361	515FAV	37.8%
Outpatient Procedures	1,292	3,244	1,083	2,161FAV	199.6%
A&E	7,291	5,527	6,061	(534)ADV	-8.8%
Excluded Medicines	9,498	7,953	7,915	38FAV	0.5%
Childrens Services	7,242	6,035	6,035	(0)ADV	0.0%
Critical Care & HDU	6,478	5,485	5,431	53FAV	1.0%
Pathology	4,982	4,367	4,176	191FAV	4.6%
Radiotherapy	4,034	3,586	3,359	227FAV	6.8%
Community Midwives	3,634	3,028	3,028	0FAV	0.0%
GP Direct Access Radiology	1,966	1,634	1,631	2FAV	0.2%
Unbundled Chemotherapy PSD	1,935	1,999	1,620	379FAV	23.4%
Breast Screening	1,074	895	895	0FAV	0.0%
Limb Centre	960	806	800	6FAV	0.8%
Audiology	769	641	641	(0)ADV	0.0%
Other Block Contracts	2,127	1,859	1,814	45FAV	2.5%
MRET	-1,299	-65	-1,082	1,018FAV	-94.0%
CQUIN	2,921	1,890	2,434	(544)ADV	-22.4%
ARMD	602	684	500	184FAV	36.8%
Stroke	1,000	72	667	(595)ADV	-89.3%
Productivity CIP / Overperformance	1,534		1,278	(1,278)ADV	-100.0%
Partially Completed Spells		190		190FAV	-100.0%
Provisions		-1,978		(1,978)ADV	-100.0%
Maternity Matters (10-11)	488	559	407	152FAV	100.0%
PCT Income Guarantee		1,135		1,135FAV	100.0%
Total SLA Clinical Income	**203,479**	**172,355**	**169,576**	**2,779FAV**	**1.6%**

Figures in brackets are previous months results

- Day cases 0.3% (0.8%) ahead of plan
- Elective 9.8% (9.6%) below plan
- Non-Elective 4.2% (3.4%) above plan
- Critical Care 1% above plan, £150k above forecast in January
- A&E 8.8% (8.3%) below plan but activity comparable to 09-10.
- Excluded Medicines funding remains broadly on plan.
- Pathology direct access over performing plan by 4.6% (4.4%).
- Chemotherapy 23.4% (23.6%) above plan.
- ARMD 36.8% (37.3%) ahead of plan
- £1.1m of Income guarantee accrued in YTD position.

Notes to Income by PoD:

1. CQUIN accrued to 75% of total potential value (1.5% of contract income)
2. Additional Stroke Centre income anticipated from October 10. Unbundled tariff subject to negotiation with PCT
3. Productivity CIP of £1.5m included in plan.
4. £1.1m of income recognised against PCT income guarantee. £0.5m relating to winter pressures.

1.3 SLA Activity M10

Activity	Plan 2010-11	YTD Actual	YTD Plan	Variance to plan	%
Daycase	39,434	34,159	32,817	1,342	4.1%
Elective Inpatients	8,980	6,819	7,507	-688	-9.2%
Non Elective	39,473	33,823	32,931	892	2.7%
New Outpatients	76,533	60,930	64,139	-3,209	-5.0%
Follow Up Outpatients	109,783	103,787	92,001	11,786	12.8%
Outpatient Procedures	9,409	22,518	7,886	14,632	185.5%
A&E Attendances	81,610	65,657	67,844	-2,187	-3.2%

Figures in brackets are previous months results

- Day Cases 4.1% (2.6%) ahead of plan
- Elective activity 9.2% (14.1%) below plan
- First Outpatients 5.0% (4.2%) below plan
- Outpatient procedures ahead of plan
- A&E Attendances 3.2% (3%) below plan
- T&O 18 weeks RTT target under pressure

2.0 Pay Expenditure (Month on month movement)

STAFF GROUP £000's	Nov		Dec		Jan		YTD Average
	Actual	Plan	Actual	Plan	Actual	Plan	Actual
Senior Medical Staff	2,160	2,232	2,237	2,232	2,059	2,145	2,060
Junior Medical Staff	1,249	1,299	1,229	1,299	1,265	1,299	1,232
Medical Locums (Agency)	156	74	180	74	234	74	234
Total Medical Staff	**3,564**	**3,606**	**3,646**	**3,606**	**3,558**	**3,519**	**3,526**
Nursing Staff - Qualified (Band 5 +)	3,734	4,237	3,615	4,144	3,630	4,077	3,520
Nursing Staff Unqualified	522	622	611	723	614	723	616
Bank Staff - Nursing	359	0	372	0	314	0	354
Agency Staff - Nursing	325	0	247	0	283	0	256
Total Nursing Staff	**4,939**	**4,859**	**4,845**	**4,868**	**4,841**	**4,799**	**4,745**
Managerial Staff	696	762	722	748	697	761	712
Agency Staff - Management	3	1	1	1	1	1	8
Administration Staff	1,252	1,333	1,233	1,336	1,225	1,324	1,202
Bank Staff - Admin	107	4	99	4	91	4	109
Agency Staff - Admin	50	1	15	1	17	1	31
Total Managerial & Admin	**2,108**	**2,102**	**2,071**	**2,092**	**2,031**	**2,091**	**2,061**
	0	0					
Other Clinical Staff	794	841	786	841	755	830	761
Scientific & Technical Staff	1,070	1,106	1,035	1,122	982	1,045	977
Estates Staff	69	70	66	73	80	86	72
All other Staff	525	564	526	586	693	749	616
Bank & Agency Staff - Other	53	1	65	1	61	1	58
Total Other	**2,511**	**2,582**	**2,478**	**2,624**	**2,572**	**2,711**	**2,483**
Salary Recharges Expenditure	50	30	49	30	54	30	56
Salary Recharges Income	-323	-211	-332	-211	0	-0	0
Net Salary Recharges	-273	-181	-283	-181	54	30	56
			0	0	0	0	0
CIPS	0	-404	0	-404	0	-404	0
Additional Activity	0	0			0	0	0
Vacancy Factor	0	-42	0	-42	0	-42	0
Total Cost Challenges	**0**	**-446**	**0**	**-446**	**0**	**-446**	**0**
Sub-Total Pay Expenditure	**12,848**	**12,522**	**12,756**	**12,562**	**13,055**	**12,704**	**12,871**

- **Overall pay cost for January above average for year**
- **International Nursing recruitment initiative to impact Q4.**
- **Medical Locum costs increased month on month by £54k.**
- **Bank Holiday enhancements of £150k relating to December paid in January (Nursing & ASC staff).**
- **Overall Bank & Agency decreased between M9 and M10 by £98k. (£22k Nursing).**

2.1 Non pay analysis

Non-Pay	YTD Actual	YTD Plan	Variance to budget	Variance %	January - M10 Actual	January - M10 Plan
Clinical Non Pay - Fixed						
Equipment Hire	(631)	(509)	(122) Adv	(23.9%)	(87)	(51)
Equipment Maintenance	(3,062)	(2,903)	(159) Adv	(5.5%)	(287)	(290)
Clinical Non Pay - Fixed Total	**(3,693)**	**(3,413)**	**(281) Adv**	**(8.2%)**	**-373**	**-341**
Clinical Non Pay - Variable						
Prosthesis	(1,114)	(1,368)	254 Fav	18.6%	(101)	(137)
Patient & Surgical Appliances	(1,617)	(1,546)	(71) Adv	(4.6%)	(145)	(155)
Patient Clothing & Travel	(127)	(94)	(33) Adv	(34.5%)	(13)	(9)
Lab Equipment Consumables	(2,841)	(2,241)	(600) Adv	(26.8%)	(372)	(224)
Blood	(1,294)	(1,387)	93 Fav	6.7%	(106)	(139)
Medicines	(16,699)	(16,002)	(697) Adv	(4.4%)	(1,715)	(1,591)
Medical & Surgical Items	(8,629)	(8,827)	198 Fav	2.2%	(848)	(888)
Dressings	(648)	(519)	(129) Adv	(24.9%)	(56)	(52)
Medical Gases	(140)	(167)	26 Fav	15.7%	(13)	(17)
X-Ray Consumables	(68)	(129)	61 Fav	47.0%	(4)	(13)
Clinical Non Pay - Variable Total	**(33,177)**	**(32,279)**	**(897) Adv**	**(2.8%)**	**-3,374**	**-3,224**
Clinical Non Pay - Total	**(36,870)**	**(35,692)**	**(1,178) Adv**	**(3.3%)**	**-3,747**	**-3,566**
Non Clinical Non Pay - Fixed						
Building & Engineering Equipment	(1,981)	(1,955)	(26) Adv	(1.3%)	(267)	(196)
Cleaning Equipment	(443)	(355)	(89) Adv	(25.0%)	(38)	(35)
Energy & Utilities	(1,768)	(1,856)	87 Fav	4.7%	(260)	(256)
Rates	(538)	(664)	126 Fav	18.9%	(69)	(66)
Printing & Stationery	(586)	(445)	(141) Adv	(31.8%)	(34)	(44)
Computer Equipment & Maintenance	(969)	(963)	(7) Adv	(0.7%)	(118)	(96)
Communications	(598)	(560)	(38) Adv	(6.8%)	(55)	(56)
Office Equipment	(522)	(483)	(40) Adv	(8.2%)	(24)	(48)
Non Pay CIP's	-	2,745	(2,745) Adv	(100.0%)	-	274
Audit Fee's	(721)	(858)	136 Fav	15.9%	(54)	(86)
Losses & Compensations	(309)	(279)	(30) Adv	(10.8%)	(54)	(28)
CNST	(4,140)	(4,264)	125 Fav	2.9%	(415)	(426)
Consultancy Fee's	(1,123)	(499)	(624) Adv	(125.1%)	(160)	(50)
Training	(562)	(645)	83 Fav	12.8%	(48)	(64)
Travel & Benefits	(1,055)	(828)	(228) Adv	(27.5%)	(90)	(83)
Staff Advertising	(42)	(50)	8 Fav	16.5%	(1)	(5)
Non Clinical Non Pay - Fixed Total	**(15,360)**	**(11,958)**	**(3,402) Adv**	**(28.4%)**	**-1,688**	**-1,267**
Non Clinical Non Pay - Variable	-	-				
Patient Provisions	(855)	(935)	80 Fav	8.5%	(72)	(93)
Patient Linen	(834)	(737)	(97) Adv	(13.2%)	(83)	(74)
Non Clinical Non Pay - Variable Total	**(1,689)**	**(1,672)**	**(17) Adv**	**(1.0%)**	**-155**	**-167**
Non Clinical Non Pay - Total	**(17,049)**	**(13,630)**	**(3,419) Adv**	**(25.1%)**	**-1,843**	**-1,434**
Expenditure SLAs:						
N PCT Services	-527	-470	(58) Adv	(12.3%)	-123	-50
NHT Transport	-106	-107	1 Fav	0.6%	-11	-11
Library Facilities - Northamptonshire PCT	-107	-104	(2) Adv	(2.2%)	-11	-10
Two Shires - Ambulances		-94	94 Fav	100.0%		-9
ECR	-1	0	(1) Adv	(193.4%)		0
Oxford - Ambulances	-1		(1) Adv	-		
Danetre Facilities	-319	-325	6 Fav	2.0%	-32	-33
Grand Total Non-Pay	**-54,980**	**-50,422**	**(4,558) Adv**	**(9.0%)**	**-5,766**	**-5,113**

- £3.4m (£3.8m) above plan for YTD
- Medicines overspend relating to tariff medicines and FP10s and external sales.
- Excluded Medicines underspent in total driven by Chemotherapy drugs. Cytokines group £370k overspent YTD.
- Medical and surgical expenditure £151k decrease month on month offset by stock reduction.
- Increase in building and maintenance supplies.
- Consultancy fees £624k overspent due to Transformation project costs.
- £50k Hub reorganisation costs and £25k SHA Leadership Academy costs accrued in M9.
- £3.4m Non-pay CIP target for year.

3.0 Workforce M10

Staff Group	Worked WTE Mth 12 2009/10	WTE Budget 2010/11 M10	Worked Mth 10 WTE	Contracted Mth 10 WTE
Senior Medical Staff	187.28	198.45	189.70	191.06
Junior Medical Staff	246.73	256.93	241.06	245.25
Medical Locums (Agency - Senior)	17.49	2.27	0.00	0.00
Medical Locums (Agency - Junior)	0.00	0.00	1.00	0.00
Total Medical Staff	451.50	457.65	431.76	436.31
Nursing Staff - Qualified (Band 5 +)	1083.03	1254.47	1090.50	1128.71
Nursing Staff Unqualified	338.73	400.12	327.58	343.17
Bank Staff - Nursing	119.41	0.00	118.54	0.00
Agency Staff - Senior Nursing	59.89	0.00	41.52	0.00
Agency Staff - Junior Nursing	0.00	0.00	22.54	0.00
Total Nursing Staff	**1601.06**	**1654.59**	**1600.68**	**1471.88**
Managerial Staff	157.80	169.66	152.58	165.80
Agency Staff Management	0.95	0.00	0.00	0.00
Administration Staff	635.24	716.03	646.71	684.88
Bank Staff - Admin	76.95	0.00	62.95	0.00
Agency Staff - Admin	10.59	0.00	3.31	0.00
Total Managerial & Admin	**881.53**	**885.69**	**865.55**	**850.67**
Other Clinical Staff	230.21	254.68	235.44	241.10
Scientific & Technical Staff	339.89	368.55	354.16	369.73
Estates Staff	25.61	32.55	27.45	25.00
All other Staff	378.00	399.06	372.56	318.47
Agency Staff - Other	11.65	0.00	8.40	0.00
Total Other	**985.36**	**1054.84**	**998.01**	**954.30**
Salary Recharges Expenditure	6.00	3.34	3.49	2.81
Salary Recharges Income	0.00	0.00	0.00	0.00
Net Salary Recharges	**6.00**	**3.34**	**3.49**	**2.81**
CIPS	0.00	0.00	0.00	0.00
Additional Activity	0.00	0.00	0.00	0.00
Vacancy Factor	0.00	0.00	0.00	0.00
Total Cost Challeges	**0.00**	**0.00**	**0.00**	**0.00**
Total Worked WTE	**3925.45**	**4056.11**	**3899.49**	**3715.97**
		FIMS Plan	**3774.00**	**3571.00**

- 3,716 WTE contracted at M10 (3,727 WTE at M9).
- 3,899 WTE worked (3,873 M9) (including overtime , bank and agency)
- £5m CIP target assigned to Pay equates to c. 135 WTE
- Medical Locums increase over Christmas period.
- International recruitment of additional Nurses impacting February and March.

4.0 Capital Expenditure Schemes

Category	Annual Budget 2010/11 £000's	Year to Date as at Month 10 Actual Spend £000's	Year to Date as at Month 10 Plan Achieved £000's	Year to Date as at Month 10 Actual Committed £000's	Year to Date as at Month 10 Plan Achieved £000's	EOY Forecast as at Month 10 Forecast Spend £000's	EOY Forecast as at Month 10 Under (-) / Over £000's
Breast Screening Business Case	600	524	87%	524	87%	524	-76
A&E / Fracture Clinic / EAU	30	2	6%	2	6%	5	-25
Room A (General X Ray Room)	350	347	99%	347	99%	347	-3
Room 5 (Interventional Room)	1,200	1,160	97%	1,172	98%	1,172	-28
IGRT retrofit to Linear Accelerator	575	509	89%	509	89%	509	-66
MESC	1,034	865	84%	897	87%	1,036	2
Estates	3,903	2,438	62%	3,092	79%	3,742	-161
IT	2,565	1,723	67%	2,228	87%	2,463	-102
Other	902	246	27%	314	35%	605	-297
Disposals	0	0	0%	0	0%	0	0
Total - Capital Plan	**11,159**	**7,813**	**70%**	**9,084**	**81%**	**10,403**	**-756**
Less Charitable Funds	-774	-394	51%	-433	56%	-774	0
Total - CRL	**10,385**	**7,419**	**71%**	**8,651**	**83%**	**9,629**	**-756**

- Replacement Breast Screening mobile & trailer is second year of business case (completed)
- Room A (completed) and Room 5 (completed) - replacement of existing radiology rooms
- IGRT retrofit improves patient treatment utilising existing linear accelerator received December, due to go live February 2011
- Current plan includes £500k (was £660k) relating to Macmillan scheme which is due to commencement work onsite 31 January 2011
- Current EOY forecast is £10.403 million (was £10.660 million) i.e. an underspend of £0.756 million
- Depreciation forecast in year has reduced by a further £286k (£361k in year)to £8.832 million

5.0 Statement of Financial Position

	Balance at 31-Mar-10	Current Month			Forecast end of year	
		Opening Balance	Closing Balance	Movement	Closing Balance	Movement
	£000	£000	£000	£000	£000	£000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	132,332	132,332	132,332		132,332	
IN YEAR REVALUATIONS		(1,156)	126	1,282	(309)	(309)
IN YEAR MOVEMENTS		7,106	7,420	314	10,562	10,562
LESS DEPRECIATION		(7,023)	(7,836)	(813)	(9,461)	(9,461)
NET BOOK VALUE	**132,332**	**131,259**	**132,042**	**783**	**133,124**	**792**
CURRENT ASSETS						
INVENTORIES	3,992	4,515	4,363	(152)	3,992	
RECEIVABLES						
NHS DEBTORS	6,102	7,538	7,797	259	4,036	(2,066)
OTHER TRADE DEBTORS	976	837	1,003	166	976	
DEBTOR IMPAIRMENTS PROVISION	(187)	(187)	(187)		(187)	
CAPITAL RECEIVABLES		19	19		450	450
NON NHS OTHER DEBTORS	127	407	500	93	127	
COMPENSATION DEBTORS (RTA)	2,428	2,454	2,414	(40)	2,428	
OTHER RECEIVABLES	864	732	831	99	864	
IRRECOVERABLE PROVISION	(259)	(259)	(259)		(259)	
PREPAYMENTS & ACCRUALS	534	1,805	1,924	119	534	
	10,585	**13,346**	**14,042**	**696**	**8,969**	**(1,616)**
CASH	2,352	1,360	891	(469)	3,761	1,409
NET CURRENT ASSETS	**16,929**	**19,221**	**19,296**	**75**	**16,722**	**(207)**
CURRENT LIABILITIES						
NHS	3,724	3,350	3,535	(185)	3,720	4
TRADE CREDITORS REVENUE	3,580	1,768	2,494	(726)	2,577	1,003
TRADE CREDITORS FIXED ASSETS	1,635	2,910	1,835	1,075	1,635	
TAX AND NI OWED	3,087	3,232	3,353	(121)	3,350	(263)
NHS PENSIONS AGENCY	1,676	1,699	1,731	(32)	1,676	
OTHER CREDITORS	443	337	465	(128)	380	63
SHORT TERM LOANS		385	385		437	(437)
ACCRUALS AND DEFERRED INCOME	3,210	5,351	4,745	606	3,210	
PDC DIVIDEND DUE		1,063	1,417	(354)		
STAFF BENEFITS ACCRUAL	1,234	1,234	1,234		1,234	
PROVISIONS	820	163	175	(12)	372	448
PROVISIONS over 1 year		349	349		374	(374)
NET CURRENT LIABILITIES	**19,409**	**21,841**	**21,718**	**123**	**18,965**	**444**
TOTAL NET ASSETS	**129,852**	**128,639**	**129,620**	**981**	**130,881**	**1,029**
FINANCED BY						
PDC CAPITAL	99,635	99,635	99,635		99,635	
REVALUATION RESERVE	29,257	28,341	29,116	775	29,116	(141)
DONATED ASSET RESERVE	6,343	6,041	6,063	22	6,508	165
I & E ACCOUNT BALANCE	-5383	(5,379)	(5,378)	1	(5,378)	5
I & E CURRENT YEAR		1	184	183	1000	1000
FINANCING TOTAL	**129,852**	**128,639**	**129,620**	**981**	**130,881**	**1,029**

Non current assets reduction since March due to negative indexation, and in year depreciation .

Overall indexation for 2010-11 confirmed to be neutral by District Valuer.

Reduction in MSSE stock in January.

Cash balance reduced by £469k month on month.

Increase in liabilities due to accruals, dividend and capital creditors.

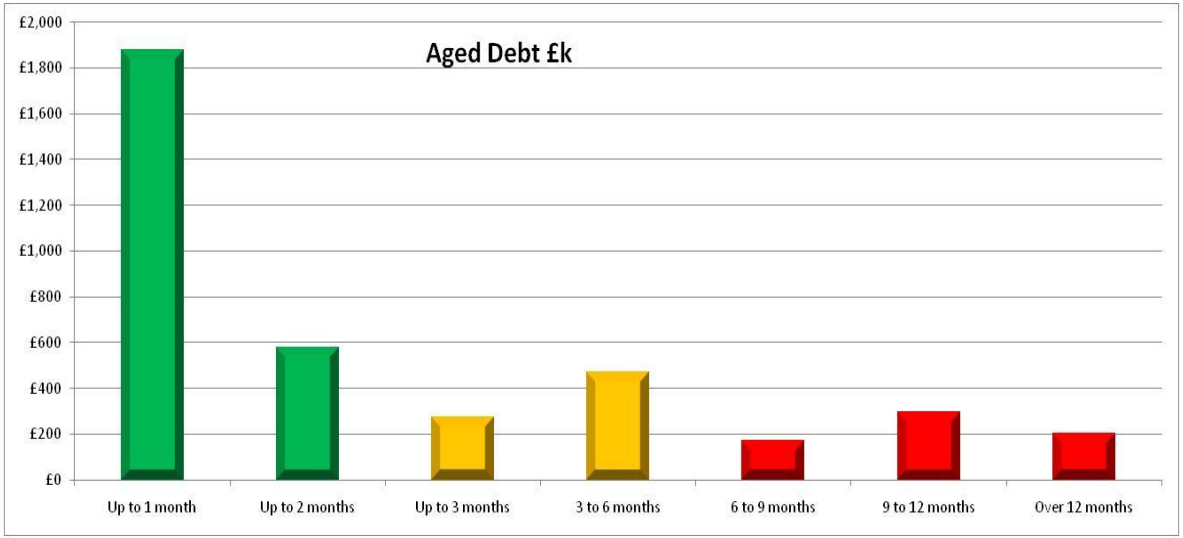
£3.8m year end cash target to meet EFL duty.

6.0 Cashflow

MONTHLY CASHFLOW	Annual £000s	APR £000s	MAY £000s	JUN £000s	JUL £000s	AUG £000s	SEP £000s	OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s
RECEIPTS													
NHS Contracts	213,112	17,179	16,722	17,237	17,703	19,921	17,660	16,612	17,662	17,913	17,613	18,445	18,445
SLA Performance	-900	0	0	0	0	0		0	0	0	0		-900
Debtors > 60 Days	557	0	0	0	0	0		0	0	0	0	432	125
Other Income	14,778	1,138	1,631	770	1,043	1,061	1,790	963	1,593	1,123	1,467	1,100	1,100
PP/ Other	10,554	745	937	704	1,108	670	1,019	1,171	910	1,034	707	750	800
New Loans :	0												
Salix Capital Loan	385	0	0	0	0	0		64	321	0	0	0	0
EFL / PDC	0	0	0	0	0	0		0	0	0	0	0	0
Temporary borrowing	0	0	0	0	0	0		0	0	0	0	0	0
Interest Receivable	31	2	2	2	1	2	4	4	4	3	4	2	2
Sale of Assets	0	0	0	0	0	0		0	0	0	0	0	0
Cash in Transit	72								100	-82	54		
TOTAL RECEIPTS	238,589	19,064	19,292	18,713	19,855	21,653	20,473	18,813	20,589	19,990	19,846	20,729	19,572
PAYMENTS													
Salaries and wages	149,698	12,252	12,427	12,443	12,586	12,525	12,531	12,378	12,513	12,546	12,447	12,450	12,600
Trade Creditors	74,881	4,658	7,448	6,195	6,524	6,663	7,782	7,170	6,487	6,784	6,415	6,612	2,144
Creditors > 30 Days	0	0	0	0	0	0		0	0				0
Capital Expenditure	8,136	826	479	274	580	513	524	492	810	868	1,454	315	1,001
PDC Dividend	4,254	0	0	0	0	0	2,127	0	0	0	0	0	2,127
Repayment of Loans	0	0	0	0	0	0		0	0	0	0	0	0
Repayment of Salix Loan	125	0	0	0	0	0		0	0	0	0	0	125
TOTAL PAYMENTS	237,093	17,736	20,354	18,913	19,690	19,701	22,965	20,040	19,809	20,197	20,315	19,377	17,997
Actual month balance	1,496	1,328	-1,062	-199	165	1,952	-2,491	-1,226	780	-207	-470	1,351	1,575
Balance brought forward	2,321	2,321	3,649	2,587	2,388	2,553	4,505	2,014	787	1,568	1,360	890	2,241
Balance carried forward	3,816	3,649	2,587	2,388	2,553	4,505	2,014	787	1,568	1,360	890	2,241	3,816

- **Credit note of £0.9m owed to EMSCG in relation to SLA underperformance.**
- **Capital expenditure run rate increasing in Q3 and Q4.**
- **Pressure on trade creditors expected in March.**
- **Agreement reached with PCT to cash profile in relation to year end income guarantee with NHSN.**
- **£3.8m EFL target for March 2011.**

6.1 Debtors



Top 10 Debtors over £10k by value:	Description	Value £	Date due:
NHS NORTHAMPTONSHIRE	Community midwives Mth11 09/10	103,212.56	08/04/2010
NHS NORTHAMPTONSHIRE	Community midwives Mth12 09/10	103,212.56	08/04/2010
NHS NORTHAMPTONSHIRE	Community midwives Mth 7 10/11	68,319.83	17/12/2010
NHS NORTHAMPTONSHIRE	Community midwives Mths 1&2 10/11	65,403.33	25/07/2010
NHS NORTHAMPTONSHIRE	Community midwives Mth 6 10/11	63,510.25	19/10/2010
NHS NORTHAMPTONSHIRE	Continuing Care	54,320.68	27/10/2010
NHS NORTHAMPTONSHIRE	KADIR (Overseas patient)	52,332.00	17/12/2011
MILTON KEYNES GENERAL HOSPITAL	Mr Gurr recharge	51,307.78	13/01/2010
NHS NORTHAMPTONSHIRE	Comm. Midwives Mth 5 10/11	44,271.92	16/10/2010
NHS NORTHAMPTONSHIRE	Comm. midwives Mth 3 10/11	42,210.66	21/08/2010

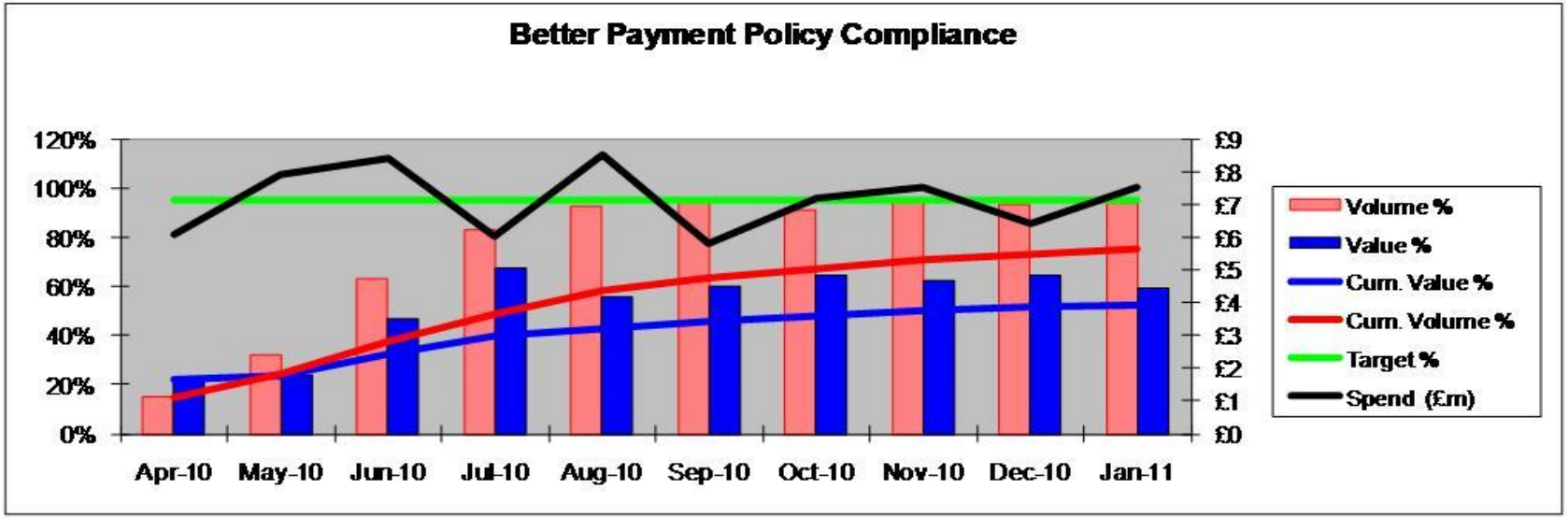
Top 10 Debtors over 2mths by age:	Description	Value £	Date due:
CRIPPS SOCIAL CLUB	SLA Apr to Sept 08/09	42,073.95	11/10/2008
CRIPPS SOCIAL CLUB	SLA Oct to Mar 08/09	42,073.95	26/04/2009
NORTHAMPTONSHIRE PCT	Recharge: Dr V Cole	19,879.14	07/09/2009
CRIPPS SOCIAL CLUB	SLA Apr-Sept 09/10	42,073.95	11/10/2009
NHS NORTHAMPTONSHIRE	Specialist palliative care funds	28,326.00	11/10/2009
NHS NORTHAMPTONSHIRE	Cost Re Dr Maliqi	16,906.27	05/03/2010
CRIPPS SOCIAL CLUB	SLA Oct - March 09/10	42,073.95	24/03/2010
NHS NORTHAMPTONSHIRE	Community midwives	103,212.56	08/04/2010
NHS NORTHAMPTONSHIRE	Community midwives	103,212.56	08/04/2010
NHS NORTHAMPTONSHIRE	Specialist palliative care funds	28,326.00	10/04/2010

- £855k increase from April.
- NHT Medicines now billed on account each month.
- £1.986m (£2.55m) older than 30 days (£667k 6mts+).
- Overseas Visitors £148k of which £24k > 12 months.
- 149 cases referred to Debt Collection agency 35 (£91k) overseas.
- Write offs in month totalled £4k.
- CRIPPs Recreation Centre £168k outstanding (50% provided). £42k expected in March 11.
- All outstanding Maternity Matters settled by February 11.
- £0.3m (H2) Clinical Excellence Awards paid in January 11.

6.2 Better Payment Policy Code (BPPC)

	NHS			Non-NHS			Total		
	Paid within 30 days	Total Paid	%	Paid within 30 days	Total Paid	%	Paid within 30 days	Total Paid	%
Value £	1,820,013	9,985,551	**18%**	26,654,799	47,119,865	**57%**	28,474,812	57,105,416	**50%**
Volume	906	1,481	**61%**	29,313	41,267	**71%**	30,219	42,748	**71%**

- **Performance impaired in January reducing compliance by volume to 71%.**
- **Trust unable to recover cumulative performance to meet target over remainder of financial year.**
- **Agreement with PCT to bring forward payment date of monthly mandate and year end agreement cash backed in 10-11.**
- **Target BPPC compliance is 95%**



7.0 Monitor (Shadow) Financial Risk Rating

Financial Criteria	Metric	Weight %	Jan	YTD Rating	YTD Score	Fcst Score	Fcst Rating
Achievement of Plan	EBITDA Achieved (% of plan)	10%	86%	4	0.40	4	0.40
Underlying Performance	EBITDA Margin %	25%	5.9%	3	0.75	3	0.75
Financial Efficiency	Return on Assets	20%	3.02%	3	0.60	3	0.60
Financial Efficiency	I&E Surplus Margin	20%	0.1%	2	0.40	2	0.40
Liquidity	Liquidity Ratio (Days cover)	25%	16.31	3	0.75	3	0.75
Weighted Average		100%			3		3

- Shadow FRR score of 3 (monitor require minimum of 3)
- Forecast score of 3
- EBITDA achieved scoring 4 out of 5.
- EBITDA Margin 5.9 % (6.1%) delivering a score of 3
- ROA low due to low level of YTD surplus.
- Surplus margin 0.1% due to low level of I/E surplus.
- Liquidity days cover includes unused Working Capital Facility of £17m (per LTFM)
- Monitor review on quarterly basis.

	< Good >		Score	< Bad >	
Metric	5	4	3	2	1
EBITDA Achieved (% of plan)	100	85	70	50	<50
EBITDA Margin %	11	9	5	1	<1
Return on Assets	6	5	3	-2	<-2
I&E Surplus Margin	3	2	1	-2	<-2
Liquidity Ratio (Days cover)	60	25	15	10	<10

8.0 Conclusions & Actions

- Position for January £200k below forecast due to winter pressures. Additional non-elective and Critical Care income accrued in year to date position to offset costs of delivery.
- Increased risk to forecast outturn with expected year end outturn now £1.5m surplus (Plan £2.0m surplus).
- Income guarantee for FY10-11 reached with Northampton PCT and forecast position for January accrued, plus £0.5m NEL and critical care over performance.
- Cashflow restrictions forecast for March.
- Strict non-pay controls required in March to avoid excess ordering / spending underspent budgets.

BOARD SUMMARY SHEET	
Title	HR REPORT
Submitted by	Chanelle Wilkinson Director of HR & Organisational Development
Date of meeting	February 2011
Corporate Objectives Addressed	Objective 5

SUMMARY OF CRITICAL POINTS

This is the monthly HR report for January 2011and focuses on the following topics:-

- Return to Work Monitoring
- HR Caseload Activity
- Workforce Trends – Key Performance Indicators

PATIENT IMPACT - All

STAFF IMPACT - All

FINANCIAL IMPACT - None

EQUALITY AND DIVERSITY IMPACT - None

LEGAL IMPLICATIONS - N/A

RISK ASSESSMENT - : Managing workforce risk is a key part of the Trust's risk assessment programme.

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

1. HR DIRECTORATE UPDATE

This report provides a brief overview of the progress made with return to work monitoring and the HR caseload activity undertaken in January 2011. In addition, the report provides a summary of the Trust's HR Key Performance Indicators for December 2010.

2. RETURN TO WORK MONITORING

The table below summarises the results by directorate of the percentage number of return to work interviews completed against the number of staff who were recorded as having been off work and returned between the months of July 2010 and December 2010 due to sickness absence.

Directorate	July 2010 (%)	August 2010 (%)	Sept 2010 (%)	Oct 2010 (%)	Nov 2010 (%)	Dec 2010 (%)
Medicine	54%	31.5%	12.1%	26.6%	43.6%	54.6%
Surgery	72%	75%	84%	76%	69%	81%
Anaesthetics	87%	95%	81%	84%	83%	84%
T&O	80.9%	91%	65.6%	96%	78.4%	91.8%
Head & Neck	83%	86%	88%	72.7%	92.9%	97.6%
Child Health	30.9%	44%	59%	51%	57%	37%
Obs & Gynae	11%	22%	46%	67%	57%	65%
Oncology	62%	32.5%	72%	6%	20%	25%
Pathology	78%	51%	89%	76%	86%	85%
Radiology	81%	56%	78%	100%	84%	100%
Pharmacy	100%	100%	100%	92%	100%	94%
Therapies	100%	81%	94%	100%	94%	100%
Facilities Hospital Support	54.4% 67.4%	95% 70.5%	69% 91.5%	83% 91.5%	72% 82.5%	90% 76%

The most significant improvements in the number of return to work interviews being carried out in December 2010 have been made in Medicine, Surgery, Trauma and Orthopaedics, Head and Neck, Obstetrics and Gynaecology and Facilities.

The two Directorates with the greatest concern for completing return to work interviews are Child Health and Oncology. As a result, information detailing each episode of sickness has been sent to managers to ensure that return to work interviews are completed. The HR Business Partner has issued a strong message at the Heads of Department meeting in Oncology and issued a target of 75% for the February returns.

The HR Business Partner for Medicine has also increased the target for returns from 60% to 75% by the end of March 2011.

In addition, to put the return to work percentages into perspective, the table below breaks down the numbers of staff off sick during the months of

November 2010 and December 2010 and the numbers of staff who received a return to work interview.

Directorate	Nov 2010 (%)	Numbers of staff off sick in November 2010	Numbers of Return to work interviews carried out in November	Dec 2010 (%)	Numbers of staff off sick in December 2010	Numbers of Return to work interviews carried out in December
Medicine	43.6%	186	81	54.6%	326	178
Surgery	69%	77	53	81%	97	79
Anaesthetics	83%	18	15	84%	31	26
T&O	78.4%	51	40	91.8%	49	45
Head & Neck	92.9%	28	26	97.6%	43	42
Child Health	57%	72	41	37%	77	28
Obs & Gynae	57%	89	51	65%	125	81
Oncology	20%	48	9	25%	52	13
Pathology	86%	37	32	85%	52	44
Radiology	84%	19	16	100%	22	22
Pharmacy	100%	10	10	94%	16	15
Therapies	94%	18	17	100%	21	21
Facilities Hospital Support	72% 82.5%	54 51	39 42	90% 76%	72 72	65 55

5. HR CASE WORK

The table below identifies the active HR case work across the Trust up to the end of January 2011.

Type	Open Cases October 2010	Open Cases November 2010	Open Cases December 2010	Open Cases January 2011
Capability	2	2	2	3
Conduct	17	17	18	15
Harassment & Bullying	7	8	7	7
Grievance	10	9	6	8
Sickness	63	67	76	69
Employment Tribunals	1	1	1	0
Suspension	1	1	0	1
Other	6	4	13	12
TOTAL	**107**	**109**	**123**	**115**

The HR caseload remains fairly static for all types of formal cases except sickness absence cases. The reduction in the formal cases is due to long term sickness absence cases being closed.

The number of grievances have increased by two and these are due to individuals raising a grievance in relation to being performance managed.

A breakdown of the grievances lodged is as follows:

- 2 x Bullying & Harassment (excluding Dignity at Work cases)
- 1 x Payments related
- 1 x organisational change
- 1 x Car Parking
- 1 x annual leave entitlement
- 2 x performance related.

4. WORKFORCE TRENDS – Key Performance Indicators (KPIs)

This section of the report identifies the key themes emerging from the Human Resources KPI report for December 2010 and identifies trends against Trust targets. A summary of the key actions taken to meet targets is as follows:

Total Trust Sickness Absence – December 2010 - Appendix A
The total sickness absence rate for all staff increased from 4.13% in November 2010 to 5.20% in December 2010. The general consensus from the HR Business Partners is that this disappointing figure is largely due to seasonal viruses, colds and flu outbreaks, in particular on the wards. This can be demonstrated by the increase in ward based sickness absence for staff on Band 5 and above. The increase was significant from 3.89% in November 2010 to 6.85 % in December 2010. This is the highest rate for the past 13 months. HR Business Partners will be targeting the ward managers in these areas.

Total Sickness Absence by Directorate – December 2010
Table 1 below shows total sickness absence by Directorate between October 2010 and December 2010. The table provides evidence that over the three month period there has been a continued increase in sickness absence rates within most Directorates except Trauma and Orthopaedics, Therapies and Facilities.

Table 1

Directorate	Total Sickness Absence October 2010 (%)	Total Sickness Absence November 2010 (%)	Total Sickness Absence December 2010 (%)
Medicine	3.67	4.21	6.28
Surgery	3.51	3.59	4.43
Anaesthetics	3.82	2.94	4.64
T&O	5.26	6.81	6.50
Head & Neck	2.77	3.22	5.64
Child Health	4.64	3.91	5.23
Obs & Gynae	3.76	3.75	5.87
Oncology	3.75	3.33	4.43
Pathology	3.79	3.54	4.88
Radiology	1.77	3.28	3.29
Pharmacy	2.31	4.10	4.75
Therapies	3.48	5.93	2.92
Facilities	6.02	6.35	5.48
Hospital Supp.	3.05	3.66	3.92

The HR Business Partners continue to target areas of concern and the summary in the section below provides more detail of the reasons for concern and the actions that have or will be taken**.**

The HR Business Partners have been meeting with managers to discuss the members of staff who have met the trigger points and they have been supporting the managers to identify those staff that need to be issued with improvement notices at the informal stages.

The revised sickness absence policy is in its infancy so the effect of the tighter controls by the trigger points will not have taken full effect. However, it must be noted that Staff Side have reported to the HR department that they are receiving a higher number of enquiries from members in relation to the informal stages of the procedure and improvement notices.

The HR Business Partners have carried out sickness absence training across the Trust and will continue to provide this at local level.

Summary by Directorates - December 2010
Short term and long term sickness absence is measured separately. Please note that the summary below has taken into account the information in both Table 1 and Table 2 and for the purpose of this section of the report, ward sickness absence includes all staff working in ward areas.

Table 2

Directorate	Short Term November 2010 (%)	Short Term December 2010 (%)	Long Term November 2010 (%)	Long Term December 2010 (%)
Medicine	2.98	4.15	1.23	2.13
Surgery	2.30	2.98	1.29	1.45
Anaesthetics	1.22	3.27	1.72	1.37
T&O	3.00	2.72	3.81	3.78
Head & Neck	1.77	4.23	1.45	1.41
Child Health	2.12	3.32	1.79	1.91
Obs & Gynae	2.00	3.75	1.74	2.12
Oncology	2.04	3.15	1.28	1.28
Pathology	2.70	2.59	0.84	2.29
Radiology	2.66	1.01	0.62	2.28
Pharmacy	1.83	2.50	2.27	2.25
Therapies	3.12	2.92	2.81	0.00
Facilities	4.31	3.45	2.04	2.03
Hospital Supp.	2.49	1.62	1.17	2.30

Medicine
As a result of seasonal illness, short term sickness absence increased to 4.15% and the total sickness absence increased by 2.07% to 6.28%. There is a focus on managing short term sickness to identify wards with absence of over 4.5% from one, two or more occasions. Areas of concern are Compton Ward (16.12%), Creaton Ward (10.53%), Night Team Practitioners (12.62%), Stroke Unit (14.69%) and Victoria Ward (22.44%). The HR Business Partner will be meeting the ward managers together with the Matrons to identify the numbers of staff who need to be managed. The HR Business Partner will be

monitoring the number of improvement notices in these areas at budget setting meetings.

General Surgery
Sickness absence is at the highest rate for six months as a result of seven long term cases, of which five cases are expected to return to work soon. These cases are within the Colorectal and Gastric departments, the Day Surgery Unit and Willow Ward.

Anaesthetics
Sickness absence increased by 1.7%, there were 50 absences with 259 days lost. Three absences were long term resulting in 93 days lost. Long term sickness is prevalent in the Pain Clinic and ITU. Short term sickness absence was high due to seasonal illnesses such as colds and flu.

Trauma and Orthopaedics
The areas of high sickness continue to be Manfield Day Surgery where the percentage is high due to one staff member being on long term sickness in a small team. Housekeeping has three staff members on long term sick leave and Collingtree Ward and Fracture Clinic also have long term sickness absence cases. Managers within the departments are starting to be proactive in managing short term sickness absence and a number of staff, particularly in ward areas are on notices of improvement for their absence levels. This is reflected in the overall figures for the Directorate where the increase has been less than the rest of the hospital.

Head and Neck
Short term sickness absence accounted for 4.23% of all sickness absence within the Directorate and long term sickness absence accounted for 1.41%. The Directorate has four members of staff on long term sickness which are being actively managed by the manager, together with the HR Business Partner. Short term sickness absence was attributable to a virus which affected a large number of staff within the Ophthalmology Department and Singlehurst Ward.

Oncology
There was a 1.1% increase in total sickness absence and areas that have seen a significant increase include the Artificial Limb Fitting Service (12.27%), Clinical Haematology OPD (14.75%), MacMillan Nurses (9.69%), Oncology OPD(6.4%) and Talbot Butler Ward (7.57%). Managers will be contacted and assisted with managing those staff through the sickness absence policy. Sickness absence will continue to be raised at the DMB. Improvement notices are being issued and it is anticipated that staff will begin to move into the formal stages enabling HR Business Partners to support managers to action those staff who are unable to sustain attendance at work. Trigger reports are also being sent to managers, which identify those members of staff whom require management under the sickness procedure.

Obstetrics and Gynaecology
Sickness absence has increased by 2.2 WTE as a result of a high numbers of colds, flu and viruses being reported. This is reflected in the short term sickness absence rate which has increased by 1.75%. Additional training sessions in respect of the application/familiarisation of the new sickness policy have been put in place for managers.

Child Health
Total sickness absence increased by 1.32% to 5.23%. Short term sickness absence was the biggest contributory factor to the overall rise in sickness absence. Areas that have seen a significant increase in sickness absence are Child Community Nurses (11.74%), Child Outpatients (17.4%), Disney Ward (7.58%) and Paddington Ward (11.83%). Following return to work interviews the majority of reasons for absence were infectious types such as D&V, colds and flu which were prevalent amongst patients and staff. Sickness is being monitored at fortnightly management meetings and informal Improvement Notices have been issued to a number of staff.

Pathology
Long term sickness has increased by 1.45% as a result of six long term cases. Training has recently been provided locally on all aspects of sickness absence.

Radiology
Short term sickness absence remains low as a result of proactive management. There has been a slight increase in long term sickness absence due to four cases within different areas.

Pharmacy
There has been an increase in the total sickness absence as a result of short term sickness absence increasing slightly resulting in 84 days lost from 21 episodes. There remain four long term sickness cases resulting in 93 days lost from three episodes.

Therapies
Sickness absence has reduced significantly by 3.01% due to the effective management of long term sickness cases. There is no long term sickness absence and short term sickness absence is being proactively managed in line with Trust policy and the Occupational Health Department.

Facilities
Total sickness absence reduced by 0.87% to 5.47% as a result in the reduction of short term sickness absence. Management of sickness absence is improving with four members of staff pending a first warning stage and three members of staff are on Improvement Notices.

Hospital Support
Short term sickness absence has improved during December 2010 and this could be attributed to the fact that most individuals from Hospital Support do not work within the clinical areas. Long term sickness has increased but is being managed through the sickness absence policy.

Summary of key actions
The key actions are as follows:

- Managers to continue to carry out return to work interviews and HR Business Partners in the areas of poor submission to report their concerns at regular meetings for management action

- Those managers who continue to have persistent high levels of sickness absence rates will be subject to performance management

action by the line manager, in conjunction with the HR Business Partners

- HR Business Partners to send trigger reports to managers as a reminder that action should have been taken

- The HR Business Partners have carried out sickness absence training across the Trust and will continue to provide this at local level.

Staff Turnover December 2010 – Appendix B
The cumulative staff turnover rate (leavers) decreased from November 2010 to December 2010 from 8.56% to 8.27%.The public sector average is 8.60%, as reported in the Chartered Institute and Personnel Development "Annual Survey Report 2010".

The internal turnover rate has increased slightly, rising from 19.46% in November 2010 to 19.55% in December 2010. The significant increase in the internal turnover rate over the past six months is due to a high number of staff being moved or allocated to new cost codes within ESR.

Turnover by Directorates December 2010 – Appendix C
The table below details the actual turnover rate for December 2010 by Directorate:

Directorate	Oct 10 (%)	Nov 10 (%)	Dec 10 (%)
Medicine	6.87	6.55	6.65
Surgery	7.04	7.46	7.73
Anaesthetics	6.47	5.59	4.93
T&O	11.32	8.15	8.52
Head & Neck	9.49	9.35	9.35
Child Health	8.14	8.03	8.42
Obs & Gynae	7.88	8.25	7.80
Oncology	10.46	10.42	10.13
Pathology	8.87	10.00	10.10
Radiology	5.48	4.83	5.52
Therapies	6.94	7.04	7.14
Facilities	9.97	10.88	9.34
Pharmacy	5.50	8.62	4.46
Hospital Support	12.70	12.69	12.50
Trust Total	**8.61**	**8.56**	**8.27**

*Please note the formula for staff turnover is the number of leavers in the year divided by average total staff in the year.

Number of Staff in Post - December 2010
The number of staff in post, excluding bank staff, has decreased from 4,365 in November 2010 to 4,353 in December 2010. This figure is based on the number of staff with primary posts.

Full Time Equivalents December 2010 - Appendix D
The workforce full time equivalents decreased from 3,664 in November 2010 to 3,652 in December 2010.

Bank and Agency December 2010- Appendices E and F
Bank expenditure for December 2010 was £471,580, an increase of £5,751 on the previous month. Nursing and administrative & clerical agency

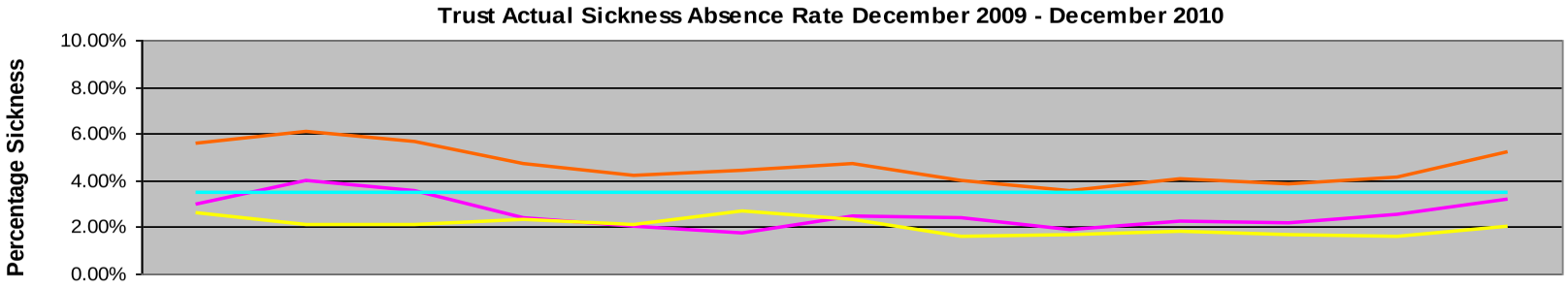
expenditure has decreased. Nursing and administrative and clerical agency expenditure for December 2010 was £192,185, a decrease of £129,862 on the previous month. The combined bank and agency spend for both staff groups in December decreased by £124,111 on the previous month.

The total agency expenditure (to include medical locums) for December 2010 was £431,723, a decrease of £87,723 on the previous month.

In December 2010 the total number of bookings received decreased by 192 compared with the previous month. The bank shift fill rate for December 2010 was 81% which continues to be above the Trust target of 80%. In total 6,082 bookings were received, 3,770 were filled by bank and 1,149 were filled by agency. The number of agency filled bookings has decreased by 77 compared with the previous month.

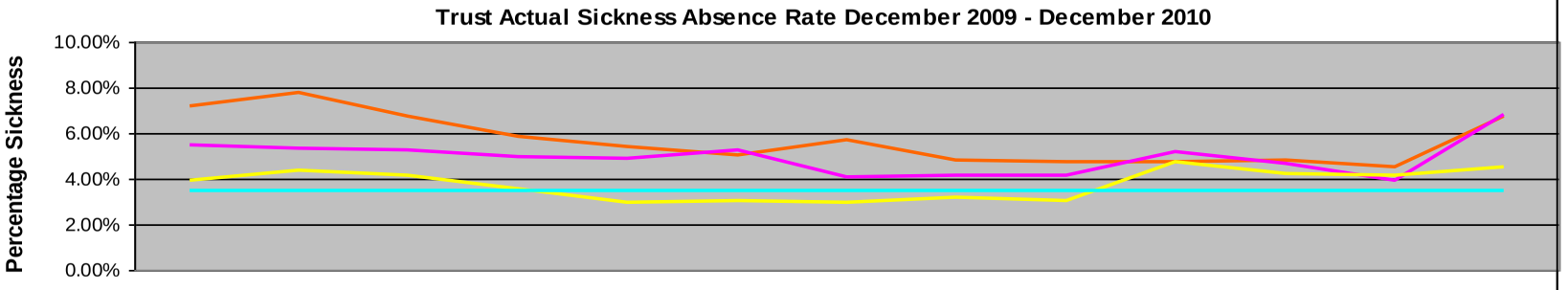
Chanelle Wilkinson
Director of Human Resources and Organisational Development
February 2011

Appendix A



	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
All Staff	5.56%	6.11%	5.63%	4.71%	4.18%	4.40%	4.74%	3.96%	3.55%	4.04%	3.81%	4.13%	5.20%
All Staff - Short Term	2.96%	3.98%	3.57%	2.42%	2.05%	1.73%	2.45%	2.38%	1.87%	2.27%	2.16%	2.53%	3.18%
All Staff - Long Term	2.60%	2.13%	2.07%	2.29%	2.13%	2.67%	2.29%	1.59%	1.69%	1.78%	1.68%	1.60%	2.02%
Trust Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

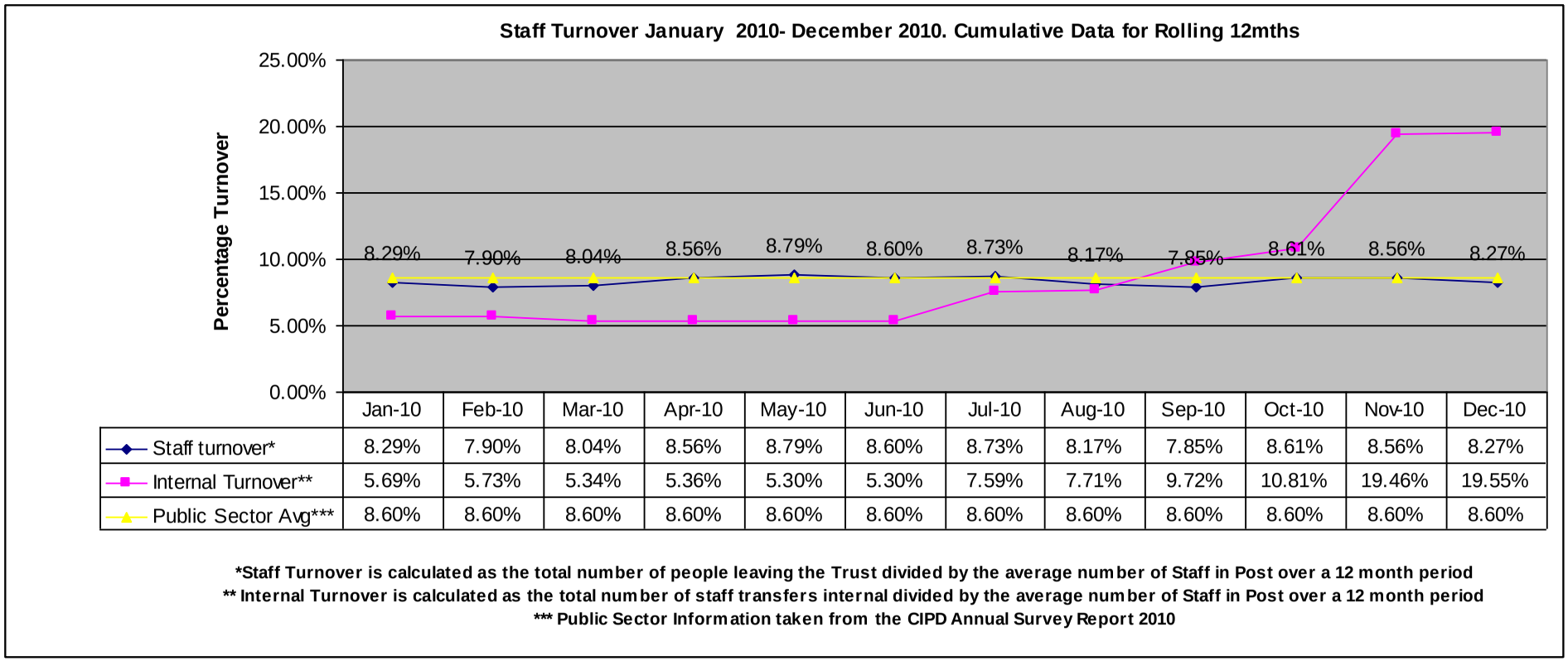
CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %



	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Bands 1 - 4	7.15%	7.80%	6.71%	5.87%	5.42%	5.06%	5.72%	4.80%	4.76%	4.74%	4.82%	4.55%	6.71%
Ward Staff - Band 5 & Above only	5.45%	5.31%	5.29%	4.95%	4.88%	5.23%	4.07%	4.14%	4.16%	5.20%	4.67%	3.89%	6.85%
All Staff - Band 5 & Above only	3.94%	4.35%	4.15%	3.56%	2.94%	3.03%	2.97%	3.15%	3.06%	4.71%	4.25%	4.17%	4.49%
Trust Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

CIPD Annual Absence Management Survey 2009 Quotes Public Sector Sickness rate at an average of 9.7 days per employee
Sickness Absence is calculated by the Proportion of the FTE Days Lost to Sickness expressed as a %

Appendix B



	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Staff turnover*	8.29%	7.90%	8.04%	8.56%	8.79%	8.60%	8.73%	8.17%	7.85%	8.61%	8.56%	8.27%
Internal Turnover**	5.69%	5.73%	5.34%	5.36%	5.30%	5.30%	7.59%	7.71%	9.72%	10.81%	19.46%	19.55%
Public Sector Avg***	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%	8.60%

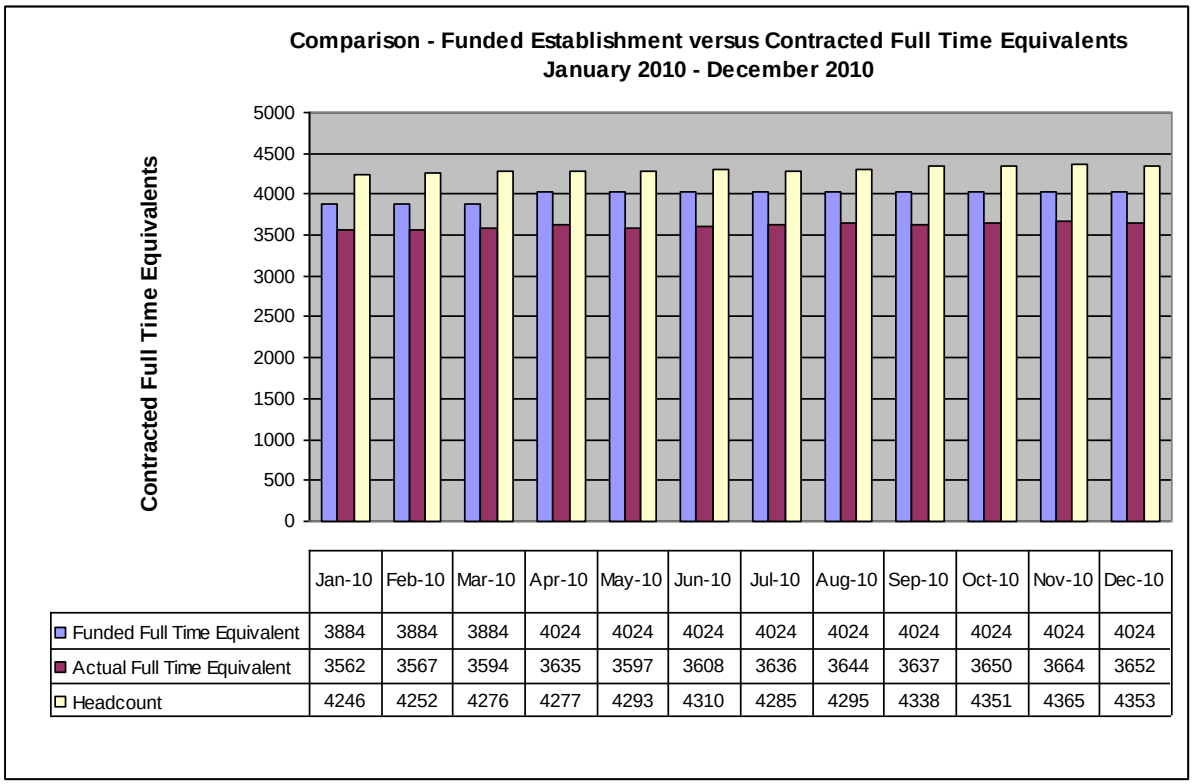
***Staff Turnover is calculated as the total number of people leaving the Trust divided by the average number of Staff in Post over a 12 month period**
**** Internal Turnover is calculated as the total number of staff transfers internal divided by the average number of Staff in Post over a 12 month period**
***** Public Sector Information taken from the CIPD Annual Survey Report 2010**

Appendix C

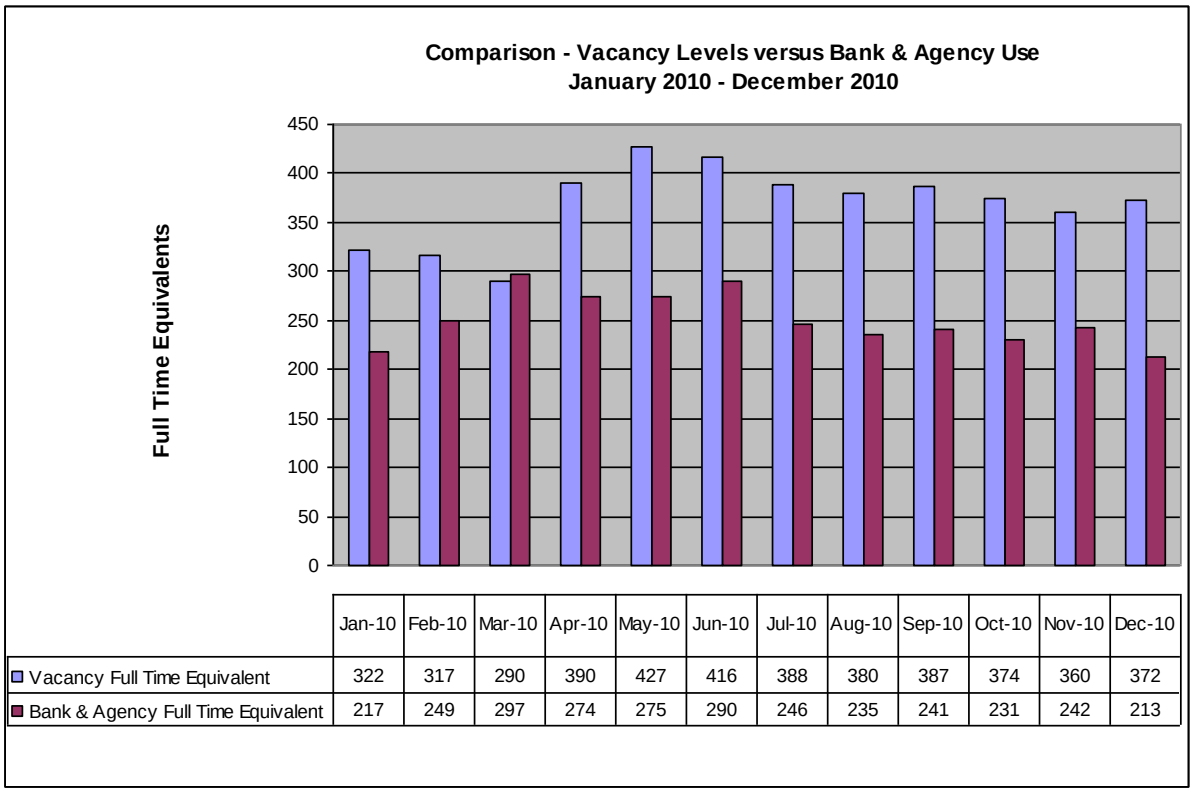
Summary of Turnover (Leavers) by Directorate (Permanent Positions, Cumulative over 12 Months)

Turnover (Leavers) (Permanent positions, Cumulative over 12 Months)	**Headcount** (Av. over 12 Months)	**FTE** (Av. over 12 Months)	**Starters** (Headcount)	**Starters** (FTE)	**Leavers** (Headcount)	**Leavers** (FTE)	**LTR** (Headcount %)	**LTR** (FTE %)
Medicine	782	622.37	83	58.69	52	37.81	6.65%	**6.07%**
Surgery	401	335.23	53	42.69	31	26.28	7.73%	**7.84%**
Anaesthetics	142	126.20	17	15.76	7	5.01	4.93%	**3.97%**
Trauma & Orthopaedic	270	224.41	42	35.81	23	17.68	8.52%	**7.88%**
Head & Neck	139	118.77	10	7.83	13	10.61	9.35%	**8.94%**
Child Health	297	233.76	23	18.71	25	17.61	8.42%	**7.53%**
Obs & Gynae	423	329.69	54	36.77	33	23.90	7.80%	**7.25%**
Oncology	237	198.68	18	13.95	24	18.56	10.13%	**9.34%**
Pathology	208	171.78	20	17.20	21	14.91	10.10%	**8.68%**
Radiology	145	123.44	11	7.24	8	6.64	5.52%	**5.38%**
Therapies	70	61.52	10	9.48	5	4.72	7.14%	**7.68%**
Facilities	332	281.69	30	23.77	31	24.85	9.34%	**8.82%**
Pharmacy	112	91.79	9	8.71	5	3.81	4.46%	**4.15%**
Hospital Support	782	622.37	83	58.69	52	37.81	6.65%	**6.07%**

Appendix D



	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Funded Full Time Equivalent	3884	3884	3884	4024	4024	4024	4024	4024	4024	4024	4024	4024
Actual Full Time Equivalent	3562	3567	3594	3635	3597	3608	3636	3644	3637	3650	3664	3652
Headcount	4246	4252	4276	4277	4293	4310	4285	4295	4338	4351	4365	4353



	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Vacancy Full Time Equivalent	322	317	290	390	427	416	388	380	387	374	360	372
Bank & Agency Full Time Equivalent	217	249	297	274	275	290	246	235	241	231	242	213

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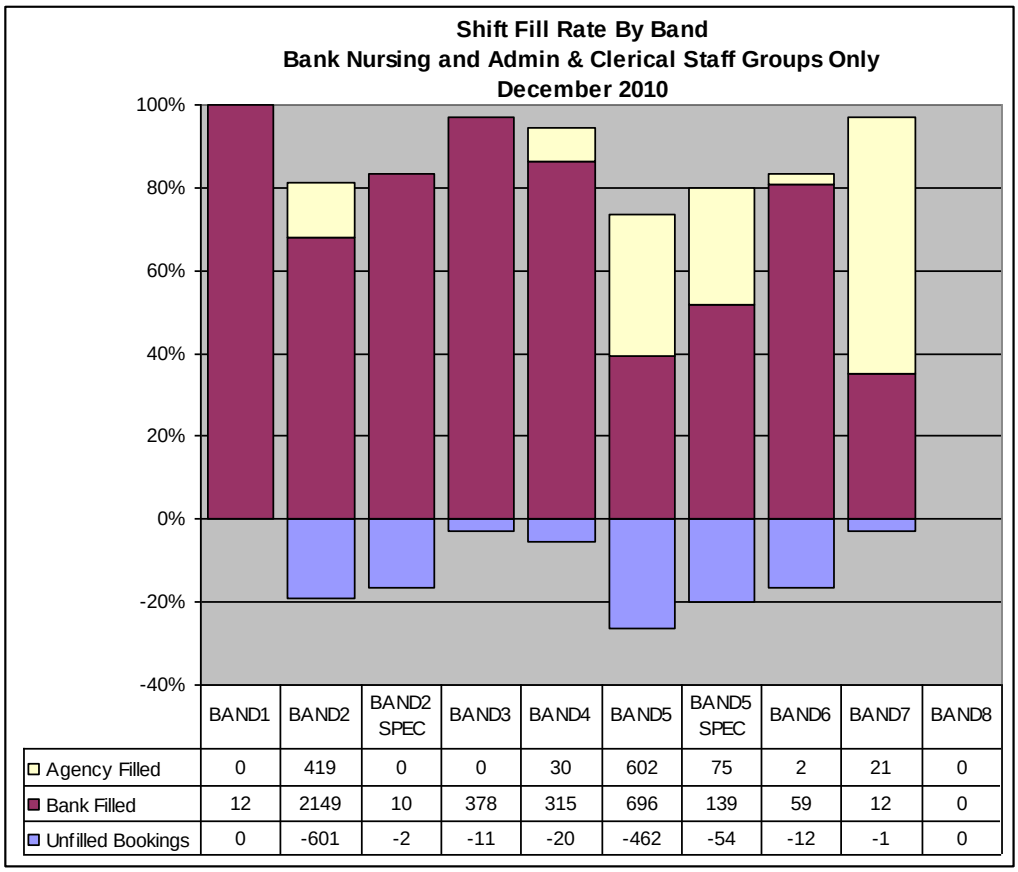
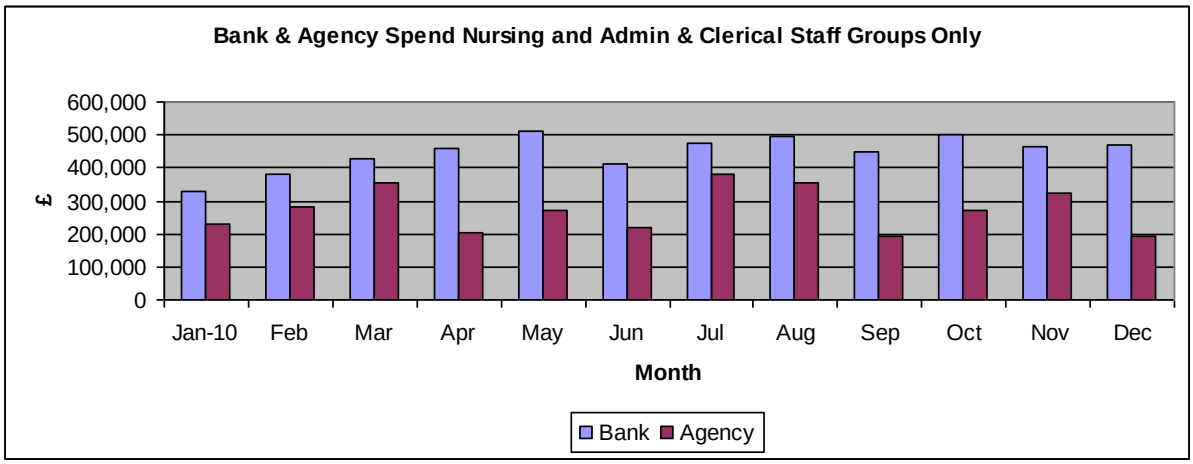
Appendix E



	BAND1	BAND2	BAND2 SPEC	BAND3	BAND4	BAND5	BAND5 SPEC	BAND6	BAND7	BAND8
Agency Filled	0	419	0	0	30	602	75	2	21	0
Bank Filled	12	2149	10	378	315	696	139	59	12	0
Unfilled Bookings	0	-601	-2	-11	-20	-462	-54	-12	-1	0

Booking Grade	Total Bookings	Unfilled Bookings	Bank Filled	Bank Filled Hours	Agency Filled	Agency Filled Hours	Fill Rate
BAND1	12	0	12	57.5	0	0	100%
BAND2	3169	-601	2149	15528.45	419	3031.95	81%
BAND2SPEC	12	-2	10	57.5	0	0	83%
BAND3	389	-11	378	2584.5	0	0	97%
BAND4	365	-20	315	2109.5	30	232	95%
BAND5	1760	-462	696	5776.8	602	4679.65	74%
BAND5SPEC	268	-54	139	1136	75	815	80%
BAND6	73	-12	59	460.1	2	13	84%
BAND7	34	-1	12	105	21	157.5	97%
BAND8	0	0	0	0	0	0	0%
Totals:	**6082**	**-1163**	**3770**	**27815.35**	**1149**	**8929.1**	**81%**

Appendix F


Bank & Agency Spend Nursing and Admin & Clerical Staff Groups Only
£
600,000
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Jan-10
Feb
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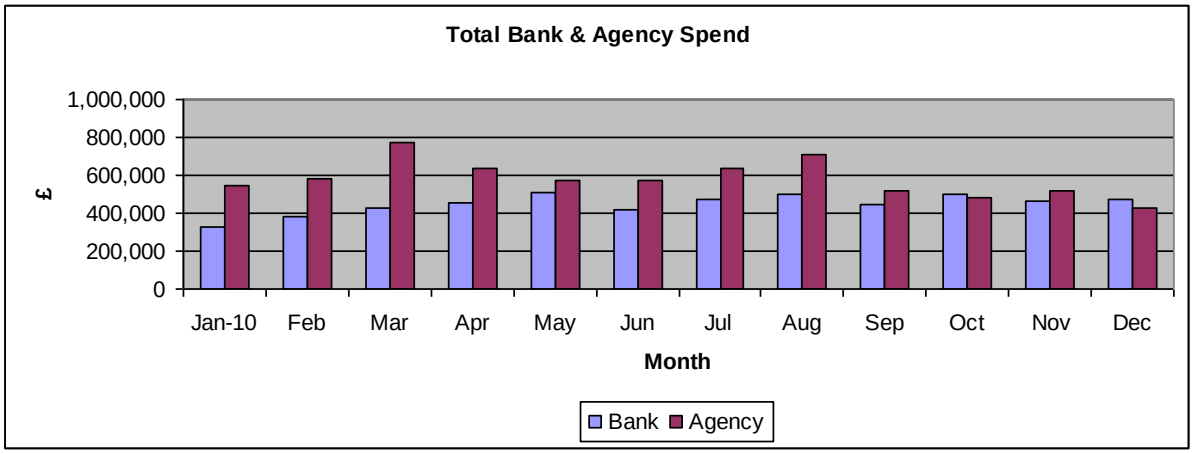
Bank
Agency


Total Bank & Agency Spend
£
1,000,000
800,000
600,000
400,000
200,000
0
Jan-10
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Month
Bank
Agency

8

BOARD SUMMARY SHEET	
Title: -	Risk Management Strategy
Submitted by: -	Sue Hardy, Director of Nursing and Patient Services
Prepared by: -	Nina Fraser, Deputy Director of Nursing/ Head of Governance Susan Rudd, Company Secretary
Date of meeting: -	23rd February 2011
Corporate Objectives Addressed: -	Develop and embed measures for quality and clinical outcomes to achieve the highest standards

SUMMARY OF CRITICAL POINTS:

The management of risk is a key organisational responsibility and involves all staff being aware of risk and understanding their responsibilities for managing it.

The accompanying strategy outlines the following:

- The organisational risk management structure
- How organisational risks are reviewed by the Board, and their sub-committees
- The roles, responsibilities, processes and structures for managing risk
- How compliance with this strategy will be monitored

PATIENT IMPACT:

The effective management of risk is a key component of providing high quality and safe patient care.

STAFF IMPACT:

All staff are responsible for ensuring that risks are identified, reported, assessed, and managed in accordance with the accompanying strategy.

FINANCIAL IMPACT:

Failure to manage risks effectively can result in potential for litigation, financial loss or damage to the Trust's reputation.

LEGAL IMPLICATIONS:

CQC require the organisation to have a ratified Risk Management Strategy approved by the Board.

RISK ASSESSMENT:

The effective implementation of the Risk Management Strategy will ensure that robust mechanisms are in place to appropriately manage risk.

EQUALITY & DIVERSITY IMPACT ASSESSMENT: -

The draft Risk Management Strategy gives strategic direction for the management of risks relating to care delivered to all patients.

RECOMMENDATION: -

Board members are asked to approve the Risk Management Strategy

Northampton General Hospital NHS
NHS Trust

RISK MANAGEMENT

NGH-ST-XXX

Ratified By:	Joint Healthcare Governance Committee and Audit Committee
Date Ratified:	
Version No:	9
Supersedes Document No:	8
Previous versions ratified by (group & date)	Trust Board April 2003 October 2009
Date(s) Reviewed:	January 2011
Next Review Date:	January 2014
Responsibility for Review:	Deputy Director of Nursing/ Head of Governance Company Secretary
Contributors:	Senior Risk and Litigation Manager

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STRATEGY

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STATEMENT OF INTENT

Northampton General Hospital NHS Trust is committed to delivering the safest, most clinically effective acute services in the country which are focused on the needs of the patient.

The complexity of healthcare and the ever-growing demands to meet health care needs, means that there will always be an element of risk in providing high quality, safe health care services; this document sets out the strategic direction for how the Trust intends to meet these demands and builds on the strategic direction set out in the 2009 Risk Management Strategy.

INTRODUCTION

Northampton General Hospital NHS Trust recognises that the nature of providing healthcare means that risk is inherent in everything we do and as an organisation. This requires identification, management and minimisation of risks that could cause unnecessary risks to patients, staff and visitors. The management of risk is a key organisational responsibility and involves all staff being aware of risk and understanding their responsibilities for managing it. This is a key component of providing good quality care to patients.

The Trust has a legal duty to deliver safe care to patients and to ensure that Northampton General Hospital is a safe place to work and visit. Failure to manage risks effectively can result in injury; loss or damage to the Trust's reputation; financial loss; potential for complaints; litigation or unwanted publicity.

Risk Management is an integral part of good clinical and corporate governance and the Trust has adopted an approach to risk management that ensures that risks are managed accordingly. Where risks cannot be addressed internally they are considered alongside partners such as commissioners of services.

This strategy sets out the structure and processes in place to manage risks in the Trust and should be read in conjunction with the Policy for Hazard Identification, Risk Assessment and Risk Treatment, the Quality Strategy, the Patient Safety Strategy, the Quality Impact Assessment Policy and the Being Open Policy (for a full listing of associated policies see section10). This Risk Management Strategy also covers the requirements of the Care Quality Commission and the NHS Litigation Authority Risk Management Standards.

1. PURPOSE

The purpose of this strategy is to set out the framework for managing risks at Northampton General Hospital NHS Trust.

2. SCOPE

This strategy covers the following aspects:

- The organisational risk management structure
- How organisational risks are reviewed by the Board and their committees and sub-committees
- The roles, responsibilities, processes and structures for managing risk locally
- How compliance with this strategy will be monitored

This strategy applies to all risk related activities (e.g. corporate, financial, clinical, non-clinical, and health and safety) and to all Trust premises, staff employed by the Trust, including persons engaged in business on behalf of the Trust.

3. COMPLIANCE STATEMENTS

Equality & Diversity

This strategy has been assessed against the Trust's Equality Impact assessment tool as required by the Service Equality Scheme 2006 and Race Relations (Amendment) Act 2000.

4. DEFINITIONS

Risk	The potential of an unwanted outcome or the possibility of incurring misfortune or loss, which may be in relation to people, buildings, equipment, systems, management, finance, the Trust's reputation or the achievement of corporate objectives. A high risk is a risk identified as being 16 or above using the risk assessment method as set out in the Hazard Identification, Risk Assessment and Risk Treatment Policy.
Risk Management	The use of a logical and systematic method of identifying, analysing, evaluating, controlling, monitoring and communicating risks associated with any activity, process or function necessary to the achievement of the organisation's objectives.
Corporate Risk Register	A register comprising high risks identified through Directorate Risk Registers as well as high risks identified from wider sources within the Trust, such as through incidents (including Serious Incidents), claims, complaints, and PALs.
CAS Alerts	The NHS Central Alerting System that identifies and issues safety alerts, emergency alerts, drug alerts, Dear Doctor letters and Medical Device Alerts on behalf of the Medicines and Healthcare products Regulatory Agency, the National Patient Safety Agency, and the Department of Health
Board Assurance Framework	The Board Assurance Framework is used for the effective and focused management of the principal risks to meeting the Trust objectives. It also provides a structure for the evidence to support the Statement on Internal Control.
Statement on Internal Control	The Statement on Internal Control (SIC) is a public accountability document that describes the effectiveness of internal controls in an organisation and is personally signed by the Accountable Officer.

5. ROLES & RESPONSIBILITIES

5.1 Roles and Responsibilities of Individuals

The following individuals have responsibilities for risk as summarised below:

Chief Executive	Accountable Officer for Northampton General Hospital NHS Trust, which includes signing the Statement of Internal Control but has delegated the roles as listed below.
Medical Director/ Director of Nursing	Executive Directors with delegated responsibility for the management of clinical risk within the framework approved by the Board
Director of Finance	Executive Director with delegated responsibility for financial risk management, including financial probity, Standing Financial Instructions (SFIs), financial schemes of delegation.
Other Executive Directors	Responsibility for ensuring that the risk management framework approved by Board is implemented across the organisation and is embedded within their teams. Responsibility for managing the Trust's principal risks which relate to their directorates, for example, Director of HR is responsible for managing the Trust's principal risks related to workforce planning
Executive Team	Receives and moderates the Corporate Risk Register for consideration by the Hospital Management Group (HMG) Ensures that the Board Assurance Framework appropriately reflects principle risks, controls and assurances, including the identification of new risks Reviews the Board Assurance Framework for consideration by the Audit Committee and Board
Other Board Members including Non-Executive Directors	Collective responsibility for ensuring that risk is an integrated element of all major discussions and decisions and that the risk management processes are providing them with adequate and appropriate information and assurances relating to risks to the Trust's objectives.
Directorate Managers, Clinical Directors, Head Nurses	Responsibility for ensuring that arrangements for identifying, assessing and managing risk as set out in the Hazard Identification, Risk Assessment and Risk Treatment Policy are embedded within their directorates
Directorate Governance Lead	Responsibility for ensuring that the Directorate Risk Register is reviewed at Directorate Governance meetings; appropriate measures are put in place to mitigate risks and that High and Medium risks are reported to Clinical Quality and Effectiveness Group

All members of staff	Responsibility for ensuring that risks are identified, reported, assessed and managed in accordance with this strategy and the Hazard Identification, Risk Assessment and Risk Treatment Policy
Company Secretary	Responsibility for managing and reporting on the systems of internal control, including the Risk Management Strategy. The Company Secretary is responsible for monitoring and reporting the corporate risk register to the Trust Board
Deputy Director of Nursing/ Head of Governance	Responsibility for leading the implementation of the Risk Management Strategy through the Directorate Managers.
Senior Risk and Litigation Manager	Responsibility for ensuring that clinical and non-clinical risk management processes are appropriately followed; effective processes are in place for managing risk; training programmes are in place to support a pro-active risk culture; the organisation learns from adverse events to minimise risk in future. Monitoring the completion of the Clinical and Support Directorate risk registers and reporting as necessary.
Health and Safety Officer	Responsibility for ensuring that organisational risks associated with Health and Safety legislation (including CAS alerts) are managed effectively across the trust and that appropriate systems are in place to support this.
Caldicott Guardian	Responsibility for ensuring that organisational risks associated with protecting the confidentiality of patients and service-user information and with information sharing are managed effectively with the Trust
Senior Information Risk Owner (SIRO)	The SIRO has overall accountability and responsibility for Information Governance in the Trust, specifically: • Acting as an advocate for information risk on the Board • Ensuring the Board is adequately briefed on information risk issues. • Ensuring the Trust's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff • Providing assurance, through the Statement of Internal Control that all risks to the Trust, including those relating to information, are effectively managed and mitigated • Raising the profile of information risks, embedding information risk management into the overall risk management culture of the Trust.
Clinical Safety Officer	Responsible for undertaking clinical risk assessments in respect of IT implementation upgrades and developments.

5.2 Roles and Responsibilities of Committees/ Sub-Committees

The following committees have responsibilities for risk as summarised below:

Board	The Board is accountable and responsible for ensuring that the Trust has an effective programme for managing all types of risk and receives and considers the Board Assurance Framework and the Corporate Risk Register on a quarterly basis. The Board is responsible for approving the Risk Management Strategy.
Audit Committee	The Audit Committee provides independent assurance of the risk management framework and controls in place on behalf of the Board. It has delegated responsibility for overseeing detailed arrangements for the management of risk and considers reports to gain assurances on key areas of managing of risk. The Audit Committee delegates responsibility for the management of clinical risk to the Healthcare Governance Committee. HGC and the Audit Committee shall hold bi-annual meetings to ensure that systems are integrated between the committees and across the organisation and to jointly review all corporate risks. All moderated risks are reviewed by the joint meeting. The Audit Committee reviews the Board Assurance Framework and seeks assurance on specific key risks as part of a rolling programme. The full terms of reference can be found in appendix 2
Healthcare Governance Committee	The Healthcare Governance Committee (HGC) is a sub-committee of the Board and has delegated responsibility by the Audit Committee for ensuring an effective system of risk management and internal control across the clinical activities of the organisation that support the organisation's objectives. This includes scrutiny of the Patient Safety, Clinical Quality and Governance Progress Report or other clinical reports to ensure that any issues of concern are raised within the Corporate Risk Register as appropriate. In conjunction with the Audit Committee, HGC is responsible for ensuring that systems are integrated between the committees and across the organisation. To facilitate this, the committees shall hold a joint meeting bi-annually. The full terms of reference can be found in appendix 1.
Clinical Quality and Effectiveness Group (CQEG)	CQEG reports to the Healthcare Governance Committee and is responsible for reviewing, challenging and moderating on a quarterly basis the high and moderate risks on Directorate Risk Registers; assuring HGC that risk is managed effectively within the Directorates; and raising any issues of concern to HGC. Oversees the operation of directorate processes and ensures directorates

	are working collaboratively to manage risks.
Hospital Management Group (HMG)	HMG is responsible for providing operational assurance and escalation of risks to the Trust Board. This includes identifying directorate risks that should be factored into wider business planning processes. Reports any areas of concern relating to Quality Impact Assessments to IHG.
Directorate Governance Groups	Responsible for receiving regular reports on the management of risks at Directorate level and will review the risk register to ensure it reflects current risks and monitors progress with mitigating action plans. The Clinical Governance Facilitator in conjunction with the Directorate Manager, Clinical Director and Head Nurse will report quarterly to CQEG on the management of High Risks within the Directorate and will specifically identify where expected actions or progress has not been taken or met. Responsible for reviewing and monitoring Quality Impact Assessments.
Patient Safety Learning Forum	Responsible for reviewing learning from incidents (including serious incidents), complaints, claims and disseminating learning so as to reduce risk for the organisation.
Quarterly Directorate Performance Review meetings	Risk management is a key feature of the Directorate performance management process, the Directorate's Risk Register is discussed and considered to ensure that all high and moderate clinical risks are actively managed and escalated to CQEG.

6. STRATEGIC OBJECTIVES

6.1. Ensure understanding at all levels of the organisation of the processes and responsibilities for incident reporting; risk assessment, identification and management

6.2. Cultivate and foster an 'open culture' in which risk management is identified as part of continuous improvement of patient care and staff well being;

6.3. Integrate Risk Management into all our business decision making, planning, performance reporting and delivery processes to achieve a confident and rigorous basis for decision-making

6.4. Ensure a systematic approach to the identification, assessment and analysis of risk and the allocation of resources to eliminate, reduce and/or control them in order that the Board of Directors can meet its objectives;

6.5. Encourage learning (individual and organisational) from all incidents, mistakes, accidents and 'near misses' be they related to clinical, financial, environmental or organisational events;

6.6. Minimise damage and financial losses that arise from avoidable, unplanned events;

6.7. Ensure the Trust complies with relevant statutory, mandatory and professional requirements

7. RISK MANAGEMENT FRAMEWORK

7.1. Corporate Risk Management Structure

Northampton General Hospital NHS Trust operates risk management at a number of levels within the organisational structure.

The organisational structure for risk management and assurance was approved by the Board in March 2010. The Diagram representing the structure can be found in appendix 3, with further explanations in relation to responsibilities of committees contained in section 5.2 and further information in relation to reporting arrangements found in section 9 and in the diagram in appendix 4.

7.2. Corporate Risk Register

The Corporate Risk Register comprises high risks identified through Directorate Risk Registers as well as high risks identified from wider sources within the Trust, such as through incidents (including Serious Incidents), claims, complaints, clinical audit results and PAL's bi-annual horizon scanning of external risks to the Trust. Where relevant, risks are aggregated to enable the Board and its sub-committees to increase its focus. Risks are assigned to a named senior officer who will be responsible for managing the risk and to a sub-committee of the Board for review as appropriate.

The following reviews are undertaken:

The Executive Team are responsible for moderating the Corporate Risk Register

The Audit Committee and the Healthcare Governance Committee at the 6 monthly joint meetings review the moderated risks

The Audit Committee is responsible for reviewing the non-clinical risks within the Corporate Risk Register quarterly and escalating any concerns to the Trust Board and seeks assurance on any specific risks. The Audit Committee requests HGC to review clinical risks and the two committees meet bi-annually to review assurances.

HGC is responsible for reviewing the clinical risks within the Corporate Risk Register quarterly and escalating any concerns to the Trust Board and seeks assurance on any specific risks

CQEG is responsible for reviewing directorate level moderate and high clinical risks and escalating any concerns to HGC quarterly.

Monitoring arrangements are outlined in section 9.

7.3. Board Assurance Framework (BAF)

The BAF comprises the strategic risks that represent major threats to the Board achieving its organisational objectives and gives the Board assurance that these risks are being appropriately managed. Monitoring arrangements are outlined in section 9.

7.4. Process for identifying, assessing, managing, monitoring and recording risk locally within Directorates

Wards and departments will use the process for identifying, assessing, managing, monitoring and recording risk as outlined in the Policy for Hazard Identification, Risk Assessment and Risk Treatment, ensuring that risks are a key agenda item at their meetings and at Directorate Governance Meetings. Directorates report moderate and high risks to CQEG on a quarterly basis and through quarterly Directorate Performance Reviews.

7.5. Risk Management Team

The Risk Management Team supports the Senior Risk and Litigation Manager in ensuring that clinical and non-clinical risks are appropriately managed.

8. IMPLEMENTATION & TRAINING

8.1. Risk Awareness Training

The effective implementation of this Strategy will facilitate the delivery of a high quality service and, with staff training and support, will increase awareness of risk management. Northampton General Hospital NHS Trust actively promotes staff training and education. All senior managers should ensure that they are proactively involved in the management of risks and should make sure that they attend appropriate training in order to manage risks in line with this strategy and associated policies.

To implement this Strategy the Trust will:

- Provide all staff with access to the Risk Management Strategy via the Trust's intranet
- Include the principles of this Strategy and the Trust's approach to risk management in all induction programmes for staff. This includes Executive Directors, Non-Executive Directors and Senior Managers
- Ensure that Risk Management Awareness training programmes are in place across the organisation
- Ensure that Mandatory training addresses key risk areas for the Trust
- Develop update and implement appropriate underpinning policies
- Ensure that staff have the knowledge, skills, support and access to expert advice necessary to implement the policies associated with this Strategy
- Provide training for Executive Directors and Non-Executive Directors to support Board level role

9. MONITORING & REVIEW

Strategic Standard	Source of Assurance/ Timescale	Responsibility
Trust progress against strategic and operational objectives as set out in the Board Assurance Framework	Reports to Board on a quarterly basis and discussed at Audit Committee quarterly	Company Secretary
Achievement of key performance and quality indicators	Performance Scorecard reported to Board monthly Performance Scorecard reviewed at Directorate Performance Reviews quarterly	Director of Operations
Compliance with Care Quality Commissions standards	Reported quarterly to CQEG by exception and escalated to HGC as needed Board declaration reviewed annually	CQEG/ HGC Company Secretary
Compliance levels with NHSLA Risk Management Standards	Reported quarterly to CQEG and escalated by exception to HGC Reports to Board	CQEG/ HGC Company Secretary
Implementation of Trust Risk Management systems	Internal and External Audit reviews and reports as necessary	Audit Committee
	Annual Statement of Internal Control	Director of Finance/Company Secretary
Specific Internal and External audit reviews prioritised by the Assurance Framework and Trust Risk Register	Audit Committee minutes as necessary	Audit Committee
HGC updates on the management of relevant clinical risks on the Corporate Risk Register	HGC minutes quarterly	HGC
Audit Committee updates on the management of relevant risks on Corporate Risk Register	Audit Committee minutes 6 monthly	Audit Committee
Annual review of risk management systems within the Trust	Statement on Internal Control	Director of Finance/Company Secretary
'High' and 'Extreme' risks – risk control contingency measures introduced and their effectiveness	Corporate Risk Register moderated by the Executive Team and reviewed at CQEG, HGC, Audit Committee and Trust Board	Deputy Director of Nursing Company Secretary
Responsibilities for risk management activities are reflected in the job descriptions of key individuals	Job descriptions of key individuals with responsibility for risk management activity	Internal Audit

10. REFERENCES & ASSOCIATED DOCUMENTATION

Associated Policies/ Strategies

Hazard Identification, Risk Assessment and Risk Treatment Policy (under review)

Quality Strategy (2009)

Patient Safety Strategy (2009)

Quality Impact Assessment Policy (2009)

Being Open Policy (2009)

APPENDICES

Appendix 1 Terms of Reference for the Healthcare Governance Committee

Terms of Reference
Healthcare Governance Committee

Purpose of Committee

The Healthcare Governance Committee (HGC) is a sub-committee of the Board and has delegated responsibility for ensuring an effective system of integrated governance, risk management and internal control across the clinical activities of the organisation that support the organisation's objectives.

In conjunction with the Audit Committee, HGC is responsible for ensuring that systems are integrated between the committees and across the organisation.

Functions

1. Receive assurance from any relevant operational body that quality, safety or infection control standards are appropriately implemented and monitor progress relating to any of those areas where concerns are raised
2. Receive reports from the Clinical Quality and Effectiveness Committee (CQEG) by exception.
3. Receive reports where concerns are identified by HGC or others, for example by the Board, external sources
4. Enable adequate time for detailed discussion about key clinical issues at sub-committee level where assurance needs to be gained.
5. To be responsible for detailed scrutiny of the Patient Safety, Clinical Quality and Governance Report which will be circulated quarterly to all Trust Board Members. Where directorates are not performing against agreed standards the committee will monitor actions to improve performance
6. Review the organisational risk register quarterly and oversee arrangements for managing high clinical risks.
7. Ensure that appropriate clinical risk management arrangements are in place for the Trust, including using clinical audit to assure the Board that actions are taken appropriately
8. Receive the Clinical Audit forward plan and have an overview of clinical audit priorities for the Trust.
9. Gain assurance on behalf of the Board regarding:
    - Accreditation and inspection visits
    - Independent reviews and Care Quality Commission visits/ inspections
    - Clinical Quality and Patient Safety issues

Membership
Chairman
Non Executive Director
Chief Executive
Medical Director
Director of Nursing/Director of Infection Control
Members of the Committee should attend each meeting, or nominate a deputy to attend in their absence.
Each member must attend a minimum number of 7 meetings per year.

Reporting Group to HGC
Clinical Quality and Effectiveness Group by exception

In attendance
Company Secretary
Deputy Director of Nursing/Head of Governance
Minute taker
Other members of staff may be invited to attend, particularly when discussing areas for which they have responsibility.

Healthcare Governance Committee

Reporting Arrangements
The Healthcare Governance Committee is a sub-committee of the Board. The Minutes of this meeting will be formally recorded and submitted to the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board.
HGC will meet twice a year with the Audit Committee to ensure that risks are adequately managed across the organisation.

Level of Authority
The Committee is authorized by the Board to investigate any activity within its terms of reference and to seek any information it requires including outside expert advice. The committee shall make recommendations to the Board it deems appropriate on any area within its terms of reference where action or improvement is required.

Distribution of Minutes
The minutes are formally received by the Board and CQEG

Frequency of meetings
Meetings shall be usually held on a monthly basis and there will no less than 10 meetings per year.

Quorum
One Non-Executive Director in conjunction with two Executive Directors will constitute a quorum. In the absence of the Chairman of the Trust the Chair for that meeting will be taken by the remaining non-Executive Director. The Company Secretary will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the committee.

Appendix 2 Terms of Reference for the Audit Committee

Terms of Reference
Audit Committee

Purpose of Committee

The Audit Committee is a sub-committee of the Board and shall review the establishment, maintenance and continuous improvement of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), which supports the achievement of the organisation's objectives.

Functions

To review the adequacy of :

1. All risk and control related disclosure statements (in particular the statement on internal control) together with any accompanying head of internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the board
2. The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
3. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements The policies and procedures for all work related to fraud and corruption as set out in the secretary of state directions and as required by the counter fraud security management service
4. The arrangements by which staff of the trust may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control clinical quality, patient safety and other matters.

In carrying out this work, the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it. The Committee may rely on the work carried out by the Governance Committee to support any aspect of its duties.
The Committee shall review and recommend for approval the statements to be included in the annual report concerning internal controls and risk management.

Internal Audit
The committee shall ensure that there is an effective internal audit function, established by management, which meets mandatory NHS internal audit standards and provides appropriate independent assurance to the audit committee, integrated governance committee, chief executive and board. This will be achieved by:

- approving the appointment and removal of the Internal Audit function;
- considering and approving the remit of the Internal Audit function and ensuring it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate standing and is free from management or other restrictions;
- reviewing promptly summaries of all reports from the Internal Auditors;
- reviewing and monitoring management's responsiveness to the findings and recommendations of the internal auditor;
- meeting the Head of Internal Audit at least once a year, without management being present, to discuss their remit and any issues arising from the internal audits carried out. In addition, the Head of Internal Audit shall be given the right of direct access to the

Chairman of the Committee;
- considering the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal;
- review and approval of the Internal Audit strategy, operating plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the Trust as identified in the Assurance Framework;
- monitoring together with an annual (or more frequently if considered necessary by the Committee) review of the effectiveness of Internal Audit. Reviewing the process of assurance that supports the Statement on Internal Control

External Audit
The committee shall review the work and findings of the external auditor appointed by the Audit Commission and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the external auditor, as far as the Audit Commission's rules permit
- discussion and agreement with the external audit or, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensure coordination, as appropriate, with other external auditors in the local health economy
- discussion with the external auditors of their local evaluation of audit risks and assessment of the trust and associated impact on the audit fee
- review of all external audit reports, including agreement of the annual audit letter before submission to the board and any work carried outside the annual audit plan, together with the appropriateness of management responses
- assessing annually their qualifications, expertise and resources and the effectiveness of the audit process which shall include a report from the External Auditor on their own internal quality procedures.

The Committee shall meet regularly with the external auditor, including once at the planning stage before the audit and once after the audit at the reporting stage.

The Committee shall meet the external auditor at least once a year, without management being present, to discuss their remit and any issues arising from the audit.

The Committee shall review and approve the Annual Audit Plan and ensure that it is consistent with the scope of the audit engagement.

The Committee shall review the work and findings of the audit with the External Auditor. This shall include but not be limited to the following:
- a discussion of any major issues which arose during the audit;
- any accounting and audit judgements;
- levels of errors identified during the audit; and
- consideration of the overall performance of the External Auditor.

The Committee shall also review the effectiveness of the audit. This should include but not be limited to the following:
- review of any representation letter(s) requested by the External Auditor before they are signed by management;
- review of any management letter and/or equivalent report produced by the Auditor together with management's response to the Auditor's findings and recommendations; and
- consideration of all relevant NHS professional and regulatory requirements.

Other Assurance Functions

The audit committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.
These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or regulators/inspectors (e.g. Healthcare Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.) and clinical audit
In addition, the committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the audit committee's own scope of work.
The audit committee may accept the annual accounts on behalf of the Board.

Management
The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
They may also request specific reports from individual functions within the organisation, as they may be appropriate to the overall arrangements.

Financial Reporting
The Committee shall monitor the integrity of the financial statements of the Trust, reviewing significant financial reporting issues and judgements which they contain. The Committee shall also review significant returns to regulators and any financial information contained in certain other documents.
The Committee shall review and challenge where necessary:

- the consistency of, and any changes to, accounting policies both on a year on year basis and across the Trust;
- the methods used to account for significant or unusual transactions where different approaches are possible;
- whether the Trust has followed appropriate accounting standards and made appropriate estimates and judgements, taking into account the view of the clarity of disclosure in the Trust's financial reports and the context in which statements are made; and
- all material information presented with the financial statements, including but not limited to the corporate governance statement (insofar as it relates to the audit and risk management).

The audit committee shall review the annual report and financial statements before submission to the board, focusing particularly on:

- the wording in the Statement on Internal Control and other disclosures relevant to the terms of reference of the committee
- changes in and compliance with accounting policies and practices
- unadjusted mis-statements in the financial statements
- major judgmental areas
- significant adjustments resulting from the audit

Membership
Non-executive directors
The Board shall appoint the Chairman of the Committee who shall have recent and relevant financial experience.
Only members of the Committee have the right to attend Committee meetings.
Members of the Committee should attend each meeting, or nominate a deputy to attend in their absence.
The Chairman of the Trust shall not be a member of the Committee

In attendance
The Finance Director and appropriate Internal and External Audit representatives shall normally attend meetings. However, at least once a year the Committee will meet privately with the External and Internal Auditors.
The Chief Executive, other Executive Directors and staff may be invited to attend, especially when the Committee is discussing areas of risk or operations that are the responsibility of that individual.
The Chief Executive should be invited to attend, at least annually, to discuss with the Audit Committee the draft Annual Accounts and the process for assurance that supports the Statement on Internal Control.
Company Secretary
Minute taker

Reporting Arrangements
The Audit Committee is a sub-committee of the Board. The Minutes of this meeting will be formally recorded and submitted to the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board.
The Audit Committee will meet twice a year with HGC to ensure that risks are adequately managed across the organisation.

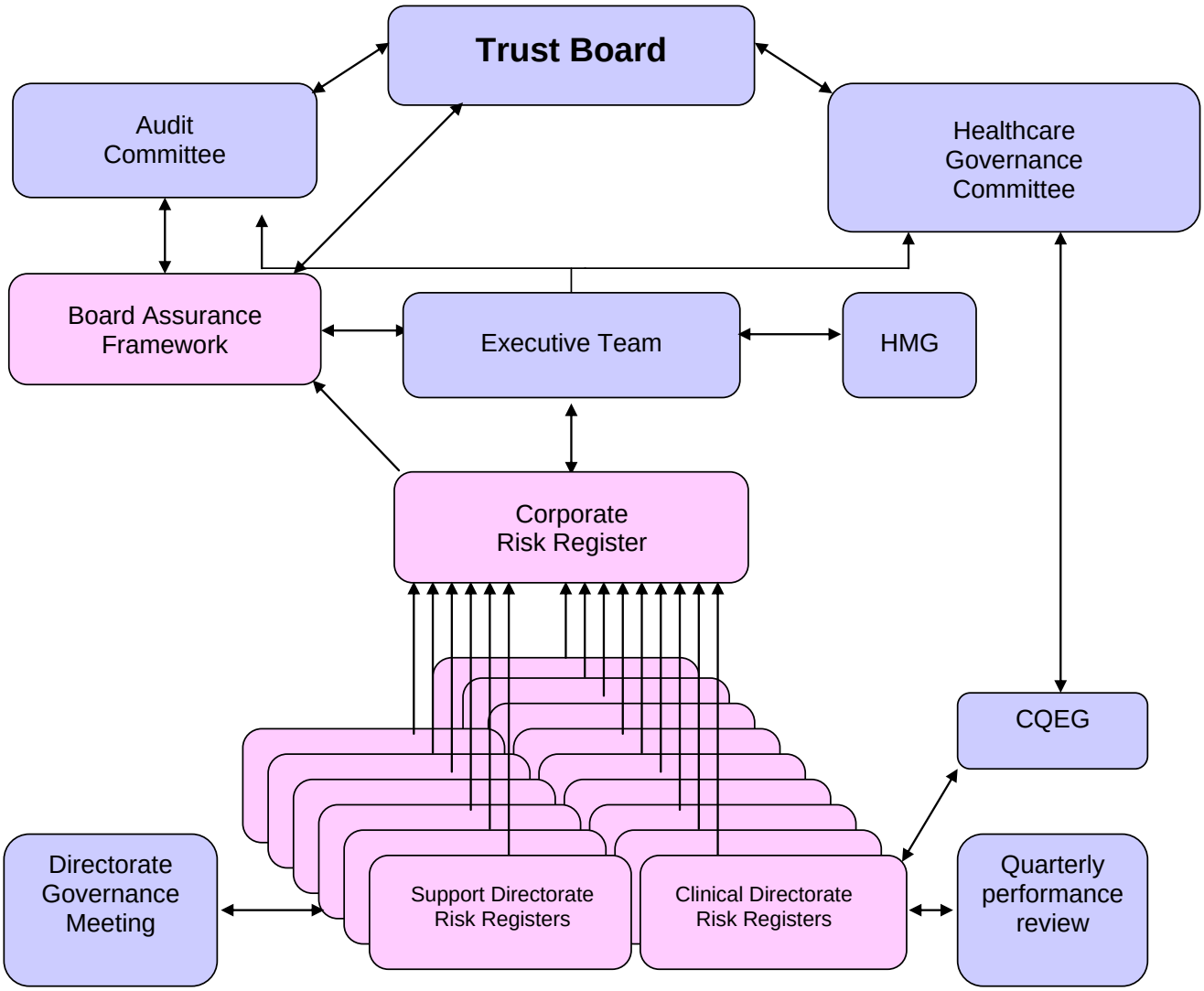
Level of Authority
The Committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires including outside expert advice. The committee shall make recommendations to the Board it deems appropriate on any area within its terms of reference where action or improvement is required.

Distribution of Minutes
The minutes are formally received by the Board

Frequency of meetings
Meetings shall be usually held on a quarterly basis

Quorum
The quorum comprises 3 Non-Executive Directors.
The Company Secretary will monitor compliance with the Terms of Reference and will bring any non-compliance to the attention of the committee.

Appendix 3 Risk Management Framework



N.B. Blue indicates meetings involved in the risk register process (see section 5.2)
Pink indicates the registers where risks are recorded

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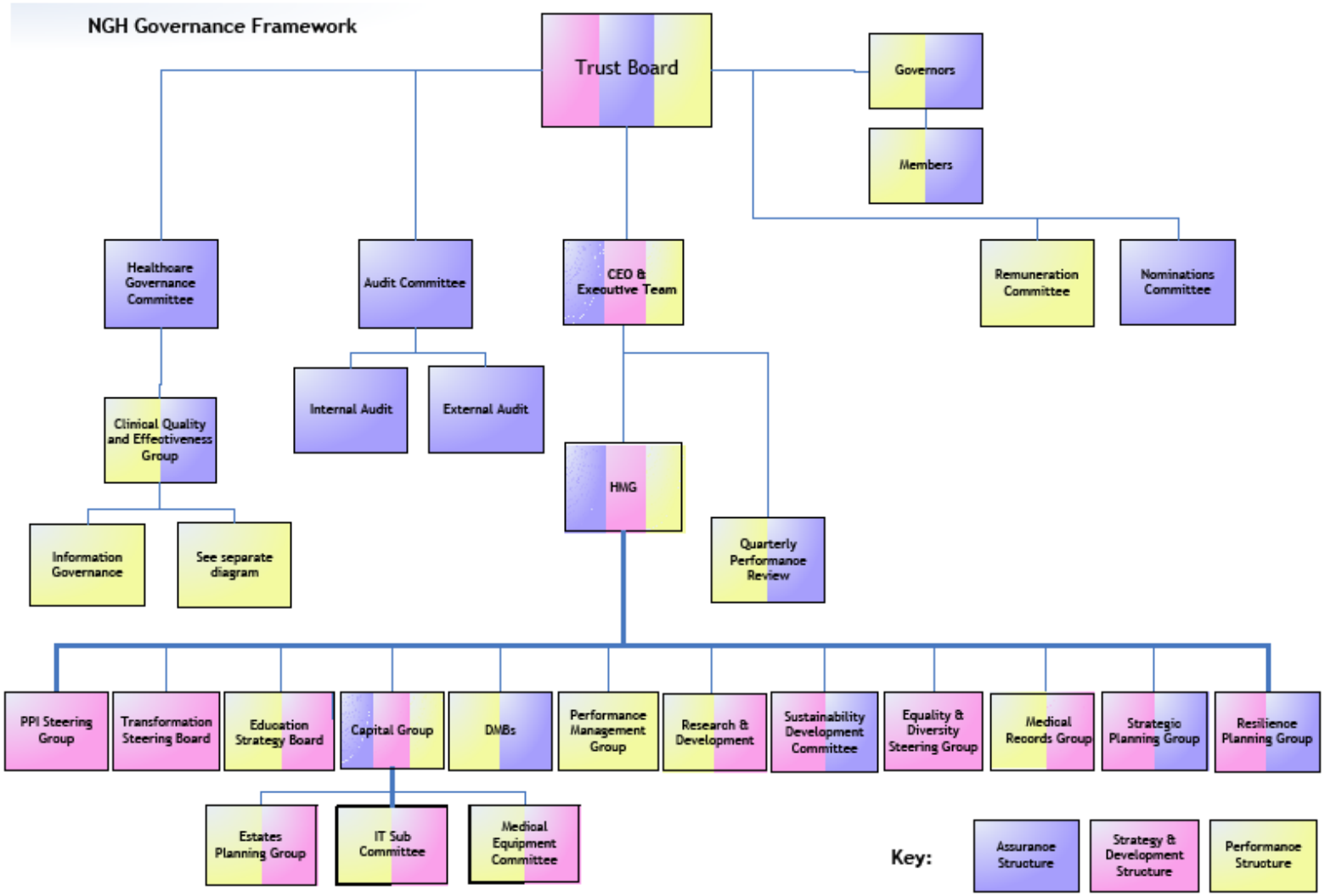
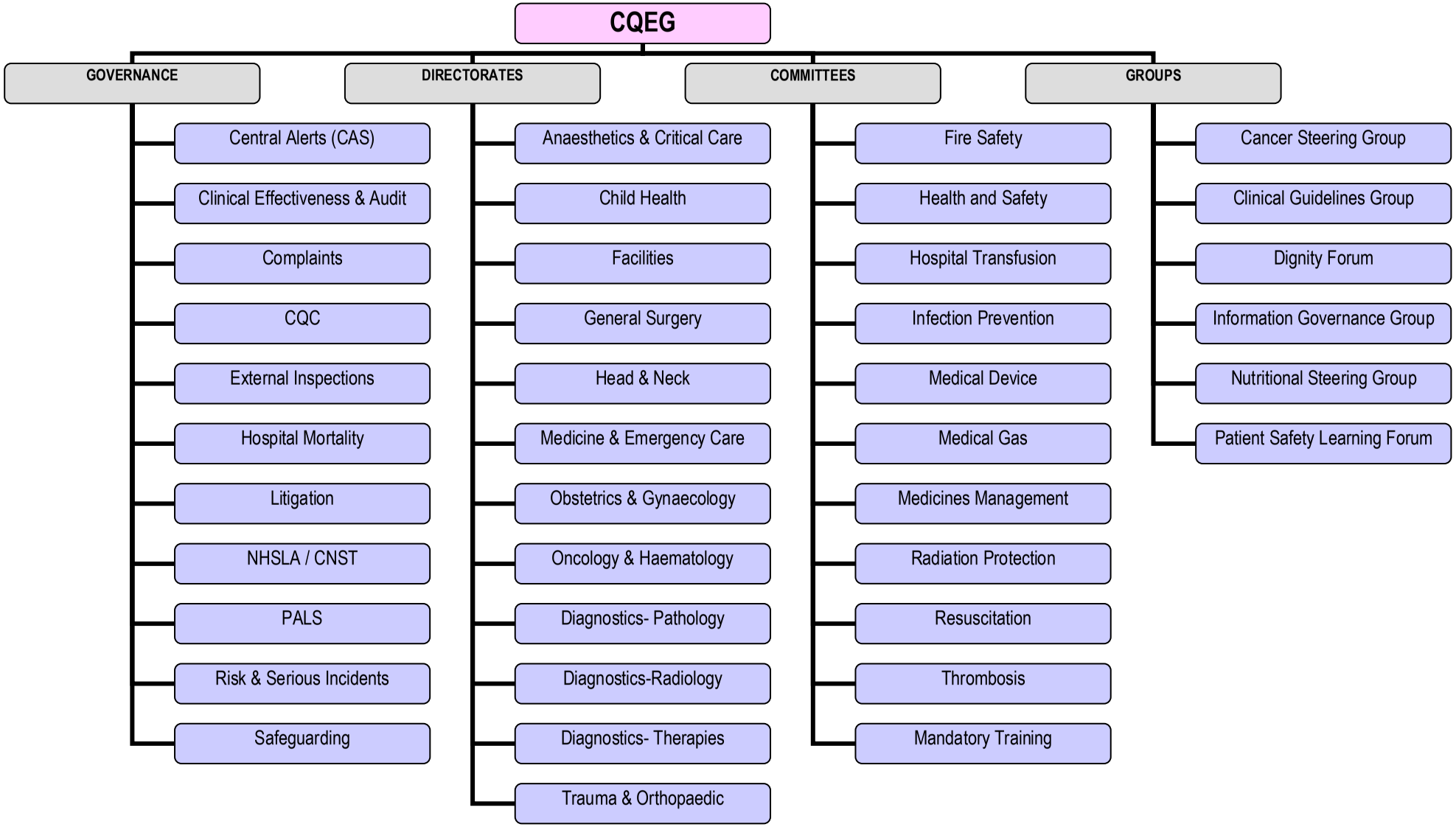
Appendix 4 Committee structure



STRATEGY

Reporting arrangements to CQEG



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