

Public Trust Board

Thursday 29 January 2015

09:30

**Board Room
Northampton General Hospital**

A G E N D A

PUBLIC TRUST BOARD

**Thursday 29 January 2015
09:30 in the Board Room at Northampton General Hospital**

Time	Agenda Item	Action	Presented by	Enclosure
09:30	INTRODUCTORY ITEMS			
	1. Introduction and Apologies	Note	Mr P Zeidler	Verbal
	2. Declarations of Interest	Note	Mr P Zeidler	Verbal
	3. Minutes of meeting 27 November 2014	Decision	Mr P Zeidler	A.
	4. Matters Arising and Action Log	Note	Mr P Zeidler	B.
	5. Patient Story	Receive	Dr S Swart	Verbal
	6. Chairman's Report	Receive	Mr P Zeidler	Verbal
	7. Chief Executive's Report	Receive	Dr S Swart	C.
10:00	CLINICAL QUALITY AND SAFETY			
	8. Director of Nursing and Midwifery Report	Assurance	Mrs R Corser	D.
	9. Medical Director's Report	Assurance	Dr M Cusack	E.
10:25	STRATEGY			
	10. Strategic Forward View	Assurance	Mr C Pallot	F.
	11. Clinical Strategy	Assurance	Mr C Pallot	G.
10:55	OPERATIONAL ASSURANCE			
	12. Integrated Performance Report and Corporate Scorecard	Assurance	Mrs D Needham	H.
	13. Finance Report	Assurance	Mr S Lazarus	I.
	14. Workforce Report	Assurance	Mrs J Brennan	J.
11:30	GOVERNANCE			
	15. Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	K.
	16. Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	L.

Time	Agenda Item	Action	Presented by	Enclosure
	17. Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	M.
	18. Highlight Report from Audit Committee	Assurance	Mr D Noble	N.
	19. TDA Self-Certification	Decision	Mr C Pallot	O.
12:00	20. ANY OTHER BUSINESS		Mr P Zeidler	Verbal

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 26 March 2015 in the Board Room at Northampton General Hospital

RESOLUTION – CONFIDENTIAL ISSUES:

The Trust Board is invited to adopt the following:

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

Minutes of the Public Trust Board

**Thursday 27 November 2014 at 09:30 in the Board Room at
Northampton General Hospital**

Present

Mr P Farenden	Chairman (Chair)
Mrs J Bradley	Interim Director of Nursing, Midwifery & Patient Services
Dr M Cusack	Medical Director
Mr S Lazarus	Director of Finance
Mrs D Needham	Chief Operating Officer
Mr D Noble	Non-Executive Director
Mrs L Searle	Non-Executive Director
Dr S Swart	Chief Executive Officer
Mr P Zeidler	Non-Executive Director (Vice Chair)

In Attendance

Mr C Abolins	Director of Facilities and Capital Development
Mrs J Brennan	Director of Workforce and Transformation
Mrs S McKenzie	Committee Secretary
Mr C Pallot	Director of Strategy and Partnerships

Apologies

Mr G Kershaw	Non-Executive Director
Mr N Robertson	Non-Executive Director

TB 14/15 088 Introductions and Apologies

Mr Farenden welcomed those present to the meeting of the Trust Board.

Apologies for absence were recorded from Mr Kershaw and Mr Robertson.

TB 14/15 089 Declarations of Interest

No further interests or additions to the Register of Interests were declared.

TB 14/15 090 Minutes of the meeting 25 September 2014

The minutes of the Trust Board meeting held on 25 September 2014 were presented for approval.

The Board resolved to **APPROVE** the minutes of the 25 September 2014 as a true and accurate record of proceedings.

TB 14/15 091 Matters Arising and Action Log 25 September 2014

The Matters Arising and Action Log from the 25 September 2014 were considered.

The Board **NOTED** the Action Log and Matters Arising from the 25 September 2014.

Further actions were noted and would be added to the log and circulated.

Action: Mrs McKenzie

TB 14/15 092 Patient Story

Dr Swart presented the Patient Story.

Dr Swart reported that it was important to share the learning experience from compliments alongside the learning from complaints. The positive aspects in the compliment letters could usefully be contrasted with the complaints and might actually accelerate learning as well as provide a perspective for staff. She noted that two letters had also been received in the last week complimenting the complaint letters and thanking the Trust for the full and honest response. One letter also commented on improvements already noted.

She then read out sections from two long compliment letters.

The first letter she read out was from the daughter of a 62 year old patient who had passed away from multi-organ failure within 5 days of being admitted to the hospital. The family acknowledged in their letter that everything medically possible had been done for their father and they had been kept informed at every stage of his care. Staff were very compassionate and understanding and they mentioned the exceptional clinical knowledge and extraordinary compassion of a young FY1 doctor. Whilst their father's death was a shock, they wanted to advise the Trust that the care their father received at all stages had been well managed and that they were indebted to the hospital for making an unbearable experience as pleasant as it could be.

The second letter was from a patient receiving treatment for cancer who had attended various departments of the hospital and commented extensively on the various departments including oncology, radiotherapy, surgery, Hawthorne ward, breast screening and breast surgery. The patient had been through a difficult journey with complex cancer treatment and commented that although the experience could have been unpleasant and stressful, thanks to the care given, the experience had been a positive one and could almost have been an enjoyable one. The patient felt that the staff and technological facilities were a credit to the hospital and that every stage of treatment compassionate care had been show from staff of each department concerned. Dr Swart commented that what came out from this letter was that teams communicated well with each department in order for the patient's treatment to flow well. The inadequacy of car parking was mentioned and the hope for better facilities for this was described. Dr Swart noted that a discussion about this was scheduled for the Private session of the Board.

The Board **NOTED** the Patient Story

TB 14/15 093 Chairman's Report

Mr Farenden presented the Chairman's Report.

Mr Farenden advised the Board that he had been involved in interviews for consultant appointments and was very impressed with the calibre of candidates.

He attended the Health and Wellbeing Board which presented a variety of reports from across the county. He met with the Governors and advised that once the Director of Corporate Development Governance and Assurance was in post she would assist with the role of the Governors.

Mr Farenden commented that he and Dr Swart had met with local MPs and found they were well informed with the local health economy.

The Board **NOTED** the Chairman's Report.

TB 14/15 094 Chief Executive's Report

Dr Swart presented the Chief Executive's Report.

Dr Swart drew the Board's attention to the exceptionally good urgent care performance over the last six weeks and commented on the improvements in the care for patients, which had been due to consistent effort from everyone who had been part of the urgent care pathway and a huge number of clinical and non-clinical staff who put in exceptional effort every day. The Board requested that Dr Swart passed on their thanks to staff.

Action: Dr Swart

She reported that as part of the wider stakeholder engagement strategy she had

arranged some meetings with local MPs to give them some understanding on the Trust's key issues. It was clear that the MPs were supportive of the Trust's plans and recognised the challenges that the Trust faced. She reported that consultation on the proposed new organisational structure had ended and been well received. All views had been considered and taken into account and some changes had been made. Interviews had commenced and implementation of the new structure would commence from 6 January 2015.

Dr Swart advised that the Trust had been successful in obtaining additional winter pressure funding which would allow the Trust to develop a much improved discharge lounge which would be created within the space that was currently occupied by the clinical coding team. She commented that the Trust recently had an excellent JAG accreditation visit, and were awarded unconditional accreditation. Only 10% of units across the country had achieved this. The team in endoscopy were to be congratulated for the considerable effort they had put into achieving this level of accreditation and their commitment to providing the best possible care for patients.

Dr Swart informed the Board that the Trust had achieved the top level 'Green Award' accreditation in recognition of our efforts to reduce our impact on the environment and support sustainability. The sustainability lead, Clare Topping, had implemented a broad range of actions to help reduce the Trust's environmental impact as well as ensuring staff and the local community were engaged with the Trust's plans.

She advised that she had given feedback to the first of the Trust's 'Making Quality count' teams and there had generally been good engagement with the process and some good ideas had emerged. It was important for staff to know that they were able to make changes. She commented that the Chronicle and Echo had portrayed the financial issues in a reasonably balanced way with an emphasis on the Board's decision not to make cuts that would result in a significant fall in quality.

Dr Swart informed the Board that she had been delighted to have met and welcomed Tom, a part-time worker with a learning disability, to the Trust a few weeks ago. Tom works with his support worker, and ably led by Debbie Wigley, who transformed the approach to learning disability at NGH.

Dr Swart reported that a key outcome from a meeting with the regulators had been the production of a high level implementation plan with key milestones against which progress would be measured. Work was ongoing in each of three portfolios: clinical collaboration, collaborative resource management and integrated care closer to home, to achieve this. An update had been provided to the Health, Adult Care and Wellbeing scrutiny committee in early November. She informed the Board that Sally Watts had been appointed the Communications Lead for the Healthier Northants Programme.

She reported that the 5 year Forward View for the NHS had been published. The essence of the document was a call for cross-system leadership and a vision to unite the NHS by insisting that things would have to be done differently, meaning new models of care and more prevention. It also spoke of letting go of the command and control from the centre and argued for additional investment in the NHS, and for the first time formally articulating that more and more cost cutting alone would not get Trusts where they needed to be.

The Board **NOTED** the Chief Executive's Report.

TB 14/15 095 Sign up to Safety

Mrs Bradley presented the Sign up to Safety

Mrs Bradley reported that NHS England launched the Sign up to Safety campaign in June and it aimed to deliver harm free care for every patient, every time, everywhere. It championed openness and honesty and supported everyone to improve the safety of patients.

She informed the Board of the five Sign up to Safety Campaign Pledges:

1. Put safety first. Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally.
2. Continually learn. Make their organizations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are.
3. Honesty. Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
4. Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

Mr Farenden noted that Monitor and the TDA would be offering leadership and advice to the Trust. Mrs Bradley informed the Board that the launch in January 2015 would be led by the Safety Academy leads and supported by the Communications Team. Dr Swart mentioned the importance of aligning this work with the quality improvement work across the Trust which is work in progress.

The Board considered and agreed that the Trust should join the NHS England 'Sign up to Safety' Campaign.

The Board **ENDORSED** the Sign up to Safety.

TB 14/15 096 Nurse Staffing Report

Mrs Bradley presented the Nurse Staffing Report

Mrs Bradley presented the Nurse Staffing Report and advised the Board that the report had been presented in detail at the Quality Governance Meeting last week.

She reported that recruitment for trained nursing staff continued to be a significant challenge nationally and for the Trust. The reduction in the number of student nurses being trained, combined with an ageing workforce, and high numbers of staff leaving the profession coupled with the demand and opportunity for staff to work for staffing agencies who offer enhanced payment had created a "national workforce crisis".

Mrs Bradley informed the Board that staffing shortfalls were a consequence of outstanding established vacancies, maternity and other long term leave plus unpredictable short term sickness which could not be filled with temporary staff. In these instances, safe staffing levels were reviewed frequently, and then maintained by internal staff movements from other ward areas. Staffing concerns were discussed and remedial action agreed at the twice daily corporate safety huddles, night team handover and supported by the senior nursing team.

Mrs Searle commented that the Quality Governance Committee had discussed the report in detail last week.

Dr Swart commented that the Nurse Recruitment Strategy would be presented to the Private Board later today.

The Board **NOTED** the Nurse Staffing Report

TB 14/15 097 Director of Nursing & Midwifery Care Report

Mrs Bradley presented the Director of Nursing & Midwifery Care Report

Mrs Bradley commented that this was a positive report and that teams were working hard and that there had been continued improvement. She reported that the Safety Thermometer achieved 92.6 % this month against a ceiling of 93%. This had been a slight improvement from last month 92%. The number of reported pressure ulcers for October had remained static however, there had been a 48% reduction on the number of grade 3 pressure ulcers reported in quarter 2 compared with quarter 1 in which 25 grade 3 pressure ulcers were reported. There had been 3 C. Difficile cases this month which was above the Trust's monthly internal stretch target but within the national annual ceiling of 35, the total for the year was currently 18 cases.

She reported that for the second consecutive month there had been no moderate or harmful falls. Mr Zeidler asked if there was more up to date data available with regard to the national average figure of 6.75 in 2010/11 on Falls/1000 bed days. Mrs Bradley advised that there was more recent data and she would update accordingly.

Action: Mrs Bradley

Mrs Bradley informed the Board that the Friends & Family Test (FFT) results for October had remained positive and a successful launch of the FFT to Outpatients and Day case areas across the Trust had been rolled out.

Mrs Searle commented that the report had been discussed in detail at Quality Governance Committee and that it was good to see a gradual improvement. Mr Farenden asked if there was anything else that could be done to add assurance. Dr Swart commented that staff were doing the best they could, however the number of nurses on wards would have an impact and it was important to minimise the risk. Sustainability would be a concern moving into winter.

The Board **NOTED** the Director of Nursing & Midwifery Care Report.

TB 14/15 098 Medical Director's Report

Dr Cusack presented the Medical Director's Report

Dr Cusack reported that seven new risks had been added to the corporate risk register and a further three risks had been upgraded. There were 12 open serious incidents which were under investigation. However problems with documentation were a consistent theme from incidents closed in October. He reported that the SHMI was within expected range as was the HSMR rebased figures.

Mr Zeidler commented on the publishing of surgeons performance and Dr Cusack responded that this had been discussed at Quality Governance however only one surgeon at NGH had data published on the website.

Mrs Searle commented that the report had been discussed in detail at Quality Governance. Dr Swart suggested that for future reports the top 5 risks be presented alongside a commentary about the risks focussing on high level information as Quality Governance Committee would look into the detail.

The Board **NOTED** the Medical Director's Report

TB 14/15 099 Integrated Performance Report and Corporate Scorecard

Mrs Needham presented the Integrated Performance Report and Corporate Scorecard.

Mrs Needham introduced the Integrated Performance Report and Corporate Scorecard and informed the Board that all areas had been covered in detail at Quality Governance Committee and Finance Committee.

Mrs Needham reported that A&E 4 hour target to date was 97% and informed the Board that the number of delayed transfer of care remained high despite twice weekly tracking meetings and investment in winter funding. Improvements were being seen for those patients who required domiciliary care but the number of patients requiring placement had risen due to recent nursing and residential home closures within the County. She confirmed that the Trust now had additional beds with Avery Healthcare at Spencer House and the System Resilience Group would continue to work though each of the winter funding schemes focusing on delivery of a reduction in system delays and admission avoidance. Dr Swart commented that that extensive discussion had taken place with Social Care, NHfT, NCC and the CCG. Mrs Needham reported that the TDA were aware of the situation and it was discussed at Quality Governance Committee in detail.

The Board **NOTED** the Integrated Performance Report and Corporate Scorecard.

TB 14/15 100 Finance Report

Mr Lazarus presented the Finance Report

Mr Lazarus reported that the I&E position for the period ended October was a £11.5m deficit with the forecast position a projected deficit of £16.7m subject to delivery of a range of recovery actions. Detailed forecast "Control Totals" had now been agreed with most directorates and confirmed delivery of a £16.7m deficit by the financial year end. He informed the Board that a formal offer had been received from Nene CCG to settle the 2014-15 contract. The offer made by the CCG included an additional £2m of Winter funding but fell some £6m short of the best case income requirement on a like for like basis.

Mr Lazarus confirmed that on Friday the TDA had approved the application to the ITFF for £21m of financing to support the I&E position which would enable the purchase of the first phase of the overdue Imaging replacement project £7.2m. The achievement of the Financial Recovery Plan (FRP) forecast had been hampered by the current forecast SLA offer received by Nene CCG. Additional work was required with the CCG to agree MRET, readmissions and the treatment of best practice tariffs relating to NEL activity.

The Board **NOTED** the Finance Report

TB 14/15 101 Workforce Report

Mrs Brennan presented the Workforce Report

Mrs Brennan reported that the financial year to date rate for sickness absence increased to 4.25%, and the annual rolling average increased to 4.40%. In month sickness absence increased by 0.58% to 4.69% which is above the Trust target. Total Workforce Capacity (including temporary staff but excluding Medical Locums) decreased by 31.81 FTE in October to 4,403.94 FTE. The Trust remained below the Budgeted Workforce Establishment of 4,561.76 FTE.

She informed the Board that the current rate of completed PDPs or Appraisals recorded was 71.34%; this was a decrease on last month's figures and was possibly

reflective of the large number of staff who were due to have an appraisal to coincide with their incremental rise in October. When Agenda for Change was first implemented if staff were then at the top of their pay band they were automatically given an incremental date of 1 October which was why we had a large percentage of our staff due an increment at that date. This meant that we had not achieved the target of 80% by October, despite plans having been put in place to ensure a significant improvement in October. This would be subject to discussions with the Chief Operating Officer and relevant Directors as appropriate and would be subject to an increased focus at the divisional performance review meetings.

Mandatory Training compliance increased slightly to 78.78% in October. Role Specific Essential Training compliance stood at 64.50% in October, a slight drop from 64.74% in September; the project of scoping Role Specific Essential Training aligned to roles and uploading the information into Electronic Staff Record (ESR) had been recently completed. Dialogue between the Trust and McKesson / ESR was ongoing to identify data inconsistencies between Oracle Learning Management (OLM) and ESR and secure a resolution.

Mrs Brennan reported that the Flu vaccination rate for staff for the DoH return was 67%. This had already exceeded last year's final total. The team had now finished 'Flu Central' and were focussing on visiting wards/departments to carry out the vaccinations.

She commented that the Do Organisational Development (DoOD) was a network of staff from all levels and areas of the organisation that were actively supporting the OD agenda. On Wednesday 5 November the first event took place and current and aspiring DoODs were invited to come along and meet the team and find out more information. To date the Staff Survey percentage return rate was 45.39%. This was slightly above the return rate this time last year. The OD team continued to spread the word using a roadshow type approach and are utilising the recently recruited DoOD network.

Mrs Brennan commented that the facilitation of the Rainbow risk session for 350 staff from all areas of the organisation had been completed, with bookings over the next 6 weeks to cover a further 150. Feedback had been overwhelmingly positive. The national staff friends and family test results were made available online in September for Quarter one. The results showed NGH data in comparison to other Trusts from across the region.

The Board **NOTED** the Workforce Report

TB 14/15 102 Fire Safety Annual Report

Mr Abolins presented the Fire Safety Annual Report

Mr Abolins provided an overview of the report and the current position of fire safety and provided assurance that the Trust was meeting its statutory responsibilities. All fire safety arrangements within the Trust were modelled on the recommendations made by the Department of Health's Firecode fire safety guidance documents. These were referenced and supported within the Trust's Fire Safety Policy.

He informed the Board that the Department of Health announced in 2013, that an Annual Certificate of Fire Safety Compliance was no longer necessary but Trusts should implement a similar local annual certificate. To provide assurance to enforcing bodies that the Trust was complying with its statutory obligations and had a plan of action for dealing with gaps in compliance, an independent audit of fire management arrangements had been completed by Northants Fire and Rescue Service in 2013. The resulting action plan was being monitored through Fire committee.

Mr Abolins asked the Board to note that the Northants Fire and Rescue Service revisited the site during 2014 to monitor progress against the actions raised in their 2013 audit and subsequently wrote to the Trust to confirm that all actions had been addressed and the Trust's fire management arrangements were satisfactory.

The Trust's fire alarm had been extended and modified to ensure that it covered the whole site in accordance with relevant codes of practice and guidance. The fire alarm system installed throughout the hospital continued to function. A verification survey of the systems circuits was currently underway and would enable the 'cause and effect' of each circuit to be set and refined. There had been an increase in alarm activations over the previous 2 years and although the causes had been minor, the responses to these had been timely and effective.

Mr Abolins reported that the Northamptonshire Fire and Rescue Service (FRS) informed the Trust that as from 1st April 2014 they would not mobilise FRS resources to any Automatic Fire Alarm (AFA) to any county hospital between the hours of 8am-8pm. During this time they would expect Hospital staff to investigate their fire activation and only call FRS if the activation had been caused by a confirmed fire. As an immediate response the Trust reviewed its operational fire policy, procedures and risk assessments to ensure that the FRS change in policy would not increase risk to patients, staff, visitors and premises. The Trust's Fire Manager wrote to FRS strongly challenging their proposal. FRS had responded and agreed to meet the Trust to discuss concerns to date the meeting had not yet taken place.

He confirmed that training all Trust staff on an annual basis continued to be a challenge. Attendance figures had improved year on year but further work was still required. Continued investment in fire safety through the annual capital plan had allowed the Trust to ensure that building/structural fire risks were eliminated or mitigated as much as practicable.

In response to Mr Noble's query as to which committee the Fire Committee fed into Mr Abolins responded that it was the Health and Safety Committee.

Mr Zeidler the queried the year period of the statement and Mr Abolins confirmed that it was for a calendar year and not a financial year. The Board confirmed their assurance for the Chief Executive to sign the annual statement of fire safety compliance.

The Board **NOTED** the Fire Safety Annual Report

TB 14/15 103 Complaints Annual Report

Mrs Bradley presented the Complaints Annual Report.

Mrs Bradley reported that the annual report provided board assurance regarding the standard of complaints handling arrangements that were currently in place within the organisation. The Trust received 526 complaints in 2013-2014 when compared to 538 in 2012-2013. 82% of complaints were responded to within the timescale agreed with the complainant versus 84% in 2012-2013 and 18 new Ombudsmen cases were received (2 from 2010/2011, 1 from 2011/2012, 9 from 2012/2013 and 6 from 2013/2014). 3 cases were partly upheld, with one of those not requiring any further action.

She reported that 'Patient care' and 'delays / cancellations' provoked the highest number of complaints this year. However, there had been a significant improvement in the number of complaints that related to delays / cancellations, with a significant reduction from 102 last year, to 77 this year. The number of complaints which

related to communication had reduced again for the third consecutive year with 52 complaints this year when compared to 103 last year.

Mrs Bradley informed the Board that Head & Neck and Trauma & Orthopaedics saw the most improvement in terms of a reduction in the number of complaints received, which had been consistent over the last 3 years. However, it had also been noted that Accident & Emergency also saw a reduction in complaints for the second consecutive year with a difference of 14. Radiology, Oncology, Medicine and General Surgery all saw an increase in the number of complaints received about their services.

Dr Swart commented that a national complaints report had been published this week which would name how many complaints it had investigated for each of England's hospital trusts, As the ombudsman took on more enquires which were now published it would be more important to respond promptly to complaints. She informed the Board that she had forwarded the report to the Executive Team so that they were aware.

The Board **NOTED** the Complaints Annual Report

TB 14/15 104 Emergency Preparedness Annual Report

Mrs Needham presented the Emergency Preparedness Annual Report

Mrs Needham reported that a robust and stringent process with the Executive and Senior Management engagement had been followed in order to complete a review of the Trust's level of Emergency Preparedness and to ensure that the results provided a true reflection of the Trust's overall position against the NHS England Emergency Preparedness, Resilience and Response Framework. The Emergency Planning and Business Continuity Programme had undergone a complete transformation over the past 12 months and had significantly improved the Trust's capabilities to plan for and respond to a Major Incident or failure in service provision.

She informed the Board that the key areas that would be prioritised within the Emergency Planning and Business Continuity work stream for 2014 – 2015 would be Chemical, Biological & Radiological Incident Management; Major and Internal Significant Incident Planning and Training and Exercising. The Emergency Planning and Business Continuity Team through the Trust's Resilience Planning Group would continue to engage with clinical and corporate teams to ensure the work programme was delivered to standard and timescale.

Mrs Needham reported that the Civil Contingencies Act 2004 created two tiers of responder to major incidents. As a Category One responder the trust had six duties:

1. Risk Assessment
2. To Plan
3. To develop a Business Continuity Programme
4. Co-operate with other responders
5. Warn and inform the public
6. To share Information with partner agencies

The Resilience Planning Group meets quarterly and all standing members of the group were required to attend a minimum of 80% of the meetings held each financial year and not be absent for two consecutive meetings without the permission of the chair of the group.

Mr Noble commented that core standard 20 and 21 were showing that there were no current arrangements in place. Mrs Needham responded that the Trust had access via the police and EMAS and would ensure it was documented. Dr Swart informed

the Board that a session on Emergency Preparedness would be presented to the Board of Directors at the December meeting.

The Board **NOTED** the Emergency Preparedness Annual Report

TB 14/15 105 Revised Terms of Reference

Mr Farenden presented revised Terms of Reference.

The Board approved draft Terms of Reference for Trust Board and Remuneration and Appointments Committee.

The Board ratified the Terms of Reference for Quality Governance Committee, Finance Investment and Performance Committee and Audit Committee.

The Board noted the new names of Committees in respect to Quality Governance Committee (previously IHGC) and Finance Investment and Performance Committee (Previously Finance Committee).

The Board **APPROVED** the revised Terms of Reference

TB 14/15 106 Highlight Report from Finance Investment and Performance Committee

Mr Zeidler presented the Highlight Report from Finance Investment and Performance Committee (FIPC)

Mr Zeidler presented the Highlight Report which provided an update to the on activities undertaken during the month of October and discussed at the FIPC meeting held on 22 October 2014. This report covered any issues of significance, interest and associated actions that were required and had been agreed to take forwards by the Committee.

Mr Zeidler gave a verbal update from the FIPC which took place on 19 November and informed the Board that October was the first full month where comparisons could now be drawn in relation to directorate performance against agreed control totals. The Committee were informed that the latest offer from Nene CCG for an end of year settlement currently left a £6m gap between the Trust's expectations and the CCG offer. A further meeting was due to be held next week with the aim of closing the gap. The Committee were assured that the Executive Team were working to resolve the issue satisfactorily and drawing on all available external support.

The Committee received a report and presentation which identified the actions which had been taken to address the issues of the continued excess of bank and agency spend. The Committee were partly assured around improvement management ownership from ward sisters but work still remained to be done to understand and reverse the trend to agency workers. The Nurse Recruitment Strategy, which would be presented to Trust Board, would be a key element to reduce spend.

Mr Zeidler commented that the Committee reviewed and approved in principle, a scheme to increase car parking, with the only outstanding question as to whether the scheme could be expanded from 200 to 300 extra spaces. Mr Abolins was requested to provide further information for approval at the Trust Board meeting. They were informed that a best formal offer had been received from Cox and Collier Developments Ltd and the Committee approved the sale of 37 Camelot Way. The Committee received a quarterly Procurement Report and a Highlight Report from the Charitable Funds Committee.

The Board **NOTED** the Highlight Report from Finance Investment and Performance Committee

TB 14/15 107 Highlight Report from Quality Governance Committee

Mrs Searle presented the Highlight Report from Quality Governance Committee (QGC)

Mrs Searle presented the Highlight Report which provided an update to the on activities undertaken during the month of October and discussed at the QGC meeting held on 24 October 2014. This report covered any issues of significance, interest and associated actions that were required and had been agreed to take forwards by the Committee.

Mrs Searle gave a verbal update from the QGC which took place on 21 November and informed the Board that QGC received assurance that the Compliance Action Plan addressed the recommendations within the CQC Quality Report. The Committee were informed that the CQC announced (11 November 2014) that they would shortly be issuing guidance to NHS providers on how they would be able to meet the Duty of Candour and the Fit and Proper Person Requirement Regulations.

The Committee received a presentation and an update on progress to date on the Flagship Ward. A report from the Director of Nursing gave assurance in respect to: Trust position in respect to experience of harm free care; No moderate or harmful falls by patients; Patient satisfaction in respect to pain relief and control; Improvement in respect to Grade 3 Pressure Ulcers and implementation of Local 4 SSKIN Care Bundle.

The Committee received a report from the Medical Director and were assured in respect to: Hospital Standardised Mortality Ratio continued to fall and remained within the expected range. (SHMI for 2013-2014 was 101 and was the lowest for over 2 years). Three new Serious Incidents had been reported (Grade 3 Pressure Ulcer; Safeguarding Children; Surgical error – missing swab). In addition, the Committee were update that the 'Never Event' declared in September 2014 would be downgraded to a Grade 1 Serious Incident.

Mrs Searle reported that the Committee received a report from the ECLIPSS group. The intent was to increase the level of detail of the analysis and triangulate the high quality data currently gathered, together with 'soft' intelligence, to identify areas of possible risk or concern. The Committee noted that this was an important step forwards and asked the staff involved to be thanked for their work.

The Director of Nursing presented a report in respect to recruitment for trained nursing staff that continued to be a significant challenge for the Trust and was one that is experienced nationally. The Committee received an overview of the Patient Safety Strategy and an outline of improvement work and working document that underpinned the Trust Quality Strategy. The Committee approved the Patient Safety Strategy. The Committee were informed that currently there were 45 risks on the Corporate Risk Register (CRR) and the Quality Governance Committee were the responsible Committee for 28 of the risks on the CRR, with 7 added over the last month.

Mrs Searle informed the Board that the Committee approved the draft terms of reference for Clinical Quality Effectiveness Group (CQEG); Assurance, Risk and Compliance (ARC) Group; Patient & Carer Experience and Engagement Group (PCEEG) subject to an amendment in the QGC organogram.

The Board **NOTED** the Highlight Report from Quality Governance Committee

TB 14/15 108 TDA Self-Certification Report

Mr Pallot presented the TDA Self-Certification Report.

Mr Pallot reported that in accordance with the Accountability Framework, the Trust had been required to complete two self-certifications in relation to the Foundation Trust application process. Draft copies of Monitor Licensing Requirements and Trust Board Statements self-certifications for October 2014 were discussed and approved subject to the following amendment under:

Governance 10: Cancer 62 day Wait and 31 day subsequent drug treatment.

The Board **APPROVED** the TDA Self-Certifications

TB 14/15 109 Any Other Business

Mrs Searle expressed her thanks to Mrs McKenzie for keeping the Non-Executive Directors on track with the new Committee structure.

Date of next meeting: Thursday 29 January 2015 at 09:30 in the Board Room at Northampton General Hospital

Mr Farenden called the meeting to a close at 11:20

The Board of Directors **RESOLVED** 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

Public Trust Board Action Log

Last update 20/01/2015

Ref	Date of meeting	Minute Number	Paper	Action Required	Responsible	Due date	Status	Updates
40	31/07/2014	TB 14/15 060	Equality Delivery Stems 2 (EDS2).	The Board requested that the action plan be presented at the November meeting.	Janine Brennan	Nov-14	Slippage	To be presented to March 2015 Trust Board as work will not be completed until early in the new year.
41	27/11/2014	TB 14/15 097	Director of Nursing Report	Mr Zeidler asked if there was more up to date data available with regard to the national average figure of 6.75 in 2010/11 on Falls/1000 bed days. Mrs Bradley advised that there was more recent data and she would update accordingly.	Jane Bradley	Jan-15	On Track	Information to be included in the January Director of Nursing Report

KEY

Completed
On Track
Slippage
Significant Slippage
Transferred to another committee
Closed
On Agenda

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Chief Executive's Report
Agenda item	7
Presenter of the Report	Dr Sonia Swart, Chief Executive
Author(s) of Report	Dr Sonia Swart, Chief Executive Sally-Anne Watts, Head of Communications
Purpose	For information and assurance
Executive summary	
The report highlights key business and service issues for Northampton General Hospital NHS Trust (NGH) in recent weeks.	
Related strategic aim and corporate objective	N/A
Risk and assurance	N/A
Related Board Assurance Framework entries	N/A
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)
Legal implications / regulatory requirements	None

Actions required by the Trust Board

The Trust Board is asked to note the contents of the report

**Public Trust Board
29 January 2015**

Chief Executive's Report

1. A reflection on progress made

Despite all the obvious difficulties around urgent care, money, quality standards and long-term planning we have made some significant progress in a number of areas.

It is worth remembering some of our high level improvements and considering their significance as we start the planning round for the coming financial year and beyond, and also our next Care Quality Commission (CQC) inspection which is likely to be in the autumn.

A year ago the CQC noted that, whilst our staff were very caring and although our services were broadly safe, leadership and governance were poor in most areas. They also criticised our urgent care system for failing to meet performance targets and noted the impact this had on the rest of the hospital.

Since then we have made good progress on implementing the plans that were already in place prior to our CQC inspection, strengthening them along the way. We have almost completed our recruitment into the executive team and strengthened the alignment between our various work programmes.

Our emphasis on quality and quality improvement to underpin our aim of providing the Best Possible Care remains unchanged. We know we have more to do to ensure our values are clearer to each member of staff and this is work in progress. Making Quality Count, our Patient Safety programme and Quality and Efficiency programme will all help us to align our efforts, improve our clinical effectiveness and the services and care we provide to our patients. Our staff engagement strategy was recently approved by the board.

Putting in our new clinically-managed and led structure and the realignment of our committees, with a clear focus on quality and workforce, has been a major task, which we will continue to refine over the coming year. This will involve delivering the management and leadership training we have promised, improving our governance processes and, most importantly, aligning them with our new structures so the Board can be provided with assurance around standards. When the CQC came in September 2014 they noted many improvements, but their report is still awaited.

Urgent care has improved and feels safer and more ordered, with better systems despite the very obvious pressure. Engagement with clinical staff and between clinical teams is much improved. The new resus area is now complete and the remaining redevelopment of A&E is continuing despite the high volumes of activity.

Our hospital mortality statistics have improved, as has our performance against most quality metrics. We will maintain our vigilance as it is a particular challenge to improve these metrics in the face of staffing problems in nursing and medicine. This focus is strongly supported by our teams, who have a much improved sense of ownership of the issues.

2. Urgent care

The year has begun with the most sustained period of urgent care pressure I believe we have ever seen. This built up during December, when we saw the most sustained period of high acuity patients that we have ever had.

I have seen great resilience and determination in our staff to meet the challenges. However, the problem is complex and requires a whole system solution. It has become increasingly clear that we have a collective responsibility within health and social care to work towards a solution. The Prime Minister has set up a weekly task group to come up with proposals around urgent care and it will be interesting to hear what recommendations come out of this group.

Members of the Prime Minister's Implementation Unit visited our A&E department in December. They spoke with staff here at NGH and also to our commissioners and members of the local urgent care group. The aim was to understand the challenges we face. Their findings were fed back to the weekly task group.

3. NGH in the media

NGH was in the media spotlight for 24 hours in January following the admission of a patient who was suspected of being infected with the Ebola virus. At one point I understand we were trending on Twitter and our communications team responded rapidly to ensure consistent and accurate messages were relayed to the media, the public, our staff, patients, commissioners, MPs and other key stakeholders. Many have praised our response and commented on the effectiveness of our robust infection control processes. We had tested our Ebola responsiveness in December 2014 and the learning from that event was put into action.

This one incident serves to highlight the immediacy of social media and the importance of monitoring and responding to comments and issues raised, as this clearly demonstrates that we are an organisation that is open, interested in what people have to say and willing to learn.

Elsewhere in the media our staff were praised by the former Deputy Prime Minister, John Prescott, for the care given to his sister when she was recently admitted to NGH.

4. Healthier Northamptonshire

One of our biggest challenges is understand the need for collaborative leadership across the health and social care system and how difficult this is in practice. Both I and a colleague from Nene CCG have signed up for the King's Fund Collaborative Leadership programme as we recognise how important this is for us going forward. I am sure we will benefit from some wise words and real examples of how to take things forward.

We are making progress with the acute liaison mental health service which has been running in NGH and Kettering General Hospital (KGH) since October 2014 and has been positively received by stakeholders. This service involves carrying out assessments, diagnosis and treatment of people who have mental health problems in A&E. Whilst the service is new, we have seen a slight fall in admissions.

Collaborative care teams (CCT) are now operating in South Northants and Daventry. There is also a combined CCT which includes care home support in Corby. These teams provide proactive case management for those patients who are identified as being at the highest risk of an unplanned admission.

The integrated discharge process/teams have been managing discharge processes in both acute hospitals since late November 2014. Whilst process improvements are still bedding in and there is ongoing recruitment to additional care management capacity, domiciliary care waits are significantly reduced. There have been some additional placements opened

within the county but more work is needed to continue to remove delayed transfers of care and all discharge waits.

The revised end of life strategy aims to ensure a consistent approach across the county so that all patients have a co-ordinated care plan they have developed with clinicians. The strategy has now been approved by the implementation steering group for Healthier Northamptonshire and the project is moving towards the next phase of implementation.

Discussion between us, KGH, commissioners and the wider health and social care system have clarified the longer term strategic roles of the acute hospitals in the county. We will both continue to offer core district general hospital acute services: A&E, paediatrics, maternity, intensive care and acute medical and surgical care. Moreover each organisation will, by agreement, lead on the provision of services in designated areas.

We plan to work with KGH to formalise a document outlining our work on clinical collaboration, which will be aligned with the principles underlying the 5 Year Forward View and the Dalton Review which refer to the need to stabilise smaller acute hospitals.

In the area of collaborative resource management we are looking to approve common maintenance contracts across organisations and achieve cost benefits. We are looking to create a shared occupational health service and county-wide bank for staffing. Our IM&T teams will work together to review our information systems and create platforms where information can be shared across organisations. We are also looking to develop a collaborative finance and payroll service and a county-wide approach to pharmacy. The full detail of these projects will be shared as they evolve.

A new programme director, Angus Maitland, has now been appointed and has already begun work. Our Commissioners are developing contracting frameworks to support and enable delivery and we hope to be able to be in a position to submit our Expression of Interest to NHS England to develop a vanguard site/model for the Health and Social Care Economy/NGH in early February 2015.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Director of Nursing & Midwifery Report
Agenda item	8
Sponsoring Director	Rachael Corser, Director of Nursing, Midwifery & Patient Services (Interim)
Author(s) of Report	Fiona Barnes, Deputy Director of Nursing & Senior Nursing & Midwifery Team
Purpose	Assurance & Information

Executive summary

This report provides an update and progress to date on a number of clinical projects and improvement strategies that the Nursing & Midwifery senior team are working on. An abridged version of this report, providing an overview of the key quality standards, will become available on the Trusts website as part of the Monthly Open & Honest Care Report.

Key points from this report:

- N&M Quality Dashboard (QuEST) shows compliance of 85%, with a number of wards improving their month on month position
- Safety Thermometer – achieved 92.46 % this month against a target of 93%. This is a slight decrease from last month (92.7%).
- Unfortunately December saw an increase of 57% in the number of hospital acquired pressure ulcers, with 30 pressure ulcers validated, 28 grade 2 and 2 grade 3. These pressure ulcers have not been confirmed to consider whether they are avoidable or unavoidable
- There have been no C. Difficile case this month; the total for the year is currently 20 cases, within our (national) annual target of 35.
- In December there has been 2 in-patient falls that have caused at least ‘moderate’ harm.
- The Friends & Family Test results for November have remained positive.
- The Midwifery report provides an update on the external Supervisors of Midwives audit from July and the actions to be undertaken to address the gaps.
- Hard Truths Data for December illustrated that 88% of wards (23 out of 26) were staffed at over 99% of their funded establishment which is planned combined day *and* night shifts for both registered and support staff groups to include temporary staff during December 2014.
- Safer Nursing Care Tool Update shows that for 17 of the 22 wards the Trust established registered workforce is below the SNCT suggested establishment signifying a number of the wards are under established. However, for unregistered staff (HCA) the SNCT is

suggesting that the wards are above recommended establishment, suggesting skill mix needs reviewing to address this as part of future budget cycle.	
Related strategic aim and corporate objective	To be able to provide a quality care to all our patients
Risk and assurance	The report aims to provide assurance to the Trust regarding the quality of nursing and midwifery care being delivered
Related Board Assurance Framework entries	BAF – 1
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? No Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?No
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper - No
Actions required by the Committee	
The Trust Board is asked to discuss and where appropriate challenge the content of this report and to support the work moving forward.	
The Trust Board is asked to support the on-going publication of the Open & Honest Care Report on to the Trust's website which will include safety, staffing and improvement data.	

**Public Trust Board
29 January 2015**

Director of Nursing & Midwifery Report

1. Introduction

The Director Nursing & Midwifery Report presents highlights from projects during the month of December. Key quality and safety standards will be summarised from this monthly report to share with the public on the NGH website as part of the 'Open & Honest' Care report. This monthly report supports the Trust to become more transparent and consistent in publishing safety, experience and improvement data, with the overall aim of improving care, practice and culture.

2. Nursing & Midwifery Quality Dashboard

The N&M Quality Dashboard presents the findings from the monthly QuEST audit. The QuEST data is 'aggregated' onto the Dashboard, which is triangulated with a wealth of information from other data sets and audits. The N&M Dashboard Summary demonstrates an overall score of 85% compliance for the wards which is an improvement on last month (83%).

Allebone has decreased slightly this month from 80% in November to 77% in December. Collingtree has decreased this month from 81% to 71% which will be monitored. Compton and Victoria both have improvement plans in place that are supported by the matron. Dryden has increased for the fourth consecutive month to 86%. Willow Ward has also improved slightly this month from 80% to 81% compliance.

Other specialist services undertake a monthly QuEST and have questions that are relevant to the specialty audited. The compliance measures below are a summary of the detailed QuEST data.

Paediatrics – 95.92% compliance
Midwifery – 95.32% compliance
ITU – 96.79% compliance
HDU - 87% compliance
A&E – Adult 92.75% compliance
Children – 98.94% compliance

It is over a year since the last revision of the nursing & midwifery indicators and QuEST was developed. It is proposed that a revision of the current dashboard, in particular for the specialties, will be undertaken in the next 3 months.

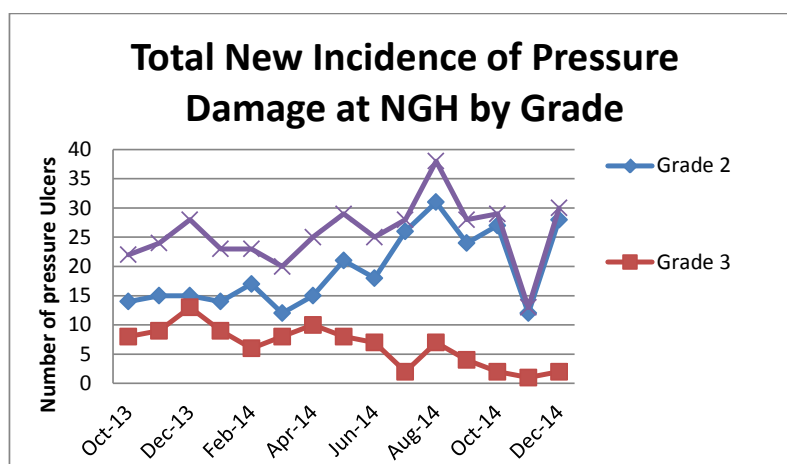
3. Safety Thermometer

In December 92.46% patients experienced 'harm free care' in this Trust which is just below the national average of 93%. This month there were only two patients with catheter-related UTI. Falls & harm from blood clots remain below the national average. Over the year 'new' harms have positively decreased from 3.85% in December 2013 to 2.04% in December 2014, below the national average.

4. Pressure Ulcer Incidence

December saw an increase of 57% in the number of hospital acquired pressure ulcers, with 30 pressure ulcers validated, 28 grade 2 and 2 grade 3. These pressure ulcers have not been confirmed to consider whether they are avoidable or unavoidable nor have they been

through the internal 'Challenge and Confirm' process. This rise reflects the increasing pressures being placed on the organisation, such as acuity and complexity of patients.



CQUIN

Despite the significant reduction in hospital acquired pressure ulcers in November the Trust has acknowledged it has not achieved the CQUIN target for reduction in avoidable Grade 2 pressure ulcers for this year.

The Trust has reported 13 grade 3 hospital acquired pressure ulcers in Q2 (47% reduction from Q1) this reduction continues in Q3 with 5 Grade 3 pressure ulcers developing on Patients in our care, that equates to a 62% reduction from Q2. The Trust remains on target to achieve 100% payment for reduction in avoidable Grade 3 and Grade 4 pressure ulcers (there have been no reported Grade 4 PU since March 2013).

5. Health Care Associated Infections (HCAIs)

The table below shows that the trust has had no infections this month and one case in the previous month, plus the improvement target and results for the year to date.

	C.difficile	MRSA
Number of infections this month	0	0
Number of infections last month	1	0
Improvement target for year to-date	35	0
Actual to-date	20	0

5.1 Surgical Site Surveillance

The trust takes part in the national surgical site surveillance scheme of over 150 hospitals in England so that it can measure the rates of surgical site wound infection and be sure that patients are given the highest possible standard of care.

From October to December there have been 10 post infections from 330 C-sections which gives a surgical infection rate of 3% which is below the national average of 4.1%. The directorate is continuing to explore the issues with root cause analysis for each case and discussions within the directorate. An action plan has been developed and presented by the directorate at CQEG and IPCC. Support is being provided by the Tissue Viability team regarding wound management.

6. Falls Prevention

This month the Trust reported 2 in-patient falls that caused at least 'moderate' harm. The moderate fall was a patient who fell and sustained a subdural hematoma. The severe fall was a patient who fell and sustained a fractured neck of femur.

Falls/1000 bed days this month 5.14 (last month 5.84) against the national average 6.75 (2010/11. 2010/11 was the last national survey to be undertaken. The next national survey is proposed for this year).

The Care Quality Commission (CQC) visited the Trust in September 2014 and raised some concerns regarding bed rail bumpers, ultra-low beds and crash mats for ultra-low beds. A detailed action plan has been implemented and completed including:

- Bed rail policy reviewed, updated, ratified and changes communicated to staff.
- Revised bed rail risk assessment trialled and following feedback minor amendments made and final version distributed to the wards
- Spot check to establish current numbers of bed rails bumpers and crash mats performed
- 15 additional ultra-low beds have been delivered
- Additional bed rail bumpers have been purchased

7. Friends & Family Test

November was the first month where all services were transferred over to the new methods of collecting data via SMS text messaging and Interactive Voice Messaging (IVM). There have been some initial issues which have taken time to resolve between our own internal IT department and our external providers. Work continues to ensure we are ready to achieve the required response rate for Quarter 4.

For November Inpatient response rates it was noted that the amount of 'eligibles' showing within the Envoy system was considerably higher than expected, and therefore the decision was made to take the amount of 'eligibles' from InfoView and work with IT to understand why the discrepancy is ongoing. Preliminary findings found some of the exception criteria had not been applied i.e. patients need to be returning to their usual residence to be eligible. This was changed immediately.

Of most significance for Novembers FFT response rates:

- Inpatients achieved a response rate of 38.99%.
- Maternity services obtained a response rate of 18.38%. In regards to increasing the response rate the Maternity service is working closely with their community teams. The Team have been given a 'Text in' number however uptake from ladies has been low. This will be monitored closely to identify whether methods need to be changed and additional methods considered.
- A&E achieved their response rate target for the first time since June 2014 achieving a response rate of 21%. This is extremely positive and shows the new methods are working well in ED.
- Day Case areas had a response rate of 25.93%
- Outpatient areas had a response rate of 28.70%
- Paediatrics achieved a response rate of 48.82%

Of most significance for Novembers FFT Patient Satisfaction:

- NHS England are no longer reviewing Net Promoter Scores and have changed the method of measuring satisfaction to the % of patients that 'would recommend' against the % of patients that 'wouldn't recommend'. As the Trust has internal targets for the NPS, and until new targets are identified for % (due to be discussed at the next PCEEG) they will both be presented to the committee.

Area	NPS September	NPS October	NPS November	NPS Internal Target	TREND
Inpatients	54	58	45	70	↓
Maternity	77	74	67	70	↓
A&E	61	57	48	60	↓
Day Case areas	-	70	66	No Target	↓
Outpatients	-	55	58	No Target	↑
Paediatrics	62	70	54	70	↓

Area	% Would recommend October	% Wouldn't recommend October	% Would recommend November	% Wouldn't recommend November	TREND
Inpatients	90.7%	2.4%	82.7%	8.3%	↓
Maternity	94.9%	1.2%	92.7%	2.6%	↓
A&E	86.3%	7.8%	85.1%	8.0%	↓
Day Case areas	93.5%	2.3%	91.6%	2.9%	↓
Outpatients	88.0%	4.5%	89.1%	4.2%	↑
Paediatrics	95.3%	0.0%	89.0%	6.9%	↓

- It is evident from looking at the tables above that patient satisfaction is showing a decrease in every area except for Outpatient Services.
- It needs to be acknowledged when reviewing these scores and percentages that methods for collecting data have changed, and this is likely to have an impact on the scores obtained. The methods we are now using within the hospital are more robust and give patients the opportunity to reflect and answer when they are at home, as opposed to when they are first being discharged and they are still within the hospital. In addition to this, as response rates increase (for example for A&E), scores are also likely to decrease.
- It is therefore more likely that the results being received now are more representative of the population, and decisions need to be made within the hospital as to whether we continue to compare results with previous months now methods have changed.

National Surveys

National Cancer Survey 2014

Four hundred and eighty one patients responded to the fourth National Cancer Patient Experience Survey from NGH with a response rate of (64%). The largest group of respondents by tumour site was breast cancer accounting for 22% of the results. In some areas the number of patients participating in the survey was statistically insignificant making it difficult to draw accurate conclusions about their experience.

The Trust scored higher than the national average in 6 questions. The questions relate largely to the provision of written information: The Trust scored below the national average in 5 questions.

The percentage for the remaining questions fell within the national average framework for "all tumours sites". However there was wide variation between the different disease types. Overall the Trust scored higher in 32 questions, stayed the same in 8 questions and scored lower in 23 questions.

The Cancer Lead Nurse is leading on the development of action plans with each of the tumour sites. Each question is broken down individually for each site to identify where there has been a depreciation in satisfaction. Progress will be reviewed through the Patient & Carer Experience and Engagement Group (PCEEG).

National A&E Survey 2014

Three hundred and eleven patients responded to the A&E survey for NGH giving a response rate of 38%. The last national survey conducted for A&E was in 2012.

When comparing the scores with the previous survey conducted in 2012, the department was statistically worse in 6 questions, and did not perform statistically better in any.

The Matron for the service is leading on the action plans which are currently in development. These will be monitored through PCEEG.

It is interesting to note from reviewing the results for this survey alongside the FFT that waiting times appear to be a common theme.

8. Improvement Projects

Do it for Dementia- Update

It has been identified through discussions with patients and the ward staff that often disturbances during the night are due to patients with dementia being confused and therefore noisy. The Sleep Well Campaign was launched as a way of supporting patients to sleep when in hospital, however further work needs to be done to identify a way of better supporting our patients with dementia to enable them to feel more relaxed during the night time and better able to sleep. It has been well evidenced that people with dementia are more likely to sleep if they have had their cognitive needs met within the day, particularly late afternoon/early evening time. Therefore the Do it for Dementia fundraising campaign has been set up with Northamptonshire Health Charitable Funds.

- Links have been established with Northamptonshire Healthcare NHS Foundation Trust (NHFT) to work jointly on the campaign
- Quotes have been received for 3 focus areas for the fundraising in NGH:
 1. RemPods – specially designed areas reflecting past eras
 2. My Life Equipment – reminiscence software used alongside befrienders
 3. Ward environment improvements – specifically for patients with dementia

- Ticket sales have begun for the 'New Year – New You' raffle which aims to raise a minimum of £1000. There are many prizes on offer, all of which have been donated, to a value of around £700.
- Sedgebrook hall have kindly donated the use of their premium Oak Suite and tea and coffee for a Spring Tea Dance to be held on the 10th of May. Further information related to this will become available shortly.

9. Supervision of Midwives (SOM)

The Local Supervising Authority Midwifery Officer is required under rule 11 of the Nursing and Midwifery Council's midwives rules and standards (2012) to carry out an annual audit of the supervision of midwives and the practice of midwifery within its area to ensure that the five national standards are being met. This annual audit was undertaken in July 2014.

The feedback from midwives was very positive, namely that morale was high and safe care is being delivered to women. Feedback from the service users confirmed this on the day, which was further supported by the Family Friendly Test results which indicated that women are generally satisfied with the care they receive.

Ten recommendations were made, the main areas for action being equity of access to a SoM, women centred care and leadership. An action plan was created and implemented; the progress towards completion of the action plan is monitored by the Obstetric Governance Group. To date, using the RAG rating, six of the recommendations are green, four are amber and with the required date of completion/achievement by June 2015.

10. Hard Truths

Staffing fill rate was below that in November 2014 for the RN day shifts. Whilst there was work undertaken to enhance the availability of trust staff throughout December due to the trust wide ban on front line nursing staff having annual leave throughout December, the unprecedented pressures on our services created further demand on the need for additional RN's. Further analysis suggests that this was due to increased sickness rates and an increase in overall demand for RN's to cover additional areas of escalation and increased pressure on the urgent care pathway. Fill rates for the HCA workforce remain good, demonstrating support in meeting the demands of the patients requiring additional 'specialling' staffing support. Appendix 1 provides an overview of the Trust Hard Truths data for December.

Results of the monthly data collection exercise illustrated that 88% of wards (23 out of 26) were staffed at over 99% of their funded establishment which is planned combined day *and* night shifts for both registered and support staff groups to include temporary staff during December 2014.

As experienced in previous months, across inpatient areas there was consistent use of additional Health Care Assistants to fulfil a number of roles including specialling vulnerable patients, escalation area resourcing and supporting registered nurses with the work associated with increases in patient acuity and dependency.

Staffing shortfalls continue to be as a consequence of outstanding established vacancies, maternity / other long term leave plus unpredictable short term sickness which could not be filled with temporary staff. In these instances, safe staffing levels would have been reviewed frequently during the day by the Matrons and across the whole Trust twice a day at the Clinical Safety Huddles then maintained by internal staff movements from other ward areas.

Where supernumerary staff worked across the Trust – this group is not accounted for in the actual staffing figures, but they support established registered and unregistered staff on the ward. Work is underway to ensure this can be captured on the e-rostering system.

Some wards continue to experience high vacancy rates which have affected staffing levels – Ward Sisters are responsible for the recruitment of their own staff and with the support of the HR Service Centre a number of recruitment days are scheduled to include regional and national job fairs. Plans for recruitment from Holland, Spain, Poland, Romania, Philippines and India continue.

Bank & agency usage

Bank and agency usage for December 2014 was in line with usage in November 2014. However, the demand for temporary staff in December increased due to the escalation areas; the temporary staffing fill rate was less which meant that staffing was pulled to cover these areas with no additional increase in staffing numbers.

In December, a total of 142.7 WTE bank and agency HCAs worked, compared to 149.5 WTE in November 2014 and a total of 119.6 RN's in December compared to 118 WTE in November 2014. Unfilled RN shifts increased to 41% in December from 32% in November.

Additional measures have been in place to increase fill rate for temporary staffing which includes:

- Applying specialist enhanced rates for high demand areas, e.g. A&E, critical care and assessment areas
- Fixed term bookings for temporary staffing
- Use of agency staff who are 'off framework'

There is an extensive recruitment plan that is fully supported by the Executive team with weekly Executive meetings, chaired by the Director of Nursing & weekly Operational meetings to implement the Recruitment Strategy.

11. Safer Nursing Care Tool Update

In line with national guidance (Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals, NICE, July 2014) a bi-annual review of the nursing skill mix using an appropriate methodology and tool a skill mix review should be undertaken. In September/October 2014 the Trust undertook a skill mix review across the general wards using the Safer Nursing Care Tool (SNCT).

Key findings

For 17 of the 22 wards the Trust established registered workforce is below the SNCT suggested establishment signifying a number of the wards are under established. However, for unregistered staff (HCA) the SNCT is suggesting that the wards are above establishment and therefore over established.

The SNCT findings suggest that based on the current 2013/14 budget establishment of registered nurses is under established by 96.3 wte, and yet the unregistered workforce is suggested to be over established by 62.2 wte giving an overall under-establishment of 32.1 wte.

The SNCT findings suggest that based on the proposed 2014/15 budget establishment of registered nurses is under established by 46.7 wte, and yet the unregistered workforce is suggested to be over established by 38.7 wte giving an overall under-establishment of 8 wte.

Summary of the Nurse Staffing Review

When undertaking a staffing review using the SNCT there are still some anomalies against our current establishment. However, the professional judgement of the senior nursing team would not, in general, want to alter the current establishment. For those areas where there appears to be significant under/over establishment further review will be required. It is the view of the senior nursing team that this recent SNCT reflects more closely with the current ward requirements, compared to the April audit.

Over the past 6 months the Director of Nursing has met with all of the Ward Sisters on at least three occasions, three weekly with those wards with considerable overspend, to review establishment, skill mix, bank & agency usage, recruitment plans and health-roster utilisation. These meetings have been attended by the Finance, Workforce and the Recruitment teams' to ensure there is individual support for each Ward Sister. Therefore for the general wards there has been on-going professional review of the nursing establishment and discussions have occurred during this process. The finalisation of the established budgets will be agreed by the Director of Nursing and Finance team by the end of January 2015.

12. Recommendations

The Trust Board is asked to note the content of the report, support the mitigating actions required to address the risks presented and continue to provide appropriate challenge and support.

Appendix 1

Monthly Safe Staffing Report - December 2014

ID	Care Group	Speciality	Ward/Unit	DAY				NIGHT				Sickness Absence				
				Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	% HCA	Planned RN	Actual RN		Planned HCA	Actual HCA	% RN	% HCA
	Surgery	110 - TRAUMA & ORTHOPAEDICS	Abington	2048.5	1758	1853	1913	85.8%	103.3%	867	848.5	883.5	1013	97.9%	114.6%	3.6%
	Medicine	326 - ACUTE INTERNAL MEDICINE	Allebone	2029	1440	1385	2182	71.0%	157.5%	930	850	620	1293	91.4%	208.6%	5.1%
	Surgery	110 - TRAUMA & ORTHOPAEDICS	Abherp	1444.5	1132	1189.5	760	78.3%	68.9%	620	607.75	590	338	98.0%	67.6%	7.6%
	Medicine	340 - RESPIRATORY MEDICINE	Becket	2475.5	1683	1967.75	1887	68.0%	96.4%	1240	1159.5	620	660	93.5%	106.5%	11.7%
	Medicine	Male Assessment Unit	Bonham	2222.8	1734	1388.5	1154	78.0%	81.4%	1240	1178	620	890.2	95.0%	143.6%	8.3%
	Medicine	430 - GERIATRIC MEDICINE	Brompton	1557	1527	1567.5	1623	98.1%	103.5%	620	600.55	620	847	96.9%	136.6%	9.3%
	Surgery	110 - TRAUMA & ORTHOPAEDICS	Cedar	1908	1665	2086	2026	84.6%	97.1%	881	810.83	883.5	1145	92.0%	129.5%	7.8%
	Surgery	402 - PAEDIATRICS CHILD HEALTH Cotton, Gosselt, Gossett & Paddington		8580	6621	1920	2281	77.2%	118.8%	4825.5	4868.9	414	1107	100.9%	267.4%	5.6%
	Medicine	326 - ACUTE INTERNAL MEDICINE	Collingtree	2750.4	1844	2059	2354	67.0%	114.3%	1240	1201	990	1398	96.9%	150.3%	10.4%
	Medicine	300 - GENERAL MEDICINE	Compton	1155	1061	912	1029	91.9%	112.8%	620	623	310	542.3	100.5%	174.9%	9.1%
	Medicine	326 - ACUTE INTERNAL MEDICINE	Creaton	2044.4	1675	1843.1	1787	81.9%	97.0%	930	881	618.02	1000	94.7%	161.8%	7.0%
	Medicine	320 - CARDIOLOGY	Dryden	2932.5	1943	687.5	1204	66.1%	175.2%	1240	1274	310	747.5	102.7%	241.1%	3.5%
	Medicine	Female Assessment unit	EAU	2776	2079	1376.5	1761	74.9%	127.9%	1550	1443.8	990	1264	93.1%	135.9%	12.5%
	Medicine	300 - GENERAL MEDICINE	Elleanor	1307	1155	676.5	678.5	88.4%	100.3%	620	610	310	400	98.4%	120.0%	1.9%
	Medicine	361 - NEPHROLOGY	Finedon	2436	1649	596.75	676	67.7%	113.3%	1162.5	1074	376.5	559	92.4%	148.5%	16.1%
	Surgery	100 - GENERAL SURGERY	Hawthorn	2206.9	2062	1462	1350	93.4%	92.4%	837	883.25	765.75	792.8	105.5%	109.5%	13.2%
	Medicine	120 - ENT	Head & Neck	1553	1376	465	464	88.6%	99.8%	890	751.25	310	373	84.4%	120.3%	7.5%
	Medicine	326 - STROKE MEDICINE	Holcot	1939.5	1846	1388.5	1363	95.2%	96.0%	1022.25	889.83	682	979	97.0%	143.5%	6.9%
	Surgery	192 - CRITICAL CARE MEDICINE	ITU	5662	4733	925.75	657	83.6%	71.0%	4278	4279.5	711.75	596.8	100.0%	83.8%	4.0%
	Medicine	326 - ACUTE INTERNAL MEDICINE	Knightley	1221	964.8	1111	1003	79.0%	90.2%	620	620	310	370	100.0%	119.4%	4.0%
	Surgery	560 - MIDWIFE LED CARE	MATERNITY COMBINED Midwife Led Care, Antenatal, Birthing & Birth Centre	6675	6336	3870	3421	94.9%	88.4%	4991	5360.9	2852	2093	105.4%	73.4%	6.3%
	Surgery	301 - GASTROENTEROLOGY	Rowan	2648	2515	1536.5	1457	95.0%	94.8%	1116.75	1048.6	837	837.1	93.9%	100.0%	5.1%
	Surgery	502 - GYNAECOLOGY	Spencer	1100.8	1046	635.67	562.8	95.0%	88.5%	620	605.75	310	306.9	97.7%	99.0%	2.1%
	Medicine	800 - CLINICAL ONCOLOGY	Talbot Butler	3125.4	2413	1820.46	1420	77.2%	78.0%	930	832.75	990	903.3	89.5%	97.8%	11.1%
	Medicine	300 - GENERAL MEDICINE	Victoria	1361	1058	1344.48	1456	77.8%	108.3%	620	610	310	640	98.4%	205.5%	13.9%
	Surgery	100 - GENERAL SURGERY	Willow	2692.5	2287	1395	1585	85.0%	113.6%	1395	1300.3	549	740.3	93.2%	134.8%	10.2%

Nursing Shift Pattern Analysis - NGH v SNCT

Ward	No. of Beds	RN Shifts Needed for '1 RN for 8 Beds'	Budgeted WTE (Not Incl. 14/15 Inv.) Finance - With		2014 / 2015 Prov. Uplift		Total (With 1 budget + 2014/14 uplift)		NGH Skill Mix	SNCT summary	SNCT Skill Mix	NGH v SNCT (variance)		Combined Total				
			Qual	Unqual (Not incl. Temp)	Qual In Post	Unqual In Post	Qualified	UnQual				SNCT	Qualified + Mgt.		UnQual	Qualified	UnQual	
Abington	28	4	21.4	19.7	2.51	1.71	25.1	20.1	56.44	24.4	26.4	16.2	42.6	62.38	-1.3	3.9	2.6	
Althorp	18	3	13.7	9.5	0.00	0.05	13.7	9.5	59.41	13.0	15.0	7.0	22.0	68.32	-1.3	2.5	1.3	
Cedar	29	4	20.9	19.4	2.63	1.71	23.5	21.1	53.47	25.7	27.7	17.1	44.8	62.38	-4.2	4.0	-0.2	
Hawthorn	30	4	24.5	17.0	3.47	0.93	28.0	18.0	61.39	27.8	29.8	13.8	43.6	68.32	-1.8	4.2	2.3	
Head & Neck	14	2	16.0	8.6	1.71	0.20	17.7	8.8	67.33	12.7	14.9	6.9	21.8	68.32	2.8	-0.7	2.1	
Rowan	30	4	29.9	17.8	0.00	0.24	29.9	18.0	62.38	29.2	31.2	14.3	45.5	69.31	-1.3	3.7	2.5	
Spencer	14	2	13.9	7.8	0.17	0.05	14.1	7.9	64.36	10.2	12.6	5.5	18.1	70.30	0.5	1.4	1.8	
Willow	28	4	32.8	10.7	0.00	3.76	32.8	14.5	69.31	29.9	32.7	12.0	44.7	73.27	0.1	2.5	2.6	
Allebone	28	4	20.2	12.5	5.10	5.47	25.3	18.0	58.42	29.1	31.1	15.7	46.8	66.34	-5.8	2.3	-3.5	
Becket	26	4	27.6	18.8	0.00	-1.44	27.6	17.4	61.39	27.0	29.0	11.6	40.6	71.29	-2.2	4.4	2.2	
Benham	28	4	26.6	11.4	0.00	0.48	26.6	11.9	69.31	30.3	32.3	13.4	45.7	71.29	-5.7	-1.5	-7.2	
Brampton	27	4	16.2	14.8	7.03	0.03	23.2	14.8	61.39	24.5	26.5	15.9	42.4	63.38	-3.3	-1.1	-4.3	
Collingtree	40	5	30.7	21.5	1.98	3.97	32.6	25.4	56.44	35.8	37.8	19.3	57.1	66.34	-5.2	6.1	1.0	
Compton	18	3	13.5	10.1	1.57	-0.06	15.1	10.1	60.40	15.6	17.6	11.7	29.3	60.40	2.5	-1.7	-4.2	
Creaton	28	4	24.1	16.5	2.32	3.40	26.5	19.9	57.43	25.4	27.4	14.7	42.1	65.35	-0.9	5.2	4.3	
Dryden	22	3	26.6	7.4	5.47	2.07	32.1	11.0	74.26	27.3	29.3	9.7	39.0	75.25	2.8	1.3	4.1	
EAU	32	4	32.3	16.5	0.00	1.22	32.3	17.7	65.35	34.4	36.4	14.7	51.1	71.29	-4.1	3.0	-1.2	
Bleanor	12	2	14.1	7.4	0.00	-0.08	14.1	7.3	66.34	11.0	13.0	5.9	18.9	69.31	1.1	1.4	2.5	
Holcot	27	4	20.8	16.3	6.86	-0.55	27.6	15.7	64.36	28.0	30.0	15.1	45.1	67.33	-2.4	0.6	-1.8	
Knightley	21	3	13.5	11.2	4.58	0.68	18.1	11.9	60.40	19.7	21.7	10.6	32.3	67.33	-3.6	1.3	-2.3	
Talbot/Butler	30	4	29.8	11.5	2.17	-0.54	32.0	11.0	74.26	26.5	28.5	11.4	39.9	71.29	-1.1	-3.8	-5.0	
Victoria	18	3	16.2	12.5	0.00	0.16	16.2	12.7	56.44	17.9	19.9	9.6	29.5	67.33	-7.1	-0.3	-7.4	
Total			485.2	298.8	47.6	23.5	533.9	322.5	856.4	525.4	570.8	272.1	842.9		-46.7	38.7	-8.0	2014/15 proposed uplift
			485.2	298.8	47.6	23.5			856.41	525.4	570.8	272.1	842.9		-94.3	62.2	-32.1	2013/14 budget

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Medical Director's Report
Agenda item	9
Sponsoring Director	Dr Michael Cusack, Medical Director
Author(s) of Report	Dr Michael Cusack, Medical Director
Purpose	Assurance
Executive summary	
<p>The principal risks to clinical care currently relate to the pressure on the urgent care pathway and insufficient nursing and medical staff. These are reflected in the Corporate Risk Register and BAF.</p> <p>Since the last report to the Board (during the reporting period 1/11/14 – 31/12/14) 7 new serious incidents have been reported. There were 8 incidents at 31 December 2014 which remained open. Problems with documentation remain a common theme among incidents which were submitted for closure.</p> <p>The last release of Dr Foster data was in early December. HSMR remains 'better than expected'.</p>	
Related strategic aim and corporate objective	Be a provider of quality care for all our patients
Risk and Assurance	Risks to patient safety if the Trust does not robustly investigate root causes identify remedial actions required and ensure cross Trust learning to prevent recurrence of SI.
Related Board Assurance Framework entries	BAF 1, 2, 6, 7 & 11
Equality Impact Assessment	<p>Is there potential for, or evidence that, the proposed decision/policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N)</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/N)</p>
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper

Actions required by the Trust Board

The Board is asked to note the contents of this report, details of the serious incidents declared and identify any areas for which further assurance is sought.

**Public Trust Board
29 January 2015**

Medical Director's Report

1. Clinical Risks

The purpose of this report is to highlight areas of concern in respect to clinical quality and safety at NGH to the Trust Board.

The principal risks to clinical care currently relate to the pressure on the urgent care pathway and difficulties in securing sufficient nursing and medical staff. These issues are reflected in the following risks and the associated controls are fully described in the Trust Corporate Risk Register.

ID	Description	Rating (Initial)	Rating (Current)	Corporate Committee
368	1. Risk of A&E performance being adversely affected due to the demands on the service. 2. Possible congestion within the ED as a result of poor capacity and flow throughout the hospital.	15	25	Finance & Performance
619	The heart centre is used as an escalation area for the Trust. If the heart centre is opened overnight elective patients are cancelled.	25	20	Quality Governance
25	Non Gynae patients admitted to Spencer Ward due to increased activity and lack of beds in the Trust resulting in compromised care and experience and disruption of elective surgery.	20	15	Quality Governance
121	Loss of day case capacity due to inappropriate allocation of patients to MDSU.	12	15	Quality Governance
421	Risk to safety and experience due to utilisation of gynaecology day care as an escalation area.	16	16	Quality Governance
100	Insufficient levels of nurses and HCA across the Trust resulting in high use of bank & agency nurses. Insufficient skill mix of registered and non –registered staffing levels on the wards.	16	16	Workforce
111	Inability to recruit sufficient medical staff.	16	16	Workforce

There have been four new risks added to the Corporate Risk Register. Of these, the following clinical risk in relation to nursing staff within Paediatrics has been identified.

ID	Description	Rating (Initial)	Theme	Executive Lead	Directorate
694	Due to vacancies and creation of new posts with provision of an additional service there are insufficient experienced nursing staff available on the wards. This impacts the ability to deliver a good standard of nursing care. There are concerns from a governance perspective in respect to clinical quality and safety on the wards.	20	Workforce	Director of Workforce & Transformation	Child Health

The potential impacts of these issues are also described in items BAF 2, BAF 6, BAF 7 and BAF 11 within the Board Assurance Framework.

2. Summary Serious Incident Profile

Shown in the table are the numbers of Serious Incidents and Never Events which have been reported by year since 2010:

	10/11	11/12	12/13	13/14	14/15 (to date)
Serious Incidents	27	55	78	115	63
Never Events	2	2	1	0	2

The Never Events in 2014/15 relate to:

- Wrong site surgery – removal of a tonsillar cyst.
Follow-up visit undertaken by CCG quality team to NGH Day Surgery Theatres on 4 December 2014.
- Retained vaginal pack.

The investigation found that this incident did not fit the definition of a Never Event and are awaiting confirmation that it will be downgraded.

The Never Events which occurred 2010-13 relate to wrong-site surgery.

2.1 New Serious Incidents

Since the last report to the Board (during the reporting period 1/11/14 – 31/12/14) 7 new Serious Incidents have been reported.

A Root Cause Analysis (RCA) is being undertaken into each of these incidents. The Trust has a contractual agreement with the CCG to submit all RCA reports to them within a 45 or 60 day timeframe; provide evidence to support the Duty of Candour requirement; and provide evidence to support the completion of RCA action plans via the Serious Incident Assurance Meetings (SIAM).

A total of 63 Serious Incidents were reported for the period Q1-Q3. The three most commonly occurring serious incidents were:

- Grade 3 pressure ulcers – 35
- Slips, trips and falls – 12
- Delayed diagnosis – 4

2.2 Open Serious Incidents

The serious incidents at 31 December 2014 which remain open are listed below:

Date	Directorate	SI Brief Detail	Status
Oct 2014	Child Health	Safeguarding Child	Active
Nov 2014	Medicine	Delayed Diagnosis	Active

Date	Directorate	SI Brief Detail	Status
Nov 2014	Medicine	Slips/Trips/Falls	Active
Nov 2014	Medicine	Grade 3 Pressure Ulcer	Active
Nov 2014	General Surgery	Delayed Diagnosis	Active
Dec 2014	Medicine	Slips/Trips/Falls	Active
Dec 2014	Child Health	Unexpected Deterioration	Active
Dec 2014	General Surgery	Unexpected Deterioration	Active

2.3 Serious Incidents Submitted for Closure

Eight serious incident reports were submitted to Nene and Corby Clinical Commissioning Group (CCG) for closure during the December 2014. The principal themes identified from investigations into serious incidents submitted for closure in November and December 2014 were:

Grade 3 Pressure Ulcers – avoidable: Brampton, Willow, Finedon, Creaton, Plaster Room	
Theme	Learning / Actions
Documentation	<p>Learning. The investigations into these incidents revealed that the patient skin condition had not been documented on each shift and a 'body map' had not been completed in A&E.</p> <p>Action. Stickers are to be used and completed on each shift to ensure that skin condition is checked and documented.</p>
Clinical Assessment	<p>Actions. Accurate and timely risk assessments must be completed in accordance with Trust policy.</p> <p>2-4hrly heel checks will be introduced for patients who are sitting out in chairs.</p> <p>Patients who are nutritionally compromised must have an early dietician referral.</p>
Policy / Procedure	<p>Actions. Review of the guideline (Application, adaptation and removal of plaster and synthetic casts NGH-GU-308) is required to take place.</p> <p>There is a requirement for carers from other organisations to be aware of the Trust expectations whilst supporting patients in hospital.</p> <p>The carers check list will be amended to include pressure ulcer prevention.</p>
Training / Education	<p>Actions. Staff will attend pressure ulcer training delivered by TVN.</p> <p>There will be training on the application of soft casts for doctors in T&O and ED. The training will include the assessment of pain and alternative reasons for the pain under plaster casts.</p>
Communication	<p>Actions. There will be discussion of pressure injury prevention at ward huddles at the start of nursing shifts particularly ensuring that staff pays attention to all areas of potential pressure damage on the body – including the ears.</p>

Grade 3 Pressure Ulcers – avoidable: Brampton, Willow, Finedon, Creaton, Plaster Room	
Theme	Learning / Actions
Equipment	Actions. Ensure use of new pressure relieving nasal cannula to aid the prevention of pressure ulcers. Aderma to be applied as when oxygen therapy is commenced to prevent pressure damage.

Retained Swab/Pack - Theatres	
Theme	Learning/Actions
Documentation	Actions. Documentation of a clear plan for removal of vaginal packs in the notes must be reinforced with medical staff.
Communication	Actions. Develop an effective system for handing over the Intra-operative Care Plan.
Multi-disciplinary working	Actions. Theatre staff should challenge if a deviation from standard practice occurs. This will be addressed by refresher training of the WHO surgical checklist for all staff in Theatres.
Policy / Procedure	Actions. Ensure that all three stages of the WHO checklist are fully embedded in the Labour Ward Theatre process regardless of the procedure being performed.

3. Mortality

Due to delays in the release of data from HSCIC, the latest supply of information from Dr Foster was in early December and relates to August 2014 activity. The new 2013-2014 benchmark was applied to the information provided by Dr Foster for the first time. As anticipated, this resulted in an increase in HSMR and the individual SMRs for a number of diagnoses. These all remained within the 'as expected' range.

The HSMR for the rolling year to September 2014 is expected to be 92.5 (lower than expected) with a Crude Mortality of 3.36% (lower than peers – mean 3.77%). The SHMI for July 2103 to June 2014 which will be published on 27/1/15 is expected to be 1.00 (as expected).

The next full Dr Foster data release is expected to occur during February and will include information from both September and October 2014.

3.1 Recent Alerts & Other Reviews

Haematology

The Haematology team have completed a review of all deaths at NGH from 'Non-Hodgkin Lymphoma' and 'Leukaemia' between April 2013 and June 2014 as Dr Foster data had suggested that deaths in these heterogeneous groupings were higher than expected. It was noted that the diagnoses showed considerable variation and the number of patients involved was relatively small thus impacting upon the statistical analysis. The patients who identified were found to be at a high-risk or in receipt of palliative care on admission. This is not always clear to the coders, unless the palliative care team have been involved for specific symptomatic issues.

The review did not highlight any consistent failings in the team, overall patient management, nursing care or escalation of care. Nor were any trends related to systemic deficits in care identified.

The following actions were agreed following the review:

- Review of the MDT process to ensure homogenous treatment decisions and planning of palliation between Leicester and Northampton. Locally, treatment plans will be further discussed at the Northampton MDT to ensure clear planning and documentation of treatment decisions.
- A review of community based palliative care to enable greater support to patients in the community and to reduce the need for admission into hospital.
- Maintain a continual audit of case notes to assess the benefits of the changes in practice.

Gastroenterology

The Trust received a mortality outlier alert from Imperial College for 'Therapeutic Endoscopic Procedures on the Biliary Tract' in November. A further letter has since been received from CQC who have undertaken a detailed analysis of this alert. CQC have stated that they do not believe this to be a significant mortality concern and have indicated that it will be reported as 'No evidence of risk' in future publications of the CQC's Hospital Intelligent Monitoring report.

An investigation is being undertaken of this group of patients and the related interventional radiology procedures.

CQC-IMR December 2014:

Elevated risk	Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures
Elevated risk	NHS England Inpatients score from Friends and Family Test (% change) (01-Aug-13 to 31-Jul-14)
Elevated risk	Ratio of the total number of days delay in transfer from hospital to the total number of occupied beds (01-Apr-14 to 30-Jun-14)
Elevated risk	Whistleblowing alerts (18-Jul-13 to 29-Sep-14)
Risk	The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database. (01-Jan-13 to 31-Dec-13)
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (01-Apr-14 to 30-Jun-14)
Risk	TDA - Escalation score (01-Jun-14 to 30-Jun-14)
Risk	NHS Staff Survey - KF7. The proportion of staff who were appraised in last 12 months (01-Sep-13 to 31-Dec-13)
Risk	NHS Staff Survey - KF9. The proportion of staff reported receiving support from immediate managers (01-Sep-13 to 31-Dec-13)
Risk	NHS Staff Survey - KF10. The proportion of staff receiving health and safety training in last 12 months (01-Sep-13 to 31-Dec-13)
Risk	Safeguarding concerns (23-Sep-13 to 22-Sep-14)

4. Next Steps

The Serious Incident Group continues to meet weekly to expedite the agreement & external notification of Serious Incidents.

Mortality within the Trust is closely monitored and reported through the Quality Governance Committee.

This Board is asked to seek clarification where necessary and assurance regarding the information contained within this report.

The format and content of this report has been updated. The Board is asked to provide feedback and comment on this.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Strategic Forward View
Agenda item	10
Presenter of the Report	Chris Pallot, Director of Strategy & Partnerships
Author(s) of Report	Chris Pallot, Director of Strategy & Partnerships
Purpose	To inform the Board of emerging guidance and the Trust response to this.
Executive summary	
<p>The purpose of this report is to provide the Board with a summary of the Five Year Forward View (October 2014) and the Dalton Review, "Examining new options and opportunities for providers of NHS care" (December 2014) and "Making Local Health Economies Work Better for Patients" (December 2014).</p> <p>This sets the overall context of our strategy for the organisation and sets clear recommendations on the approach that should be taken for sustainability.</p> <p>The paper then outlines how the Trust intends to respond to the challenges made in these documents in future.</p>	
Related strategic aim and corporate objective	Strategic Aim 3 Strengthen Local Services Provide a sustainable range of services delivered locally
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks: No
Related Board Assurance Framework entries	BAF – 8 and 10
Equality Impact Assessment	<p>Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)</p>

Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper. No
Actions required by the Trust Board The Trust Board is asked to note the contents of the national documents and the approach that will need to be adopted by the organisations to deliver sustainable services	

**Public Trust Board
29 January 2015**

Strategic Forward View

1. Introduction

The purpose of this report is to provide the Board with a summary of the Five Year Forward View (October 2014) and the Dalton Review, “Examining new options and opportunities for providers of NHS care” (December 2014) and “Making Local Health Economies Work Better for Patients” (December 2014).

This sets the overall context of our strategy for the organisation and sets clear recommendations on the approach that should be taken for sustainability.

The paper then outlines how the Trust intends to respond to the challenges made in these documents in future.

NGH is already involved in a number of programmes that will be key to local delivery of the Five Year Forward View such as Healthier Northamptonshire and the collaborative arrangements with Kettering General Hospital NHS Foundation Trust and University Hospitals of Leicester NHS Trust.

2. The Five Year Forward View (5YFV)

This summary is provided to Board with the full document being available on the NHS England website or via this link:

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

The information in this section is referenced from the NHS Providers “on the day briefing” (23 October 2014) and as such represents the summary provided to the wider NHS.

The 5YFV outlines three key reasons for why a different strategy is required for the NHS with the document then focussing on how the service should respond.

- The health and wellbeing gap: prevention strategies are needed to reduce health inequalities and prevent further increasing proportions of funds and services allocated to treating avoidable illness.
- The care and quality gap: reshaping care delivery and harnessing technology to reduce variation in quality, safety and outcomes.
- The funding and efficiency gap: matching ‘reasonable’ funding levels with system efficiencies.

2.1 New Models of Care

This section is probably the most relevant to NGH at the current time and therefore much more detail is provided and referenced to the NHS Providers document.

NHS England positions the need for new models of care in the context of existing approaches to NHS service provision that are an increasingly costly impediment to improvements in patient-centred and coordinated care.

New approaches to care delivery in the NHS will be guided by key imperatives including:

- A need to manage networks of care, not just organisations;
- Necessary growth in out-of-hospital care;
- Integration of mental and physical health services around the patient or service user;
- Faster learning from local and international best practice; and
- Evaluation of the beneficial impacts on cost and patient benefit.

NHS England considers the strengthening of primary and out-of hospital care as critical to effective service delivery transformation across the NHS. The Forward View sets out several immediate measures to stabilise general practice and then proposed seven new care delivery models that will be prioritised and promoted by NHE England:

- **Multi-speciality Community Providers (MCPs)** – extended group practices of GPs, nurses, therapists and other community-based professionals will be allowed to form as federations, networks or single organisations to provide an expanded range of care services and shift more outpatient and ambulatory care out of hospital settings. These organisations could eventually take over running local community hospitals, facilitate more immediate referral and coordination between GP and hospital care, and hold responsibility for management of patients' personal health budgets. NHS England will work with emerging practice groups to address barriers to change, service models, access to funding, and optimal use of technology, workforce and infrastructure.
- **Primary and Acute Care Systems (PACs)** - will form a new variant of single organisation, providing vertically integrated GP and hospital care together with mental health and community services. These models will be pilot-tested by NHS England with the aim of developing prototypes; they could be achieved by:
 - Permitting hospitals to open their own GP surgeries with registered lists, allowing FTs with surpluses and strong investment positions to expand primary care in areas of high health inequalities;
 - Positioning PACs as the next stage in development of MCPs who are in a position to take over running their local DGH; or
 - An Accountable Care Organisation-type approach where the organisation is responsible for holistic healthcare services for a population of registered patients under a delegated capitation budget.
- **Urgent and emergency care (UEC) networks** – a reorganisation and simplification of existing NHS UEC pathways by developing networks of linked hospitals to facilitate more rapid access to: specialist emergency and major trauma centres; seven day services; proper funding and integration of mental health crisis services including liaison psychiatry; strengthening clinical triage and advice services; and new ways of measuring the quality of UEC services.
- **Viable smaller hospitals** – where smaller hospitals provide the best option clinically, financially and with local support, their sustainability will be bolstered by reviewing:
 - the NHS payments regime to account for impacts of scale (as evidenced by lower EBITDA margins for smaller FTs);
 - models of medical staffing to build sustainable cost structures; and
 - as will be recommended in the Dalton Review, three new organisational models of small hospital provision that gain the benefits of scale without having to centralise services:
 - 'hospital chains';
 - outsourced specialist services provision (ie; Moorfields Eye Hospital); and
 - a mini-PACs approach incorporating local acute, primary and community care.

- **Specialised care** - where there's a strong evidence base for a greater concentration of a particular care service (as has been demonstrated for orthopaedic care in South West London), NHS England will work with local partners to drive consolidation through a programme of three-year rolling reviews. Specialised providers will be incentivised through prime contracting and delegated capitated budgets to develop geographic networks of services, integrating organisations and services around patients.
- **Modern maternity services** - NHS England will commission a review of future models of maternity units to report by summer 2015; seek better alignment of tariff-based funding with patient choice; and facilitate midwifery services.
- **Enhanced health in care homes** – utilising the Better Care Fund, NHS England will work with local authority social services and care homes to develop new shared models of in-reach support to reduce avoidable admissions to hospital.

2.2 How will we get there?

The 5YFV identifies five key elements to how this will be delivered:

- Aligned national leadership
- Supporting a modern workforce
- Exploiting the information revolution
- Accelerate useful health innovation
- Drive efficiency and productive reinvestment with the focus being on 3 scenarios to address the estimated £30bn funding gap:
 - Scenario one: the NHS budget remains flat in real terms from 2015/16 to 2020/21, and the NHS delivers its long run productivity gain of 0.8% a year. The predicted combined effect would cut the £30 billion gap by about a third, to £21 billion by 2020/21.
 - Scenario two: the NHS budget remains flat in real terms over the period, but the NHS delivers stronger efficiencies of 1.5% a year. NHS England estimates the combined effect would halve the £30 billion gap in 2020/21 to £16 billion.
 - Scenario three: the NHS receives the infrastructure and operating investment to rapidly adopt the new care models and ways of working described in the Forward View, which NHS England estimates will deliver demand and efficiency gains worth 2%-3% net each year. Combined with staged funding increases close to 'flat real per person' NHS England predicts the £30 billion gap would be closed by 2020/21.

3. The Dalton Review

In February 2014, the Secretary of State asked Sir David Dalton, Chief Executive, Salford Royal NHS FT to undertake a review 'into how we enable the best leaders and organisations in the NHS to expand their reach and deliver more for patients.' The publication of the Dalton Review is now situated within the context of the 5YFV and sets out a number of recommendations to enable trusts to explore different organisational forms in support of ensuring their clinical and financial sustainability.

The full report is available at the following link:

<https://www.gov.uk/government/publications/dalton-review-options-for-providers-of-nhs-care>

The review suggests that 'giving organisations greater flexibility in their clinical and organisational models and forms will support a reduction in the variation seen in standards of care' (p.14). While organisational form should 'follow function' (p.14) rather than being an end in itself, NHS provider boards are encouraged to consider how organisational form might serve their objective to improve standards and ensure financial sustainability.

The regulators and central government are encouraged to create the conditions to enable this to happen.

3.1 One Size Does Not Fit All

The review sets out a number of organisational forms which NHS provider boards may wish to consider as an enabler, or a 'delivery vehicle' for realising the more integrated models of care set out in the 5YFV. The main organisational forms explored are set out below. Members will wish to read the full report which sets out an evaluation of the purpose, benefits and risks of each model in greater depth as well as examples of where these models are already in operation within the acute, mental health and community based sectors.

Collaboration:

- Federation (p.20): when two or more providers agree to share resources for mutual benefit, they can be used to share support services, knowledge and expertise. Each organisation retains sovereignty and one trust would be nominated leads for particular aspects of the agreement would be set out within a memorandum of understanding. Can be used to share learning and align good practice.
- Joint venture (p.21): involves two or more providers of any sector creating a new legal entity to provide a particular service on their behalf. Can involve a new legal entity through a shared services agreement, or it can be achieved without forming a new legal entity via a special purposes vehicle. Can be used to drive standardisation of clinical and financial protocols, and to improve outcomes in a given geography. Widely used for elective orthopaedics for instance.

Contractual:

- Service level chain (p.23): one provider delivers a service or specialty from the premises of another provider. It can be used to develop the 'brand' or expertise of a particular provider to deliver patient benefits and business benefits, or to expand the scope and scale of services to deliver economies of scale.
- Management contract (p.24): the delegation of management of a whole or part of an organisation to a different organisation for a time specified period. The main example of use of this model has been the Circle contract for management of Hinchingsbrooke Healthcare NHS Trust however existing freedoms allow FTs and trusts to enter into running a management contract. NHS trusts can also operate under a management contract, and FTs can operate under a management contract voluntarily or under instruction by Monitor where there are compliance issues. Management contracts are most likely to be considered to address poor clinical or financial performance but should not be selected as a model to address structural issues in a local health economy.

Consolidation:

- Integrated care organisation (p.26): can be delivered through a formal or vertically integrated model and led by primary or secondary care. The vertical model can be supported by alliance contracts or prime contractor model. This organisational form type aligns with the 'primary and acute care system' set out in the 5YFV. The aim is to realise benefits for the patient population across a whole health economy, particularly for relatively large and well defined groups of patients (such as the older population).
- Multi-site trust (p.28): The most common organisational form for large providers within the NHS, one provider owns and operates a number of facilities within a relatively close or contiguous geographical proximity to deliver economies of scale and the benefits of standardising good practice. This model incorporates mergers and acquisitions, and the accompanying existing transactions process and competition review by the authorities (Monitor and the Competition and Markets Authority, CMA).

- Multi-service chain of 'foundation group (p.29): a model in which one provider owns and operates a number of subsidiaries across a large, dispersed geographical area with centralised management and standardisation of protocols and practice. The report sets out ways in which this model could be achieved within existing FT flexibilities and draws on international research undertaken by the Nuffield Trust.

The report also refers briefly to buddying, informal partnering, clinical and strategic networks, mutual and social enterprise (p.19).

3.2 Dalton Review Recommendations

- As part of 2015/16 business planning, trust boards should consider their response to the 5YFV and determine the scale and scope of their service portfolios. They should consider whether a new organisational form may be most suited to support the delivery of safe, reliable, high quality and economically viable services for their populations.
- Trust boards of successful and ambitious organisations should develop an enterprise strategy and should consider developing a standard operating model that could be transferred to another organisation or wider system.

4. Outputs of the Challenged Health Economy Programme – National View

The three Regulators have now published a high level summary of findings from the Challenged Health Economy work in 2014. This is available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389461/Making_local_health_economies_work_better_for_patients.pdf

There are a number of observations in the report that are summarised here.

4.1 Lessons for Regulators that Identify Successful LHEs

Lessons from the programme show successful LHEs will be those that:

- Understand the challenges in securing clinical and financial sustainability
- Articulate a clear case for change, based on the benefits for patients
- Engage extensively with patients, the public, stakeholders and staff during both the design and delivery of change programmes
- Enable clinicians to take a leading role in the design and delivery of change programmes
- Prepare robust implementation plans and provide the appropriate resources for the delivery of change
- Ensure the right capability and capacity are in place for managing complex changes
- Promote the right leadership behaviours to drive change forward, putting the interests of patients and carers above the interests of individuals and organisations.

4.2 The Characteristics of a Challenged Health Economy

A number of common themes and trends were identified across the 11 LHEs that defined them as 'challenged'.

- Structurally unsustainable healthcare services
- Solutions that will need a system-level response
- Difficult decisions that have been deferred for many years
- The scale and complexity of the challenge
- A history of reliance on external financial support
- Lack of consideration of the implications of the Better Care Fund

4.3 Overcoming the Barriers to Long Term Strategic Planning

Effective long-term strategic planning is part of the solution to the structural and efficiency problems putting the sustainability of patient services at risk, but not all LHEs are doing it well enough. Challenged health economies generally have a history of failed initiatives, plans and strategies to address the various concerns and problems associated with the location. This significantly undermines confidence Making local health economies work better for patients across the health economy and introduces weariness when it comes to yet another attempt to fix long-standing problems.

The IPSP identified and implemented a number of behaviours and processes that are helping the challenged LHEs to overcome these barriers.

- Honest debate with clear communication channels
- Leveraging existing local agreement
- Working closely with stakeholders, particularly clinicians, patients, politicians and the public
- A clear shared vision across the LHE
- More effective shared governance structures
- Supported leadership and increased capability
- Clear implementation plans

4.4 Recommendations

In the light of the conclusions above, the next steps in taking forward strategic plans in the challenged LHEs include:

- Taking forward the full design and implementation of the solutions identified.

There is a danger that the momentum for change will reduce now that the IPSP has been completed.

- Completing further work in the LHEs where clearly defined solutions have not yet been agreed.

Where the work in neighbouring LHEs has resulted in overlapping solutions being proposed, decisions need to be made about any realignment of their approach with neighbouring LHEs. Where a clearly defined pattern of services for the future has not yet been agreed, continued momentum is needed to ensure that strategic solutions for sustainability are completed.

- Strengthening the approach to patient and public engagement.

In most challenged LHEs, significant changes are needed to current services to put them on a sustainable footing. These changes will need to be taken forward with the full and inclusive engagement of patients, the local community, clinicians, other staff and stakeholders. The well-established good practice for managing service change (<http://www.england.nhs.uk/2013/12/20/gd-practice-guide/>)⁵ needs to be adopted by all those involved in taking forward strategic plans.

- Further developing leadership capability and capacity to support the change programmes

The complexity of the changes highlights the importance of strong leadership, with clear and consistent communications about the vision and benefits for patients, alongside behaviours that put the needs of patients and clinical services above the interests of particular individuals or organisations.

- Strengthening the approach to partnership working in each LHE

This includes building the confidence of commissioners, stakeholders and providers to work together, while retaining their respective roles and ensuring senior commitment to the arrangements for partnership working.⁶

- Strengthening the practical support for partnership working

Including the agreement of lead responsibilities for programmes across the LHE and the establishment of programme management resources.

- A minority of health economies have for some years been in significant difficulty

LHEs should develop and implement credible plans to recover their position. NHS England, Monitor and the TDA will continue to work together in 2015/16 to offer further support for these systems.

- National partners need to support LHEs

This is to support communicating the benefits of change to politicians so they in turn can advocate for change

5. How NGH Intends to Respond

5.1 New Models of Care

It has been clear to the Trust Board for some time that the hospital must alter its approach to strategic partnerships. There are examples where rapid progress has been made such as the move of radical urological cancer surgery to Leicester and others where much work remains, such as the Lead Provider concept.

Further consolidation of some specialist services is expected and therefore it seems appropriate for the Trust to embrace the need to expand its partnership with specialist centres where necessary.

This will require the Trust to strengthen its commitment to implementing new models of care, to ensure sustainability of the organisation as one that would be considered a “smaller hospital”. It is clear that in order to remain as a viable organisation the Board will need to consider new approaches to the way in which some services are managed and run.

There should be an immediate focus on how some of the approaches advocated could be used to deliver improvements to the urgent care system. The Trust has been discussing an expansion in primary care streaming with the CCG for some months but now intends to take the opportunity to procure this in a different fashion and commence the move towards an integrated service. This however is just the first step in a process that could see a much more integrated approach to the care of the frail elderly and unscheduled patient.

The Trust intends to take every opportunity to be at the forefront of the development of the new models proposed and will seek to partner with primary care organisations to do so. In addition it is planned to hold a Board to Board event with Northamptonshire Healthcare NHS Foundation Trust and NHS Nene Clinical Commissioning Group to identify opportunities for the foundation of an Accountable Care Organisation for some elements of care.

5.2 Healthier Northamptonshire

Our involvement in this programme is well documented but progress with clinical collaboration has not yet delivered the benefits expected. The Trust will continue to encourage its clinical teams to review their services alongside colleagues from Kettering to ensure clinical and financial efficiencies are released.

Service changes will need to be delivered via a model that meets with the expectations of the 5YFV, such as a joint venture that is mutually beneficial. The Trusts intend to agree a Heads of Terms with KGH that specifies the nature of their relationship and ensures that expectations are made clear in terms of progress, behaviours and how benefits will be shared.

Healthier Northamptonshire includes many other elements other than the clinical collaboration work-stream. These may require a new model between partners, for instance if there is a change to back office functions between the organisations.

5.3 Delivering Sustainability

Delivering safe, sustainable services is central to our clinical strategy, however if we are to retain the ability to manage our strategic direction the Board will need to take account of the recommendations of the above documents especially the following from the Dalton Review

“As part of 2015/16 business planning, trust boards should consider their response to the 5YFV and determine the scale and scope of their service portfolios. They should consider whether a new organisational form may be most suited to support the delivery of safe, reliable, high quality and economically viable services for their populations.”

The Trust will deliver its obligations in this regard via its process to review each clinical service that was established by Deloitte last year. This will require each clinical team to review the sustainability of their service from a clinical, operational and financial perspective and to consider alternative forms may deliver benefits to the service.

This is also particularly valid in our collaborative work with KGH. The intention was always to review our services at the same time, taking stock of the internal and external opportunities to realise efficiencies. We must build momentum behind this review process, delivering the service changes identified in the 8-week challenge and moving these principles on to other specialities.

Implicit within this must be a redefined set of principles with KGH colleagues for service change as well as a clear set of commissioning intentions as to the design of acute services that the CCGs wish to commission.

5.4 Strategic Partnerships

To deliver all of the above the organisation will need to review the range of strategic relationships that it has with other organisations.

As described, this is already emerging with other Acute providers but as of yet there is little in the way of integration with other areas. A new relationship is being founded with the Public Health team at the Council in relation to the Health and Well Being Campus, there are plans to integrate further with primary care and for some services with NHFT.

However these will need to be accelerated if we are to seize the opportunity to alter the way in which our Trust operates.

6. Recommendations

The Trust Board is asked to note the contents of the national documents and the approach that will need to be adopted by the organisations to deliver sustainable services.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Clinical Services Strategy 2015-2020
Agenda item	11
Presenter of the Report	Chris Pallot, Director of Strategy and Partnerships
Author(s) of Report	Chris Pallot Director of Strategy and Partnerships Karen Spellman, Deputy Director of Strategy and Partnerships
Purpose	For approval
Executive summary	
<p>Northampton General Hospital's Clinical Services Strategy sets the direction of travel for clinical services at NGH for the next five years and underpins the Trust's five year Integrated Business Plan and annual planning. The strategy sets out how we will achieve our vision, values and strategic aims by sustaining safe, effective patient care. It will help us ensure clinical, financial and operational sustainability of our services for our patients.</p> <p>It also sets a clear vision for the development of our estate and the investment that we will seek to achieve to deliver a hospital site that is fit for the future. We are clear that in order to deliver the services our community deserve that we have to invest considerably in facilities on the NGH site that will enable new capacity to be made available whilst facilitating the innovative ways of working with other health partners.</p>	
Related strategic aim and corporate objective	The Clinical Services Strategy sets out the Trust's strategic priorities for 2015-2020.
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks N/A
Related Board Assurance Framework entries	BAF – 8, 9 and 10
Equality Impact Assessment	<p>Is there potential for, or evidence that, the proposed decision/policy will not promote equality of opportunity for all or promote good relations between different groups? N</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?N</p>

Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper N
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Actions required by the Trust Board

The Trust Board is asked to:

- Approve the Clinical Services Strategy.

Clinical Services Strategy 2015-2020

Chris Pallot
Director of Strategy and Partnerships

Karen Spellman
Deputy Director of Strategy and Partnerships

January 2015

1. Introduction

Northampton General Hospital's Clinical Services Strategy sets the direction of travel for clinical services at NGH for the next five years and underpins the Trust's Five Year Integrated Business Plan and Annual Planning. The strategy sets out how we will achieve our vision, values and strategic aims by sustaining safe, effective patient care. It will help us ensure clinical, financial and operational sustainability of our services for our patients.

It also sets a clear vision for the development of our estate and the investment that we will seek to achieve to deliver a hospital site that is fit for the future. We are clear that in order to deliver the services our community deserve that we have to invest considerably in facilities on the NGH site that will enable new capacity to be made available, whilst facilitating the innovative ways of working with other health partners.

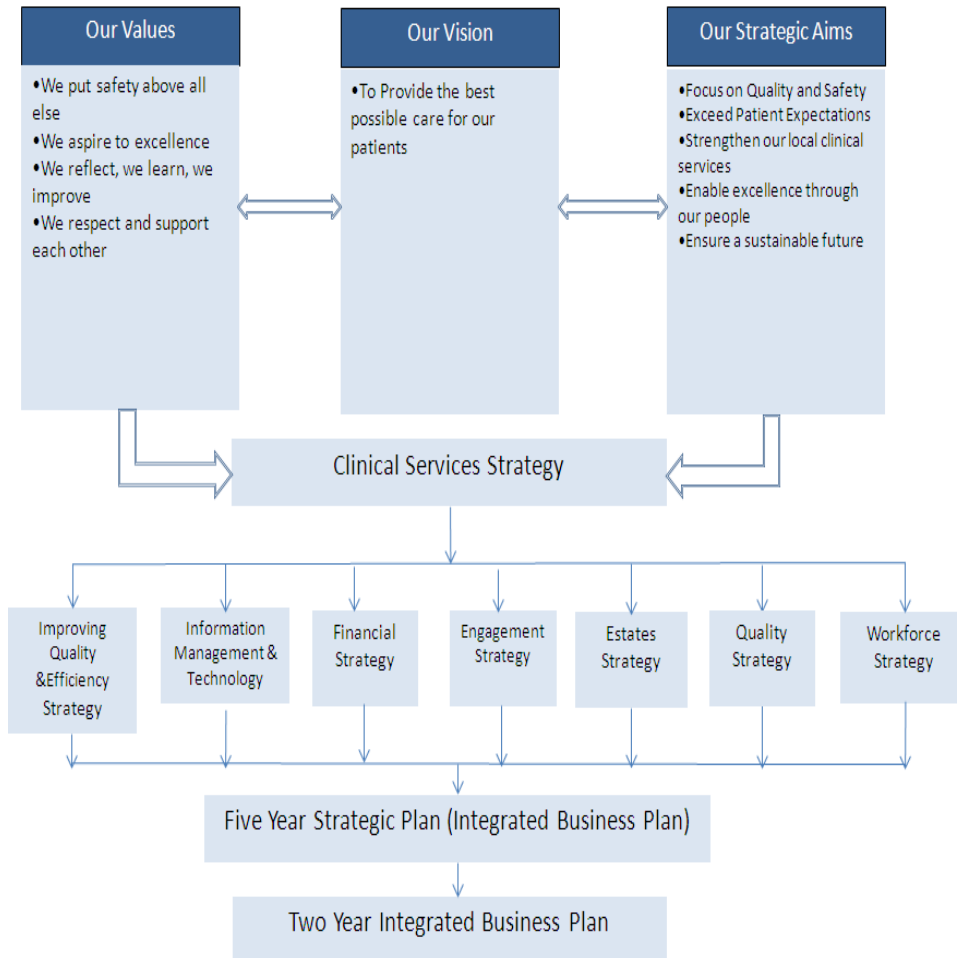
This is a strategy not a plan. It is a statement of our intent and provides a direction of travel for the coming years. It will be supported by our enabling strategies, annual plans and specific business cases and these will describe the detail with clearly set out milestones for achieving specific aims.

Our Integrated Business Plan 2014-2019 was developed prior to the Challenged Health Economy work and recently published guidance on models of care for the NHS. Our Five Year Plan set out our high level strategic priorities. This document updates our Clinical Strategy in-light of recent developments locally and nationally and recognises the changing landscape since our Five Year Plan was published in June 2014.

Our Clinical Services Strategy reflects the recommendations of the NHS Five Year Forward View (October 2014), the Dalton Review, "Examining New Options and Opportunities for Providers of NHS Care" (December 2014) and "Making Local Health Economies Work Better for Patients" (December 2014). These reports set clear recommendations on the approach that should be taken to deliver sustainability and are reflected in our strategic priorities.

This document sets out the strategic direction for the organisation and sits at the heart of our wider planning processes. This will shape our Business Plans for 2015/16 and an update of our Five Year Integrated Business Plan by June 2015. The Strategy will be supported by our enabling strategies as outlined in the diagram below.

Figure 1: Clinical Services Strategy and Supporting Strategies



2. Strategic Context

The Trust is aware of and is managing the financial pressures that currently dominate the NHS landscape, and understands that clear strategic plans are required in order to ensure future sustainability does not compromise patient care. In order to respond to these significant challenges, our plans will align with national and local health economy plans to ensure we can deliver sustainable, high quality services going forward.

The recently published Five Year Forward View (NHS England, 2014) and the Dalton Review, “Examining New Options and Opportunities for Providers of NHS Care” (December 2014) and “Making Local Health Economies Work Better for Patients” (December 2014) set the overall context of our strategy. These reports set clear recommendations on the approach that should be taken for sustainability.

Key to our strategy is a number of programmes that will enable local delivery of the Five Year Forward View such as Healthier Northamptonshire and the collaborative arrangements with Kettering General Hospital NHS Foundation Trust and University Hospitals of Leicester NHS Trust.

2.1 Five Year Forward View

The Five Year Forward View (NHS England, 2014) outlines three key reasons why a different strategy is required for the NHS with the document then focussing on how the service should respond.

- The health and wellbeing gap: prevention strategies are needed to reduce health inequalities and prevent further increasing proportions of funds and services allocated to treating avoidable illness
- The care and quality gap: reshaping care delivery and harnessing technology to reduce variation in quality, safety and outcomes
- The funding and efficiency gap: matching 'reasonable' funding levels with system efficiencies

NHS England positions the need for new models of care to deliver financial sustainability improvements in patient-centred and co-ordinated care. Our strategy reflects this position and articulates our plans to work in partnership to deliver new approaches to care delivery. This will include:

- A need to manage networks of care, not just organisations
- Necessary growth in out-of-hospital care
- Integration of mental and physical health services around the patient or service user
- Faster learning from local and international best practice
- Evaluation of the beneficial impacts on cost and patient benefit

NHS England considers the strengthening of primary and out-of hospital care as critical to effective service delivery transformation across the NHS. The Five Year Forward View (NHS England, 2014) sets out several immediate measures to stabilise general practice and then proposed new care delivery models that will be prioritised and promoted by NHE England. These include:

- **Multi-speciality Community Providers (MCPs)** – extended group practices of GPs, Nurses, Therapists and other community based professionals will be allowed to form as federations, networks or single organisations to provide an expanded range of care services and shift more outpatient and ambulatory care out of hospital settings
- **Primary and Acute Care Systems (PACs)** - will form a new variant of single organisation, providing vertically integrated GP and hospital care together with mental health and community services
- **Urgent and Emergency Care (UEC) Networks** – a reorganisation and simplification of existing NHS UEC Pathways
- **Viable Smaller Hospitals** – where smaller hospitals provide the best option clinically, financially and with local support
- **Specialised Care** - where there's a strong evidence base for a greater concentration of a particular care service
- **Modern Maternity Services** - NSH England will commission a review of future models of maternity units to report by summer 2015
- **Enhanced Health in Care Homes** – utilising the Better Care Fund, NHS England will work with local authority social services and care homes to develop new shared models of in-reach support to reduce avoidable admissions to hospital

2.2 The Dalton Review

In February 2014, the Secretary of State asked Sir David Dalton, Chief Executive, Salford Royal NHS FT to undertake a review 'into how we enable the best leaders and organisations in the NHS to expand their reach and deliver more for patients.' The publication of the Dalton Review is now situated within the context of the Five Year Forward View (NHS England, 2014) and sets out a number of recommendations to enable Trusts to explore different organisational forms in support of ensuring their clinical and financial sustainability.

The review suggests that 'giving organisations greater flexibility in their clinical and organisational models and forms will support a reduction in the variation seen in standards of care'. While organisational form should 'follow function' rather than being an end in itself, NHS provider boards are encouraged to consider how organisational form might serve their objective to improve standards and ensure financial sustainability.

We will continue to work with our regulators and commissioners to create the right conditions to enable this to happen. Our strategy reflects the requirement to consider our form and our collaborative partnerships in order to deliver safe and sustainable services. The Dalton Review (2014) recommends that as part of 2015/16 Business Planning, Trust Boards should consider their response to the Five Year Forward View (NHS England, 2014) and determine the scale and scope of their service portfolios.

2.3 Challenged Health Economy Programme – National View

Effective long-term strategic planning is part of the solution to the structural and efficiency problems putting the sustainability of patient services at risk, but not all LHEs are doing it well enough. Challenged health economies generally have a history of failed initiatives, plans and strategies to address the various concerns and problems associated with the location. This significantly undermines confidence and introduces weariness when it comes to yet another attempt to fix long standing problems.

The Intensive Planning Support Programme identified and implemented a number of behaviours and processes that are helping the challenged Local Health Economies (LHEs) to overcome these barriers:

- Honest debate with clear communication channels
- Leveraging existing local agreements
- Working closely with stakeholders, particularly clinicians, patients, politicians and the public
- A clear shared vision across the LHE
- More effective shared governance structures
- Supported leadership and increased capability
- Clear implementation plans

2.4 How NGH Intends to Respond

It has been clear to the Trust Board for some time that the hospital must alter its approach to strategic partnerships. There are examples where rapid progress has been made such as the move of radical urological cancer surgery to University Hospitals of Leicester NHS Trust and others where much work remains, such as the Lead Provider concept.

Further consolidation of some specialist services is expected and therefore it seems appropriate for the Trust to embrace the need to expand its partnership with specialist centres where necessary.

This will require us to strengthen our commitment to implementing new models of care, to ensure sustainability of the organisation as one that would be considered a “smaller hospital”. It is clear that in order to remain as a viable organisation we will need to consider new approaches to the way in which some services are managed and run.

The Trust intends to take every opportunity to be at the forefront of the development of the new models proposed and will seek to partner with primary care organisations to do so.

2.5 Healthier Northamptonshire

Our involvement in this programme is well documented but progress with clinical collaboration has not yet delivered the benefits expected. We will continue to encourage our clinical teams to review their services alongside colleagues from Kettering General Hospital (KGH) to ensure that we optimise clinical resources, improve resilience and achieve financial efficiencies

Service changes will need to be delivered via a model that meets with the expectations of the Five Year Forward View (NHS England, 2014), such as a joint venture that is mutually beneficial. We intend to agree a Heads of Terms with KGH that specifies the nature of our relationship and ensures that expectations are made clear in terms of progress, behaviours and how benefits will be shared.

Healthier Northamptonshire includes many other elements other than the clinical collaboration work stream. These may require a new model between partners, for instance if there is a change to back office functions between the organisations.

2.6 Commitment to Strategic Partnerships

2.6.1 The Principles

The Trust is clear that in the current environment it must change its service offering in order to deliver excellence in clinical services and to achieve financial sustainability.

To this end, we make a commitment to develop strong and lasting strategic partnerships with the following organisations:

- Northamptonshire Healthcare NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- Northampton and Daventry and South Northamptonshire GP Provider Organisations
- Kettering General Hospital NHS Foundation Trust
- Northamptonshire County Council – Health and Wellbeing
- Northamptonshire Voluntary Impact

These partnerships are critical if we are to fully engage in the process of clinical service redesign and to take a leading role in the provision of care outside of the traditional boundaries of the hospital.

This will only be delivered alongside those organisations that have the requisite staff and skills to enable sustainable patient pathways to be developed from clinical, operational and financial perspectives.

We recognise that for some specialist services a relationship with a teaching hospital is appropriate but this must be in the spirit of collaboration with benefits for both parties.

NGH is committed to developing a partnership with KGH and sees services redesigned to ensure they are arranged appropriately, making access for urgent and elective care easier and ensuring that benefits are delivered as a result.

2.6.2 The Approach - New Models of Care

For the Trust to respond to the challenges posed by the “Five Year Forward View” (NHS England, 2014) it will have to consider which model of delivery is appropriate for each of its services to ensure future sustainability is delivered.

Forging partnerships with other providers will ensure services continue to be delivered in the most appropriate manner and are aligned to the recommendations of this important document.

NGH will continue to play a key role in the Healthier Northamptonshire Programme and will ensure that optimum patient care remains the key determinant in future service provision

2.6.3 Our Commitment

We will further develop our external partnerships by:

- Building on initial work with KGH and designing a collaborative approach to the delivery of a range of acute services
- Designing a Primary and Acute Care System with local primary care leaders and with a view to integrating urgent and acute care in the first instance
- Commence the work to establish the Health and Wellbeing Campus through a focus in 2015/16 on staff wellbeing
- Explore further options for collaboration with University Hospitals of Leicester NHS Trust for the delivery of specialist services
- Work with Voluntary Impact Northamptonshire to integrate voluntary services on the NGH site that deliver benefits to patient care and the lives of their loved ones

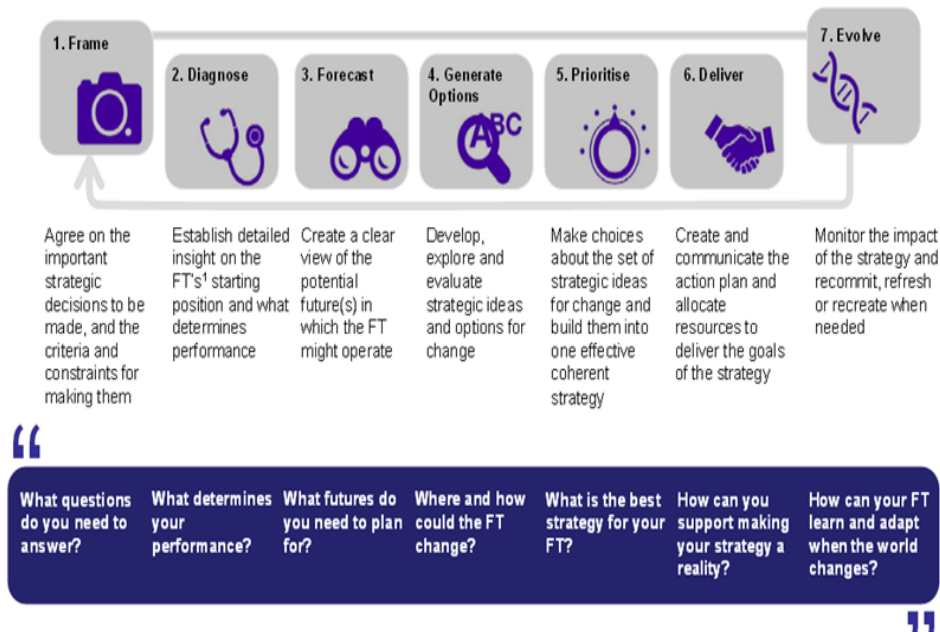
3. Developing the Strategy

3.1 Clinical Sustainability Reviews

In response to the requirement to produce a revised Clinical Services Strategy, the Trust Board agreed to engage external support to assist with generating its Clinical Strategy. This process to develop the Strategy has involved a number of speciality level reviews that have informed the longer term strategy of NGH in relation to sustainability from clinical, operational and financial perspectives.

Our review of clinical services focused on identifying development and sustainability opportunities across 17 specialities using the Monitor Framework of Strategy Development highlighted in diagram 2 below.

Figure 2: The Seven Stages of Strategy Development



Source; Strategy development: a toolkit for NHS providers. Monitor, 2014.

This work evaluated the Departments against the various criteria and provided an output based on a range of metrics:

- Evaluation of catchment population vs the minimum required to deliver the service both now and into the future
- Local Health Needs Analysis (from the Joint Strategic Needs Assessment) and CCG Commissioning Intentions, which are embodied in the Healthier Northamptonshire Strategy
- Clinical safety issues
- Minimum volumes per Consultant
- Surgical outcomes and medical care using established clinical indicators (e.g. HSMR, infection measures, readmissions) and Royal College or Peer Review Standards where these exist
- Workforce sustainability both currently and in order to deliver 7 day services
- Changes to demand
- Future quality premiums

The reviews were informed using a suite of information and a range of efficiency metrics. These metrics include:

- Occupancy rates
- Trend analysis of bed utilisation
- Length of stay by both elective and emergency points of delivery
- Outpatient ratios
- Change in workload
- Service line reporting

This was undertaken in three phases:

Phase 1 Services	Phase 2 Services	Phase 3 Services (to be completed February 2015)
<ul style="list-style-type: none"> • Head and Neck • Ophthalmology • Urology • Pathology • Trauma and Orthopaedics • Radiology • Dermatology • Child Health • Cardiology 	<ul style="list-style-type: none"> • Gynaecology • Neurophysiology • Diabetes • Neurology • Nephrology • Respiratory • Gastroenterology 	<ul style="list-style-type: none"> • Breast Surgery, • Urology • Colorectal • Plastics • Vascular Surgery.

The outputs relating to the 16 reviews are included in the delivery of our strategic plans in section 4 below. Phase 3 will be completed by mid-February. Detailed delivery plans and milestones will be included in Divisional Annual Plans and implementation will involve a robust project management approach monitored through routine performance management sessions. Further reviews are planned to take place for those services not already included to date.

3.2 Staff and Patient Engagement in Strategy Development

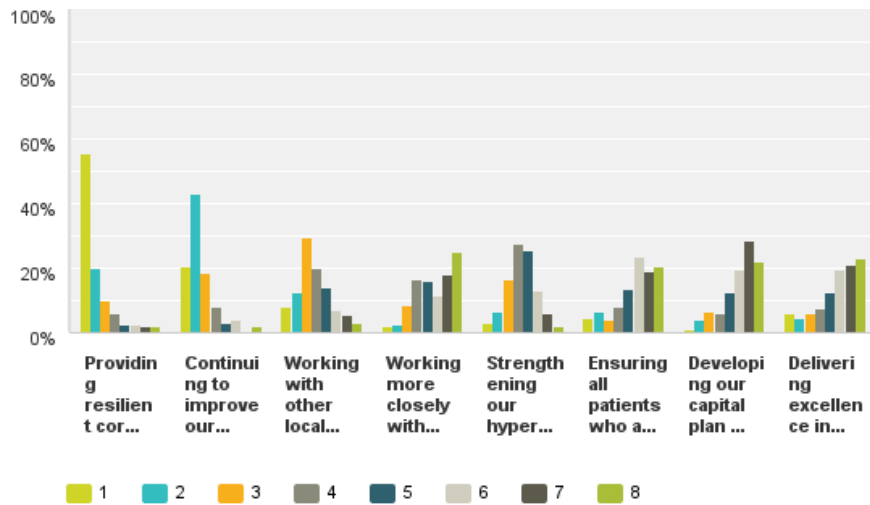
Engaging front line teams has been an essential and prominent feature of our strategy development. All specialities have significantly contributed to forming our areas for future development based on their knowledge of what patients require from our services. This has helped us to clearly understand our clinical priorities in terms of how we should shape services around patients’ needs. Colleagues have also been instrumental in identifying how we can provide such services in a highly effective and efficient manner. This will result in improving the resilience and sustainability of our services going forward.

Information relating to operational performance, clinical outcomes and patient experience has been extensively used in order to get a truly holistic impression of the care we provide from different perspectives. We are very clear that the quality of our care is whatever our patients, service users and carers say it is; and as such will use this information to inform our programme of developments.

During December 2014, our staff and the public were consulted on our key priorities. The survey was distributed via internal and corporate social media channels, inviting people to complete the survey to help us in planning our strategic priorities. Respondents were asked to rank the priorities in order of importance and to comment on them.

Our patients, public and staff ranked our strategic priorities in the following order:

1. Providing resilient core services
2. Continue to improve our Urgent Care Services
3. Working with other local providers to provide integrated care closer to home
- 4/5. Strengthening our hyper acute services
6. Repatriate market share lost to non NHS providers
7. Developing our Capital Plan
8. Working more closely with KGH in response to the Challenged Health Economy Workstream



4. Organisational Strategy

In 2014 our Board confirmed our vision and values. Our strategic priorities were reviewed and confirmed during Summer/Autumn 2014 and have been out for public consultation with our staff, shadow members and the public during November/December.

Our Vision is:

'To provide the best possible care for all our patients'

4.1 Values

The **Values** that we work by to support our vision are straightforward and uncompromising:

- We put patient safety above all else
- We aspire to excellence
- We reflect, we learn, we improve
- We respect and support each other

4.2 Strategic Aims

The Strategic Aims for the Trust are:

Focus on Quality & Safety
• To be an organisation focussed on quality outcomes, effectiveness and safety
Exceed Patient Expectations
• Continuously improve our patient experience and satisfaction by delivering personalised care which is valued by patients
Strengthen our Local Clinical Services
• Provide a sustainable range of services delivered locally
Enable Excellence Through Our People
• Develop, support and value our staff
Ensure a Sustainable Future
• To provide effective and commercially viable services for our patients ensuring a sustainable future for NGH

4.3 Strategic Priorities

The Trust has developed eight strategic priorities to enable us to deliver our Vision and Strategic Aims and these are;

Provide resilient core District General Hospital services at NGH

Continue to improve urgent care services

Collaborate and integrate with other providers to provide care closer to home

Develop partnerships with KGH in response to the Challenged Health Economy work-stream

Strengthen our hyper acute services through collaboration and partnership working with our tertiary providers

Repatriate market share lost to non NHS providers

Develop NGH as a health and well-being campus

To deliver excellence in the care of the elective patient

4.4 Delivering Our Strategic Priorities

4.4.1 Provide Resilient Core DGH Services at NGH

We have previously agreed with our commissioners through Healthier Northamptonshire the retention of acute secondary care services on both DGH sites in the county. The key 'fixed' points are;

- A&E
- Paediatrics
- Acute General Medicine and Surgery
- Consultant led Obstetrics
- Intensive Care
- Associated Diagnostics

We will continue to deliver core district general hospital services at NGH. We will provide Accident & Emergency and Maternity Services. We will continue to be an accredited Trauma Unit as part of the West Midlands Trauma Network, all our major trauma will be referred to the Major Trauma Centre at University Hospital of Coventry and Warwickshire. We will develop our Maternity Services with our Midwife Led Maternity Unit and improving home birth rates. We will develop our Paediatric Services and in particular the estate in which these are provided. We will improve our Neonatal Unit.

Key to our strategy is realising quality efficiencies. We will increase our efficiencies and build flexibility into our services in order to gain sustainable financial improvement without compromising our quality of care. We will implement quality efficiencies as identified through the Clinical Sustainability Reviews.

We will increase our elective activity and improve our theatre and outpatient efficiencies. We will continue to increase our day case and outpatient procedure rates and roll out enhanced recovery across all relevant surgical pathways. There is a commitment to developing our 7 day working services.

Our efficiencies will enable us to reduce our bed occupancy rates, reduce waiting times and therefore provide the flexibility and capacity to prevent outsourcing and increase our market share in elective specialties.

Our Commitment

We will develop the following;

- A case for the redevelopment of the site including the provision of a new purpose built ward block to improve access and enable out of date facilities to be vacated
- To provide a new purpose built Paediatric and Neonatal facility enhancing patient experience and enable transitional care pathways to be developed
- A remodelled core Urology service
- enhanced Colorectal and Gastrointestinal services to improve Urgent Care Pathways and extend benign Upper GI Services
- Increase the provision of Breast Oncoplastic Surgery and introduce Intraoperative Radiotherapy
- Improved access to Radiology through an ambitious programme for the re-provision of our equipment including the provision of new Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) equipment
- Develop Plastic Surgery in collaboration with local partners
- Introduce virtual Fracture Clinics with direct access to A&E
- Remodel the Trauma and Orthopaedic service to improve efficiencies and throughput
- Remodel the Ophthalmology Service and pathways to improve efficiencies and productivity; this will include the transition of the Eye Casualty to a consultant led booked appointments system
- Provide a comprehensive Critical Care service including redefined medical models and additional capacity
- Expand Endoscopy provision in line with bowel screening requirements and increasing demand

4.4.2 Continue to Improve Urgent Care Services

We will work with our local partners to continue to improve Urgent Care Services by reducing demand for emergency admissions and the number of patients with delayed transfers of care. We will work with our commissioners to develop an Urgent Care Centre on site and primary care streaming in the Emergency Department to help prevent admissions. Key to preventing emergency admissions will be multi-disciplinary assessments such as the Psychiatric Liaison service working to prevent mental health admissions.

We will work with local General Practitioners to set up a Primary and Acute Care System that will truly integrate working between our organisations.

We will develop our Assessment Units and Ambulatory Care Centre and expand the number of Ambulatory Care Pathways to further reduce the number of emergency admissions. In summary, we will focus on the following areas, with each area to continue focus around quality and safety:

- Reduction in demand for emergency admissions
- **7 day services**
In line with national standards, the Trust is working towards achieving the 10 clinical standards for 7 day working by 2016.
- **Keeping patients safe in the Emergency Department (ED)**
The programme is working closely with the ED Department and other specialities to improve processes within and supporting ED, to ensure patients are seen within 4hrs. This includes the expansion of rapid assessment, improved pathways for the frail elderly cohort of patients, greater utilisation of Ambulatory Care Centre and GP streaming, and speciality referrals.
- **Keeping patients safe in the Assessment units and the Ambulatory Care Centre**
The use of the Assessment Units is under review and operational processes will be standardised to ensure maximum effectiveness to produce low LOS and increased flow. The medial model supporting the units is also under review.
- **Keeping patients safe on the wards**
This work stream focuses on improving the processes within the wards to drive earlier discharges and create flow. The development of the new discharge lounge is underway and will significantly improve the discharge experience for patients and kick start flow each morning. A range of other actions and processes supporting the wards will be monitored.
- **Complex discharges**
An Integrated Discharge Team has been developed to provide collaborative working with all health partners involved in the discharge process. Duplication of paperwork has been removed by the implementation of trusted assessor documentation, which streamlines assessments and creates earlier discharges. This will be developed further to reduce the number of Delayed Transfers of Care.
- **Frail and Elderly Pathway**
Working closely with ED and the Assessment Units, the Frail Elderly Pathway is being improved. Care bundles are now in place within ED and a dedicated specialist nurse team work in the Assessment Units, holding daily MDT

meetings to review patients to ensure they are referred to the most appropriate team, to improve their experience and shorten LOS.

- **Capacity management**

All operational policies have been improved and predictive planning enhanced. This will continue to be developed and refined to produce the exact, detailed information required to manage demands seen in December 14 and January 15. A bed model review will take place to ensure the Trust is utilising the beds appropriately

- Primary care service in the Emergency Department

4.4.3 Collaborate and Integrate with other Providers to Provide Care Closer to Home

A key strand of our Clinical Services Strategy is to develop integrated services within the community. We will work with our partners to develop innovative and fully integrated pathways to help support people within the community to ensure care is provided closer to home and fewer patients rely on A&E.

We will work with our partners to develop the 'Discharge to Assess' Model at NGH. We will continue to build on our relationships with social care and the voluntary sector.

We will integrate services with primary care colleagues for out of hospital care, integrated pathways for frail and elderly patients through new and innovative approaches to deliver integrated, seamless services for patients.

We will develop an Integrated Heart Failure Service with a joint Consultant Cardiologist who will work at the interface of Secondary and Primary Care. This service will enhance the existing Heart Failure nurse inpatient and community service, to facilitate integrated enhanced discharge and early diagnosis, thus reducing admissions, readmissions and length of stay. The pathway will improve quality of life and promote and organise community and home based exercise training for heart failure patients.

We will work with primary care colleagues to develop Multi-disciplinary Community Clinics, Integrated Primary and Secondary Care Pathways and advanced speciality expertise in primary care. We will contribute specialist input to teams in order to develop services that enhance prevention, manage conditions in the community and identify when people need more specialist care. Examples of these pathways will include Dermatology, Cardiology and Musculoskeletal services.

Our Commitment

We will develop the following;

- A Discharge to Assess process to reduce the numbers of delayed transfers of care
- Integrated reablement and admission avoidance pathways e.g. Heart failure, Cardiac, Pulmonary, Vascular rehabilitation
- Integrated services for out of hospital care
- Integrated pathways for frail and elderly patients through new and innovative approaches
- Multi-disciplinary community clinics to include Dermatology, Cardiology, Musculoskeletal services

4.4.4 Develop a strong and lasting partnership with KGH

For many acute services there is the potential to consolidate service delivery and thereby improve quality through greater clinical specialisation and achievement of critical mass. This will enable us to provide stronger local services for our population. This is also particularly valid in our collaborative work with KGH. The intention has been to review our services at the same time, taking stock of the internal and external opportunities to realise efficiencies. We will build momentum behind this review process, delivering the service changes identified in the 8 week challenge and moving these principles on to other specialities.

The aim of the Challenged Health Economy collaborative reviews (8 week challenge) was to maintain and improve quality of care in clinical services, whilst making the best use of limited resources. This will include achieving relevant clinical standards, including 7 day service requirements. The initial specialties are Rheumatology, Orthopaedics, Ophthalmology and Radiology with more to follow in the future.

We will consider which model of delivery is appropriate for each service to ensure high quality care for all our patients. Implicit within this must be a redefined set of principles with KGH colleagues for service change as well as a clear set of commissioning intentions as to the design of acute services that the CCGs wish to commission.

A central tenant of our approach will be to ensure that whilst management of a clinical pathway may alter, it will continue to be provided locally wherever possible.

Our Commitment

We will develop the following;

- Ophthalmology-County wide Corneal Service and standardised Glaucoma Monitoring Service
- Develop a countywide Rheumatology and Musculoskeletal Service
- Integrated Elective Outpatient Orthopaedic Services across the county
- Standardised pathways for all specialities
- Extend centralised procurement for all specialities to standardise products to deliver reduced wastage, standardised process and achieve economy of scale
- Standardise discharge planning and length of stay for arthroplasty patients across the county
- Alignment of specialised Orthopaedic services at NGH for Paediatric, Foot and Ankle and Revisions
- Support the centralisation of Spinal Surgery at a specialist centre

4.4.5 Strengthen our hyper acute services through collaboration and partnership working with our tertiary providers

NGH is committed to continuing to develop hyper acute services for Stroke, Vascular, Renal, Oncology and Specialist Cancer Surgery for the County. Irrespective of the decisions regarding commissioning of Vascular and Stroke Services across Bedfordshire and Milton Keynes, the Trust will maintain the service specification standards required to provide the Services.

The Trust will continue to strengthen partnerships with Bedford Hospital (BH) to develop the Vascular Interventional Radiology Service and there is potential to explore a closer partnership working for the whole of the Vascular Service.

The Trust will develop a Leicestershire and Northamptonshire Alliance with University Hospitals of Leicester for Oncology and specialist Cancer Surgery. The possible options for all models of delivery will be reviewed and the most appropriate shall be developed to ensure sustainability for both hospitals and the populations they serve.

The Trust will continue to develop the hyper acute service to include the Community Stroke Team.

Inpatient Renal Dialysis for the County will continue to be provided from Northampton General Hospital, and the service developed as part of the Renal Network alongside partners from Leicester.

We will expand our clinical trials and research projects recruitment and will develop this through our participation in and development of enhanced clinical networks.

Our Commitment

We will develop the following;

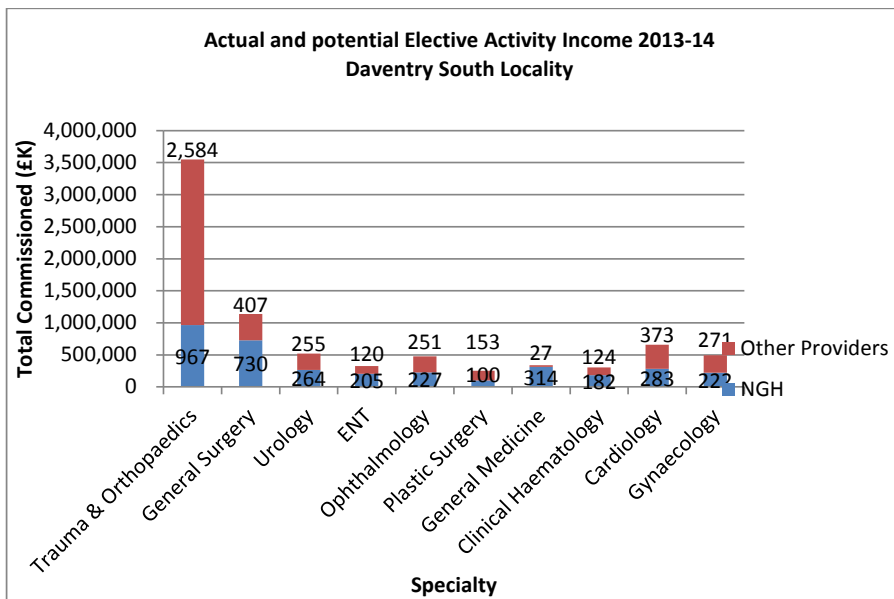
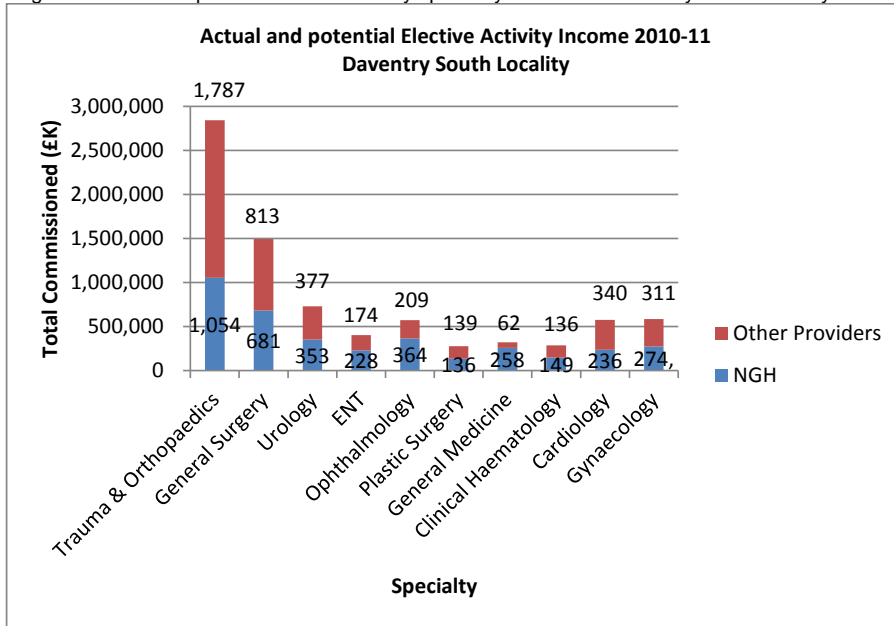
- Develop our Oncology Alliance with University Hospitals Leicester to ensure sustainable Oncology services across Northamptonshire
- Maintain Head & Neck and Specialist Gynaecology Cancer Surgery at NGH in partnership with University Hospitals Leicester
- Become lead provider for Vascular and Stroke Services for Northamptonshire
- Develop equitable Vascular Services for the North of the County
- Collaborate with a local partner to ensure a compliant Interventional Radiology rota
- Increased capacity for inpatient renal dialysis
- Expand our clinical trials and research projects

4.4.6 Repatriate market share lost to non NHS providers

Our aim is to create the efficiencies, flexibility and capacity to enable us to repatriate the elective activity market share lost to non NHS providers. Our market assessment included in our Integrated Business Plan reviewed our market share to understand the opportunities for us to develop our services in specific areas of the county and increase our market share.

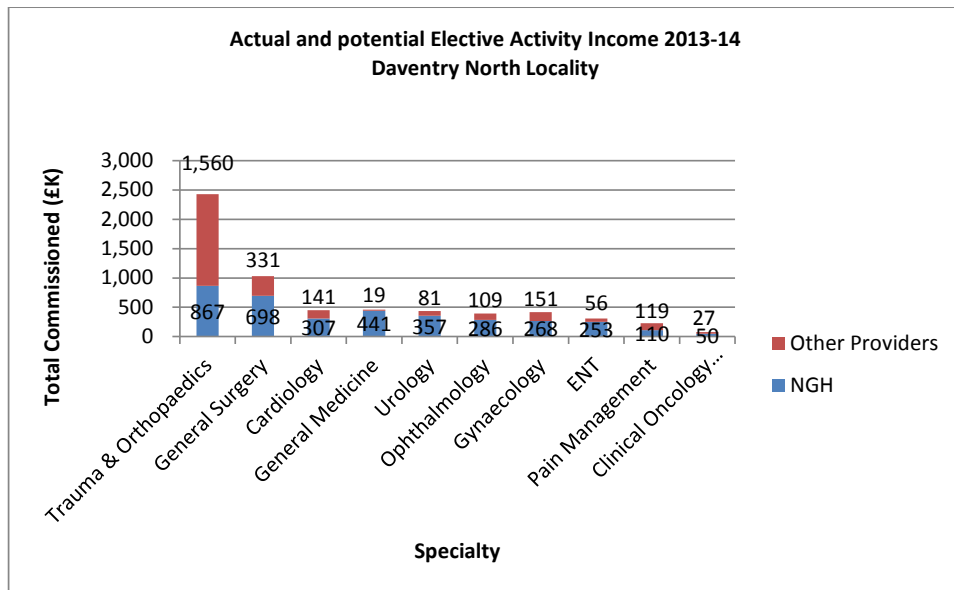
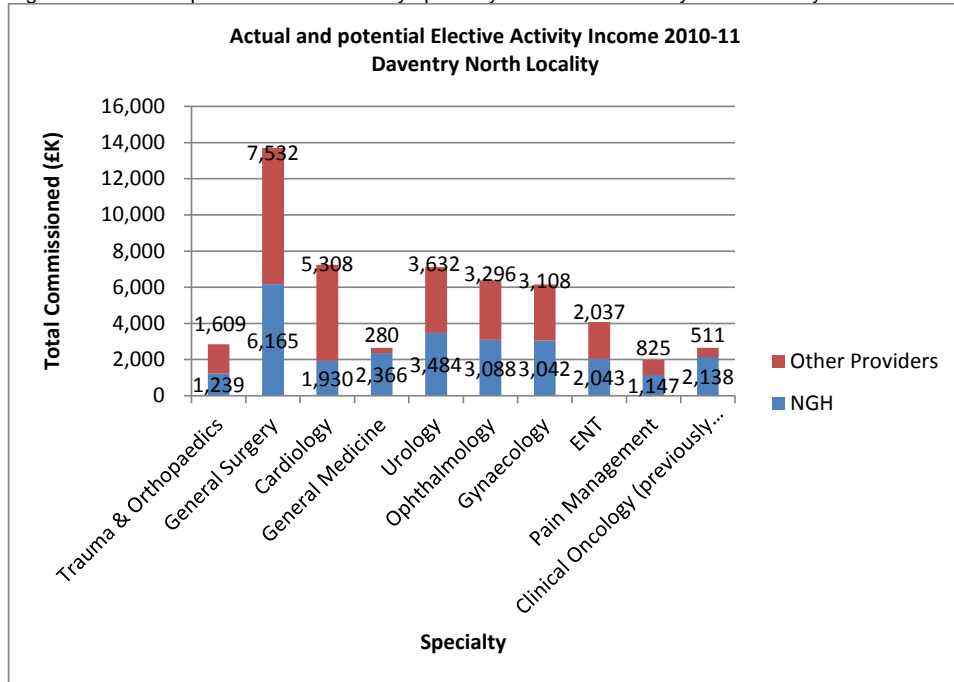
The opportunity to repatriate activity for the South Daventry and North Daventry areas is illustrated below. Using comparative data from 2010-11 and 2013-14, the graphs below illustrate steady changes to the movement of patient flow and choice of provider over the last three years.

Figure 3: Elective inpatient market share by speciality across the Daventry South Locality



With regards to the Daventry South locality and Trauma and Orthopaedics, the graphs above demonstrate a loss in income of £87,000 for the Trust since 2010/11, and other providers currently hold over two thirds of the market share, with a gain of £797,000 during 2010/2014. This may well be new activity in this region. The Trust currently has a third of the market share with £967,000 for this locality. There is an opportunity for the Trust to increase the market share within this speciality.

Figure 4: Elective inpatient market share by speciality across the Daventry North Locality



With regards to the Daventry North locality and Trauma and Orthopaedics, the graphs above also demonstrate a loss in income of £372,000 for the Trust since 2010/11, and other providers hold over half of the market share currently, although the total activity has dropped overall. The Trust's current market share for Trauma and Orthopaedics is £867,000 in this locality.

The total loss of income for the Trust across Daventry North and South regarding Trauma and Orthopaedics amounts to £459,000 as at 2013/14.

In the first instance our priority will be to repatriate activity outsourced to non NHS providers. Once the capacity and flexibility has been created within our elective specialties, we will strive to reduce our first outpatient waiting times, make our services competitive and market our services to our local GPs. We will target areas where we know from a full market analysis, we are losing market share.

Our Commitment
<p>We will;</p> <ul style="list-style-type: none"> • Improve our efficiencies in order to create the flexibility and capacity to repatriate our lost market share • We will repatriate all outsourced activity • We will market our services and reduced waiting times to local GPs in order to encourage referrals to NGH • We will target specialties where we know there is a greater lost market share to non-NHS providers such as Trauma and Orthopaedics, General Surgery and Gynae referrals • We will develop our marketing strategy and capability

4.4.7 To deliver excellence in the care of the elective patient

We will focus on delivering dedicated Orthopaedic and Ophthalmology Services that increase quality, reduce clinical variation and provide centres of excellence in the county. We will focus on delivering the Orthopaedic Foot and Ankle Service for the County and on a service that is based on Consultants specialising in particular fields of expertise to deliver a truly excellent patient service.

For Ophthalmology, we will continue our approach to integrate services with community providers and focus on our Age Related Macular Degeneration Service as well as our elective pathways.

We will need to increase our elective capacity to do this, principally by ensuring our Urgent Care Pathways do not inhibit our ability to admit planned cases. We will then increase our market share by repatriating non-NHS activity in partnership with local primary care clinicians and the CCG.

Our Commitment
<p>We will;</p> <ul style="list-style-type: none"> • Increase our elective capacity through efficiencies and improved Urgent Care Pathways • Develop an improved, dedicated elective Orthopaedic Facility • Develop an improved, dedicated Ophthalmology Facility • Develop a Treatment Centre

4.4.8 Establishment of a Health and Wellbeing Campus

We will establish NGH as a Health and Wellbeing Campus in partnership with Public Health. Dr Akeem Ali, Director of Public Health & Wellbeing, Northamptonshire County Council has stated:

“The operational strategy to promote wellbeing, prevent ill-health and anticipate further care need before complications arise is a sure-bet for a sustainable and affordable hospital in the 21st century. This is what the healthy hospital work in NGH is all about, and I welcome it.”

“In Northamptonshire, we as a public health team will support this endeavour with resources available to us. Employees, carers, families and patients will all benefit”.

Dr Akeem Ali Director of Public Health & Wellbeing, Northamptonshire County Council

- **The Principles**

As the largest employer in the County and the largest health institution, NGH recognises it has a responsibility to be at the forefront of the prevention agenda. The Five Year Forward View (NHS England, 2014) is clear that unless the entire NHS becomes much more focussed in this arena, that the sustainability of the service could be affected. It is our intention to play a major role in this regard by becoming an exemplar in staff, patient and visitor wellbeing and through building strong and lasting partnerships with local organisations that will enable this programme to be delivered.

The Trust forms an integral part of a wider programme to improve health and reduce inequalities in which important County partners are participating, we wish to contribute to the wider effort to gain maximum effectiveness for the resources and time deployed.

It is well recognised that by 2020 55% UK adults will be obese. Already Northamptonshire has a prevalence in excess of the England average. The burden on the NHS of treatment for type 2 diabetes alone is in excess of £5bn per year.

By 2020 at least 1 in 10 UK adults will still smoke. Again, the prevalence in Northamptonshire exceeds the England average (21% vs 19%, PHOF 2012 data). The cost of treatments, for example coronary vascular disease is £2.7bn and causes 80,000 directly attributable deaths per year.

1 in 4 people in the UK has a mental illness needing treatment at some time during their lives. The rate of depression in Northamptonshire is 14% against the England figure of 12%. (PHO Community Health Profile 2011/12 data). The cost of lost working days, benefits payments, and treatments is estimated at over £100bn each year.

We will not be able to manage these issues single handedly but we can play a leading role in bringing together partners who collectively will enable a coordinated and sustained response to the made to these challenges.

- **The Approach**

In September 2014, Public Health England and the Institute of Health Equity published “Workplace Interventions to Improve Health and Wellbeing”.

Workplace health and wellbeing interventions are commonly focused on addressing individual behaviour change, through programmes to encourage healthy eating, physical exercise, and smoking cessation and stress management. Many of these programmes have shown positive, cost-effective health outcomes. Evidence suggests that interventions to improve psychosocial work conditions – increasing autonomy and control over work, in-work development, line management training,

flexible working and staff engagement can also be beneficial for health. Improving the physical and psychosocial work environment is therefore likely to contribute to improved population health and reduced health inequalities.

It is important to ensure that interventions are available to everyone in an organisation, that all employees are made aware of the opportunities through effective communications and that all employees are considered during the design of the intervention. Those working long or irregular hours or on non-permanent contracts are more likely to experience poor health, so a focus on these employees may also contribute to reducing health inequalities. We will work with the Director of Public Health to understand the health status of staff so that we can demonstrate positive changes as a result of any projects pursued by NGH.

There is evidence that psychosocial working conditions can be improved in a variety of ways. Interventions can aim to increase employee control over their work; address the effort-reward imbalance; focus on greater employee participation in decision-making; or provision of line management training. There are also indications that effective leadership and good relationships between leaders and their employees is important – as is employee engagement, ensuring employees are committed to the organisation’s goals and motivated to contribute to its success.

The Trust will partner with the Director of Public Health and Northamptonshire County Council to establish three programmes. First, for the reasons listed above will be a focus on staff wellbeing with programmes developed for:

- Mental wellbeing
- Alcohol reduction
- Diet improvement
- Physical activity
- Smoking cessation

Secondly, in response to the health challenges listed above we will focus on the wellbeing of patients and visitors. This will have a direct benefit on the longer term health of those we serve but also prepare them to recover from their immediate illness or to support their loved ones post discharge. We will invite local health services to design a purpose built facility that can be hosted at NGH to enable patients and visitors access to immediate health interventions at the time of their visit. Ensuring swift and convenient access and ensuring this complements the rest of their care. For those who are not visiting our site, we will work with the same partners to provide the same level of service at their facilities around the county.

Thirdly we will build upon our position in the community to enable our campus to become a focus for the local community when leading healthier lives. We are uniquely positioned to use our facilities, most specifically the Cripps Recreation Centre to build partnerships with local schools, business, the University and the Council that place us as the heart of the redevelopment of the town.

Our Commitment

We will;

- Draw on the commitment of the whole Trust and all our staff, supported by the Council’s Public Health team
- Develop a robust, costed plan for the future, to target the specific needs of the communities in which we work

- Assess current performance and areas of good practice to ensure we build on our experience and knowledge and agree roles, responsibilities and working practices with our partners

The Trust will improve the health of the local community and reduce inequalities by:

- Committing to and delivering a staff wellbeing programme as part of its Organisational Development Strategy
- Making Every Contact Count, delivering a patient and visitor wellbeing programme that promotes better health, providing advice and support during each of the contacts we have with patients
- Open a dedicated facility on site for the delivery of public health advice, a focus on prevention and direct support to patients and visitors
- Work with local partners and become a focal point for the wellbeing agenda in the county

5. Development of the Estate

The Trust has developed a compelling and ambitious plan for the development of the NGH site in order to deliver this Clinical Strategy. To deliver this vision we will require the support of key local stakeholders and have already embarked on a programme of engagement to obtain this support.

We will work with local Members of Parliament, the Borough Council, County Council, Clinical Commissioning Groups and the NHS Trust Development Authority to secure the capital needed to deliver an estate that is fit for the future and of which the population of Northamptonshire can be proud.

Our key aim is to deliver a new, purpose built ward block and dedicated elective treatment facility on the NGH site to ensure our clinical models of care are facilitated, not inhibited by the physical capacity of the hospital.

5.1 Our Plans

We will secure external capital to build a large extension to the rear of the main hospital as illustrated below. The aim is to ensure our estate supports the delivery of high quality medical care and where services are intelligently co-located to deliver maximum efficiency.

Figure 5



This will enable us to deliver the following:

- New paediatric and neonatal facilities
- Additional emergency medical wards to increase capacity and to move from some of our out-dated wards
- Dedicated orthopaedic and ophthalmology elective surgery hub
- Improved and expanded critical care facilities
- Addressing our backlog maintenance
- Dedicated Health and Wellbeing Centre in partnership with Northamptonshire County Council

The estate is not intended for the sole use of NGH but will be a focal point for new models of care provided in partnership with stakeholders from around the County.

The ultimate aim will be to deliver a redesigned estate as envisaged below:

Figure 6



6. Enabling Strategies

The Trust has identified the following essential enablers that are critical to achieving our vision and strategic priorities;

- Establishing the partnership arrangements
- Redesign of the Workforce Model
- Developing the Estates Strategy
- Implementing business intelligence to support the management of the Directorates including improvements to SLR, strengthening the quality of information and developing a suite of management reports and dashboards

- IM&T Strategy
- Quality Strategy
- Improving Quality-Organisational Effectiveness Strategy
- Staff, patient and public engagement and marketing

The following summarises the key strategic position and ambition for each of our main enabling strategy.

<p>6.1 Estates Strategy</p> <p>Strategic position</p> <ul style="list-style-type: none"> • Recent developments in Emergency Department and new Resuscitation Bay • Backlog maintenance and estate replacement • Inadequate capital • Increasing risk of infrastructure / compliance failure <p>Ambition</p> <p>Develop the estate to meet the requirements of the Clinical Services Strategy-the priority areas are;</p> <ul style="list-style-type: none"> • Emergency/urgent care • Additional ward capacity • Critical care • Backlog maintenance <p>To develop the NGH site as a Health and Wellbeing Campus. The site will be a hub which brings together the health and wellness services of a typical UK town.</p> <p>From a health perspective it specifically blurs the line between hospital and primary care.</p> <p>In addition to the traditional secondary care services it would incorporate wellness facilities not just illness, commercial partners and civic integration with some social agencies.</p>

<p>6.2 IM&T Strategy</p> <p>Strategic Position</p> <p>The Trust has moved forward significantly with its investment in IT and its new second data centre opened on time and within budget at the end of the financial year 2013/14. This builds on the significant improvement made to the network and desktop estate, ensuring that key IT infrastructure and systems will be in place to underpin the Trust's aspirations to move to a Healthier Northamptonshire.</p> <p>A significant amount of resource has also been committed to the introduction of new, integrated clinical and business IT systems, and the move towards fully electronic patient records (EPR) and robust business and financial reporting capability. This has focussed to date on the Inpatient and Outpatient "zones" of the Trust. Although these systems already communicate electronically with primary care, there is a move to communicate more effectively with Social Care and this development has begun with the Teleological Ward Workspace System which enables more effective discharge planning and bed management.</p> <p>The "Best of breed" EPR Strategy approved in 2012 is still underway, but with progress towards the introduction of newer technologies such as Vendor Neutral Archiving and XDS/XDSi, which will allow greater sharing across organisational</p>

boundaries, building on the Trust's current IT Strategy which is to "connect all, not replace all".

Ambition

As the National Programme for IT draws to a close, there will be a need to replace four core Trust systems before 2016. These are:

- PAS – CSC/iSoft iPM: which is fully integrated via the Trust's Orion Rhapsody integration engine and delivering directly bookable Choose & Book.
- Radiology – HSS CRIS: Integrated with iPM, ICE and PACS to enable efficient paperless/filmless working in the Radiology department.
- PACS – Accenture: Integrated with CRIS and the national Centralised Data Store (CDS)
- Pathology – iSoft iLab: Integrated with iPM, ICE, Labcomm and the Renal Proton system, iLab processes requests and results for Northamptonshire

The Trust is a member of the East Midlands PACS Consortium, EMRAD, which will implement a PACS/RIS system capable of sharing images across the East Midlands and beyond. Options are not yet clear around the possibility of contracting directly for iPM and iLab, but a tactical extension or full replacement will be necessary.

To support the Urgent Care Pathway, the A&E – Ascribe Symphony System, which is fully integrated with iPM and ICE, with electronic whiteboard functionality to enable tracking of patients, has been extended to the Emergency Assessment units to safely track medical admissions and this will be further extended to the Surgical Assessment Units.

Following successful bids to the Safer Hospitals Safer Wards Technology Fund, implementation is underway sooner than anticipated, with VitalPac, a mobile app used on Apple devices to record vital signs of patients. This will enable quicker and safer response to deteriorating patients. The Trust was also successful in bidding for financial support to introduce ePrescribing and this project is now underway with an initial go live date anticipated as February 2015.

Digitisation of archived medical records has been underway at the Trust for many years, but recent investment in bringing this technology up to date has meant that the Trust can now move forward with the introduction of "on discharge" scanning, giving electronic access to patients' medical records at the point of care.

The development of an in house vendor neutral archive (VNA) and the implementation of virtual desktop infrastructure (VDI) will allow greater mobility of clinicians in any care setting and a "mobility in the community" pilot is already underway to test and improve the underpinning infrastructure and identify the most user friendly tablet and other wireless devices.

The Trust still maintains an excellent Oracle 11 data warehouse, which is fed by the core clinical systems, is constantly under development to support changing business requirements and will continue to provide data for the SLAMM financial system, and the Service Line Reporting solution by Bellis Hill Jones, as well as fulfilling national reporting requirements. The data warehouse supports the Information agenda and all activity reporting using Business Objects reporting tools.

<p>6.3 Improving Quality and Efficiency Strategy</p> <p>Strategic Position</p> <ul style="list-style-type: none"> • Quality Strategy and Safety Strategy including Sign up to Safety and Safety Academy- the safety work has been in progress for some years and has recently been augmented by the appointment of a Senior Lecturer with quality improvement skills • Connecting for Quality – promotion of staff engagement and connection with the Trust and to work towards achieving best possible care for all patients • Focus upon building capability in quality improvement, innovation and efficiency to improve quality care for patients • Implementation of Making Quality Count and using quality and efficiency improvements to improve patient experience.
<p>Ambition</p> <ul style="list-style-type: none"> • Alignment of all current quality improvement and safety programmes to ensure clarity of purpose and consistency with Trust Key Aims and Objectives • Implementation of Improving Quality and Efficiency Programmes Trustwide • Undertaking Making Quality Count as an iterative process for consistency • Quality improvements and improvements in patient experience • Efficiency improvements and resulting cost reduction e.g. throughput and flow leading to reduced length of stay remain quality focussed • Improved productivity, leading to the ability to deliver more with fewer resources • Reduction in costly patient safety incidents • Redesigned pathways that improve patient experience and efficiency • Reduction in unnecessary waste and duplication <p>Rationalisation/elimination of unnecessary, non-value added activities that improve cost effectiveness. We will implement a training programme in quality, safety and efficiency improvement, starting with line managers and leaders and then extending this to other staff groups. The programme will also provide mentoring and coaching for teams via the IQE Team and Safety Academy who will build capability to ensure use of tools for improvement including analysis, measurement and process improvement methodologies.</p>

<p>6.4 Workforce/People</p> <p>Strategic position</p> <ul style="list-style-type: none"> • Quality is at the heart of everything we do. For us, providing the best possible care for all our patients means delivering the highest quality standards in patient safety, the effectiveness of care and the overall patient experience. We do this through employing the highest calibre of staff to deliver that care. • Engaging with staff to deliver clinical, financial and operational sustainability by empowering individuals to lead change within their service area to drive up quality, reduce patient harm and increase financial efficiency • Developing new roles and ways of working to respond to change • Identifying and addressing the changing age profile of our current and future workforce. • Implement new recruitment and retention initiatives. • Strengthen partnership working. • Work as part of Healthier Northamptonshire.
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<p>Ambition</p> <ul style="list-style-type: none"> • We will strive to achieve the optimum workforce capacity to deliver the best possible care for our patients and those that care about them and ensure that our workforce availability matches the requirement now and in the future • We will generate commitment that enables our staff to deliver the best possible care for our patients • We will strive to achieve the optimum workforce capability to deliver the best possible care for our patients and ensure that our workforce availability matches the requirement now and in the future • Quality and efficiency improvements as 'business as usual' • Develop rotational posts across and within professions where this aids recruitment & retention • Apprentices across a number of services • Develop sustainable new roles • Regular skill mix reviews to respond to service demands and changes
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<p>6.5 Engagement Strategy</p> <p>Strategic position</p> <ul style="list-style-type: none"> • The Trust understands that many stakeholders play a pivotal role within the performance of the organisation, including: patients, our staff, commissioners, GPs, MPs, councillors, the local authority and other regulatory bodies and, as such, understands that positive engagement brings better patient outcomes. • NGH is a partner in Healthier Northamptonshire and is working in collaboration with partners in health and social care across the county to meet and address the challenges faced by the local healthcare economy. • Our aim is to develop a culture of partnership with patients, our staff and the community. • Listen, learn, respond to and act on patient feedback to drive continuous improvement. • Ensure our patients and their carers are involved at all levels across the organisation. • Embed a culture that values and invests in its workforce so as to ensure training and developmental needs are met. <p>Ambition</p> <ul style="list-style-type: none"> • We will work to build strong relationships with our stakeholders through listening; being open and honest so we can improve mutual understanding and trust. • We will support and encourage people to provide feedback on our services. • We will recruit and work to increase and sustain our membership base and ensure it is representative of the diverse nature of our local community. • Build a culture that puts our patients and those who use our services at the heart of all we do. • Develop, support and value our staff.

7. Implementing the Clinical Strategy

7.1 Creating the Right Culture for Clinical Development

Creating and maintaining the appropriate organisational culture required to achieve highly effective and sustainable services at NGH is a priority for our programme. Robust project management and governance alone are not sufficient to deliver our

programme successfully. We must create plans to ensure that the desired organisational culture becomes a reality.

It is acknowledged that the Trust actively promotes its values, but we must go further by establishing preferred behaviours that support these values from a clinical effectiveness and efficiency perspective. We will ask questions such as:

- Which aspects of our current culture are we happy/unhappy with?
- What preferred behaviours do we need to create the culture we want?
- What behaviours actually get rewarded at NGH?
- Which unacceptable behaviours are actually tolerated at NGH?
- How do we measure up against each of our preferred behaviours?

We will not take the culture for granted. Information gained from the above questions will shape our planning, monitoring and management of culture so that it becomes and remains aligned with what we need to achieve from a sustainability perspective. Our approach to achieving this is depicted below:

Figure 7: NGH NHS Trust Mission Vision Values



"We are totally committed to ensuring that we develop and maintain a culture of effectiveness and efficiency capable of providing responsive, high quality care shaped around our patients, service users and carers needs".

8. Next Steps

The detailed implementation of the Clinical Services Strategy will be developed as part of the Divisional and Trust annual planning process. The plans will include milestones and progress towards implementation will be monitored through the performance management framework.

Dedicated Programme Management Office and Service Improvement functions will facilitate the delivery of this strategy through robust project and programme management arrangements. This will be done at a local Directorate and Trust wide level ensuring a joined up and efficient approach to how we achieve success.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Integrated Performance Report and Corporate Scorecard
Agenda item	12
Sponsoring Director	Deborah Needham, Chief Operating Officer Dr Mike Cusack, Medical Director Rachael Corser, Director of Nursing, Midwifery and Patient Services (Interim)
Author(s) of Report	Deborah Needham, Chief Operating Officer
Purpose	The paper is presented for discussion and assurance
<p>Executive summary This revised Integrated Performance Report and Corporate Scorecard provides a holistic and integrated set of metrics closely aligned between the TDA, Monitor and the CQC oversight measures used for identification and intervention.</p> <p>The domains identified within are: Caring, Effective, Safe, Responsive and Well Led, many items within each area were provided within the TDA documentation with a further number of in-house metrics identified from our previous quality scorecard which were considered important to continue monitoring.</p> <p>The scorecard includes exception reports provided for all measures which are Red, Amber or seen to be deteriorating over this period even if they are scored as green or grey (no target); identify possible issues before they become problems.</p> <p>A detailed report on Urgent Care and Cancer Standards has been presented to Finance Committee</p>	
Related strategic aim and corporate objective	Be a provider of quality care for all our patients
Risk and assurance	Risk of not delivering Urgent care and 62 day performance standards Potential Financial fines for performance below standard Reputation risk for Performance below standard Potential poor patient experience

Related Board Assurance Framework entries	BAF 11, 12 and 23
Equality Impact Assessment	<p>Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)</p>
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper (Y/N)
<p>Actions required by the Trust Board</p> <p>The Trust Board is asked to review and scrutinise the exception report and note the positive achievements presented in the report.</p>	

Northampton General Hospital NHS Trust

Trust Board Corporate Scorecard

Revised Corporate Scorecard for alignment with the Trust
Development Authority's (TDA)

**Delivering for patients:
the 2014/2015 Accountability Framework for NHS trust boards**

This revised corporate scorecard provides a holistic and integrated set of metrics closely aligned between the TDA, Monitor and the CQC oversight measures used for identification and intervention.

The domains identified within are: Caring, Effective, Safe, Responsive, Well Led and Finance, many items within each area were provided within the TDA documentation with a further number of in-house metrics identified from our previous quality scorecard which were considered important to continue monitoring.




A number of metrics are new, and as such will only contain one month's measure. It is important to understand that the performance presented is based on the month of availability rather than the stated month, i.e. Standardised Hospital Mortality Indicator (SHMI) which is a rolling year as available via Dr Foster or complaints which has a 40 day response timeframe.

The arrows within this report are used to identify the changes within the last 3 months reported, with exception reports provided for all measures which are Red, Amber or seen to be deteriorating over this period even if they are scored as green or grey (no target); identify possible issues before they become problems.

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Friends & Family Test: Score	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<p>Currently the Trust does not have any national targets for FFT scores and therefore the decision was made to set our own internal targets of 60 for A&E and 70 for all other services.</p> <p>Inpatients services have struggled to attain the internal score and this has decreased further in December to 43.</p> <p>Maternity have also seen a depreciation in the score they have achieved, however it should be noted that December was a poor response rate month for Maternity due to issues with the new methods being used. Therefore it cannot be assumed that the score is representative of performance.</p> <p>A&E have also performed under target for the past 3 months, however there was a slight improvement for December despite new the methods of collecting data being introduced.</p> <p>It should be noted that new methods for collecting data may have impacted on the scores obtained, as patients are responding at home as opposed to when they are still within the hospital. This should be considered when reviewing future scores and the decision needs to be made as to whether a new baseline is identified.</p>		<ul style="list-style-type: none"> Inpatients areas that have low performance have been identified through a 7 month review of data and action plans have been requested. 7 have been received so far and 2 reminders have been sent to the wards. A&E have recently received their results for their national survey and the results from the FFT will be used alongside the national survey to identify any actions needed. Maternity will continue to be monitored as there methods of collecting the FFT are better established to see whether there scores continue to be low. 	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
March 2015		Same	
Lead for recovery:		Lead Director:	
Rachel Lovesy, Patient Experience Lead		Rachael Corser, Interim Director of Nursing and Midwifery Services	



Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Friends & Family Test: Inpatient score	70		58	45	43
Friends & Family Test: A&E score	60		57	48	52
Friends & Family Test: Maternity score	70		74	67	54

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Maternity Caesarean Section Rates	Report period:	December 2015
Driver for underperformance:		Actions to address the underperformance:	
<p>Most of our deviance from national figures comes from elective surgery where we involve women in decisions regarding mode of delivery.</p> <p>Emergency Work can fluctuate (as we are looking here at small numbers.)</p> <p>We are compliant with NICE Guidelines regarding CS.</p>		<p>Continue work to make consultant body and Registrars aware high C section rates.</p> <p>Review of Caesarean action plan in next Obstetric Governance meeting.</p> <p>Regional review of compliance with NICE Guidance under consideration (current opinion is that a significant number of units do not offer women choice)</p> <p>The Elective C/S numbers are expected to even out in time.</p> <p>Meetings to use obstetric database for ongoing audit.</p> <p>Advice and support provided to promote normal delivery following a previous C section. Continue to offer women support and encouragement for vaginal birth after CS (VBAC)</p>	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
January 2015		24% - 26%	
Lead for recovery:		Lead Director:	
Mr Clemens von Widekind		Deborah Needham	




Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Maternity: C Section Rates - Total	<25%		30.9% (122)	29.4% (105)	26% (104)
Maternity: C Section Rates - Elective	<10%		14.1% (57)	12.9% (46)	12.5% (50)

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Healthcare Records Audit	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<p>The audit findings are reported in the Quarterly Patient Safety and Clinical Quality & Governance Progress report</p> <p>It has been acknowledged that positive progress has been limited. Despite the introduction of a new revised question set the area remains poor.</p> <p>There has been an absence of audit data available to share at departmental level.</p>		<p>The content of the audit has been reviewed. The dataset has retained the elements recommended by the academy of royal colleges / CQC / GMC.</p> <p>Case notes to be audited in each departmental.</p> <p>Consultant leads for this are being sought.</p> <p>Audit to be undertaken by medical staff, nurses and allied health professionals.</p> <p>Agreement with audit leads to actively share monthly data with each department and to seek appropriate action plans for improvement.</p> <p>Performance monitoring at directorate governance meetings.</p> <p>Patient Safety Academy work being undertaken to better understand reasons for poor compliance.</p>	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
April 2015		Unchanged	
Lead for recovery:		Lead Director:	
Dr Jonny Wilkinson		Dr Mike Cusack	



Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Medical notes: Documentation - Doctors	95%		66.8%	68.2%	64.7%
Medical notes: Documentation - Nurses	95%		57.1%	51.6%	56.3%
Medical notes: Documentation - Allied Health	95%		75.8%	74.4%	78.1%

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	A&E 4 hour target	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> Higher acuity of patients presenting and being admitted into the Trust Increase in attendances of acutely unwell patients >90 years This has resulted in higher LOS and reduced flow despite DTOC's lower than November. Demand on medical teams has increased – Medicine speciality reviewed more patients in Dec 14 than last 15 months. 		<ul style="list-style-type: none"> Urgent Care Board monthly Performance meetings 3 x a week New Resus and GP streaming areas complete. Resus to go live in January ACC to move relocate to new GP streaming areas temporarily to facilitate more building work and closer proximity to ED. Implementation of winter funding schemes including additional capacity. 3 times a week review of Assessment unit top 6 long staying patients to ensure flow. Ongoing Recruitment Drive for clinical staff Development of a new Discharge lounge with improved services to help facilitate flow. Refinement of Assessment unit processes to improve flow earlier in the day. Continued embedment of the Integrated Discharge Team and trusted assessor documentation. Rollout of Falls care bundles in the front door, and greater services for frail elderly. Review of the frail elderly pathway and specific base wards to better support flow. Ongoing commitment to develop 7 day working. 	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
March 2015		80%	
Lead for recovery:		Lead Director:	
Work stream leads		Deborah Needham	



Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
A&E: Proportion of patients spending more than 4 hours in A&E	95%		92.06%	96.95%	87.96%
A&E: 4hr SitRep reporting	95%		90.32%	97.09%	88.54%

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Cancer Access Targets - 62 days urgent referral to treatment of all cancers - Subsequent treatment treated within 31 days: surgery	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<ul style="list-style-type: none"> 62 day: Patient choice, late referrals, endoscopy administration bookings, complex pathways all impacted on this standard 31 day subsequent surgery: patient booked within target but had DVT, surgery was clinically delayed 		Endoscopy administration and booking for tests now being closely monitored Root Cause Analysis with tertiary Trusts	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
62 day: January 31 day subsequent: January		62 day – 85% 31 day subsequent surgery 94%	
Lead for recovery:		Lead Director:	
Services Managers/Tracey Harris		Deborah Needham	


Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	85%		76.7%	74.1%	83.0%
Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	94%		95.2%	94.4%	92.3%

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Friends & Family Test: Response Rate – Maternity Services	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<p>Maternity services have collected positively through the FFT since implementation began in October 2013. However, since the implementation of a new system for collecting data has been introduced they have struggled to gain the responses needed.</p> <p>The maternity FFT is complicated as it entails collecting from 4 specific points within the maternity pathway.</p> <p>Work is being done to rectify this and to get the collections back to the standards that we were seeing in the previous months.</p> <p>It should be noted that there is no official response rate target for Maternity services. The target is internally.</p>		<ul style="list-style-type: none"> Reviewing the methods being used to ensure they are adapted to adequately collect from the ladies that attend the maternity services. 	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
February		Improvement	
Lead for recovery:		Lead Director:	
Rachel Lovesy, Patient Experience Lead		Rachael Corser, Interim Director of Nursing and Patient Services	

Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Friends & Family: NHS England Maternity response rate	20%		30.7%	13.4%	6.84%


**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Staff: Trust Turnover Rate	Report period:	December 2014																						
Driver for underperformance:		Actions to address the underperformance:																							
<table border="1"> <thead> <tr> <th>Staff Group</th> <th>% Headcount</th> </tr> </thead> <tbody> <tr> <td>265 Northampton General Hospital NHS Trust</td> <td>10.25%</td> </tr> <tr> <td>Add Prof Scientific and Technic</td> <td>6.92%</td> </tr> <tr> <td>Additional Clinical Services</td> <td>7.97%</td> </tr> <tr> <td>Administrative and Clerical</td> <td>8.62%</td> </tr> <tr> <td>Allied Health Professionals</td> <td>13.02%</td> </tr> <tr> <td>Estates and Ancillary</td> <td>7.02%</td> </tr> <tr> <td>Healthcare Scientists</td> <td>13.76%</td> </tr> <tr> <td>Medical and Dental</td> <td>8.15%</td> </tr> <tr> <td>Nursing and Midwifery Registered</td> <td>9.42%</td> </tr> <tr> <td>Students</td> <td>0.00</td> </tr> </tbody> </table> <p>Within the Womens and Childrens division a high proportion of the leavers have less than 2 years' service and the records show that the main concerns are within ward areas. Four individuals on Paddington Ward left due to promotion to other Trusts.</p> <p>Our records for the Clinical Support Service division shows high turnover in Pathology which is attributed to the industrial action. Within Radiology the highest turnover is within diagnostic radiographers who are relocating to other Trust's across the country. Turnover in Pharmacy and Facilities remains unchanged but in Hospital Support medical records has the highest turnover rates.</p> <p>Within the Medicine division 10 individuals left within the month of December out of approximately 1000 staff. Collingtree Ward had the highest level of Nurses leaving with 3, all had less than 2 years' service and were all relocating.</p> <p>In December the surgical division had 12 staff who left the trust from a staff group of 1249 staff. 6 were Staff Nurses, 2 Housekeepers, 2 HCA's and 2 Receptionists. There was no particular ward where nurses were leaving, it was a spread across the Division. All left to go to either Kettering General, Peterborough or Milton Keynes hospital. Four had less than 2 years' service.</p>		Staff Group	% Headcount	265 Northampton General Hospital NHS Trust	10.25%	Add Prof Scientific and Technic	6.92%	Additional Clinical Services	7.97%	Administrative and Clerical	8.62%	Allied Health Professionals	13.02%	Estates and Ancillary	7.02%	Healthcare Scientists	13.76%	Medical and Dental	8.15%	Nursing and Midwifery Registered	9.42%	Students	0.00	<p>An annual review of leavers in 2014 was carried out in Medicine and Surgery. This identified that the hot spot area for leavers in medicine was within A&E where there were 12 leavers and in surgery ITU had the highest number of leavers. The HR Business Partners will share this information with the relevant Directorate Management Boards and support managers to identify any relevant actions to address the increase in turnover.</p> <p>The Trust is embarking on a retention programme to determine what actions and support can be put in place to address the increase in turnover. This is in the early stages of development. The Assistant Director of Workforce has issued an exit questionnaire to leavers within the last three months, particularly focussing on the nursing staff group, and will be able to report on the findings at a future meeting.</p> <p>Analysis of individuals who are leaving the Trust with less than 2 years' service will need to be considered as part of the retention programme.</p> <p>The majority of reasons for voluntary resignations have not been recorded and the HR Business Partners continue to raise this at their DMBs together with explaining the importance of completing the Trust wide exit interview process.</p>	
Staff Group	% Headcount																								
265 Northampton General Hospital NHS Trust	10.25%																								
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Medical and Dental	8.15%																								
Nursing and Midwifery Registered	9.42%																								
Students	0.00																								

Enclosure H

Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
October 2015	10.5%
Lead for recovery:	Lead Director:
Andrea Chown	Janine Brennan

Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Staff: Trust turnover rate	8%		9.99%	9.97%	10.25%


**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Staff: Trust Level Sickness Rate	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<p>The non-medical sickness absence rate in December for the Surgery increased to 5.80%. The rates in all major directorates increased, with the exception of Anaesthetics Critical Care and Theatres. Hawthorn Ward had the highest sickness rate in December, at 13.16%, with short term sickness more than doubling compared to November, to 10.55%.</p> <p>The non-medical sickness absence rate for General Medicine increased to 5.83%. Six medical wards had a sickness rate higher than 10% in December; Finedon Ward increased from 6.15% in November to 16.09% in December, and both Becket & Victoria Wards also saw their total sickness rate more than double from November.</p> <p>The sickness absence rates in Womens was 5.33% of which 3.4% is short term. In Children's the sickness percentage is 3.63%, of which 2.74% is short term.</p> <p>Sickness rates increased in all directorates in the Clinical Support Services directorates except in Therapy Services and Pathology. The non-medical sickness rate for Clinical Support Services increased to 5.09% in December. Both Facilities and Hospital Support saw increases, but Hospital Support remains below Trust target.</p> <p>Medical & Dental staff sickness absence in December was recorded at 0.01%.</p>		<p>The increased sickness in Surgery is being managed through the policy. In relation to Hawthorn ward, written improvement notices have been issued to four individuals under the short term policy and a meeting has been arranged between the HR Advisor and ward manager for January to discuss sickness absence and future improvement notices will be issued.</p> <p>Medicine's HR Advisor is meeting with all ward areas in the coming two weeks but the trend in medicine is that short sickness absence has caused the increase. On Finedon ward the variance in short term sickness absence was 9.9% and on Victoria ward the variance was an 8.28% increase on the previous month. The overarching reasons can be attributed to cold and flu like symptoms.</p> <p>The HR Advisor is reviewing the long term sickness cases with the managers in Women's as this has attributed to the increase in December but in Children's the increase relates to short term reasons such as gastrointestinal problems and cough/cold/flu.</p> <p>Minor illnesses (coughs, cold and flu) were the most common reason given for absence in Facilities and Hospital Support. A notable increase by 9.24% in sickness absence arose in the Catering Department and the most common causes were minor illnesses such as colds, flu, stomach upsets. Staff triggered on short term sickness absence are being actively managed in line with Trust policy. Medical Records has been identified as a hot spot. This is due to increase in long term sickness cases (9 in total) but 4 related to stress. All have been actively managed and two of them are due to return to work this month.</p> <p>Monthly meetings continue with ward sisters and HR Advisors ensure adherence to policy and provide guidance in application.</p>	

Enclosure H

	<p>Monthly meetings take place with Divisional Managers and the HR Business Partners escalate any areas of concern and expedite actions where required.</p> <p>This month it is recognised that seasonal disorders, staff shortages and higher levels of activity could be contributing to higher levels of sickness absence.</p>
Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
October 2015	4.2% due to winter months and seasonal disorders
Lead for recovery:	Lead Director:
Andrea Chown	Janine Brennan


Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Staff: Trust level sickness rate	3.8%		4.40%	4.37%	4.39%

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Staff: Staff Appraisal Rates	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
Different appraisal processes in recent years have led to limited information being provided to the L&D Department on in-date appraisals.		<p>All Directors were advised of individuals whose record showed that they had not received an increment since April.</p> <p>Continue to embed appraisal process into all areas, providing 1:1 support through regular monthly meetings with some directorates or as requested.</p> <p>All Divisional Directors and Divisional Managers will be reminded to have as one of their objectives that at least 85% of their staff must have an in-date Appraisal.</p>	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
March 2015		76.50%	
Lead for recovery:		Lead Director:	
Sandra Wright		Janine Brennan	


Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Staff: Percentage of staff with annual appraisal (Target raised to 85% from Oct 14)	85%		71.35%	73.41%	73.60%

**Trust Board Corporate Scorecard
Exception Report**

Target underperformed:	Staff: Role Specific Training Rates	Report period:	December 2014
Driver for underperformance:		Actions to address the underperformance:	
<p>Mandatory Training Review in 2013 reduced the number of subjects of which many of those that were originally Mandatory are now Role Specific Essential Training. The target to be achieved by March 2015 is 85% as per the Quality Schedule</p> <p>Due to the completed scoping exercise it has become apparent that for some subjects staff will have accessed training that is not required by their role.</p>		<p>Scoping of RSET against job roles and positions has been completed and uploaded into system to ensure accuracy of reporting. There has been further refinement, in particular to Blood Training which expects an increase in % of compliance.</p> <p>Following 1:1 sessions with Ward Managers, the L&D Manager is providing further support through training them in understanding the reports to use them to monitor individual training and forecasting.</p> <p>During Jan/Feb L&D to focus on areas of low % of compliance and provide awareness to relevant Directors.</p> <p>New Appraisal process encouraging uptake of Mandatory training & RSET by requiring staff to have in-date training in order to incrementally progress.</p>	
Forecast date (month) for meeting the standard		Forecast performance for next reporting period:	
March 2015		72%	
Lead for recovery:		Lead Director:	
Sandra Wright		Janine Brennan	

Historical Target Performance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14
Staff: Percentage of all trust staff with role specific training compliance (<i>Target raised to 85% from Oct</i>)	85%		64.50%	64.26%	66.46%

Northampton General Hospital NHS Trust Quality Scorecard 2014-15

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
Complaints rate per bed days	None	↔	0.23%	0.29%	0.15%	
Complaints responded to within agreed timescales	90%	↗	89%	77%	90%	
Friends & Family Test: inpatient score	70	↗	58	45	43	
Friends & Family Test: inpatient score	60	↗	57	48	52	
Friends & Family Test: A&E score	70	↗	74	67	54	
Friends & Family Test: Maternity score	0	↗	0	0	0	
Mixed Sex Accommodation	None	↘	21.9%	24.5%	18.6%	
Patients in last days of life with a care plan in place	None	↘	62	26	134	
Transfers: All patients moved / transferred out of hours	None	↘	61	26	128	
Transfers: Patients moved with a risk assessment completed	None	↘	61	26	128	

Caring

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
Emergency re-admissions within 30 days (admit elective) *****	None	↘	1.78%	1.56%	1.92%	
Emergency re-admissions within 30 days (admit non-elective) *****	None	↘	8.20%	7.64%	7.61%	
Length of stay - All	None	↘	4.67	4.22	4.89	
Length of stay - Elective	None	↘	2.80	3.03	3.40	
Length of stay - Non Elective	None	↘	5.00	4.42	5.10	
Maternity: C-Section Rates - Total	<25%	↘	30.9%	29.4%	26%	
Maternity: C-Section Rates - Emergency	<14%	↘	16.6%	16.5%	13.5%	
Maternity: C-Section Rates - Elective	<10%	↘	14.1%	12.9%	12.5%	
Maternity: SHM1*	101.0	↘	101.0	101.0	101.0	
Mortality: HSM1**	Within expected range	↘	91.8	95.22	Data from Dr Foster not available	
Mortality: HSM1 - Weekend**	Within expected range	↘	94.0	94.0	Foster not available	
Mortality: HSM1 - Week day**	Within expected range	↘	91.9	95.0	available	
Mortality: Low risk conditions**	Within expected range	↘	80.0	77.13		
Mortality: Maternal Deaths	0	↘	0	0	0	
NICE compliance	80%	↘	96.6%	96.6%	97.50%	
Number of patients cared for in an escalation area	None	↘	163	31	232	
# Nur - FT patients operated on within 36 hours	80%	↘	72.7%	92.3%	81.6%	
Percentage of patients cared for outside of specialty (General Medicine)	None	↘	12.0%	10.9%	16.6%	
Stroke patients spending at least 90% of their time on the stroke unit	80%	↘	83.12%	85.9%	81.97	
Suspected stroke patients given a CT within 1 hour of arrival	50%	↘	57%	59%	6.67	

Effective

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
CDiff	Ave. 3 per mth	↘	3	1	0	
Dementia: Case finding	90%	↘	86.5%	96.7%	96.1%	
Dementia: Initial diagnostic assessment	90%	↘	100%	100%	100%	
Dementia: Referral for specialist diagnosis/follow-up	90%	↘	100%	86.2%	92.3%	
Falls per 1,000 occupied bed days	5.8	↘	3.91	5.84	5.12	
Harm Free Care (Safety Therapeutic)	95%	↘	92.63%	92.76%	92.46%	
Medical Notes: Availability for clinics***	95%	↘	98.1%	98.6%	98.30%	
Medical notes: Documentation - Doctors	95%	↘	64.8%	69.2%	64.7%	
Medical notes: Documentation - Nurses	95%	↘	57.1%	51.6%	56.3%	
Medical notes: Documentation - Allied Health	95%	↘	75.8%	74.4%	78.1%	
Medical incidents that cause significant harm	0	↘	0	0	0	
MMSA	0	↘	0	0	0	
Never event incidence	0	↘	0	0	0	
Pressure Ulcers: Total grade 3 & 4 hospital acquired (incidence)	None	↘	2	1	2	
Pressure Ulcers: Avoidable grade 3 & 4 (incidence) - verification of current month required prior to publishing	3	↘	2	1	Awaiting verification	
Pressure Ulcers: Avoidable grade 2 (incidence) - verification of current month required prior to publishing	7	↘	16	5		
Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	None	↘	3	3	4	
Override C&S alerts	0	↘	0	0	0	
TTO's sent by Mail	0	↘	0	0	0	
UTI with Catheters (Safety Thermometer Percentage new)	0.4%	↘	0.47%	0.63%	0.31%	
VTE Risk Assessment	95%	↘	96.9%	96.32%	96.32%	

Safe

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
Friends & Family: NHS England inpatient response rate	25%	↘	38.4%	38.9%	37.3%	
Friends & Family: NHS England A&E response rate	15%	↘	14.3%	21.0%	21.4%	
Friends & Family: NHS England Maternity response rate	20%	↘	30.7%	13.4%	6.9%	
Friends & Family: NHS Premier Score of staff that would recommend the trust as a place of work *****	None	↘	No staff FT Survey due during Q3	Data not available until Feb 15		
Data quality of Trust returns to HSCC(SUS)	None	↔	91.1%			
Staff: Trust turnover rate	8%	↘	9.9%	9.7%	10.2%	
Staff: Trust level sickness rate	3.8%	↘	4.0%	4.7%	4.9%	
Staff: Trust level vacancy rate - Doctors	<5%	↘	5.7%	4.9%	6.0%	
Staff: Trust level vacancy rate - Nurses	<5%	↘	11.7%	11.7%	13.2%	
Staff: Trust level vacancy rate - Other	<3%	↘	12.4%	10.3%	11.8%	
Staff: Temporary cost & overtime as a % of total pay bill	None	↘	15.6%	17.9%	2.6%	
Staff: Percentage of staff with annual appraisal (Target raised to 85% from Oct 14)	85%	↘	71.3%	73.4%	72.6%	
Staff: Percentage of all trust staff with mandatory training compliance (Target raised to 85% from Oct 14)	85%	↘	79.7%	79.2%	80.1%	
Staff: Percentage of all trust staff with role specific training compliance (Target raised to 85% from Oct 14)	85%	↘	64.50%	64.20%	64.40%	

Well Led

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
Income v Forecast - YTD	Fav	↘	1601.0M	1620.0M	1700.0M	
Expenditure Pay v Forecast - YTD	Fav	↘	1017.0M	971.0M	744.0M	
Expenditure Non Pay v Forecast - YTD	Fav	↘	48.0M	171.0M	120.0M	
Surplus / (Deficit) v Forecast - YTD	Fav	↘	1007.0M	1220.0M	740.0M	
GR delivery v Plan YTD	Fav	↘	1291.0M	1381.0M	Net avail	

Finance

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
A&E: Proportion of patients spending more than 4 hours in A&E	55%	↘	92.00%	86.55%	87.96%	
A&E: 4hr S&Rep reporting	55%	↘	90.33%	97.09%	88.54%	
A&E: 12 hour trolley waits	0	↘	0	0	0	
Diagnoses: % of patients waiting more than 6 weeks for a diagnostic test	9%	↘	95.07%	99.65%	99.21%	
Discharge: Number of medically fit patients awaiting discharge (average daily)	None	↘	83	83	69	
Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	93%	↘	94.0%	96.8%	95.7%	
Cancer: Percentage of 2 week GP referral to 1st outpatient - breast symptoms	93%	↘	97.7%	98.7%	98.0%	
Cancer: Percentage of patients treated within 62 days of referral from screening	90%	↘	87.1%	91.7%	92.3%	
Cancer: Percentage of patients treated within 62 days of referral from hospital specialist	80%	↘	77.6%	50.0%	100.0%	
Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	85%	↘	76.7%	74.1%	83.0%	
Cancer: Percentage of patients treated within 31 days	96%	↘	96.1%	96.7%	98.5%	
Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	94%	↘	95.2%	94.4%	92.3%	
Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - drug	98%	↘	94.2%	98.5%	100.0%	
Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - radiotherapy	94%	↘	96.5%	98.7%	100.0%	
Operations: Urgent Operations cancelled for a second time	0	↘	0	0	0	
Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0	↘	2	2	0	
RTT for admitted pathways: Percentage within 18 weeks	90%	↘	94.05%	93.37%	95.13%	
RTT for non-admitted pathways: Percentage within 18 weeks *****	95%	↘	98.39%	98.04%	98.17%	
RTT waiting times incomplete pathways	92%	↘	96.56%	96.49%	96.53%	
RTT over 52 weeks	0	↘	0	0	0	

Responsive

Indicator	Target	Trend	Oct-14	Nov-14	Dec-14	Q3
Improving performance over 3 month period	↘	↘				
Reducing performance over 3 month period	↘	↘				
Stable performance delivery over 3 month period	↘	↘				
Static underperformance delivery over 3 month period	↘	↘				
No target but improving performance over 3 month period	↘	↘				
No target but reducing performance over 3 month period	↘	↘				
No target but stable performance delivery over 3 month period	↘	↘				

***** Relativisation: The figure provided is for the previous month to allow for the 30 day time lags
 ***** RTT Non-Admitted (Nov 2014): Indicator still undergoing validation at the time of publication
 **** RTT Non-Admitted (Nov 2014): Indicator still undergoing validation at the time of publication
 **** Staff FT is reported annually for the 1st time for 2014/15 and there is yet to be a target set
 **** Currently a manual audit unit central reporting is in place
 **** HSM1 being new Sept 2013 to Aug 2014
 **** SHM1 2013/14 published October 2014
 **** S&Rep being new Sept 2013 to Aug 2014
 **** S&Rep is reported monthly for the 1st time for 2014/15 and there is yet to be a target set
 **** RTT Non-Admitted (Nov 2014): Indicator still undergoing validation at the time of publication
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Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Finance Report Month 9
Agenda item	13
Sponsoring Director	Simon Lazarus, Director of Finance
Author(s) of Report	Andrew Foster, Deputy Director of Finance
Purpose	To report the financial position for the period ended December 2014/15

Executive summary

- Recent developments in relation to agreement of a year-end settlement with Nene Clinical Commissioning Group (CCG) give rise to risk of delivery of the Financial Recovery Plan (FRP) target deficit of £16.7m. Operational expenditure remains favourable to plan overall but severe winter pressures in December and January pose a challenge in maintaining or improving cost control in Q4.
- The Trust has yet to receive formal confirmation from the Trust Development Authority (TDA) in relation to the proposed £16.7m “system support” funding. If this funding is not approved the Trust will incur an in year I&E deficit as forecast and will require access to PDC funding in Q4 to meet operational cashflow requirements and to repay any temporary borrowing received by 28th February.
- Nene CCG have proposed settlement offer for FY14-15 which remains subject to formal confirmation by the CCG. The Committee is requested to consider the implications of accepting Nene CCG’s year-end settlement offer in the context of current operational pressures, delivering the required FRP target and the current uncertainty in relation to TDA “system support” funding.

Related strategic aim and corporate objective	Develop IBP which meets financial and operational targets.
Risk and assurance	There are a range of financial risks which pose a direct risk to delivery of the financial recovery for 2014-15.
Related Board Assurance Framework entries	BAF 17, 18,19
Equality Impact Assessment	N/A

**Legal implications /
regulatory requirements**

NHS Statutory Financial Duties

Actions required by the Committee

The Board is asked to consider the recommendations of the report and acceptance of the CCG's latest contract settlement offer for FY14-15.



Northampton General Hospital
NHS Trust

Financial Position Month 9 2014/15

Report to
Public Trust Board
January 2015

1. Performance against Statutory Duties & Key Issues

Statutory Financial Duties:	YTD Actual	YTD Forecast	Variance	Forecast outturn	Full Year Plan	Variance
Delivering I&E Breakeven duty	£'000	£'000	£'000	£'000	£'000	£'000
Achieving EFL (£000's)	£15,005	£15,006	£ 1 Fav	£17,543	£7,829	£ 9,714 Adv
Achieving the Capital Resource Limit (£000's)	£7,576	£8,588	£ 1,012 Fav	£18,925	£18,925	£0
				£19,529	£19,529	£0
Better Payment Practice Code:						
Volume of Invoices	95.23%	95.00%	0.23% Fav	95.00%	95.00%	-
Value of Invoices	97.08%	95.00%	2.08% Fav	95.00%	95.00%	-

Financial Performance

- Financial performance for the period ended December 2014 is a normalised deficit of £15.0m (November £13.1m), consistent with the forecast for the YTD.
- The position in the month of December was a deficit of £1.93m, £65k worse than forecast.
- This adverse position in December was driven by increased non-pay costs above forecast.
- The reported income includes the YTD value of latest offer from NENE CCG in settlement for FY14-15 which excludes £1m of potential income (FYE) which NENE CCG have committed to find on a “best endeavours” basis only.
- The potential shortfall in CCG income of £1m gives rise to a risk in delivery of the £16.7m FRP I&E target. Current projections give rise to a shortfall of c. £0.7m. This forecast is highly dependent on expenditure levels in Q4.

Capital Expenditure

- Following confirmation of the £7.2m capital loan work is underway to progress the Imaging equipment replacement schemes. Some risk of slippage is evident, notably relating to turn-key works. The Trust has yet to receive formal acknowledgment from DH in relation to completion and timing of drawdown of the approved loan for FY14-15.

External Financing Limits (EFL) & Better Payment Practice Code (BPPC)

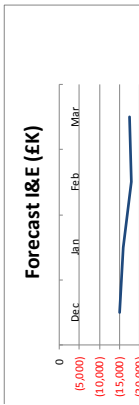
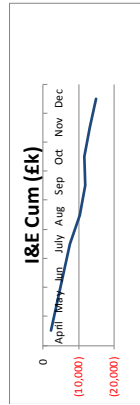
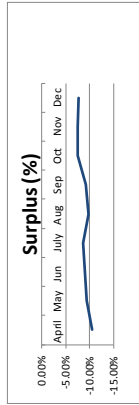
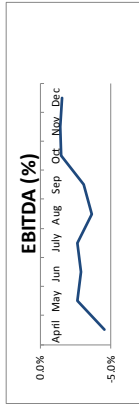
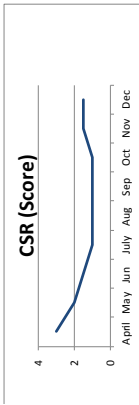
- The net cashflow position at the end of December was to £1.2m. A further £3.5m (total £10.5m) of temporary borrowing was approved by DH and drawn down at the start of December. All temporary borrowing must be repaid **by 28th February** and the Trust is awaiting confirmation from the TDA as to the means by which this will be funded.
- The EFL for 14/15 has been increased to £18.9m(+ve) reflecting the utilisation of £3.4m internal year end cash balances requested by DH as part of the Q1 FIMS return.
- BPPC performance is now compliant with the required 95% standard.

Key issues

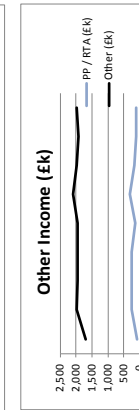
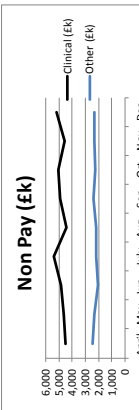
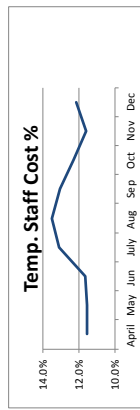
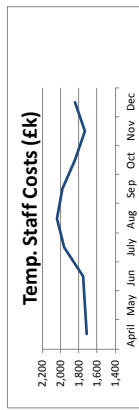
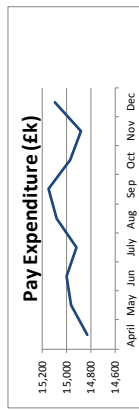
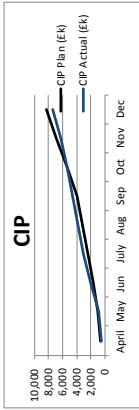
- The I&E position for the period ended December is a £15.0m deficit with the forecast position currently a **projected deficit of £17.5m** (subject to delivery of a range of recovery actions).
- NENE CCG's latest offer is for £188.4m in settlement of the FY14-15 contractual position (£0.7m below the Trust's FRP target of £189.1m). The CCG's offer includes £1m which cannot be guaranteed and will be made available on a “best endeavours” basis. As such no account of this £1m has been reflected in either the YTD reported or forecast positions.
- The CCG's offer above includes settlement for the first tranche of winter funding. A further tranche of funding totalling £1.8m was paid to the Trust in December in line with FRP projections and in addition to the settlement offer.
- The FRP process has been operating for 3 months. A range of **risks** have emerged which require ongoing focus and management. (See FRP exception report).
- Operating expenditure remains **£0.5m favourable** to the forecast set in the FRP. It is now essential that the expenditure position is held and improves to offset the potential shortfall in NENE CCG income noted above.
- Temporary staffing expenditure remains high for locum medics and Nursing staff where a **significant number of substantive vacancies** are evident.
- It **remains unclear** if the TDA will provide the Trust with the requested “system support “ funding of £16.7m in FY14-15.
- if TDA funding is not approved the Trust will incur an I&E deficit as forecast. This position will require immediate access to the PDC working capital funding approved by the ITFF in November in order that cashflow can be managed in Q4 and all temporary borrowing can be repaid to DH by 28th February.

2.0 Financial Performance Dashboard

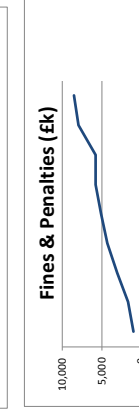
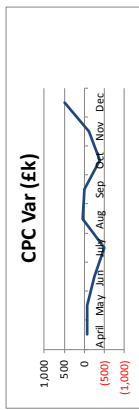
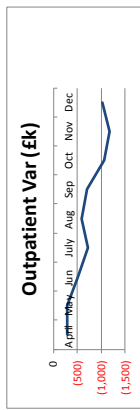
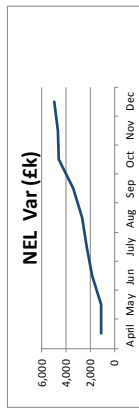
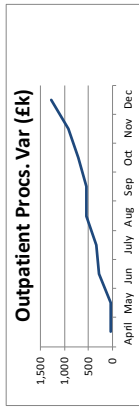
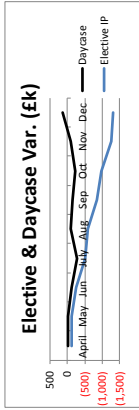
1. Key Metrics



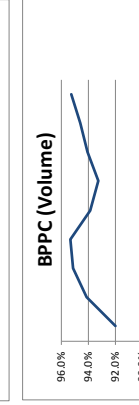
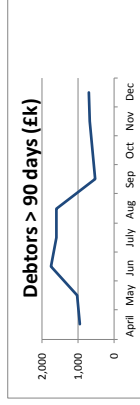
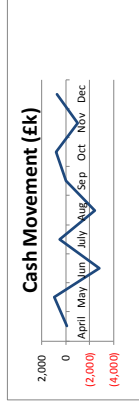
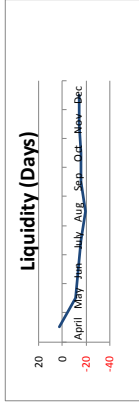
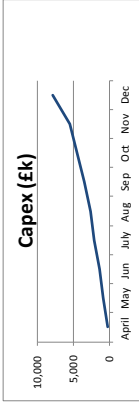
2. I&E Performance



3. SLA Income



4. Working Capital



2.1 “Most Likely” I&E Forecast 14-15 (base M9+3)

	Mth1 Actuals £000's	Mth2 Actuals £000's	Mth3 Actuals £000's	Mth4 Actuals £000's	Mth5 Actuals £000's	Mth6 Actuals £000's	Mth7 Actuals £000's	Mth8 Actuals £000's	Mth9 Actuals £000's	Mth 10 Forecast £000's	Mth 11 Forecast £000's	Mth 12 Forecast £000's	EOY Forecast £000's	EOY FRP Target £000's	Var to Target £000's
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2014-15	2014-15	2014-15
SLA Clinical Income	19,194	19,600	19,093	19,975	18,091	20,040	21,906	19,681	20,043	20,668	19,724	21,194	239,208	240,291	-1,083
Other Clinical Income	92	251	252	267	141	325	172	107	109	213	108	191	2,227	2,573	-346
Other Income	1,695	1,981	1,947	1,950	1,937	2,090	1,991	1,930	1,969	1,970	1,970	2,115	23,545	23,446	100
Total Income	20,981	21,831	21,292	22,191	20,168	22,456	24,068	21,718	22,121	22,951	21,802	23,500	264,980	266,309	-1,329
Pay Costs	-14,829	-14,961	-14,999	-14,923	-15,082	-15,152	-14,968	-14,877	-15,098	-15,248	-15,348	-15,448	-180,931	-182,311	1,380
Non-Pay Costs	-7,091	-7,049	-7,027	-7,658	-6,727	-7,399	-7,400	-7,054	-7,584	-7,352	-7,189	-6,271	-85,800	-85,086	-714
Reserves															
Total Costs	-21,920	-22,010	-22,027	-22,580	-21,809	-22,550	-22,367	-21,931	-22,681	-22,600	-22,537	-21,719	-266,731	-267,397	666
EBITDA	-939	-179	-735	-390	-1,641	-94	1,701	-213	-560	251	-734	1,781	-1,751	-1,088	-663
Depreciation	-982	-1,062	-735	-960	-967	-974	-989	-989	-989	-939	-939	-939	-11,465	-11,465	0
Amortisation	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-10	-10	-9
Impairments						-359						-4,131	-4,490	-4,490	-2
Net Interest	2	2	2	2	1	1	4	1	1	2	2	2	23	25	-2
Dividend	-367	-367	-367	-394	-374	-374	-417	-380	-380	-378	-378	-378	-4,555	-4,490	-65
Surplus / (Deficit)	-2,288	-1,608	-1,836	-1,743	-2,982	-1,799	299	-1,581	-1,929	-1,065	-2,050	-3,666	-22,248	-21,517	-731
Breakeven Assessment:															
Donated Asset adjustment	-47		-3	44	26	3	33	-3	51	37	37	37	215	268	-53
Impairments						359						4,131	4,490	4,490	-9
I&E Position (month)	-2,335	-1,608	-1,839	-1,699	-2,956	-1,437	332	-1,585	-1,878	-1,028	-2,013	502	-17,544	-16,760	-784
I&E Position (Cum)	-2,335	-3,943	-5,781	-7,480	-10,437	-11,874	-11,541	-13,126	-15,004	-16,031	-18,045	-17,543		-16,760	-783

Key issues

- The most likely year end I&E position is a deficit of £17.5m (after adjustment for impairments and donated assets).
- This position is £0.8m worse than the FRP target of £16.7m reflecting the shortfall and risk in the latest NENE CCG contract settlement for FY14-15.
- The Trust could still deliver the £16.7m deficit target with the reduced income offer provided expenditure can be contained to £0.7m less than the FRP assumption.
- Operating expenditure is forecast to be £0.7m favourable to forecast and is tracking within the prescribed totals for the year to date.
- **It is essential that focus is maintained on controlling costs to offset the potential shortfall in CCG income.** This will be difficult given the extreme winter pressures faced by the Trust in December and January.
- A range of risks to delivery of the FRP forecast is set out in a separate report elsewhere on this agenda.
- An additional non-current asset impairment of £4m is forecast for March 15.

3.0 YTD Income and Expenditure Position

I&E Summary	FRP Forecast	YTD Forecast	YTD Actual	Variance to Forecast	In month Actuals	In month Forecast	In month Var to Forecast
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SLA Clinical Income	240,291	177,695	177,622	(73)	20,043	19,781	262
Other Clinical Income	2,573	1,934	1,715	(219)	109	213	(104)
Other Income	23,446	17,266	17,490	224	1,969	2,062	(93)
Total Income	266,309	196,896	196,827	(68)	22,121	22,056	66
Pay Costs	(182,311)	(135,621)	(134,888)	734	(15,098)	(15,434)	337
Non-Pay Costs	(85,086)	(64,785)	(64,988)	(203)	(7,584)	(7,204)	(380)
CIPs	0	0	0	0	0	0	0
Reserves/Non-Rec	0	0	0	0	0	0	0
Total Costs	(267,397)	(200,407)	(199,876)	531	(22,681)	(22,638)	(43)
EBITDA	(1,088)	(3,511)	(3,048)	462	(560)	(582)	22
Depreciation	(11,465)	(8,398)	(8,648)	(250)	(989)	(959)	(30)
Amortisation	(10)	(7)	(7)	0	(1)	(1)	0
Impairments	(1,228)	(359)	(359)	0	0	0	0
Net Interest	25	19	17	(2)	1	2	(1)
Dividend	(4,490)	(3,357)	(3,422)	(66)	(380)	(378)	(2)
Surplus / (Deficit)	(18,256)	(15,613)	(15,468)	145	(1,929)	(1,918)	(11)
NHS Breakeven duty adjs:	0						
Donated Assets	268	248	104	(144)	(3)	51	(54)
NCA Impairments	1,228	359	359	(0)	0	0	0
I&E Position (breakeven duty)	(16,760)	(15,006)	(15,005)	1	(1,932)	(1,867)	(65)

I&E Performance

- Financial performance for the period ended December 2014 is a normalised deficit of £15.0m, compared to a forecast deficit of £15.0m.
- Income is £68k adverse to forecast.
- Pay expenditure is £734k favourable to forecast.
- Non-Pay expenditure is £203k adverse to forecast.
- The M9 income reflects the YTD value of the latest offer from NENE CCG in settlement of the FY2014-15 contract (excluding the YTD value of £1m to be found on a "best endeavours" basis).

Key issues

SLA Income

- Underling overperformance offset by requirement to make provision for potential fines and penalties of £8.5m (£6m adverse to plan).
- EL IP activity £1.3m (9%) below plan for year to date.
- Daycase activity £143k (1%) above plan for the year to date.
- NEL activity 9% above plan for period to date giving rise to increased MRET exposure.

Other Income

- Private Patient income £72k adverse to YTD forecast.
- RTA income £147k adverse to YTD forecast due to high level of cancelled claims in November.
- Income / Other Generation £224k favourable to YTD forecast due to additional LETB funding for doctors travel expenses.

Pay

- Pay expenditure £734k fav. to YTD forecast with temporary staffing costs 12% of total pay bill.
- Locum medical staff and ADH costs £624k adv. to YTD forecast.
- Nursing pay expenditure £1m (2%) fav. to YTD forecast.

Non-Pay

- Month on month increase of £0.5m M8 to M9.
- Overall £203k adv. to forecast.
- Laboratory consumables £123k adv. to forecast
- Medicines £33k adv. to forecast.
- Consultancy Fees £195k adverse to forecast.
- Training £81k adverse to YTD forecast.
- Energy £121k adv. to forecast.

4.0 SLA Income

Point of Delivery	Activity		Finance £000's	
	Plan	Actual	Plan	Actual
Elective Daycase	27,724	27,610	16,931	17,073
Elective Inpatients	5,261	4,593	13,968	12,654
Elective Excess Bed Days	2,130	1,441	511	341
Non Elective	36,280	41,666	58,732	64,033
Non Elective Excess Bed Days	24,671	23,542	5,702	5,360
New Outpatients	46,642	44,185	7,050	6,752
Follow Up Outpatients	100,558	95,261	8,623	8,253
Non Cons Led Outpatients New	19,063	15,658	1,705	1,456
Non Cons Led Outpatients Follow Up	36,628	33,389	1,533	1,433
Outpatient Procedures	44,946	55,094	7,872	9,157
CQUIN			3,981	3,539
Block Contracts - Fixed			15,383	15,724
Cost Per Case	1,916,290	1,914,577	16,573	17,060
A&E	78,481	82,682	7,797	8,487
Excluded Medicines			10,879	12,955
Excluded Devices	1,202	1,202	1,104	1,304
Contract Challenges	31	31	456	(3,417)
Readmissions			(1,279)	(1,228)
MRET			(1,192)	(3,883)
Other Central SLA Income	(11,636)	(3,327)	(929)	570
Productivity CIPs			2,047	(2,047)
Total SLA Income			177,448	177,622
				175

Key Issues

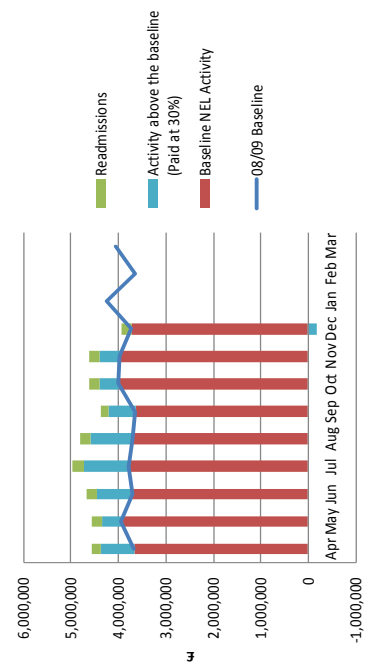
Underlying Performance

SLA income from Commissioners is £175k favourable to plan for the period to M9.

The latest offer from NENE CCG highlights a potential shortfall of £0.7m compared to the FRP SLA income target. Failure to agree a settlement with NENE CCG will mean that the delivery of the FRP is dependent on successful resolution of a range of outstanding disputed items which may require external arbitration. These include: payment for the emergency observation area, GP referred patients into A&E, MRET fine, any additional reinvestment of MRET, and challenges. It is unlikely that NGH will win all of these cases, and therefore there is a significant risk of FRP delivery.

Another significant risk relates to the imposition of Ambulance handover fines. At present data is not sufficiently robust to be used as a basis of measurement. The CCG are working with EMAS to improve the data quality.

MRET



5. Statement of Financial Position

	Balance at 31-Mar-14 £'000	Opening Balance £'000	Current Month Closing Balance £'000	Forecast end of year Closing Balance £'000	Movement £'000	Movement £'000
NON CURRENT ASSETS						
Opening Net Book Value	143,694	143,694	143,694	143,694		
In year revaluations	(741)	(742)	(742)	(3,794)	(1)	(3,794)
In year movements	5,851	7,860	2,009	19,579	(889)	(11,465)
Less depreciation	(7,659)	(8,648)	(1,019)	(11,465)	(889)	(11,465)
Net Book Value	143,694	141,145	142,164	148,014	1,019	4,320
Current Assets						
Inventories	5,136	5,823	6,084	5,577	261	441
Receivables:						
NHS Debtors	6,902	7,814	6,484	7,350	(1,330)	448
Other Trade debtors	1,710	1,043	901	1,800	(142)	90
Debtor impairments provision	(675)	(351)	(351)	(600)		175
Capital receivables						
Non NHS other debtors	236	347	426	250	79	14
Compensation debtors (RTA)	2,694	2,619	2,606	2,750	(13)	56
Other receivables	1,058	1,141	1,141	1,300	30	242
Irrecoverable provision	(548)	(548)	(548)	(600)		(52)
Prepayments & accruals	1,124	3,017	3,016	1,500	(1)	376
	12,501	15,052	13,675	13,850	(1,377)	1,349
Non Current Assets for sale		268	268			
Cash	4,445	496	1,217	1,000	721	(3,445)
Total Current Assets	22,082	21,639	21,244	20,427	(395)	(1,655)
Current Liabilities						
NHS	637	3,763	3,368	700	(395)	63
Trade Creditors Revenue	1,302	2,570	936	1,600	(1,634)	298
Trade Creditors Fixed Assets	3,261	1,397	1,394	4,061	(3)	800
Tax and NI owed	3,433	3,379	3,403	3,500	24	67
NHS Pensions agency	2,201	2,188	2,183	2,300	(5)	99
Other creditors	374	376	365	374	(11)	
Short term loans - DH						
Short term loans - Non DH	285	285	285	225	(60)	
Accruals	6,658	6,377	7,194	6,500	(158)	
Receipts in advance	535	2,340	2,218	500	(122)	(35)
PCD Dividend due	811	797	1,177	750	380	
Staff benefits accrual	2,338	1,697	1,686	448	(11)	(61)
Provisions < 1 yr						
Total Current Liabilities	21,835	25,881	24,921	21,679	(960)	(156)
Net Current Assets	247	(4,242)	(3,677)	(1,252)	565	(1,499)
Non-Current Assets +/- Net Current Assets	143,941	136,903	138,487	146,762	1,584	2,821
NON CURRENT LIABILITIES						
Loans > 1 year - DH	341	164	171	6,486	7	6,486
Loans > 1 year - Non DH	1,384	1,169	1,170	239	1	(102)
Provisions > 1 year				1,130		(254)
Net Current Liabilities	1,725	1,333	1,341	7,855	8	6,130
Total Assets Employed	142,216	135,570	137,146	138,907	1,576	(3,309)
Financed by:						
PDC Capital	103,611	103,611	103,611	104,060	3,500	449
PDC Temporary borrowing	7,000	7,000	10,500	16,700		16,700
Revaluation Reserve	35,727	35,619	35,619	36,674		947
I & E balance	2,878	2,878	2,878	2,878		
I & E current year		(13,538)	(15,462)	(21,405)	(1,924)	(21,405)
FINANCING TOTAL	142,216	135,570	137,146	138,907	1,576	(3,309)

Key Movements

Non Current Assets

- Increase of £1 million in M9 as expenditure increases as planned.
- EOY position includes the impact of the revaluation exercise which reduces the land & building value by £3.328 million (£.805 million revaluation reserve adjustment and £4.133 million impairment)

Current assets

- Increase in Inventories of £0.3m.
- Decrease in NHS Receivables of £1.3m.
- Decrease in Other Receivables £0.1m.
- Increase in Cash of £0.7m which exceeds the required £0.5m limit required as a result of temporary borrowing requirements but was due to payment of 2nd tranche of winter pressures funding.

Current Liabilities

- Decrease in NHS Creditors of £0.4m.
- Decrease in Trade Creditors of £1.6m.
- Increase in PDC dividend of £0.4m.
- Increase in Accruals of £0.8m
- Decrease in Receipts in advance of £0.1m

Non Current Liabilities

- No material movements.

Financing

- Additional temporary borrowing drawn down of £3.5m
- Deficit in month of £1.9m

N.B The TDA have requested that the EOY deficit was increased to £16.7m in the M9 monitoring return, which has been offset by an increase in temporary borrowing included in the PDC Capital of £16.7m. The capital loan for replacement imaging equipment has been included as capital loans, assumed as a 10 year with one year identified as short term. The details of this has still to be confirmed by DH, although no payment will be required till 6 months after draw down.

6. Capital Expenditure

Capital Scheme	Plan 2014/15 £000's	M9		M9 Spend		Under (-) /Over		Plan		Actual		EDY		Funding Resources	
		Plan £000's	Spend £000's	Under (-) /Over £000's	Plan Achieved %	Actual Committed £000's	Plan Achieved %	Forecast £000's	Under (-) /Over £000's	Internally Generated Depreciation	Uncommitted Plan				
Linacc corridor	0	0	0	0	0%	0	0%	0	0	0	0	0	11,465		
Replacement Imaging Equipment	7,207	511	350	-160	5%	3,427	48%	7,207	0	7,207	0	7,207	140		
SHSWTF - E Prescribing National Funding	738	309	333	25	45%	772	105%	738	0	738	0	738	449		
CEF Scheme	275	275	262	-13	95%	263	96%	263	-12	263	-12	263	7,207		
A&E / Orthopaedics	2,581	1,986	1,987	1	77%	2,048	79%	2,581	0	2,048	0	2,581			
Contingency	52	0	0	0	0%	0	0%	57	5	0	5	57			
Medical Equipment Sub Committee	1,685	1,209	1,185	-24	70%	1,366	81%	1,688	4	1,366	4	1,688			
Estates Sub Committee	3,422	2,022	1,306	-717	38%	2,535	74%	3,439	17	2,535	17	3,439			
IT Sub Committee	2,907	2,074	1,991	-83	68%	2,352	81%	2,916	9	2,352	9	2,916			
Other	988	487	446	-41	45%	747	76%	966	-22	747	-22	966			
Total - Capital Plan	19,856	8,872	7,860	-1,012	40%	13,509	68%	19,856	0	13,509	0	19,856			
Less Charitable Fund Donations	-326	-284	-284	0	87%	-284	87%	-326	0	-284	0	-326			
Total - CRL	19,529	8,588	7,576	-1,012	39%	13,225	68%	19,529	0	13,225	0	19,529			

Key Issues

- Linear Accelerator link corridor to has now been slipped to 2015/16.
- Contingency allocated - £485k has been approved for the Discharge Lounge, £100k for monitors & £66k for set up costs associated with A&E expansion.
- Replacement Imaging Equipment, capital loan has been approved and plans are agreed with Radiology, Radiotherapy & Supply Chain to progress replacement programme. Ultrasounds (ordered), CT and Linear Accelerator (ready to order) with total of £3.427m now committed.
- SHSWTF - E Prescribing National Funding is the second year of approved funding from DH and has been matched by £300k of Trust funds.
- CEF Scheme - following failure of the biomass boiler flue practical completion unlikely to be resolved until June 2015.
- There is a current contingency of £52k (was £0.388 million in M8) N.B this assumes capital receipt of £268k related to sale of Camelot Way.
- Full year depreciation forecast is currently £11.465 million (was £11.615 million in M8).
- Charitable Donations assumptions for additions in year are assumed £326k (was £327k in M8).

7. Receivables, Payables and BPPC Compliance

Narrative	Total at Dec £000's	0 to 30		31 to 60		61 to 90		Over 90	
		Days	£000's	Days	£000's	Days	£000's	Days	£000's
Receivables Non NHS	901	229	191	437	56	425			
Receivables NHS	4,914	3,221	437	978	278				
Total Receivables	5,815	3,450	628	1,034	703				
Payables Non NHS	(2,330)	(2,325)			(5)				
Payables NHS	(3,368)	(3,368)							
Total Payables	(5,698)	(5,693)			(5)				

Narrative	Total at Nov £000's	0 to 30		31 to 60		61 to 90		Over 90	
		Days	£000's	Days	£000's	Days	£000's	Days	£000's
Receivables Non NHS	1,043	396	110	152	385				
Receivables NHS	6,244	4,729	1,016	196	303				
Total Receivables	7,287	5,125	1,126	348	688				
Payables Non NHS	(3,967)	(3,965)	(2)	0					
Payables NHS	(3,763)	(3,763)							
Total Payables	(7,730)	(7,728)	(2)	0					

Narrative	June 2014	Sept 2014	Nov 2014	Dec 2014	Cumulative 2014-15
NHS Creditors					
No.of Bills Paid Within Target	138	250	196	205	1,575
No.of Bills Paid Within Period	159	271	204	207	1,697
Percentage Paid Within Target	86.79%	92.25%	96.08%	99.03%	92.81%
Value of Bills Paid Within Target (£000's)	1,729	2,401	1,705	1,702	14,616
Value of Bills Paid Within Period (£000's)	1,875	2,574	1,705	1,702	15,246
Percentage Paid Within Target	92.22%	93.29%	99.97%	100.00%	95.87%
Non NHS Creditors					
No.of Bills Paid Within Target	6,280	6,461	7,450	8,940	65,018
No.of Bills Paid Within Period	6,435	7,147	7,590	8,985	68,234
Percentage Paid Within Target	97.59%	90.40%	98.16%	99.50%	95.29%
Value of Bills Paid Within Target (£000's)	7,382	7,541	8,484	11,062	76,490
Value of Bills Paid Within Period (£000's)	7,575	7,900	8,700	11,082	78,602
Percentage Paid Within Target	97.46%	95.45%	97.51%	99.82%	97.31%
Total					
No.of Bills Paid Within Target	6,418	6,711	7,646	9,145	66,593
No.of Bills Paid Within Period	6,594	7,418	7,794	9,192	69,931
Percentage Paid Within Target	97.33%	90.47%	98.10%	99.49%	95.23%
Value of Bills Paid Within Target (£000's)	9,111	9,942	10,188	12,764	91,106
Value of Bills Paid Within Period (£000's)	9,449	10,473	10,405	12,765	93,847
Percentage Paid Within Target	96.42%	94.92%	97.91%	99.84%	97.08%

Receivables and Payables

- All SLA commissioner monthly invoices were paid on time in December.
- Continued focus on reducing age profile of non current debt.
- 374 accounts (£387k) have now been passed to CCI Legal Ltd to pursue on our behalf which is a significant element of the remaining non NHS over 90 day debt relating predominantly to overseas visitors
- NHS over 90 day debt predominantly relates to NCA's circa £268k.
- NHS 61 to 90 days debt includes the first tranche winter pressures funding to Nene CCG £769k which has been disputed.
- Predominantly all of registered creditors current (due within 30 days).
- Appropriate provision and write off has been made in accordance with the stated DH and local Trust policies.

BPPC Compliance

- BPPC has improved from last month to (95.23% by volume, 97.08% by value) with the payments team continuing to achieve processing within the targets once approved.
- The volume of temporary staffing invoices has been the main area of poor performance Trust wide. 29% (29% in M8) of all invoices paid late by value and 58% (58% in M8) of by number (0.84% value & 2.75% number of all invoices paid). In December there were no invoices paid late relating to the bank office, this is the first time that this has been achieved in the current financial year. Work is ongoing with bank office to continue this performance now that they have caught up on their backlog.
- We continued to achieve the 95% target for all categories in December and have now achieved the 95% cumulative target for both number and value.

8. Cashflow

MONTHLY CASHFLOW	Annual £000s	ACTUAL			FORECAST			FORECAST 15/16			
		SEP £000s	OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s	APR £000s	MAY £000s	JUN £000s
RECEIPTS											
SLA Base Payments	231,958	18,358	21,575	17,967	18,366	21,210	18,366	18,366	21,217	18,372	19,372
SLA Performance/ Other CCG Investment	-3,153	792	766	770	1,847	831	-2,000	-3,000	800	800	800
Health Education Payments (SIF etc)	9,476	2,421	1,976	703	1,836	1,332	2,201	2,326	1,500	1,500	1,500
Other NHS Income	20,313	1,745	330	870	1,238	1,100	1,100	1,100	1,100	1,100	1,100
PP / Other (Specific > £250k)	12,002	1,150	1,009	70	7	333	4,000	2,200	2	2	2
Salix Capital Loan	140						82	51			
PDC - Capital	7,656						7,323	2,200			
PDC - Revenue	6,200						4,000	2,200			
Temporary Borrowing	10,500	4,000		3,000	3,500						
Interest Receivable	26	2	4	1	1	2	2	4	2	2	2
TOTAL RECEIPTS	296,864	26,723	25,660	23,311	27,626	24,725	24,550	29,156	24,619	21,774	22,774
PAYMENTS											
Salaries and wages	167,749	13,848	13,963	13,925	14,061	14,000	13,950	13,950	13,950	13,950	13,950
Trade Creditors	89,422	7,469	8,588	7,297	9,410	7,566	7,393	5,416	7,000	6,000	6,000
NHS Creditors	18,821	2,397	1,563	1,713	1,703	1,711	1,000	1,000	1,000	1,600	1,600
Capital Expenditure	19,412	600	706	1,402	1,672	2,257	2,439	5,492	3,000	800	1,000
PDC Dividend	4,541	2,223						2,318			
Repayment of Loans											
Repayment of Salix loan	302	177					125				
TOTAL PAYMENTS	300,248	26,715	24,821	24,337	26,847	25,534	24,782	28,301	24,950	22,350	22,550
Actual month balance	-3,384	9	840	-1,026	780	-809	-232	855	-331	-576	224
Cash in transit & Cash in hand adjustment	-62	-26	-24	33	-62	-31					
Balance brought forward	4,445	694	677	1,492	499	1,217	377	145	1,000	668	93
BALANCE C/FWD	1,000	677	1,492	499	1,217	377	145	1,000	668	93	317

Key Issues

- Further temporary borrowing support was required in November and December bringing the total temporary borrowing to £10.5m. **This will need to be repaid to DH by 28th February 2015 and formal confirmation is required as to the funding route from the TDA.**
- DH requirement not to exceed £0.5m month end balance set as a stipulation of the temporary borrowing facility, was exceeded as a result of receiving the second tranche of the winter pressures funding (£1.8m).
- Cash flow forecast includes £5m reduction to SLA income relating to fines and under performance and income settlement.
- Capital PDC loans of £7.2m included in forecast relating to the replacement imaging equipment although formal approval and terms still to be agreed by DH, no payback is due till 6 months after first drawdown.
- The EOY closing cash balance has been reduced to £1m as a requirement of the ITFF submission and may result in further cash flow issues in the new financial year as the main contract payments aren't received until the 15th of the month.

9. Conclusions and Recommendations

Conclusion:

Recent developments in relation to agreement of a year end settlement with NENE CCG give rise to risk of delivery of the FRP target deficit of £16.7m. Operational expenditure remains favourable to plan overall but severe winter pressures in December and January pose a challenge in maintaining or improving cost control in Q4.

The CCG have committed to finding an additional £1m funding for the Trust on a “best endeavours” basis meaning the FRP target deficit of £16.7m could still be achieved. This may require further favourable position for expenditure to be delivered if either none or part of this £1m is forthcoming at the financial year end. A range of cost pressures and potential risk is emerging which were not known or factored into the FRP and will require mitigation to maintain the forecast expenditure position.

The FRP process has maintained momentum throughout December with escalation meetings being held with the Anaesthetics, T&O, Ophthalmology and Radiology directorates. The vacancy control panel and requisition controls group have remained in place and meet not less than weekly to review all requests for non-essential / frontline staffing, goods and services.

The Trust has yet to receive formal confirmation from the TDA in relation to the proposed £16.7m “system support” funding. If this funding is not approved the Trust will incur an in year I&E deficit as forecast and will require access to PDC funding in Q4 to meet operational cashflow requirements and to repay any temporary borrowing received by 28th February. This position now requires formal clarification with the TDA.

NENE CCG have proposed settlement offer for FY14-15 which remains subject to formal confirmation by the CCG. The Board is requested to consider the implications of accepting NENE CCG’s year end settlement offer in the context of current operational pressures, delivering the required FRP target and the current uncertainty in relation to TDA “system support” funding.

Recommendations & actions

- Confirm as a matter of priority position in relation to £16.7m deficit funding and temporary borrowing with TDA/DH.
- Ongoing review of all FRP actions with escalation meetings for all areas currently adverse to plan.
- Focus on non-SLA income FRP actions (i.e. those not impacted by CCG income settlement).
- Confirm non NENE CCG forecast SLA assumptions with relevant Commissioners.
- Produce year end revenue and cash management plan.
- Continue to seek mitigations to offset potential shortfalls in the FRP forecast.

Appendix 1: Continuity of Service Risk Rating (CSR)

	Q3 ACTUAL £000's	Q2 ACTUAL £000's	Q1 ACTUAL £000's	EOY £000's
LIQUIDITY RATIO (DAYS)				
Working Capital Balance				
Total - Current Assets	21,244	18,959	18,959	20,693
Total - Current Liabilities	-24,921	-23,247	-23,247	-21,978
Inventories	6,084	5,572	5,543	5,543
Non-Current Assets Held for Sale	268	268	0	
PFI Prepayments - Current Portion	+	0	0	
Financial Assets Available for Sale	+	0	0	
Current Assets held for Sale by Charitable Funds	+	0	0	
Current Liabilities held for Sale by Charitable Funds	+	0	0	
(1) Working Capital Balance	-10,029	-11,680	-9,831	-6,828
Annual Operating Expenses				
Gross Employee Benefits	+ -138,121	-92,113	-45,895	-182,284
Other Operating Costs	-74,043	-49,024	-23,964	-96,561
Impairments: IFRIC 12	359	359	0	4,490
Depreciation	+ 8,648	5,682	2,780	11,465
Amortisation	0	0	0	0
Stock Write down	+	0	0	0
Impairment of Receivables	+	0	0	0
(2) Annual Operating Expenses	* -1	135,097	67,078	262,890
Liquidity Ratio Days	-14	-16	-13	-9
(A) LIQUIDITY SCORE	2	1	2	2
CAPITAL SERVICING CAPACITY				
Revenue Available for Debt Service	-3,316	-4,205	-2,028	-1,286
Annual Debt Service	3,599	2,422	1,102	4,490
Capital Servicing Capacity (times)	-0.9	-1.7	-1.8	-0.3
(B) CAPITAL SERVICING CAPACITY SCORE	1.0	1.0	1.0	1.0
CONTINUITY OF SERVICES RATING	1.5	1.0	1.5	1.5

Key issues

CSR

- Replace previous monitor Financial Risk Ratings
- Monitored by TDA (monthly).

Current Score

- Overall score of 1.5
- Liquidity score of 2
- Debt capacity score of 1 due to in year deficit.

Forecast EOY

- Forecast based on achievement of £16.7m deficit plan.
- Forecast score of 1.5 overall.
- Liquidity score will reduce if planned deficit not maintained
- 14-15 TDA system support funding unconfirmed.

Monitor Guidance (extract)

Metric	Weight	Definition	Rating categories
Liquidity ratio (days)	50%	$\frac{\text{Working capital balance} \times 360}{\text{Annual operating expenses}}$	1 2 3 4 <-14 -14 -7 0
Capital servicing capacity (times)	50%	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	<1.25x 1.25x 1.75x 2.5x

continuity of services risk rating

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Workforce Report
Agenda item	14
Sponsoring Director	Janine Brennan, Director of Workforce & Transformation
Author(s) of Report	Joanne Wilby, Workforce Planning & Information Manager
Purpose	This report provides an overview of key workforce issues
Executive summary	
<p>The key matters affecting the workforce include:</p> <ul style="list-style-type: none"> • The key performance indicators show a decrease in Total Workforce Capacity (excluding Medical Locums) employed by the Trust, and an increase in annual average sickness absence. • Increases in compliance rates for Appraisals, Mandatory, and Role Specific Training • Updates on new Employee Engagement Strategy and Staff Survey Final Response rates 	
Related strategic aim and corporate objective	Enable excellence through our people
Risk and assurance	Workforce risks are identified and placed on the Risk register as appropriate.
Related Board Assurance Framework entries	BAF – 17
Equality Impact Assessment	No
Legal implications / regulatory requirements	No

Actions required by the Board

The Board is asked to note the report

Public Trust Board 29 January 2015

Workforce Report

1. Introduction

This report identifies the key themes emerging from December 2015 performance and identifies trends against Trust targets.

It also sets out current key workforce updates.

2. Workforce Report

2.1 Key Workforce Performance Indicators

The key performance indicators show:

Sickness Absence

The financial year to date rate for sickness absence increased to 4.34%, and the annual rolling rate increased to 4.39%. In-month sickness absence increased by 0.45% to 4.88% which is above the Trust target, and the highest individual in-month rate for two years.

The non-medical sickness absence rate in December for the General Surgery Care Group increased to 5.80%. The rates in all major directorates increased, with the exception of Anaesthetics, Critical Care & Theatres.

The non-medical sickness absence rate for the General Medicine Care Group increased to 5.51%. Sickness rates increased in all directorates except Therapy Services and Pathology. Oncology & Haematology and Gen Medicine remain above the trust target of 3.8%.

The non-medical sickness rate for Support Services increased to 5.09% in December. Both Facilities and Hospital Support saw increases, but Hospital Support remains below Trust target.

Medical & Dental staff sickness absence in December was recorded at 0.01%.

Workforce Capacity

Total Workforce Capacity (including temporary staff but excluding Medical Locums) decreased by 47.40 FTE in December to 4,384.71 FTE. The Trust remains below the Budgeted Workforce Establishment of 4,598.99 FTE.

Substantive workforce capacity decreased by 12.45 FTE, to 4,127.15 FTE.

Temporary workforce capacity (excluding Medical Locums) decreased by 34.95 FTE to 257.56 FTE.

2.2 Workforce Updates

Appraisals, Mandatory and Role Specific Essential Training

The current rate of completed PDP's or Appraisals recorded is 73.6%; this is an increase on last month's figures, and is therefore continuing the incremental rise seen since March 2014.

Mandatory Training compliance improved further to 80.10%, the first time the rate has been above 80%.

Role Specific Essential Training compliance improved further to 66.46%.

The target compliance rates for Appraisals, Mandatory, and Role Specific Training have all been set at 85%, to be achieved by March 2015. Compliance in all three areas needs to be 85% in order to meet the Quality Contract Schedule with our commissioners.

Flu Vaccinations

The Trust uptake rate is currently at 70%.

2.3 Organisational Development

New employee engagement strategy

Connecting for Quality, our new employee engagement strategy was agreed by the Workforce Committee in December. We will be communicating to staff over the coming weeks what this new strategy means to them, and how they can get involved.

The Staff Friends and Family test is now in the Surgery and Women's & Children Division.

National Staff Survey

The National Staff Survey for 2014 closed in early December and the response rate for the Trust was better than 2013. The total number returned was 394 (46.62%). This is above the national average for acute Trusts, which was 44%. Although this is not as high as we would have liked, early indications are that nationally the response rate has dropped, so our increased response rate, above the national average, is a positive outcome. During January/February reports will be received regarding the key findings. These will be shared, as soon as we are able to.

3. Assessment of Risk

Managing workforce risk is a key part of the Trust's governance arrangements.

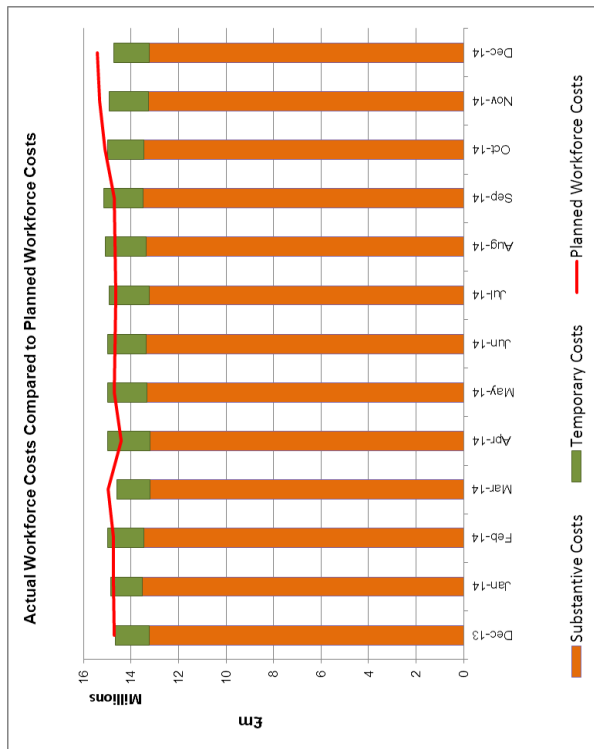
4. Recommendations/Resolutions Required

The Board is asked to note the report.

5. Next Steps

Key workforce performance indicators are subject to regular monitoring and appropriate action is taken as required.

Human Resources Workforce Performance Indicators 2014/15 Month 09



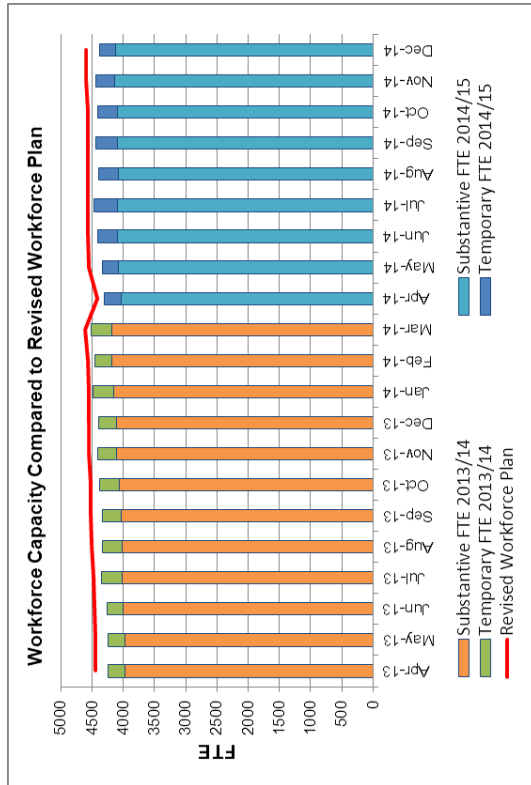
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Substantive Costs 2013/14 (£1,000's)	12927	12976	13057	13056	13070	13111	13153	13148	13288	13521	13470	13193
Substantive Costs 2014/15 (£1,000's)	13197	13317	13323	13235	13349	13486	13453	13255	13238			
Temporary Costs 2013/14 (£1,000's)	1311	1370	1399	1444	1371	1443	1493	1490	1420	1395	1530	1387
Temporary Costs 2014/15 (£1,000's)	1774	1674	1646	1688	1740	1665	1517	1665	1502			
Planned Workforce Costs 2013/14 (£1,000's)	14286	14307	14341	14358	14400	14411	14276	14691	14710	14738	14752	14661
Planned Workforce Costs 2014/15 (£1,000's)	14422	14703	14660	14681	14701	15113	15314	15434				

Workforce Expenditure

Total Workforce Expenditure (all pay elements) decreased by £189,614 in December to £14.740m (this is below plan for Month 9).

Substantive workforce expenditure decreased by £26,960 to £13,238,118.

Temporary Workforce Expenditure (including Medical Staff) decreased by £162,654 to £1,502,229, equating to 10.19% of the total workforce expenditure.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Substantive FTE 2013/14	3,976	4,000	4,013	4,035	4,059	4,108	4,110	4,140	4,127	4,149	4,179	4,185
Substantive FTE 2014/15	4,040	4,080	4,090	4,097	4,078	4,093	4,090	4,140	4,127	4,149	4,179	4,185
Temporary FTE 2013/14	266	263	260	329	329	305	316	303	291	334	269	324
Temporary FTE 2014/15	267	250	324	308	312	342	314	293	258			
Revised Workforce Plan 2013/14	4,452	4,450	4,462	4,476	4,502	4,522	4,522	4,553	4,553	4,558	4,564	4,619
Revised Workforce Plan 2014/15	4,420	4,551	4,581	4,584	4,587	4,581	4,562	4,592	4,599			

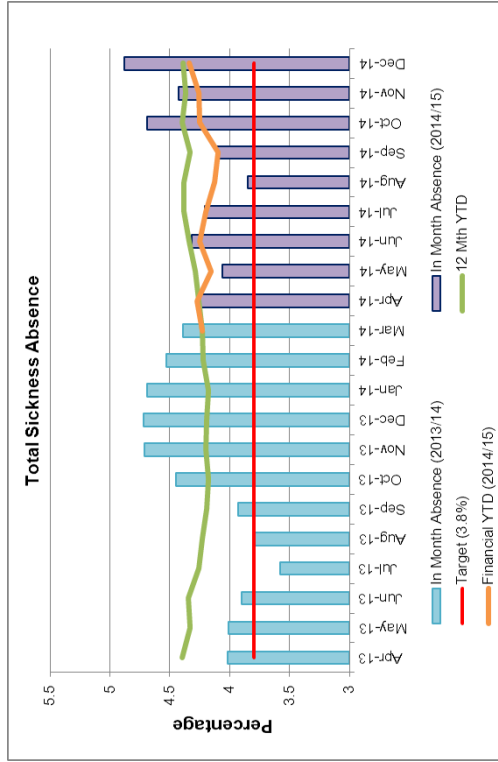
Workforce Capacity

Total Workforce Capacity (including temporary staff but excluding Medical Locums) decreased by 47.40 FTE in December to 4,384.71 FTE. The Trust remains below the Budgeted Workforce Establishment of 4,598.99 FTE.

Substantive workforce capacity decreased by 12.45 FTE to 4,127.15 FTE.

Temporary workforce capacity (excluding Medical Locums) decreased by 34.95 FTE to 257.56 FTE.

	Key Performance Indicators			
	Threshold	Target	Actual	Services
Substantive Workforce against Budgeted Establishment (% FTE)	Under 95%	95%	89.74%	86.47%
	Over 97%		87.75%	83.09%
	95 - 97%		8.05%	5.02%
Temporary Workforce Capacity (excluding Medical Staffing)	Over 100%	5%	5.87%	2.27%
	Over 5%		8.05%	5.02%
	4.5 - 5%		95.34%	98.01%
Total Substantive Workforce plus Temporary Workforce against Budgeted Establishment (% FTE) (excluding Medical Staffing)	Under 95%	100%	95.34%	88.48%
	Over 97%		12.15%	9.00%
	95 - 97%		10.25%	8.71%
% Staff Turnover (excluding internal transfers)	Under 8%	8%		
	Over 8%			



Trust Target 3.8%	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
In Month Absence (2013/14)	4.02	4.01	3.90	3.56	3.80	3.89	4.45	4.71	4.72	4.69	4.53	4.39
In Month Absence (2014/15)	4.27	4.08	4.32	4.21	3.85	4.11	4.69	4.43	4.88			
12 Month YTD (2013/14)	4.40	4.33	4.35	4.20	4.23	4.19	4.18	4.20	4.19	4.18	4.22	4.23
12 Month YTD (2014/15)	4.26	4.29	4.34	4.38	4.38	4.33	4.40	4.37	4.39			
Financial YTD (2014/15)	4.27	4.16	4.25	4.20	4.13	4.10	4.25	4.26	4.34			

Workforce Capacity: Bank & Agency Use (Nursing)

- In summary for Nursing, the total utilisation (Bank & Agency Filled) was 34,565 hours (213 FTE), which is an increase of 2029 hours compared with the previous month.
- Bank & Agency Fill Rates for Nursing: Bank fill rate = 37.01% (decrease of 11.98%), Agency fill rate = 28.96% (decrease of 2.01%). Total bank & agency fill rate = 65.97% (decrease of 13.99% compared with the previous month).

Sickness Absence

- The financial year to date rate for sickness absence increased to 4.34%, and the annual rolling average also increased to 4.39%. In-month Sickness Absence increased by 0.45% to 4.88%, above the Trust target of 3.8%.
- Short term sickness absence rose to 2.96%.
 - Long term sickness absence increased to 1.92% which remains below Trust Target.
 - The total calendar days lost to sickness absence increased by 769 to 7377 days lost.
 - The number of days lost per employee increased to 1.54 days.

Surgery Care Group											
Directorate											
	Threshold	Target	Anaesthetics, Critical Care & Theatres	Surgery	Site Bed Team	Surgical Care Management	Trauma & Orthopaedics	Ophthalmology	ENT & Maxillofacial	Women	Children
Short Term Sickness Absence		1.60%	4.81%	4.38%	4.21%	0.00%	3.26%	3.80%	2.07%	3.74%	3.39%
Long Term Sickness Absence		2.20%	2.21%	1.96%	0.00%	0.00%	1.59%	4.61%	2.69%	2.12%	1.70%
Total Sickness Absence	Over 4.2% 3.9-4.2% Under 3.8%	3.80%	7.02%	6.34%	4.21%	0.00%	4.85%	8.41%	4.76%	5.86%	4.49%

Surgery Care Group Summary

- The non-medical sickness absence rate for the General Surgery Care Group increased to 5.80%. The rates in all major directorates increased, with the exception of Anaesthetics CC & Theatres
- Hawthorn Ward had the highest sickness rate in December, at 13.16%, with short term sickness more than doubling compared to November, to 10.55%.

Medicine Care Group											
Directorate											
	Threshold	Target	Pharmacy	Pathology	Radiology	Therapies	Oncology & Clinical Haematology	Medical Care Management	General Medicine & Emergency		
Short Term Sickness Absence		1.60%	1.71%	1.93%	2.17%	1.46%	3.53%	0.00%	3.92%		
Long Term Sickness Absence		2.20%	1.40%	0.00%	0.95%	1.28%	2.83%	0.00%	2.94%		
Total Sickness Absence	Over 4.2% 3.9-4.2% Under 3.8%	3.80%	3.11%	1.93%	3.12%	2.74%	6.36%	0.00%	6.86%		

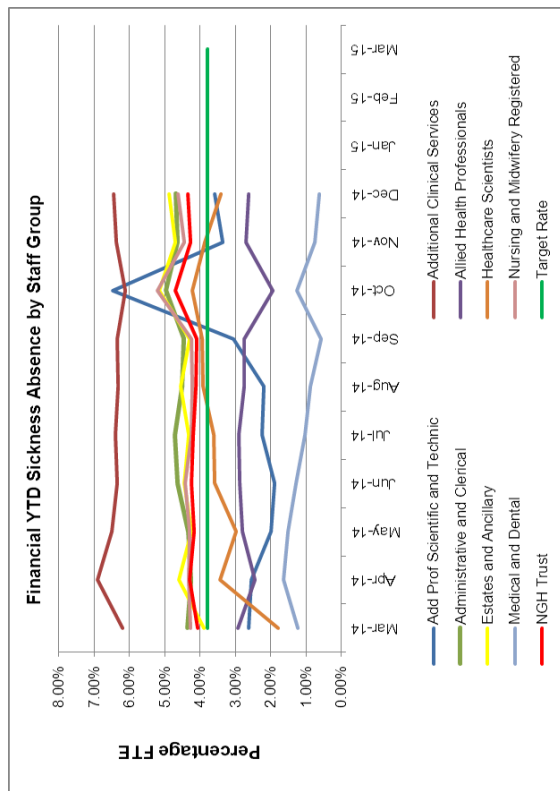
Medicine Care Group Summary

- The non-medical sickness absence rate for the General Medicine Care Group increased to 5.51%. Sickness rates increased in all directorates except Therapy Services and Pathology. Oncology & Haematology and Gen Medicine remain above the trust target of 3.8%.
- Six medical wards had a sickness rate higher than 10% in December; Finedon Ward increased from 6.15% in November to 16.09% in December, and both Becket & Victoria Wards also saw their total sickness rate more than double from November.

Support Services											
Directorate											
	Threshold	Target	Facilities	Hospital Support							
Short Term Sickness Absence		1.60%	3.94%	1.57%							
Long Term Sickness Absence		2.20%	2.99%	2.01%							
Total Sickness Absence	Over 4.2% 3.9-4.2% Under 3.8%	3.80%	6.93%	3.58%							

Support Services and Medical & Dental Summary

- The non-medical sickness rate for Support Services increased to 5.09% in December. Both Facilities and Hospital Support saw increases, but Hospital Support remains below Trust target.
- Medical & Dental staff sickness absence in December was recorded at 0.01%.



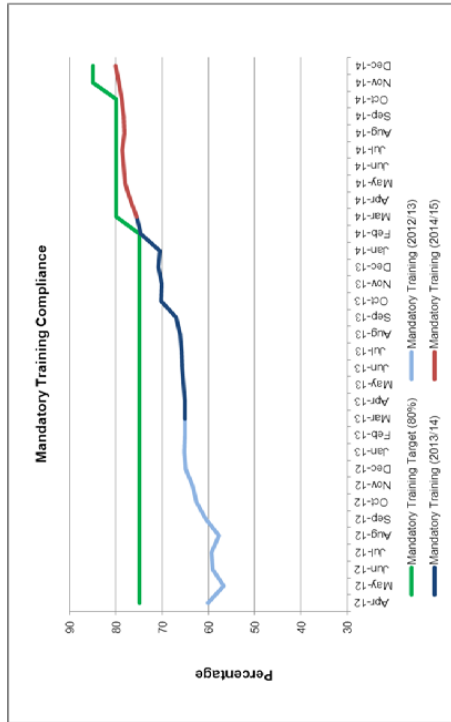
	Key Performance Indicators					
	Threshold	Trust Target	Trust Actual	Medicine	Surgery	Support Services
Sickness Absence Rate (%) - in Month (all staff)	4.2% & over 3.8% < 4.2% 3.8% or less	3.80%	4.88%	4.87%	4.83%	5.03%
No. of completed PDPs returned & completed Appraisals	Under 80% 80 - 84% 85% & over	85% by Mar-15	73.60%	75.74%	73.28%	69.37%
% Statutory & Mandatory Training Compliance	Under 80% 80 - 84% 85% & over	85% by Mar-15	80.10%	80.86%	79.22%	83.38%
% Role Specific Training Compliance	Under 80% 80 - 84% 85% & over	85% by Mar-15	66.46%	68.81%	63.83%	73.15%

	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Add Prof Scientific and Technic	2.63%	2.56%	1.98%	1.90%	2.23%	2.19%	3.08%	6.48%	3.37%	3.59%			
Additional Clinical Services	6.20%	6.90%	6.50%	6.36%	6.41%	6.33%	6.34%	6.12%	6.39%	6.45%			
Administrative and Clerical	4.36%	4.27%	4.34%	4.64%	4.72%	4.52%	4.77%	4.97%	4.63%	4.68%			
Allied Health Professionals	2.84%	2.45%	2.81%	2.87%	2.90%	2.74%	2.78%	1.95%	2.69%	2.63%			
Estates and Ancillary	3.88%	4.01%	4.24%	4.44%	4.33%	4.54%	4.29%	5.15%	4.09%	4.88%			
Healthcare Scientists	1.79%	3.44%	2.98%	3.58%	3.01%	3.91%	3.94%	4.23%	3.87%	3.41%			
Medical and Dental	1.23%	1.64%	1.50%	1.28%	1.03%	0.87%	0.58%	1.25%	0.74%	0.63%			
Nursing and Midwifery Registered	4.26%	4.31%	4.30%	4.43%	4.26%	4.22%	4.25%	5.20%	4.44%	4.63%			
NGH Trust	4.08%	4.29%	4.16%	4.25%	4.20%	4.13%	4.10%	4.08%	4.26%	4.34%			
Target Rate	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%

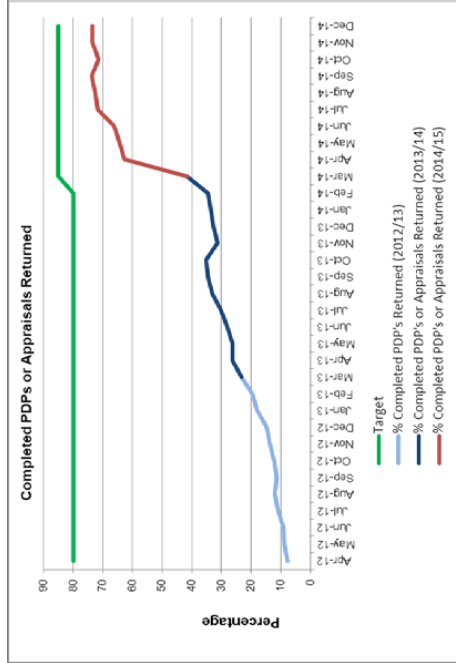
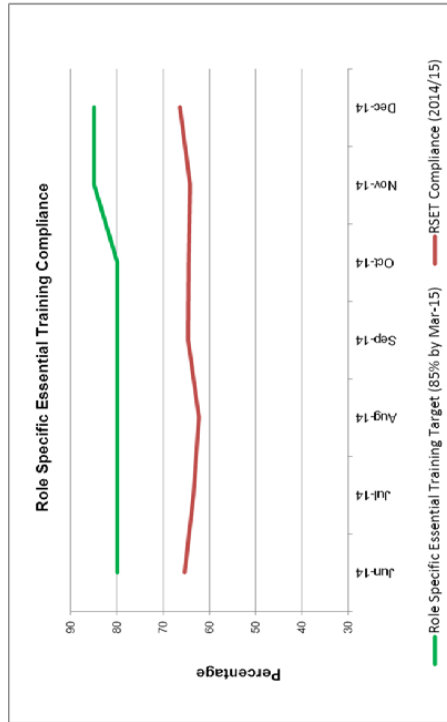
Completed PDPs & Appraisals, and Mandatory Training & Role Specific Training Compliance

- The current rate of completed PDPs or Appraisals recorded in ESR is 73.60%, an increase of 0.19% from the November rate.
- Mandatory Training compliance improved further to 80.10%, the first time the rate has been above 80%.
- RSET compliance improved further to 66.46%.
- The target rate for Appraisals and Mandatory & Role Specific Training compliance has now been set at 85%, to be achieved by March 2015.

Human Resources Workforce Performance Indicators 2014/15 Month 09



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mandatory Training Target 85%	60.09	56.68	59.03	59.42	57.71	60.59	62.68	63.47	64.93	65.31	65.2	65.2
Mandatory Training (2012/13)	60.09	65.14	65.4	65.75	65.93	68.09	69.97	70.23	70.20	70.84	N/A	74.68
Mandatory Training (2013/14)	76.91	78.06	76.42	78.65	78.2	76.35	78.78	79.41	80.1			75.51
Mandatory Training (2014/15)												



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed and Returned PDP Target 85%	7.83	8.95	9.02	10.93	11.98	11.35	12.24	13.72	14.89	18.07	19.65	23.35
% Completed PDP's Returned (2012/13)	26.28	26.22	28.04	30.12	33.06	34.62	35.17	31.27	32.76	33.56	34.52	41.71
% Completed PDP's Returned (2013/14)	62.81	64.30	66.09	71.75	72.69	73.74	71.35	73.41	73.60			
% Completed PDP's Returned (2014/15)												

Compliance Data for Role Specific Essential Training goes back to June 2014 which was when an exercise to ratify requirements against positions began.

Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RSET Target 85%	65.43	65.53	62.31	64.74	64.50	64.28	66.46			
Mandatory Training (2014/15)										



Please note the new RAG Rating for Training & Appraisal Compliance which has been amended to reflect the target of 85% compliance by March 2015.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Finance Investment and Performance Committee Highlight Report
Agenda item	15
Sponsoring Director	Mr P Zeidler Non-Executive Director and Chair of Finance Investment and Performance Committee
Author(s) of Report	Mr P Farenden, Chairman
Purpose	For Assurance
Executive summary This report from the Chair of the Finance Investment and Performance Committee provides an update to the Trust Board on activities undertaken during the month of December	
Related strategic aim and corporate objective	Strategic Aim 3,4 and 5
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF 18-23
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/N)
Legal implications / regulatory requirements	Statutory and governance duties

Actions required by the Trust Board

The Trust Board is asked to note the report.

**Public Trust Board
29 January 2015**

Finance, Investment and Performance Committee Highlight Report

1. The Purpose of the Report

This report provides an update to the Trust Board on activities undertaken and discussed at the Finance, Investment and Performance Committee meeting held on 17 December 2014. This report draws the Board's attention to any issues of significance, interest and associated actions that are required and have been agreed to take forwards by the Committee.

2. Financial Position (Month 8)

The Committee were advised that the I&E position for the period ended November was a £13.1m deficit with the forecast position remaining a projected deficit of £16.7m, subject to delivery of a range of recovery actions. The Director of Finance confirmed that the Independent Trust Financing Facility (ITFF) approved the Trust's application for both revenue and capital financing on 27 November.

3. Financial Recovery Plan (FRP)

The Director of Finance reported that there were a number of emerging risks which required management in relation to delivery of the agreed FRP actions between now and the end of the Financial Year. The Committee noted the FRP.

4. Improving Quality and Efficiency Report

The Committee noted that the most likely delivery at M8 was £12.661m, which was the same as reported in month 7

5. Preparation of the Cost Improvement Plan (CIP) for 2015/16

The Director of Finance reported that Kingsgate were procured in mid-November to assist the Trust with preparation of the 2015/16 CIP. He confirmed that the report described the process which had been undertaken, the findings to date and the next steps and options regarding the governance approach required for delivery of the CIP in 2015/16. A full report would be presented to the January Finance Committee and January Trust Board

6. Initial Plan (draft) 2015/16

The Committee were advised that the Trust was required to submit the Initial Plan to the Trust Development Authority (TDA) on 13 January 2015 and that the Executive Team would review the initial plan submission to the TDA.

7. Operational Performance

The Committee received a report demonstrating some significant improvements including detailed reports on Urgent Care and Cancer standards. November saw the Trust's highest monthly performance against the 95% target this year, with the Trust achieving above 95% for 6 consecutive weeks. This performance had been maintained during times of significant demand on front door services. 5 of the 9 cancer standards in October were achieved which showed that the cancer performance position across a number of the standards had improved with 2ww above the national target for the second month.

8. The Committee received updates on Service Line reporting, Picture Archiving and Communication System (PACS) Procurement and a highlight report from the Capital committee.

9. Recommendation to Trust Board

The Trust Board is asked to note the report

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Quality Governance Committee Highlight Report
Agenda item	16
Sponsoring Director	Mrs L Searle Non-Executive Director and Chair of Quality Governance Committee
Author(s) of Report	Mrs L Searle Non-Executive Director and Chair of Quality Governance Committee
Purpose	For Assurance
Executive summary This report from the Chair of the Quality Governance Committee (QGC) provides an update to the Trust Board on activities undertaken during the month of December	
Related strategic aim and corporate objective	Strategic Aim 3,4 and 5
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF 18-23
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/N)
Legal implications / regulatory requirements	Statutory and governance duties

Actions required by the Trust Board

The Trust Board is asked to note the report.

**Public Trust Board
29 January 2015**

Quality Governance Committee Highlight Report

1. Purpose

This report provides an update to the Trust Board on activities undertaken during the month of December and discussed at the QGC meeting held on 19 December 2014. This report draws the Trust Board's attention to any issues of significance, interest and associated actions that are required and have been agreed to take forwards by the Committee.

The Chair of the Committee announced that due to the number of Non-Executive apologies for absence the Committee was not QUORATE. However, the Committee members agreed to continue with the meeting.

2. CQC update

2.1 CQC Formal Report

The Committee were advised that the Trust was still awaiting the formal report from the CQC following their unannounced inspection visit undertaken on 23 September.

2.2 Compliance Action Plan

The Committee received assurance from the Deputy Director of Governance that the Compliance Action Plan (CAP) addressed the recommendations within the CQC Quality Report. The Governance Team continued to support the Executive Team and action owners in collating evidence as there were some minor gaps and concerns in the collation of evidence required for the CAP, in relation to:

Patient Flow - achievement of the 4 hour target and patient moves. Over the last six weeks the 4 hour target had improved and the Trust finished November with almost 97% achievement against the 4 hour target. Patient moves were still being recorded with improvements made to the risk assessment form and collation of data.

Mandatory Training - compliance had a target of 80% by October 2014 and an end of year target of 85%. At the end of October 2014 compliance was at 79%. It was noted that the Government published the fundamental standards regulations on 11 November 2014. They included two regulations, the Duty of Candour and the Fit and Proper Person Requirement for Directors

3. Corporate Scorecard – Quality metrics

The Committee were updated on the Corporate Scorecard in respect to Quality metrics which The Committee received assurance on:

- Healthcare Records Audit
- In-month increase of Caesarean Section rates
- Complaints

4. Patient Moves

The Committee received an update from the Chief Operating Officer on patient moves both in and out of hours and the associated Risk Assessment Forms. The report triangulated Complaints, PALS contact, and Datix reports associated with Site Management and also outlined the use of taxis and Patient Transport Service out of hours. It was agreed that a style of report for assuring the Committee that a robust process was in place would be used going forward.

The Committee noted that the process of risk assessment dipped in June of this year and had steadily risen with November demonstrating 100% compliance. This showed a sustained improvement in risk assessments having been completed, recorded and audited by the Clinical Site team. A further report would be presented to the January meeting.

5. Director of Nursing and Midwifery's Report

The Committee received a report from the Director of Nursing and were informed that there were 16 hospital acquired pressure ulcers reported in November. Of these 15 were validated as Grade 2 and one validated as Grade 3. There had been a 47% reduction in the number of pressure ulcers from October to November.

The Committee received an update on the nursing staffing levels and continued to track this as an area of concern. An update on the external Supervisors of Midwives audit from July and the actions to be undertaken to address the gaps was received. It was also reported that the Complaints Service had undertaken a benchmarking exercise using the recent 'Parliamentary & Health Service Ombudsman report to compare NGH against other similar sized trusts.

6. Medical Director Report

The Committee received the Medical Director report and were assured in respect of the Hospital Standardised Mortality Ratio which remained within the expected range following the anticipated benchmarking and there was no significant difference between the weekday and weekend HSMR for emergency admissions which were in the 'as expected' range. Two adverse patient safety indicators were noted. The Committee noted that during the reporting period 1-30 November there had been 3 new serious incidents reported. After further investigation the Never Event reported in September would be submitted to Nene CCG with a recommendation that it should be reclassified/downgraded to a Grade 1 serious incident.

7. Patient Experience Annual Report

The Director of Nursing presented the Patient Experience annual report and informed the Committee that patient experience saw rapid changes across the Trust throughout 2013/2014. The annual report aimed to highlight the work undertaken throughout the financial year paying particular attention to the data collected, the results, patient and public involvement and the improvement work had been undertaken this year.

The Committee noted the progress to date on the Sleep Well Campaign launched on the 1st of October 2014. Each Adult inpatient ward (except Finedon, HDU and ITU) had received Sleep 2 Well Kits which contained:

- Sleep Well Packs consisting of an eye mask and ear plugs
- Extra ear plugs (without masks)
- Extra Hospedia headphones
- Pen Torches for night time observations
- 'Tips for resting and sleep in hospital'
- Standard Operating Procedure (SOP) for Staff entitled 'Resting and Sleep in Hospital'
- Purchase codes to ensure all boxes were kept stocked
- Herbal Tea – charitable funds had been donated to the campaign to provide patients with herbal tea whilst on the wards.

8. Quality Governance Assessment Framework (QGF)

The Committee received a report from the Deputy Director of Governance on the Quality Governance Assessment Framework and were informed that the Governance Team had reviewed and updated all the evidence of compliance and the proposed current self-assessment score was 2.5. All evidence of compliance was linked to HealthAssure. The main current gaps were in the committee restructure and the split into divisions which had been agreed but were yet to be fully implemented and embedded. Further assurance was required to ensure there was a well-functioning process for clinical governance at directorate level particularly during transition and with the changes to the structure.

The Committee noted that it was recommended that a further self-assessment should be carried out mid-way through the new financial year which would give time for the new structures to have commenced implementation of the new processes. As the Trust was not currently actively seeking Foundation status there was no current risk attached to the QGF

8. Recommendations

The Board is asked to note the report.

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Workforce Committee Highlight Report
Agenda item	17
Sponsoring Director	Mr G Kershaw Non-Executive Director and Chair of Workforce Committee
Author(s) of Report	Mr G Kershaw Non-Executive Director and Chair of Workforce Committee
Purpose	For Assurance
Executive summary This report from the Chair of the Workforce Committee provides an update to the Trust Board on activities undertaken during the month of December	
Related strategic aim and corporate objective	Strategic Aim 3,4 and 5
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF 18-23
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/N)
Legal implications / regulatory requirements	Statutory and governance duties

Actions required by the Trust Board

The Trust Board is asked to note the report.

**Public Trust Board
29 January 2015**

Workforce Committee Highlight Report

1. The Purpose of the Report

This report provides an update to the Trust Board on activities undertaken during the month of December and discussed at the inaugural meeting of the Workforce Committee held on 18 December 2014. This report draws the Board's attention to any issues of significance, interest and associated actions that are required and have been agreed to take forwards by the Committee.

2. Draft Terms of Reference for Workforce Committee

The Committee received and approved the draft Terms of Reference for the Workforce Committee. The Committee agreed to review the Terms of Reference in 6 months.

3. People Strategy

The Committee received a detailed presentation on the People Strategy which explained that the 2020 vision for NGH had been based around building capacity, developing capability and nurturing workforce energy and commitment. The Committee endorsed the Strategy.

4. Nurse Recruitment Strategy

The Director of Workforce and Transformation presented the Nurse Recruitment Strategy which set out the demand and supply factors which influenced nurse recruitment and outlined a nurse recruitment strategy to cover the period until March 2016. The Committee noted that the strategy only covered the core critical inpatient and specialist areas and not 'other' nursing areas, as these areas had not suffered significant labour market shortages and were not high users of bank and agency staff. The Committee endorsed the Strategy.

5. Retention Strategy Report

The Committee received a report on the Retention Strategy and noted that given the increase in trained nurse turnover the Trust needed to adopt a retention strategy to reduce turnover where possible. The Committee were informed that work was currently underway to identify the causes of this increase in turnover.

6. Workforce Report

The Director of Workforce and Transformation presented the Workforce report and informed the Committee that sickness absence in month fell in November to 4.33% from 4.69% however the financial year to date rate for sickness absence increased to 4.26%, and the annual rolling rate decreased to 4.37%. The current rate of completed PDPs or Appraisals recorded was 73.4%; which was an increase on last month's figures. It was noted that the Audit Committee had requested appraisal rates by each Director be shared with the Trust Board.

7. The Committee received updates on the Corporate Risk Register for Workforce, a verbal update on Hard Truths which would be a standing report item on the Agenda. The Committee also received some options for workforce key performance indicators.

8. Recommendation to Trust Board

The Trust Board is asked to note the report

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	Audit Committee Highlight Report
Agenda item	18
Sponsoring Director	Mr D Noble Non-Executive Director and Chair of Workforce Committee
Author(s) of Report	Mr D Noble Non-Executive Director and Chair of Workforce Committee
Purpose	For Assurance
Executive summary This report from the Chair of the Audit Committee provides an update to the Trust Board on activities undertaken and discussed.	
Related strategic aim and corporate objective	Strategic Aim 3,4 and 5
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF 18-23
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/N)
Legal implications / regulatory requirements	Statutory and governance duties

Actions required by the Trust Board

The Trust Board is asked to note the report.

**Public Trust Board
29 January 2015**

Audit Committee Highlight Report

1. The Purpose of the Report

This report provides an update to the Trust Board on activities undertaken and discussed at the Audit Committee meeting held on 17 December 2014. This report draws the Board's attention to any issues of significance, interest and associated actions that are required and have been agreed to take forwards by the Committee.

2. Local Counter Fraud Progress Report

The Committee received a report on the counter fraud activity undertaken since the last meeting in September 2014. The Committee raised concerns that the desired cultural change regarding declarations of hospitality and gifts had not been made. The Committee requested that the process for segregation of duties be clarified and reported back to the next meeting.

3. Approval of Waivers of Standing Financial Instructions.

The Deputy Director of Finance reported that there had been 13 reported breaches of SFIs noted for the period and a further 1 instance had been reported relating to the use of long term external contractors for which previous waivers had been reported to Audit Committee. The Committee raised concerns that there was a continued high level of waivers.

4. Unauthorised Database Report

The Committee were advised that 6,141 databases had now been archived since April 2014. Much of the issues about the high volume of databases held across the Trust related more to the establishment of good housekeeping policies rather than large numbers of active databases. The Committee were impressed with the progress that had been made in this difficult area.

5. Appraisal Compliance and Assurance Report

The Director of Workforce and Transformation presented a report on Appraisal Compliance and Assurance and reported that a tremendous effort had gone into conducting appraisals locally by managers, for which recognition should be acknowledged. The Director of Workforce and Transformation had personally written to thank all managers that achieved or exceeded the Trust target of 80% in October 2014. However, it was noted that for November 2014 the current rate of completed PDPs or appraisals recorded was 73.4%, which was below the required trajectory required to hit the target. The Committee requested that appraisal rates by each Director be shared with the Trust Board.

6. e-Rostering Internal Audit Update

The Head of Nurse Informatics provided an update on the e-rostering internal audit and informed the Committee that the Specialist Control Team continued to provide expert and focussed support to the Ward Managers and it was expected that further improvements in terms of roster performance and budget control would be achieved. The Committee were very impressed with the good progress made on the operation of the process. The Committee noted that the important next step was to gain ownership of the process throughout the Trust.

7. The Committee received encouraging updates on the External Audit, Internal Audit and Internal Audit Charter. The Health and Safety Compliance Report was also presented to the Committee which demonstrated a very high level of compliance. The Committee wished to raise to the Board the importance of creating an effective internal audit programme for 2015/16 led by Board members and focused on key risks.

8. Recommendation to Trust Board

The Trust Board is asked to note the report

Report To	PUBLIC TRUST BOARD
Date of Meeting	29 January 2015

Title of the Report	TDA Self-Certification
Agenda item	19
Sponsoring Director	Chris Pallot, Director of Strategy and Partnerships
Author(s) of Report	Karen Spellman, Deputy Director of Strategy and Partnerships
Purpose	Decision
Executive summary	
<p>At the beginning of April 2013, the NHS Trust Development Authority (TDA) published a single set of systems, policies and processes governing all aspects of its interactions with NHS trusts in the form of 'Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards'.</p> <p>In accordance with the Accountability Framework, the Trust is required to complete two self-certifications in relation to the Foundation Trust application process. Draft copies of these are attached as Appendix 1 and 2 for discussion and approval.</p>	
Related strategic aim and corporate objective	All
Risk and assurance	Compliance with performance targets and financial statutory duties
Related Board Assurance Framework entries	BAF 19-25
Equality Impact Assessment	<p>Is there potential for, or evidence that, the proposed decision/policy will not promote equality of opportunity for all or promote good relations between different groups? (N)</p> <p>Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)</p>
Legal implications / regulatory requirements	Meeting financial statutory duties

Actions required by the Trust Bard

The Trust Board is asked to:

- approve the Monitor Licensing Requirements and Trust Board Statements self-certifications for December 2014 at Appendix 1 and Appendix 2

OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



1. **Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. **Condition G7** – Registration with the Care Quality Commission.
3. **Condition G8** – Patient eligibility and selection criteria.
4. **Condition P1** – Recording of information.
5. **Condition P2** – Provision of information.
6. **Condition P3** – Assurance report on submissions to Monitor.
7. **Condition P4** – Compliance with the National Tariff.
8. **Condition P5** – Constructive engagement concerning local tariff modifications.
9. **Condition C1** – The right of patients to make choices.
10. **Condition C2** – Competition oversight.
11. **Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4

Fit and proper persons as Governors and Directors.

Timescale for compliance:

2. Condition G7

Registration with the Care Quality Commission.

Timescale for compliance:

3. Condition G8

Patient eligibility and selection criteria.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

4. Condition P1

Recording of information.

Timescale for compliance:

5. Condition P2

Provision of information.

Timescale for compliance:

6. Condition P3

Assurance report on submissions to Monitor.

Timescale for compliance:

7. Condition P4

Compliance with the National Tariff.

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

8. Condition P5

Constructive engagement concerning local tariff modifications.

Timescale for compliance:

9. Condition C1

The right of patients to make choices.

Timescale for compliance:

10. Condition C2

Competition oversight.

Timescale for compliance:

11. Condition IC1

Provision of integrated care.

Timescale for compliance:

OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFORMATION:



Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

SELF-CERTIFICATION DETAILS:



Select Your Trust:

Submission Date:

Reporting Year:

Select the Month

April

May

June

July

August

September

October

November

December

January

February

March

BOARD STATEMENTS:



CLINICAL QUALITY
FINANCE
GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight (supported by Care Quality

Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For FINANCE, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

5. The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.

5. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

6. All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate.

6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

7. The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans.

7. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

10. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant TDA quality and governance indicators; and a commitment to comply with all known targets going forwards.

10. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

BOARD STATEMENTS:



For GOVERNANCE, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE

Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where non-compliant or at risk of non-compliance

A G E N D A

PUBLIC TRUST BOARD

Thursday 29 January 2015
09:30 in the Board Room at Northampton General Hospital

Time	Agenda Item	Action	Presented by	Enclosure
09:30 INTRODUCTORY ITEMS				
	1. Introduction and Apologies	Note	Mr P Zeidler	Verbal
	2. Declarations of Interest	Note	Mr P Zeidler	Verbal
	3. Minutes of meeting 27 November 2014	Decision	Mr P Zeidler	A.
	4. Matters Arising and Action Log	Note	Mr P Zeidler	B.
	5. Patient Story	Receive	Dr S Swart	Verbal
	6. Chairman's Report	Receive	Mr P Zeidler	Verbal
	7. Chief Executive's Report	Receive	Dr S Swart	C.
10:00 CLINICAL QUALITY AND SAFETY				
	8. Director of Nursing and Midwifery Report	Assurance	Mrs R Corser	D.
	9. Medical Director's Report	Assurance	Dr M Cusack	E.
10:25 STRATEGY				
	10. Strategic Forward View	Assurance	Mr C Pallot	F.
	11. Clinical Strategy	Assurance	Mr C Pallot	G.
10:55 OPERATIONAL ASSURANCE				
	12. Integrated Performance Report and Corporate Scorecard	Assurance	Mrs D Needham	H.
	13. Finance Report	Assurance	Mr S Lazarus	I.
	14. Workforce Report	Assurance	Mrs J Brennan	J.
11:30 GOVERNANCE				
	15. Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	K.
	16. Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	L.

Time	Agenda Item	Action	Presented by	Enclosure
	17. Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	M.
	18. Highlight Report from Audit Committee	Assurance	Mr D Noble	N.
	19. TDA Self-Certification	Decision	Mr C Pallot	O.
12:00	20. ANY OTHER BUSINESS		Mr P Zeidler	Verbal

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 26 March 2015 in the Board Room at Northampton General Hospital

RESOLUTION – CONFIDENTIAL ISSUES:

The Trust Board is invited to adopt the following:

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

