Northampton General Hospital NHS
NHS Trust

Public Trust Board

Thursday

09:30

Board Room
Northampton General Hospital

Northampton General Hospital NHS
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 26 November 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 Farenden	**Verbal**
	2.	Declarations of Interest	Note	Mr P Farenden	**Verbal**
	3.	Minutes of meeting 24 September 2015	Decision	Mr P Farenden	**A.**
	4.	Matters Arising and Action Log	Note	Mr P Farenden	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chairman's Report	Receive	Mr P Farenden	**Verbal**
	7.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:00	**CLINICAL QUALITY AND SAFETY**				
	8.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	9.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
10:20	**OPERATIONAL ASSURANCE**				
	10.	Finance Report	Assurance	Mr S Lazarus	**F.**
	11.	Workforce Performance Report	Assurance	Mrs J Brennan	**G.**
	12.	Maintaining Quality Over Winter	Assurance	Ms C Fox	**H.**
11:00	**STRATEGY**				
	13.	Clinical Collaboration & Healthier Northants Update	Assurance	Mrs K Spellman	**I.**
11:15	**GOVERNANCE**				
	14.	Fire Safety Annual Report	Assurance	Mr C Abolins	**J.**
	15.	Communications and Stakeholder Engagement Strategies Update	Assurance	Mrs S Watts	**K.**
	16.	Health and Safety Annual Report	Assurance	Mr C Abolins	**L.**
	17.	TDA Self-Certifications	Decision	Ms C Thorne	**M.**

Time		Agenda Item	Action	Presented by	Enclosure
11:45	**FOR INFORMATION**				
	18.	Integrated Performance Report	Assurance	Mrs R Brown	**N.**
11:50	**COMMITTEE REPORTS**				
	19.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**O.**
	20.	Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	**P.**
	21.	Highlight Report from Workforce Committee	Assurance	Mr P Farenden	**Q.**
	22.	Highlight Report from Hospital Management Team	Assurance	Dr S Swart	**R.**
12:15	**23.**	**ANY OTHER BUSINESS**		Mr P Farenden	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 28 January 2016 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).

Northampton General Hospital NHS
NHS Trust

Minutes of the Public Trust Board

Thursday 24 September 2015 at 09:30 in the Board Room at Northampton General Hospital

Present		
	Mr P Farenden	Chairman (Chair)
	Dr M Cusack	Medical Director
	Ms C Fox	Director of Nursing, Midwifery & Patient Services
	Mr G Kershaw	Non-Executive Director
	Mr S Lazarus	Director of Finance
	Mrs D Needham	Chief Operating Officer and Deputy Chief Executive Officer
	Mr D Noble	Non-Executive Director
	Mr N Robertson	Non-Executive Director
	Dr S Swart	Chief Executive Officer
In Attendance		
	Mr C Abolins	Director of Facilities and Capital Development
	Mrs J Brennan	Director of Workforce and Transformation
	Mrs S McKenzie	Executive Board Secretary
	Mr C Pallot	Director of Strategy and Partnerships
	Ms C Thorne	Director of Corporate Development Governance & Assurance
	Mrs S Watts	Head of Communications
Apologies		
	Mrs L Searle	Non-Executive Director

TB 15/16 050 Introductions and Apologies

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

An apology for absence was recorded from Mrs Searle

TB 15/16 051 Declarations of Interest

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

TB 15/16 052 Minutes of the meeting 30 July 2015

The minutes of the Trust Board meeting held on 30 July 2015 were presented for approval.

The Board resolved to **APPROVE** the minutes of the 30 July 2015 as a true and accurate record of proceedings subject to the following amendment requested by Mr Noble on Page 12, 5th paragraph:

The Committee received a report from the Head and Neck Directorate on Ophthalmology; however the Committee remained unassured although the report gave a helpful update. The Committee would continue to review progress on a regular basis.

TB 15/16 053 Matters Arising and Action Log 30 July 2015

The Matters Arising and Action Log from the 30 July 2015 were considered.

The Board **NOTED** the Action Log and Matters Arising from the 30 July 2015.

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

Action: Mrs McKenzie

TB 15/16 054 **Patient Story**

Mrs Brennan read out complimentary email received by the Patient Advisory Liaison Service (PALs) from a patient who commented on his positive experience in Eye Casualty and congratulated staff on their care and competence in providing a brilliant service.

The Board **NOTED** the Patient Story.

TB 15/16 055 **Chairman's Report**

Mr Farenden presented the Chairman's Report.

Mr Farenden informed the Board of his continued involvement with 'Beat the Bug'. He reported that he had been involved with the recruitment of a Non-Executive Director and commented that 18 applications had been received and following a shortlisting process, 3 applicants would be interviewed on the 1 October 2015.

Mr Farenden reported that he had met Lord Prior, the Government's Minister for NHS Productivity and raised the issue of funding and the stretch target. He attended the Better Care Awards last Friday and commented that it was a wonderful and enjoyable evening with lots of energy and enthusiasm of all present. He commented that it was a very uplifting evening.

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

TB 15/16 056 **Chief Executive's Report**

Dr Swart presented the Chief Executive's Report.

Dr Swart reported that recently much of her time had been spent preparing written responses to regulators and commissioners. A key focus of work had been to ensure that the responses were reflective of the Trust's aims, values and ambitions for the future. The Trust Development Authority (TDA) had been provided with evidence of the actions taken and indicated that the Trust would work with them and the commissioners to improve the overall situation for the health and social care economy. New rules for all NHS Trusts in relation to registered nursing agency spend would take effect from 1 October 2015. The rules would include published lists of approved framework agencies and a cap on the agency nursing expenditure as a percentage of a Trust's total nursing staff spend. Performance would be monitored monthly.

Dr Swart was pleased to be able to report that, at the end of August 2015, on average 95.74% of the 28,745 patients who attended the A&E department over the previous 3 months had been seen, treated and admitted or discharged within 4 hours. This had been achieved through investment in the Trust's infrastructure along with a huge amount of hard work and support from teams throughout the hospital and colleagues in health and social care.

She informed the Board that the Best Possible Care Awards was wonderful evening and would not have been possible without the support of the Trust's own hospital charity and the generosity of external sponsors. More than 150 members of staff attended the award ceremony. Unfortunately there were only 9 award categories on offer, but each of the shortlisted nominees, along with all those who were nominated but not shortlisted, were a testament to the dedication, commitment and contribution that Northampton General Hospital (NGH) staff gave its patients and their colleagues throughout the year.

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

TB 15/16 057 **Medical Director's Report**

Dr Cusack presented the Medical Director's Report.

Dr Cusack reported that the Medical Director's report had been discussed in detail at the September Quality Governance Committee. The principal risks to clinical care currently related to the ongoing pressure on the urgent care pathway and insufficient nursing and medical staff were reflected in the Corporate Risk Register and Board Assurance Framework.

He reported that since the last report to the Board meeting (during the reporting period 1/07/2015 – 31/08/2015) 2 new serious incidents had been reported and 2 serious incident reports were submitted to Nene and Corby Clinical Commissioning Groups for closure of which the risks and clinical learnings were addressed and had been reported to the Quality Governance Committee.

The Board were informed that mortality figures had been reported to Quality Governance Committee and Dr Cusack assured the Board that they were in the 'as expected' range. He reported that there had been no evidence of higher mortality in patients admitted at weekends than weekdays.

Dr Cusack commented that 15 medical students completed the Aspiring to Excellence course this year and the focus this year was on the Management of Diabetes.

Ms Thorne reported that the Governance team had submitted an entry, and been shortlisted, for an Allocate Award for "Using Information for Improvement and Assurance" particularly based on the work the team had done in the last year to improve the serious incident processes with particular regard to monitoring and assurance.

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

TB 15/16 058 **Director of Nursing and Midwifery Care Report**

Ms Fox presented the Director of Nursing and Midwifery Report.

Ms Fox provided an update and progress report on a number of clinical projects and improvement strategies that the Nursing and Midwifery senior team had been working on. She informed the Board that the Nursing and Midwifery Care report had been discussed in detail at the September Quality Governance Committee.

The Board were informed that August was the first month for the new Quality Care Indicators (QCI) dataset completion, the new questions and reviews incorporated qualitative and quantitative analysis which was triangulated with further workforce and external data to produce the Nursing and Midwifery master dashboard.

Ms Fox reported that with regard to the Safety Thermometer, the Trust achieved 92.73% 'harm free care' in August with a rise in new harms for the first time in 3 months. It was disappointing to note that in August the number of reported pressure ulcers had risen to 32. She commented that the Tissue Viability Nurse lead was currently identifying any causative factors. The Board noted that in August there had been 3 C. Difficile cases and 1 MRSA bacteraemia reported and there had been 2 in-patient falls that had caused at least 'moderate' harm.

Ms Fox informed the Board that Health Care Associated Infection (HCAI) were infections acquired as a result of healthcare interventions. The Trust had a zero tolerance policy to infections and was working towards preventing and reducing them, part of this process was to set improvement targets.

She commented that Dr Adams revisited the Trust and provided a matrons master-class which consisted of visiting 4 ward areas with 3 different matrons for each ward area, a member of the Infection Prevention and Control team was also present. Dr Adams took this opportunity to meet with the Estates and Facilities team in the afternoon. Dr Adams verbalised that it was a pleasure to visit the Trust and that she was assured that infection prevention control was a key focus for all staff and that there was continued clear ownership from Board to Ward. The matron's masterclass confirmed that the matrons were aware of their roles and responsibilities. Ms Fox reported that she had invited Dr Adams to revisit the Trust in Spring 2016, where she would attend the Infection Prevention Strategic Group.

The Dementia CQUIN FAIR report for this month showed an improvement against the previous two months. However, the payment was aligned to performance by quarter, so there was considerable risk of non-achievement for Q2. The current cumulative position for Q2 was 86.2% which would mean that nearly 97% compliance would be required in September to achieve the figures for quarterly payments.

Ms Fox reported that an initial Data Quality Review of the monthly Safe Nurse Staffing data had been undertaken to ensure that recently updated establishments were accurately presented in the 'Hard Truths' data overall fill rate for August 2015 was 90%, compared to 94% in July and 90% in June. She commented that the TDA had issued the Trust with formal notification of a 6% ceiling agency expenditure in Q3 and Q4. The current level of registered nurse agency expenditure in August was 11.6%. The Trust had submitted an appeal against the 6% banding on the basis of the high level of substantive nurse vacancies currently been experienced and that it was hoped that the expected outcome ceiling would be 8%. The Trust was now implementing a number of actions to ensure it reduced its nurse agency spend in line with the cap. The Board noted that Divisions would be held to account and progress monitored in regular performance meetings and progress would be reported to the Board.

Ms Fox commented that in July 2014 the National Institute for Health and Care Excellence published guidance on safe staffing within the acute hospital. There were 39 recommendations for acute trusts to consider. A detailed gaps analysis was currently being undertaken and would be reported at the October Workforce Committee. As part of the 'Changing Care @NGH' programme there was an extensive work-stream focusing on the reduction of nurse agency usage following the national engagement with all NHS Trusts with proposals for new rules for registered nursing agency spend. This work stream was reported through the Changing Care @NGH Strategy Board.

Ms Fox commented that work was ongoing in strengthening the Trust's own Bank staff and looking for partners in their nurse training programme which would enable locally trained and recruited students to gain employment at NGH once qualified. Mrs Brennan gave an overview of the overseas nurse recruitment and reported that it had come to light that of the EU nurses recruited during this year there had been 6 that had left. She had therefore temporarily redeployed a senior member of the Human Resources team to take on the work of the pastoral care of the overseas nurses.

Mrs Needham commented that given the recent Cambridge report it was important to discuss the movement of nursing staff in the organisation. She confirmed that substantive staff were moved so as to reduce agency spend and that only experienced nurses were moved. Ms Fox confirmed that this was the right thing to be done to maintain patient safety.

She reported that the TDA Nurse Team were meeting with the Care Quality Commission (CQC) to review how they were monitoring safe staffing and addressing issues following on from the Cambridge report.

Mr Farenden enquired if it would be possible to have some metrics to measure the risk assessment regarding the movement of nursing staff as it was important that the Non-Executive Directors understood the balance of risk in moving nursing staff. Dr Swart commented that this should first be reported to the Quality Governance Committee and then the Board. **Action: Ms Fox and Mrs Needham**

The Board **NOTED** the Director of Nursing and Midwifery Report.

TB 15/16 059 Finance Report

Mr Lazarus presented the Finance Report.

Mr Lazarus reported that the Finance Report had been discussed in detail at the September Finance Investment and Performance Committee meeting. The I&E position for the period ended August (month 5) was a deficit of £10.2m therefore £0.75m favourable to plan. The Trust submitted a revised financial plan to the TDA reflecting the Board approved £0.8m stretch target. The TDA had indicated that the Trust could make an application to the Independent Trust Financing Facility (ITFF) in November however this might be rejected in full or in part if the full £2.4m stretch target was not delivered.

The Board **NOTED** the Finance Report.

TB 15/16 060 Workforce Performance Report

Mrs Brennan presented the Workforce Performance Report.

Mrs Brennan reported that the Workforce Performance Report had been discussed in detail at the September Workforce Committee meeting and reported that the key performance indicators showed a decrease in contracted workforce employed by the Trust, and a decrease in sickness absence. There had been an increase in compliance rates for Mandatory Training compliance in August to 83.67% and was approaching the Trust target of 85%. Role Specific Essential Training compliance also increased slightly in August to 70.11%. The current rate of Appraisals recorded for August 2015 was 74.81%; this was a significant improvement from last month's figure of 70.28%.

She provided an update on the Trust Employee Engagement Strategy and reported that key highlights included 38 teams (970 staff) had participated in the 'Rainbow Risk' engagement sessions, with 13 teams (300 staff) going on to participate in the 'In your box' sessions. She commented that the supplier for the national staff survey had changed and the survey, which would close in December, would be available electronically for all staff. There had been 400 responses within 48 hours which was very encouraging. She informed the Board that Jenny Williams, Assistant Director of Organisational Development would be leaving the Trust at the end of October and at present she had been unable to recruit to that post. Dr Swart commented that it was important to find other support so that the momentum with Organisational Development was not lost.

Mrs Brennan commented that not all staff at the Trust had been as welcoming to the overseas nurses as they could have been. Sandra Wright, Assistant Director of Workforce Development, who had been temporarily redeployed to take on the work of the pastoral care of the overseas nurses, was spending a lot of time walking round the wards and talking to nurses to ensure they were placed according to where their interests and specialities were.

Mr Farenden commented that this was a disappointing cultural issue to hear.

The Board **NOTED** the Workforce Performance Report.

TB 15/16 061 Infection Prevention Annual Report

Ms Fox presented the Infection Prevention Annual Report.

Ms Fox reported that the annual report for Infection Prevention and Control outlined the Trust's Infection Prevention and Control (IPC) activity in 2014/15. In addition it highlighted the role, function and reporting arrangements of the Director of Infection Prevention and Control (DIPC) and the Infection Prevention and Control Team (IPCT). The structure and headings of the report followed the ten criteria outlined in the Health and Social Care Act 2008; Code of Practice on the prevention and control of infections and related guidance.

She commented that there were four reportable infections that were now mandatory for reporting purposes:

- Methicillin Resistant Staphylococcus aureus (MRSA) bloodstream infections
- Clostridium difficile infections
- Methicillin Sensitive Staphylococcus aureus (MSSA) bloodstream infections
- Escherichia coli (E.coli) bloodstream infections

MRSA bloodstream infections and Clostridium difficile infections were national contractual reduction objectives.

She reported that the European Antibiotic Awareness Day provided a platform to support and promote national campaigns about prudent antibiotic use in the community and in hospitals. On 18 November 2014 awareness was raised via a presentation on the Trust's corporate screensaver focusing on antibiotic guardianship and resistance.

Ms Fox informed the Board that the Department of Health had issued guidance in the form of a toolkit and this predominantly concentrated on prevention, isolation of high-risk individuals and screening being of particular importance. Focus had been given to patients who had been an in-patient abroad in the past 12 months. In response to this, the IPC Team had collaborated with other local Trusts and utilised the Carbapenemase Producing Enterobactericae (CPE) toolkit.

The Board noted that eliminating avoidable healthcare associated infections had remained a top priority for the public, patient and staff. The Infection Prevention team, through their plan of work, had implemented a programme so work which had been supported by colleagues at all levels through the organisation.

Particularly notable successes included:

- Maintaining low levels of C.Difficile and were within our trajectory for 2014/15
- Maintaining low levels of surgical site infections
- Successful planning and implementation for procedures to identify and manage the admissions of patients with suspected Ebola infections

Ms Thorne thanked Ms Fox on the way the report was laid out in term of compliance and giving assurance to regulators, she asked how the implementation plan would be tracked and Ms Fox confirmed it would be tracked at the Infection Prevention and Control Committee.

Ms Fox commented that nationally there had been an increase in C Difficile and MRSA and whilst other organisations had seen an increase she commented that the Trust was doing well. Mr Farenden asked if some benchmarking could be made available. **Action: Ms Fox**

The Board **NOTED** the Infection Prevention Annual Report.

TB 15/16 062 Corporate Governance Quarterly Report

Ms Thorne presented the Corporate Governance Quarterly Report.

Ms Thorne provided the Board with information on a range of corporate governance matters and in particular included formal reporting on the use of the Trust Seal pursuant to the Trust's Standing order 12.3. She commented that the Trust's Standing Orders required that periodic reports were made to the Board detailing the use of the Trust's Seal. She reported that during May-August 2015 the Seal had been used three times. The Seal would generally be used for contracts in excess of the financial limits delegated to the Chief Executive under the Standing Financial Instructions, and for property matters, including disposals, acquisitions and leases.

She reported that staff within the Trust were required by the Standards of Business Conduct Policy to declare any hospitality and/or gifts received. Following regular staff reminders the Board noted that during May to August 2015 there had been 37 declarations received. It was also noted that there had been no new declarations of interest by Trust Board members.

Ms Thorne commented that the declaration of gifts and hospitality had much improved and further reminders would be sent out in the lead up to Christmas.

The Board **NOTED** the Corporate Governance Quarterly Report.

TB 15/16 063 TDA Self-Certification Report

Ms Thorne presented the TDA Self-Certification Report.

Ms Thorne 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 August 2015 were discussed and approved subject to the following the removal of:

Operations cancelled and re booked within 28 days under Board Statement Item 10.

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

TB 15/16 064 Partnership Update

Mr Pallot presented the Partnership Update Report.

Mr Pallot gave an overview of the three main programmes covered by the Healthier Northamptonshire Programme which had presented to the Integrated Steering Group (ISG) of Healthier Northamptonshire (HN) in July. Much of this information was similar to that provided in an update to the joint regulators in June 2015.

Mr Pallot reported that the Clinical Collaboration Operational Steering Group (CCOSG) was now embedded. On the 11 August 2015 the CCOSG ratified the delivery framework structure and reporting dashboard for the speciality work streams, and provided further updates on speciality work stream progress.

All established work streams were now working to deliver milestones in stage 2 of the framework structure. Individual speciality workgroup structures were all now in place and high level draft benefit models for all work streams had also been documented for ongoing work stream adjustment and development. It must be acknowledged however the full benefits realisation plans would only be finalised once new clinical models had been designed.

He commented that there had been a lot of improvement and the teams were working well together and Mr Farenden commented that this was encouraging. He reported that it had been agreed by Healthier Northamptonshire partners that the schemes or service changes identified, and agreed, as Local 'High Impact' Urgent Care schemes should be integrated into the Integrated Care Closer to Home Programme. This would help ensure that there was an appropriate prioritisation of projects and resource to reflect not just the medium to long term transformational needs but also the solutions to address current operational pressures.

Mr Pallot reported that all three organisations in the South East Midlands Oncology Alliance had now approved the proposal to form a federation across the East Midlands and had nominated their Directors of Strategy to sit on the Board that would govern the process. Dr Swart commented that Mr Pallot was the Trust's representative.

The Board **NOTED** the Partnership Update Report.

TB 15/16 065 **Integrated Performance Report and Corporate Scorecard**

Mrs Needham presented the Integrated Performance Report and Corporate Scorecard for information and informed the Board that all areas had been covered in detail at the recent September Finance Investment and Performance Committee, Quality Governance Committee and Workforce Committee meetings.

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

TB 15/16 066 **Report from the Finance Investment and Performance Committee**

Mr Zeidler presented the Report from the Finance Investment and Performance Committee.

The Board were provided with an update on activities undertaken during the month of August and discussed at the Finance Investment and Performance meeting held on 19 August 2015. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Zeidler gave a verbal update from the meeting which took place on 16 September 2015 and informed the Board that several items had already been discussed at the meeting today but he reported that the Committee received two case studies on how service line reporting had been applied to change working practices and drive efficiencies. He commented that the Committee heard improvements in the 4 hour A&E target had been maintained delivering 3 consecutive months of delivering the target. The Committee heard that the 'Breaking the Cycle' rapid improvement event for cancer, similar to that undertaken in A&E, would be developed and delivered in October. Finally, the Committee agreed to recommend the new structure for the hospital charity be adopted by the Board.

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

TB 15/16 067 **Report the Quality Governance Committee**

Mr Kershaw presented the Report from the Quality Governance Committee (QGC).

The Board were provided an update on activities undertaken during the month of August and discussed at the QGC meeting held on 21 August 2015. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Kershaw gave a verbal update from QGC which took place on 18 September 2015 and informed the Board that several items had already been discussed at the meeting today. The Committee requested a further update on misdirected mail as this was still an ongoing issue. With regard to C-Section and following previous assurance that NICE guidance had been met, the audit revealed this not to be the case and that there was non-compliance in two areas. The Committee expressed grave concern and requested the audit to come back to the Committee in 6 months' time.

The Committee received a verbal update on Ophthalmology and it was reported that the follow up backlog had come down to 1140 and that no harm had been caused because of the backlog. However an issue had arisen dating back to the beginning of June whereby 700 new appointments had not been placed on the electronic system. The Committee were given assurance that this would be rectified by 20 September.

The Committee were informed that as part of the commissioning process following the refurbishment of Gosset Ward, contamination of the water supply was found. A Water Control Group had been set up to monitor the situation and an action plan was in place. The Committee heard that a number of issues with air pressures and air flow have been identified after a detailed survey of the critical air handling systems in Main and Manfield Theatres. An agreed programme of work was now in place and significant improvement had been made.

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

TB 15/16 068 **Report from the Workforce Committee**

Mr Kershaw presented the Report from the Workforce Committee.

The Board were provided an update on the activities undertaken during the month of August and discussed at the Workforce Committee meeting held on 19 August 2015. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Kershaw gave a verbal update from the Workforce Committee which took place on 16 September 2015 and informed the Board that several items had already been discussed at the meeting today. The Committee received an update on nurse recruitment and the Committee noted that key areas of progress included the overseas recruitment campaign with 12 overseas nurses joining the Trust during August against a forecast of 10.

The Committee then discussed progress with the Nurse Retention Strategy. The key issues identified within that strategy included the average trained nurse turnover. Ms Fox reported on her recent fruitful visit to the Royal Preston Hospital and Bolton University with regard to nurse training development. She commented that setting up a school of nursing with University of Northampton was an option to explore.

The Committee received the Safe Nurse Staffing Report which stated that the overall fill rate had decreased in August In October there would be an update from the Divisions for each ward that was below 80% 'fill-rate' explaining the actions to maintain patient safety.

The Board **NOTED** the Report from the Workforce Committee.

TB 15/16 069 **Report from the Audit Committee**

Mr Noble gave a verbal update from the Audit Committee meeting which took place on the 18 September.

Mr Noble reported that the Committee formally reviewed the Annual Audit Letter for 2014/15 from KPMG. This confirmed the points that had been made verbally at the Audit Committee held in May and in particular confirmed that the Trust had generally sound processes in place for the production of the accounts and in relation of use of resources.

The Committee received a progress report from internal audit which raised no concerns that require referral to the Board.

The Counter Fraud Manager from the Local Counter Fraud Service gave a progress report. Mr Noble commented that the Board should note that there had been four referrals to the service since 1 April and that these mainly related to recording of working hours, continuing a pattern from previous years. The Committee heard that a recent survey of staff indicated a reasonable, but not high, level of Counter Fraud awareness but that there was clearly a demand for more basic training in this area.

The Committee received the report on wavers which continued at a high level. This was not unexpected as some time needs to pass before the expected benefits from the actions reported to the last Audit Committee were seen in the volume of waivers. The Committee would continue to keep this under review.

The Committee received a report on salary overpayments and were pleased to see that processes to recover overpayments had been improved but remained concerned that there was a continuing level of overpayments which was unacceptably high. The Committee would continue to keep this under review.

The Committee reviewed the Board Assurance Framework (BAF) and were pleased to see continued progress. The Committee planned to review the BAF in more detail at its December meeting which would have an extended attendance to include the Chairs of all sub committees and appropriate representation from the Executive Team.

The Board **NOTED** the Update from the Audit Committee.

TB 15/16 070 **Report from the Hospital Management Team**

Dr Swart presented the Report from the Hospital Management Team (HMT).

Dr Swart reported that HMT met monthly and included all Executive Directors and Divisional Directors; Divisional Directors shared progress, concerns and risks following their monthly performance meetings with the Chief Operating Officer and Executive team. She informed the Board that the meeting on 1 September 2015 was a workshop and included the wider management team; Divisional Managers, Directorate Managers, Matrons and Clinical Directors. The Workshop covered a Structure Review Follow up by Mrs Brennan and Mrs Needham and a presentation on Regulation, Scrutiny and the Importance of Assurance by Ms Thorne and the Deputy Director of Governance.

The Board **NOTED** the Report from the Hospital Management Team.

TB 15/16 071 **Any Other Business**

Mr Farenden informed the Board that this meeting would be the last Board attendance for Mr Robertson as he would not be renewing his term of office as a Non-Executive Director. On behalf of the Board, Mr Farenden formally thanked Mr Robertson for his significant and valued contribution to the Board and wished him well for the future.

Date of next meeting: Thursday 26 November 2015 at 09:30 in the Board Room at Northampton General Hospital.

Mr Farenden called the meeting to a close at 11:00

The Trust Board **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	16/11/2015
Ref	**Date of meeting**	**Minute Number**	**Paper**	**Action Required**	**Responsible**	**Due date**	**Status**	**Updates**
Actions - Slippage								
NONE								
Actions - Current meeting								
50	Jul-15	TB 15/16 041	Freedom to Speak Up Report	Dr Swart commented that more detail on the Guardians would be brought back for oversight at the next Public Trust Board meeting.	Dr Swart	Nov-15	On Track	Planned Volunteers Day on 5 October. Will report back at next meeting on progress.
51	Sep-15	TB 15/16 058	Director of Nursing Report	**Mr Farenden enquired if it would be possible to have some metrics to measure the risk assessment regarding the movement of nursing staff** as it was important that the Non-Executive Directors understood the balance of risk in moving nursing staff. Dr Swart commented that this should first be reported to the Quality Governance Committee and then the Board.	Ms Fox and Mrs Needham	Nov-15	On Track	
52	Sep-15	TB 15/16 061	Infection Prevention Annual Report	Ms Fox commented that nationally there had been an increase in C Diff and MRSA and whilst other organisations had seen an increase she commented that the Trust was doing well. **Mr Farenden asked if some benchmarking could be made available.**	Ms Fox	Nov-15	On Track	
Actions - Future meetings								
NONE								

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Chief Executive's Report**
Agenda item	**7**
Presenter of Report	Dr Sonia Swart, Chief Executive Officer
Author(s) of Report	Dr Sonia Swart, Chief Executive Officer Sally-Anne Watts, Head of Communications
Purpose	Information and assurance
Executive summary The report highlights key business and service issues for Northampton General Hospital NHS Trust in recent weeks.	
Related strategic aim and corporate objective	N/A
Risk and assurance	N/A
Related Board Assurance Framework entries	N/A
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper (N)
Actions required by the Trust Board The Trust Board is asked to note the contents of the report	

Enclosure C

Public Trust Board
26 November 2015

Chief Executive's Report

1. The external perspective

On 29 October I attended the annual Health Service Journal lecture, which this year was given by Jeremy Hunt, Secretary of State for Health. His lecture focused on the digital revolution and the importance of this. Whilst, as a trust, we totally support the use of digital technology and are committed to improving the way we use technology to the benefit of our patients and our staff, it is clear that more investment is required.

A recent poll showed that 50% of adults think that admission to hospital at a weekend is risky and some are delaying treatment because of this. We have a communications challenge in this respect as we have to provide assurance to both our patients and our staff because we know that the stories being played out in the public domain in respect of weekend admissions are not reflected here at Northampton General Hospital (NGH).

The Secretary of State is clearly focused on the election manifesto to deliver seven day working and, in his answers to various questions on the top from a number of people, alluded to the need for consultants to offer better support to junior doctors at weekend. It is clear that in his mind the critical issue is the need to have better cover over the 7 day week to reduce unnecessary weekend deaths. At NGH we have been increasing the number of consultants on call and in the hospital at weekends in most of the emergency areas. We do still have problems with ensuring that we have enough doctors in training to cover weekends and nights and are continually working on ways of resolving this. In addition there is a clear need to support 7 day working across all staff groups and across the health and social care economy.

Nationally at NHS providers there was a change in tone in terms of the messages being delivered by the new CEO of NHS Improvement and those publically portrayed by Chris Hopson as CEO of NHS Providers. Whereas for some time there have been recurrent messages around improving the pace and grip in acute hospitals, there is clearly now much more formal recognition that there are some uncomfortable truths facing the NHS. None of these are a surprise to this hospital and the comments made as well as the proposed solutions very much align with the letter I wrote to Mr Cameron earlier in the year.

The fact that the NHS is on a knife edge is becoming clearer and Chris Hopson outlined his 5 uncomfortable truths to the recent conference in Birmingham:

Firstly, he said, it is no longer possible to deliver both the NHS constitutional performance standards and a provider sector surplus on the current NHS financial envelope. Secondly, continuing to give providers an impossible task to deliver means that there is now loss of control of NHS finances. Thirdly, whilst running harder in the existing model is no longer an option, we are a long way from creating the conditions for the rapid and consistent transformation on the ground that the NHS needs. Fourth, setting providers an impossible task; pressurising them to do better and then blaming them when they fall short, will never work as a strategy. Fifth, our health and social care system cannot meet the much greater level of challenge is now faces with the degree of misalignment we currently have at both a national and local level.

Mr Hopson also outlined a number of key points. One was to say that this is not an attack on our government but reflects the state of health care in many countries. Secondly he outlined the values required to put this right in order to underpin the 5 things that we need to do to resolve this situation. These solutions include honesty in matched what is expected with what is needed, realism in returning the provider sector to surplus, collaboration to support transformation, support for providers (not more performance management and regulation) and greater alignment across health and social care.

It is equally clear that there are some things we must not do. These things come down to remembering to be honest particularly in the need to be transparent about the difficult choices that need to be made whilst also taking the clear decision to rebuild leadership and management capability, support the necessary collaboration and respect to transform services and constantly focus on alignment. For NGH that means internal alignment as well as alignment with external partners.

It was refreshing to hear comments about the stretching task given to providers to do everything they can whilst at the same time there is no logical, supporting and reasonable operating model set nationally and particularly heartening to hear Jim Mackay as the new CEO of NHS Improvement speak of the need to support providers and improve national alignment as well as local alignment.

2. A view from the regulators

Our recent formal review with the Trust Development Authority (TDA) covered a range of our key issues. They were assured that NGH has adequate plans to address these. We were again asked to reduce our cost base in any way possible.

The national picture is becoming an increasing worry for all and the effect of this on hospitals is becoming clearer as more and more hospitals experience difficulties. Our Board and TDA discussions have focused largely on the importance of maintaining patient safety and planning a sustainable future whilst understanding the need to be more efficient.

3. Learning from other hospitals

It was to some degree comforting to hear the experiences of other hospitals at the meeting of the New Cavendish Group where Chief Executive Officers from small to medium sized hospitals shared perspectives on the big challenges we face. It remains very clear that, although there is no clear solution nationally, most of us were trying to develop sensible ways of taking plans forward and it is always valuable to share these.

4. NHS Nene Clinical Commissioning Group (CCG)

I recently had a very helpful meeting with John Wardell, the new Accountable Officer for Nene CCG when we discussed the major issues affecting our local health and social care economy. I think he will prove to be someone who will work collaboratively and productively with us, and his approach as we shared our perspectives on various issue was pragmatic and refreshing. This will be particularly important for us as we refresh our strategic planning for the future and more urgently agree how we will approach this winter's burning issues.

5. Working with Kettering General Hospital

We recently had a Board to Board meeting with Kettering General hospital (KGH) to discuss our joint working proposals which are badged as Clinical Collaboration as part of the Healthier Northamptonshire programme.

Our work with KGH assumes that the commissioners will continue to support two strong acute hospitals and that each hospital will continue to provide core services. It is understood by both organisations, however, that the future for us both will rely on working together to provide improved services for patients at a more affordable cost. In practice that means that we will need to work with services in the community in order to improve care for long terms conditions and the frail and elderly population as well as with other hospitals to ensure that we can provide the required quality standards for each speciality.

Both Boards approved the current direction of travel and agreed that the partnership work between KGH and NGH must to be considered a priority and needs to accelerate. A joint statement will be issued to publicly confirm our commitment to working together.

6. Junior doctors

It is disappointing that, at the time of writing this report, we have reached a point where industrial action seems inevitable. We have received a number of directives requiring us to mitigate the risks that are evident if this course of action is followed.

I am confident that we will be able to continue to provide safe, effective services for our patients. However, as a doctor I understand the strength of feeling on this issue and the pressure that we are all under to deliver high quality, safe care. I know that no doctor will want patients to come to harm and I am particularly worried, therefore, about the stressful effect all this will have on our workforce.

7. Our management challenge

Our board, executive team and divisions continue to concentrate on our biggest areas of challenge. High on the list are urgent care, nurse recruitment and finance. Balancing the quality agenda with finance remains a continual challenge. We know the focus on quality improvement has never been more important that it is now. Our Changing Care @NGH programme continues to be our vehicle for combining quality improvement and efficiency in a way that ensures that this is core business.

Andrew Vincent, who is working with our leadership teams as part of the Francis Crick Programme, recently led a session with clinical leaders to help us focus on the very difficult area of strategic planning at a time when there are no additional funds. In essence the financial issue means that, if we want to increase spending in one area, we need to reduce it in another.

This is one reason why our Changing Care @NGH programme is so important. If we can become more efficient then we can start investing in new things. If we want to develop a new service then we have to have a way of funding that is supported by the people who pay for our services.

In my conversations with Andrew we have discussed the current state of the NHS as described in his recent publication ‘Our NHS is Crashing’, which is an examination of the rationale for healthcrash and its mitigation.

The critical thing to remember is that our service-led organisation will need to proactively tackle issues and threats as they occur, with each service understanding that they are working as part of the wider hospital and, therefore, acting co-operatively and collaboratively from top to bottom and sideways. There is a significant amount of responsibility placed on those who are part of this leadership structure, and I believe this came out in the recent discussions with clinical leaders.

8. Our staff

When I walk around the hospital I am always impressed by the huge commitment of our staff - many of whom remain enthusiastic despite the pressures, and are anything but demoralised. There is a never a time when patients, carers and relatives do not make positive comments about the way they are treated, not only by clinical staff but also by support staff.

The sense of NGH as a friendly hospital where people feel the atmosphere of support is often commented on. There are also many behind the scenes people who help to keep this hospital afloat – without them we would not be able to run the hospital, meet mandatory standards or provide assurance to our Board and the regulators.

It is important to remember that we are still trying to improve things in so many ways. I was delighted that our governance team won the Allocate Award for using information for improvement and assurance - this is particularly around ensuring that we follow up on all the lessons from serious incidents.

We also had an award for the Willow Garden work supported by Clare Topping who in addition is being considered for an HSJ award for sustainability efforts here at NGH. Andrew Williams has received the WellChild Award for Best Doctor for his "exceptional contribution" to helping sick children. Sheralyn Holmes picked up the Macmillan Professionals Excellence Award for service improvement this month at a celebratory event for the UK where she received one of 13 UK wide awards. This was a great personal achievement but also a proud moment for our Macmillan team of nurses, the oncology department and for the hospital. We continue to look for other opportunities to submit award nominations to recognise the excellent work that goes on here.

9. Improving the way we support staff

We were recently able to celebrate the efforts of our Global Corporate Challenge participants last week. This was a conscious effort for us to start the journey to being a health promoting organisation and coincided with the opening of the new leisure centre facilities and the formation of a Health and Wellbeing Strategy Group focusing on the healthy workplace - and hopefully leading towards further health promotion in the community.

Thanks are due to Sarah Ash from HR who was the key lead in ensuring that the 21 teams who took part in this challenge were on track and ensured the winners were presented with their certificates in the Board room, following which they enjoyed a healthy lunch.

We recently started a new venture to support health and wellbeing by providing a fruit and vegetable stall at the south entrance. This has been well received by staff, patients and visitors.

Another important part of supporting staff has started with the introduction of the Daisy pin badges for newly qualified nurses. Newly-qualified NGH nurses are now presented with a commemorative daisy pin badge to welcome them to their new role. They will wear the badges on their collars for their first six months in post. This is part of a programme of work to improve retention of nursing staff and should encourage us to respect and support nurses in their first years.

Further initiatives are in place to help ensure our nursing staff receive the support they need to flourish at this hospital. This focus on retention of staff needs to compliment the range of recruitment drives in place. The recent NGH recruitment fair was one example of a good initiative to raise the profile of the hospital and of recruitment at NGH.

10. Training and Education

We recently received positive feedback from Health Education England following their quality visit. Despite a few moans about how busy the hospital is and how hard our doctors and nurses in training work here at NGH, the critically important message was that our trainees were glad to be here and felt well supported. This is a testament to the many people involved in this and is something to build on.

There is clearly an opportunity for us to develop new medical postgraduate training posts at NGH with additional funding if we can support new models of working to ensure more care is delivered out of hospital. I was encouraged by this and will be supporting our clinicians to come up with proposals for new posts in discussion with our Director of Medical Education, Dr Andrew Jeffery, and Medical Director, Dr Mike Cusack.

The shortage of GPs in Northamptonshire was highlighted and this is another area where we can work with GP leads in education to come up with some ways of attracting doctors to the area. We are keen to support new posts that bridge primary and secondary care which should help attract forward thinking doctors who might wish to take on roles outside of traditional patterns.

If any of the new posts involve a component of leadership and management, I have agreed to support those personally with the help of the Executive Team.

I also recently had the pleasure of speaking to our Registrar Leadership programme, when I offered a personal view of the current NHS challenges and how we should respond to them. We will be supporting our registrars in quality improvement efforts over the coming weeks and hopefully giving them a pragmatic exposure to making changes that improve quality.

11. Developing our volunteer workforce

Our volunteer workforce has been developed over years in many parts of the hospital and has been supported partly by the hospital and partly by the associated charity.

We know that we could benefit enormously from a larger volunteer workforce and have some plans to take this forward. Board members, patient representatives and ex shadow governors had an inspiring session with Elizabeth Meatyard who set up a ' Dining Club' at Kingston hospital with 300 volunteers who assist with meals throughout Kingston hospital. The lesson from this was that a really motivated volunteer was able to lead and inspire a cohort of volunteer helpers and we hope to develop a similar model to assist us in various initiatives at NGH.

It was interesting to hear of the volunteers who are starting to be quality improvement volunteers for example. Sheila Baker, our current head of volunteers and Maggie Hayes as chair of our charity were there to give their views on some of our work here and will help us to develop more support for what we would like to be a growing volunteer 'army'. I was pleased to meet with Jane Carr, the Chief Executive Officer of Voluntary Impact Northamptonshire, who is also interested in helping us with this.

12. Our patients

Over the last few weeks I have had some conversations with people who use health services although not in this heath economy. It is humbling to hear a patient's view of what matters to them as they navigate treatment, diagnostic services, emergency care and end of life care. Despite everyone's best efforts it remains an often confusing landscape of endless enquiries, forms and repetitive questions, and there is a long way to go before we have a seamless transfer of information from one service to another. This is something we should all work on, and the digital revolution should indeed be able to assist us with this.

Overwhelmingly the most striking thing is how much difference it makes when individuals take the time and trouble to carefully and sensitively explain what is going on. In most parts of the NHS there is still a spectrum of care from the most fantastic to the frankly mediocre, and it is important for us all to acknowledge that and work on understanding what needs to be done to improve this. It remains important to understand that we won't be able to overcome this unhelpful variation in care unless we set an ambitious aim to strive for the best.

What is clear is that we are not alone in the issues we face at NGH but that is not an excuse for accepting poor standards or feeling that there is nothing we can do about the situation. It is important, therefore, that we continue to strive to provide the best care that we can and part of that rests in planning services effectively for the future.

13. East Midlands Radiology Consortium

Towards the end of September the East Midlands Radiology (EMRAD) consortium, of which NGH is a member, was included as one of the Vanguard projects announced by NHS England as part of the next stage in implementing the NHS Five Year Forward View.

The project, which involves a number of strands of work that will allow full technical sharing of images for radiology across the East Midlands and other clinical partners. Nottingham University Hospitals NHS Trust will be first to go live in December 2015, with NGH scheduled for late January 2016.

14. Our sustainability plans

The importance of strategic planning has been emphasised at a number of meetings with our commissioners and regulators and also internally. It was good to gain the support of our local MPs when we met with them to discuss the concept of a redevelopment of the hospital site along the lines outlined in our clinical strategy.

We discussed with them the need for us to work more effectively with local GPs and community services and also on the need to work collaboratively with KGH and other hospitals. Our MPs have pledged their support to take our site development forward very much in the context of improving facilities but also recognising new patterns of care. It is important to emphasise that our clinical strategy remains of critical importance as any plan for new buildings and facilities must follow the needs of the services provided.

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Medical Director's Report**
Agenda item	**8**
Presenter of Report	Dr Michael Cusack, Medical Director
Author(s) of Report	Dr Michael Cusack, Medical Director
Purpose	Assurance

Executive summary

The principal risks to clinical care currently relate to the on-going pressure on the urgent care pathway and insufficient nursing and medical staff. These are reflected in the Corporate Risk Register and BAF.

Three new Serious Incidents have been reported during the reporting period 1/09/2015 – 31/10/2015. which remain open and under investigation. There have been six serious incidents which have been reported since 1/4/2015.

Dr Foster data showed overall mortality expressed as the HSMR and SHMI to have remained within the expected range.

Collaborative working with the University of Northampton has continued with bimonthly meetings and development of a memorandum of understanding. The keys areas of joint working are outlined in the paper.

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 and identify any remedial actions required in the event of a Significant Incident or mortality alert.
Related Board Assurance Framework entries	BAF 1.4, 1.5, 4.1 and 4.2
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
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 clinical risks, mortality and the serious incidents declared and identify areas for which further assurance is sought.	

Northampton General Hospital NHS
NHS Trust

Public Trust Board
26 November 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 relate to the following areas and are reflected on the Corporate Risk Register. The risks and actions taken in mitigation are reviewed in the Corporate Committees described here.

1.1 Difficulties in Securing Sufficient Nursing & Medical Staff

CRR ID	Description	Rating (Initial)	Rating (Current)	Corporate Committee
100	Insufficient nurses and HCAs on a number of wards & insufficient skill mix.	16	25	Workforce
694	Insufficient nursing staff on both the neonatal unit and the paediatric wards.	12	15	Workforce
979	Difficulty in recruitment and high turnover in nursing staff groups.	16	25	Workforce
81	Inability to maintain effective service levels due to reduced skilled nursing workforce for the existing bed base.	9	16	Workforce
111	Risks to quality and outcomes due to inability to recruit sufficient medical staff.	16	16	Workforce

1.2 Pressure On Urgent Care Pathway

CRR ID	Description	Rating (Initial)	Rating (Current)	Corporate Committee
368	Risk to outcomes when demand exceeds capacity within the ED and the Trust.	15	15	Finance and Performance
96	Inconsistent in-patient capacity due to delays in the discharge process resulting in an increased length of stay.	12	16	Finance and Performance
421	Risk to quality due to utilisation of Gynae day care as an escalation area.	16	16	Quality Governance
619	Risk to quality due to utilisation of Heart Centre as an escalation area.	25	16	Quality Governance
731	Risk to quality of haemodialysis service for in-patient and outlier/emergency patients when Northamptonshire Kidney Centre used an escalation area.	20	16	Finance and Performance

The potential impacts of these issues are also described in items BAF 1.4, BAF 1.5, BAF 4.1 and BAF 4.2 within the Board Assurance Framework.

2. Summary Serious Incident Profile

Shown in the table below are the numbers of Serious Incidents and Never Events which have been reported on the Strategic Executive Information System (StEIS) by year since 2010:

	10/11	11/12	12/13	13/14	14/15	15/16
Serious Incidents	27	55	78	115	93	6
Never Events	2	2	1	0	1	0

When an incident is reported via the Datix system, it is reviewed and graded by the Governance Team in order both to monitor and to assure the integrity of the data. Any discrepancies are clarified in consultation with the clinical and non-clinical teams prior to any amendment of the Datix (incident) report.

The Serious Incident Group then review any incident that has been graded as moderate or severe to determine the appropriate level of investigation required. In April 2015 the categorisation of what is a reportable serious incident was amended and is described here as an '*external incident'*. The previous categorisation of serious incident is now described as an '*internal incident'.* The arrangements for the investigation of serious incidents in the Trust are set out below:

Investigation	Criteria	Level of investigation and monitoring
Local	Moderate harm	Outcome of investigation including lessons learnt to be documented on Datix
***Internal* Serious Incident**	Any incident which requires further investigation and may involve acts/omissions in care but the incident does not fulfil the criteria of the National Framework	Full RCA to be completed within 45 working days. Outcome of investigation and action plan to be presented to SIG
External Serious Incident	Serious harm or death caused or contributed to by weaknesses in care/service delivery (including lapses/acts and/or omission), as opposed to death or serious harm which occurs as a direct result of the natural course of the patient's illness or underlying condition	Reported on STEIS. Full RCA to be completed within 60 working days. Outcome of investigation and action plan to be presented to SIG

In order to determine whether an incident fulfils the criteria of a Serious Incident, as per the revised NHS England framework, an Initial Assessment Form is requested in some cases.

The Never Event in 2014/15 related to:

- Wrong site surgery – removal of a tonsillar cyst

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

All recommendations from the investigations have been implemented and continue to be monitored.

2.1 New Serious Incidents
Since the last report to the Board (during the reporting period 1/09/2015 – 31/10/2015) 3 new Serious Incidents have been reported and are currently under investigation.

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 60 working 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 6 Serious Incidents have been reported year to date under the following categories:

- Slips/Trips/Falls
- Unexpected Deterioration
- Death following pulmonary embolism
- Infection Control issue
- Medication serious incident
- Maternity – baby born with low APGAR Score

2.2 Open Serious Incidents
The serious incidents at 31 October 2015 which remain open and under investigation are listed below:

Date of Incident	SI Brief Detail	Division	Status
05 Jul 2015	Unexpected deterioration	Medicine	Active
29 Jul 2015	Pulmonary Embolism	Medicine	Active
23 Jul 2015	Medication incident	Medicine	Active
22 Sep 2015	Maternity Baby born with low APGAR Score	Women, Children & Oncology	Active
13 Aug 2015	Infection Control	Medicine	Active

2.3 Serious Incidents Submitted for Closure
During the reporting period there no serious incident reports were submitted to Nene and Corby Clinical Commissioning Group (CCG) for closure.

2.4 Inquests
H M Coroner convened 6 Inquests during the reporting period which involved Trust staff either preparing statements or giving evidence at the hearing. The conclusions of the Inquests were 3 Narrative conclusions; 1 Suicide; 1 Accidental death and 1 Open verdict.

There have been no Schedule 5, Rule 7 letters (previously known as Rule 43 letters) issued by H M Coroner to the Trust.

3. Mortality Monitoring

The HSMR for July 2015 is currently **89** and for the rolling year to July 2015 remains at the 'as expected' level [**102**]. The HSMR for the last 3 months for which data is available [May-July] is better than expected and is likely to remain so. On the basis of these observations it is anticipated that performance over Q1 and Q2 of 2015/16 will remain 'as expected'.

The SHMI for April 2014 to March 2015 has remained relatively unchanged at **102**. As the SHMI follows HSMR 100 it is expected that the SHMI will remain in the 'as expected' range in Q1 of 2015/16.

With respect to crude mortality, activity levels Trust were high in July with 9391 patient spells. This the highest monthly activity level in the rolling year to date. The crude mortality in June and July was at a rate of 1% of discharges [SMR in July was **88**].

4. Safety Academy Update

Further collaborative working between the Safety Academy and Northampton University has continued. The bi-monthly meetings are well attended by senior medical and nursing staff from NGH and senior academic university colleagues.

A Memorandum of understanding has been developed which provides a basic framework, underlying the principals of the joint working relationship. Plans are in development for the memorandum of understanding to be formally agreed at joint celebratory event in December. The key areas of focus for collaborative working are:

- Demand & Capacity Management in ED
- Genetic and biochemical markers to identify the patient at risk of deterioration
- Point of Care Test for Bacterial Pathogens
- Response to increasing Antimicrobial Resistance
- 'A Grade' student dissertation

The Trust Quality Improvement Day is planned for Friday 27 November and includes presentations from Aspiring to Excellence and Delivering Excellence – the Registrar leadership and development course and multidisciplinary presentations which have been shortlisted via clinical audit department.

5. Next Steps

The Serious Incident Group continues to meet fortnightly 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.

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Director of Nursing & Midwifery Report**
Agenda item	**9**
Presenter of Report	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
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:

- October's Quality Care Indicators (QCI) shows continued improvement with the new Indicators. Key themes are highlighted in the report.
- Safety Thermometer – the Trust achieved 92.2% 'harm free care' in October
- In October the number of reported pressure ulcers was 29 – 8 of which were reported as grade 3.
- There has been 2 C. Difficile case reported in October, 0 MRSA Bacteraemia, 1 MSSA and 1 CRUTI.
- In October there have been 2 in-patient falls that have caused at least 'moderate' harm, 1 of these falls was rated in the severe category.
- The report includes a detailed update on Friends and Family Test (FFT) in particular how, going forward, the Trust will present the data
- End of Life update with progress and remaining challenges against National directives
- A summary of the Safe Staffing is provided within the report with an overall fill rate which has increased in October with an average fill rate of 91% throughout the month
- Temporary staffing usage has decreased in month by 655 Unregistered hours and1495 Registered hours.

Enclosure E

Related strategic aim and corporate objective	Quality & Safety. We will avoid harm, reduce mortality, and improve patient outcomes through a focus on quality outcomes, effectiveness and safety
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 1.3 and 1.5
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper - NO

Actions required by the Board

The Board is asked to discuss and where appropriate challenge the content of this report and to support the work moving forward.

The 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
26 November 2015

Director of Nursing & Midwifery Report

1. Introduction
The Director of Nursing and Midwifery Report presents highlights from projects during the month of October. Key quality and safety standards will be summarised from this monthly report to share with the public on the Northampton General Hospital (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 and Midwifery Quality Dashboard
The Nursing and Midwifery Quality Care Dashboard presents the findings from the monthly Nursing and Midwifery Quality Care Indicators (QCI) and triangulates with Trust data on workforce, quality and safety reports.

The Quality Indicators are derived from questions, assessments, observations and patient response to questions pertaining to the topic heading. Each section has several questions attached which have been designed in order to analyse the quality of care being delivered against national standards, evidence based practice, previous below average results, outcome measures and recommended guidelines. Future plans for the dashboard are to include the trends analysis for each ward and the number of surveys completed against the denominator of five, the timeframe for these changes is quarter 4. Themes from the QCI data:

- Positive results from the QCI for October an improvement in the number of red scores within the falls section from the previous month.
- The number of patients surveyed with the new QCIs has improved with 97% of wards achieving the set denominator of 5 comprehensive qualitative and quantitative reviews.
- Allebone and Willow have shown some improvement in their results particularly within the assessment sections – their Matrons continue to work with the team to improve upon all aspects of care.
- Discussions are being had with the Ward teams regarding the results of the care rounds which are showing amber and red in several areas.
- The Nutrition section has seen a decrease this month in particular regarding the data on Vital Pac – the Quality Improvement Matrons are undertaking a project presently looking at all aspects of Nutritional care

3. Midwifery Update
Breast Feeding Initiative (BFI) Assessment
Our BFI assessment was conducted on 28 and 29 October and was extremely positive and very complementary of the services provided to mums and babies. We exceeded the pass scores for most of the Standards and these have been stored and will not be assessed again. The assessors wanted more assurance around 2 elements of our care for mothers:

- The support for mothers on the Neo Natal Unit particularly around expressing breast milk
- The support offered to mothers wishing to formula feed their baby (this was acknowledged as demonstrating great improvement; however work still needs to be done to pass this element.)

The assessors have awarded the Trust a provisional pass and will re-assess for full accreditation in 6 months. Obviously, we will need to continue improving and sustaining our practice and demonstrating continued compliance through our regular audit cycle.

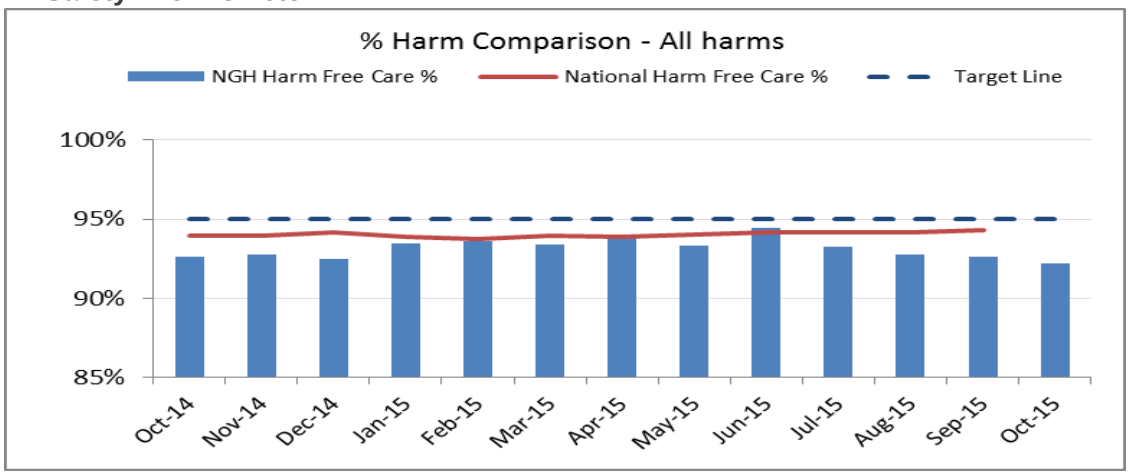
Maternity Survey Final Report 2015
Following the Maternity Survey conducted in February 2015, the response rate was 51%. NGH Maternity Services are ranked in the top 20% nationally on 9 questions. We have shown improvement in 37 questions with 5 showing significant improvement.

The written comments about antenatal care, labour and birth were more positive than negative. We await the analysis against other Trusts expected in February 2016.

Midwifery Regulation – Local Supervising Authority (LSA) changes
In January 2015, the Nursing and Midwifery Council (NMC) proposed changes to midwifery regulation which was to seek removal of the Supervisors of Midwives from statute. The NMC and the Department of Health are currently working on the scope of the proposed change but are yet to consult with the midwifery profession and public regarding the detail. As regulator, the NMC is responsible for all regulatory decisions regarding midwives. Supervision currently covers a range of activity beyond regulatory investigations, including support, development and leadership. The NMC considers the removal of supervision from statute need not affect those activities.

The timeline for the removal of Supervision from statute and the introduction of non- statutory supervision/peer support for midwives has yet to be finalised by the Department of Health, report expected end of 2015. Meanwhile the current regulation remains in place.

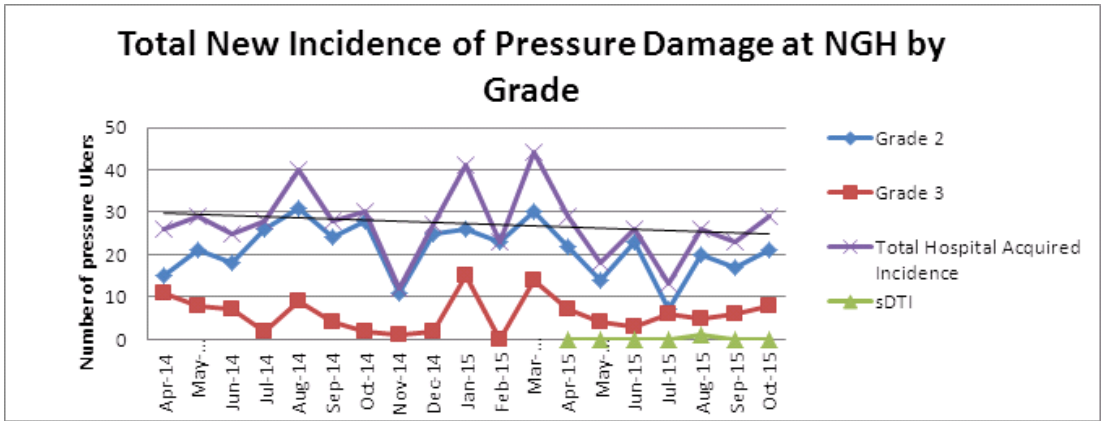
4. Safety Thermometer



In October 92.2% (National target 95%) patients experienced 'harm free care' which is a decrease from the previous two months. The number of new harms has improved from Septembers data with a reduction in 'Falls' to the average number of 2 and pressure ulcers remaining the same at 14.

An analysis of the data shows this was due to 1 catheter related UTI's, 14 new pressure ulcers and 2 falls with harm. VTE incidents continued to have zero reported.

5. Pressure Ulcer Incidence



In October 2015 and pre Confirm & Challenge there have been a total of 29 pressure ulcers which developed whilst the patient was in our care.

Classification	Number
Grade 2	21
Grade 3 & unclassified Grade 3	8
Grade 4	0

Following Confirm & Challenge meetings in September the confirmed numbers of hospital acquired pressures ulcers was 21, a reduction of 1 from initial reporting (N&M report October 2015). Changes to the meeting have included using the terminology of 'lapses in care' when determining avoidability and reviewing what those lapses have been and the actions required by the ward going forward.

Classification	Number	
Grade 2	15	All identified lapses in care (Avoidable) & learning
Grade 3 & unclassified Grade 3	6	3 identified lapses in care (Avoidable)
Grade 4	0	

The Confirm & Challenge meetings will now focus on omissions in care that are identified from the Root Cause Analysis (RCA) and attendees are asked to set their ward a realistic goal for the months of October, November and December for reduction in pressure ulcers. The table below outlines the common themes identified at the meetings.

Themes Identified	
➢ Inaccurate Waterlow Scoring :	Non-inclusion of all current and past conditions.
➢ Non-compliance of skin inspection :	Assumption and acceptance of independent/mobile patients saying all is OK no need to look.
➢ Incomplete Essential Care Rounds documentation	Frequency of turns and descriptions.

Pressure Ulcer Collaborative
The planning for the Pressure Ulcer (PU) Collaborative – (general in-patient areas) is gaining momentum. The PU Collaborative Expert Group was very well attended, and the group demonstrated its keenness for the project. June Taft, Corporate Assistant Director of Nursing Services, Aintree University Hospital shared her Trusts experience with the collaborative model.

The use of a collaborative model will provide a framework to optimise the likelihood of success for the organisation. It is most effective when there is a deficit in quality which can be identified by teams as "unacceptable" and when there are pockets of excellence which can be used to promote learning. The key to success is engagement, alignment and collaboration. The subject matter expert's work within clinical teams to select, test and implement changes on the front line of care and systems are redesigned from bottom up using small tests of change. The first learning session is scheduled to take place on 25 November 2015.

6. Health Care Associated Infections (HCAIs)

MRSA bacteraemia
For October there has been 0 trust attributable MRSA bacteraemias. Please see below for MRSA screening figures for Elective and Emergency screening compliance within the Trust. Please note that October's data has not yet been processed.

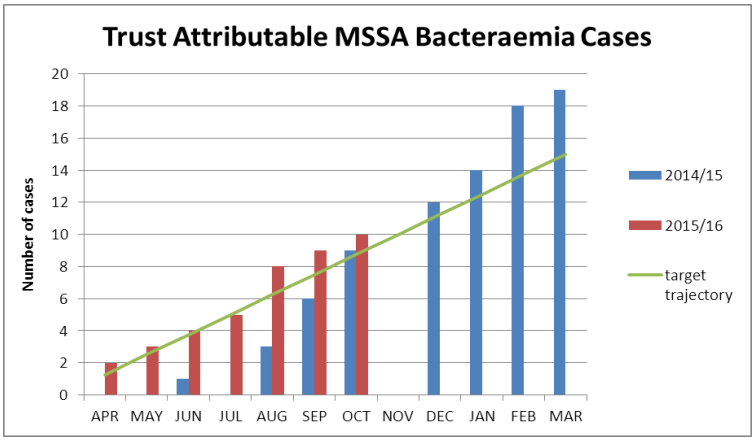
Screening Compliance September 2015

Elective compliance	99.4%
Target	100%

Emergency compliance	94.2%
Target	100%

MSSA Bacteraemia

MSSA Bacteraemia (Trust attributable cumulative totals)

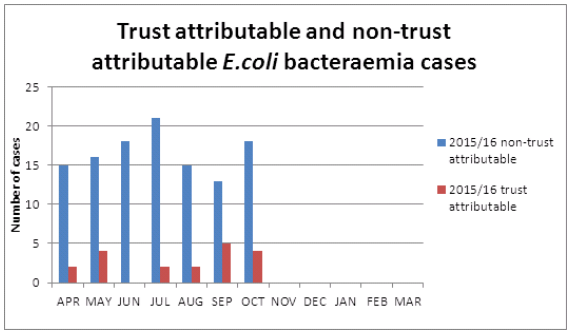


There is no national target set for MSSA bacteraemia. The Infection Prevention forward plan has set an ambition of no more than 15 cases for 2015/2016. In year there have been 10 cases, with 1 case that occurred in October.

The table below provides a breakdown of source and number of MSSA bacteraemia to date.

Source of Infection	Number of MSSA Bacteraemia Cases
Unknown	3
Community Onset	4
Central Vascular Access Device (CVAD) related	2
Skin and soft tissue	1

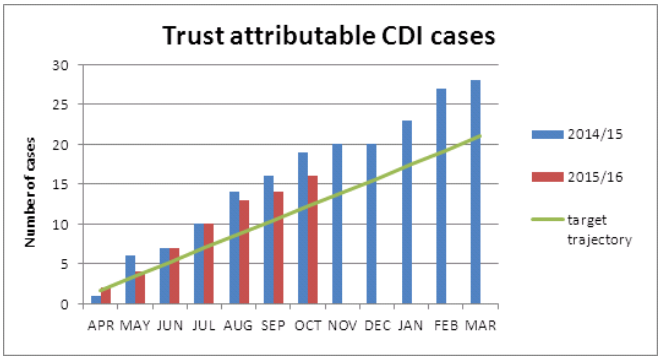
Escherichia coli (*E.coli*) Bacteraemia



There is no national target set for *Ecoli* bacteraemias. In October there were 4 trust attributable cases. In year there have been 19 Trust attributable cases.

Clostridium difficile Infection (CDI)

Clostridium difficile infection (Trust apportioned)



The graph above shows that there have been 16 cases of C.diff apportioned to the Trust, 2 cases in October. All RCAs are sent to the Clinical Commissioning Group (CCG) to identify any lapses in care. To date, out of the 16 cases, 15 RCAs have been sent to the CCG and there was 1 lapse in care identified.

CDI Cases (April – September)	CDI cases no lapse in care to date	CDI cases lapses to date	CDI cases awaiting review
16	12	1	3

All cases of CDI are given a severity score by the infection prevention team utilising the national definition, which determines the appropriate treatment for the patient.

Public Health England (PHE) data of apportioned cases of Clostridium difficile Infection

The figures below are from Public Health England from April 2015-September 2015. October 2015 is not yet available. These show Trust apportioned cases of C.diff for Trusts within our locality.

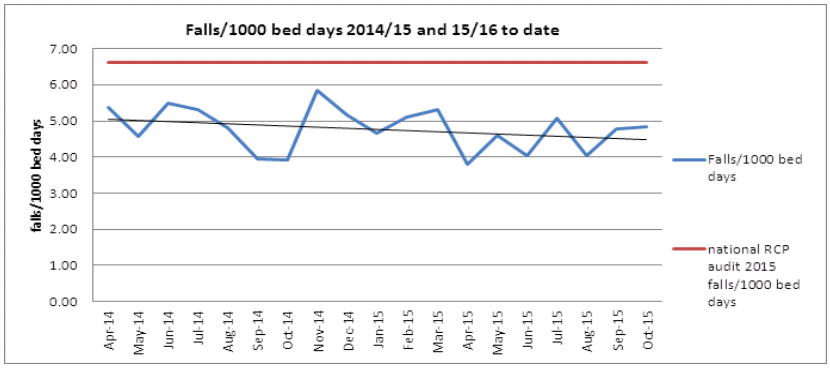
Northampton General Hospital (NGH)	14 (this does not include Octobers 2 cases)
Kettering General Hospital (KGH)	16 (this does not include Octobers cases)
Worcester Acute Hospital	17 (this does not include Octobers cases)
University of Coventry and Warwick	19 (this does not include Octobers cases)
United Lincolnshire Hospital	25 (this does not include Octobers cases)

Areas of Focus this month

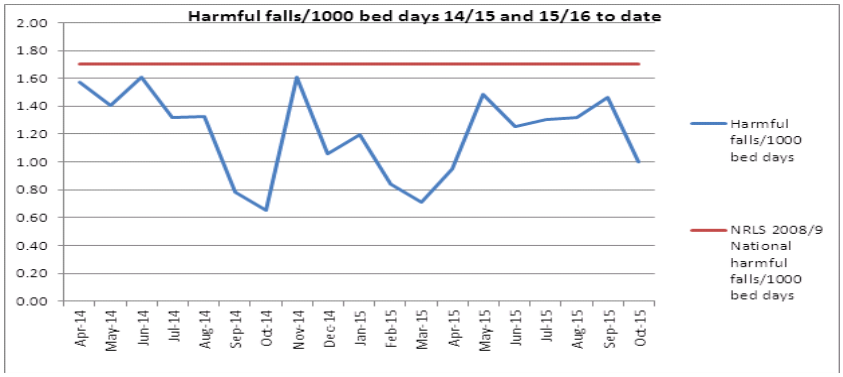
- MRSA policy has been revised and will for ratification.
- *Clostridium difficile* policy has been revised and will go for ratification.
- Recruitment of permanent Infection Prevention Team (IPT) nursing lead and support team
- The Environmental Domestic and Infection Inspection (EDI) tool has been trialled and undertaken on the 2 wards in October where there were 2 patients identified as having *Clostridium difficile* infection. This is a collaborative approach between estates, domestic services and the infection prevention and control team.
- The IPT held their 6th annual infection prevention Study day and there were 55 attendees, This was very successful

Enclosure E

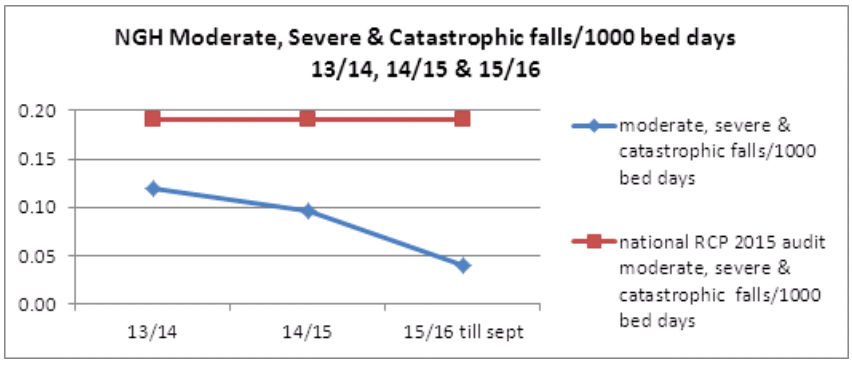
7. Falls Prevention



Graph above demonstrates the Falls/1000 bed days in last and current financial years. This month falls/1000 bed days was 4.84 (last month 4.77). Maximum of 5.5 falls/1000 bed days (internally set target).



Graph above demonstrates the harmful falls/1000 bed days in last and current financial years. This month's harmful falls/1000 bed days was 1.00 (last month 1.46). As a Trust we have set our own internal target for the maximum of 1.6 harmful falls/1000 bed days.



This graph demonstrates an ongoing improvement in the number of falls with moderate or above harm. Trust wide projects work to continue this downward trend and raise the awareness of falls prevention.

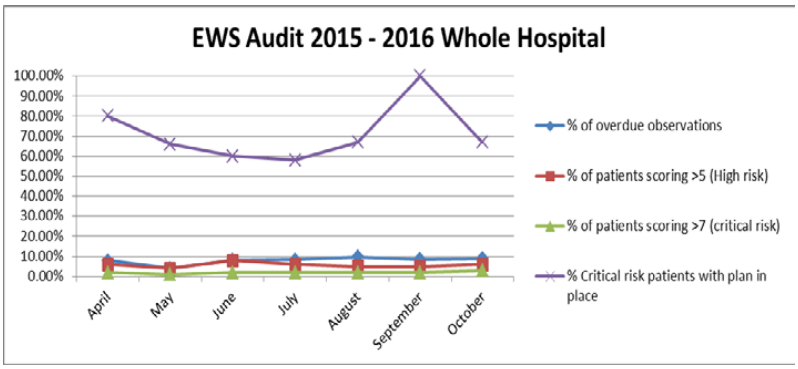
Severity of injury	Number of falls last month
Moderate	1
Severe	1
Death	0

In October 2015 we reported 2 in-patient falls that caused at least 'moderate' harm. One patient had a fall resulting in a fractured neck of femur. Another patient fell shortly after having surgery and required the wound re-suturing.

Work is underway to reduce the falls rate and improve post falls care:

- Working with pharmacy re medication review and e-prescribing
- Thematic analysis of SI's and provision of training as part of cluster days, simulation suite sessions (including neurological observation simulation training sessions for Nurses) and junior doctors training.
- Review of current training provision to make this less classroom based and more practical.
- Increased support within the falls team
- Advertising for a falls administrator
- Support/training to wards rated red in completion of the falls risk assessment and/or care plan

8. Early Warning Score (EWS) Compliance



October saw a deterioration from the excellent compliance in September with the number of patients deemed at risk due to a raised EWS with a plan in place – 67%. This month saw another gradual improvement in the number of staff who had received cardiac arrest training at 75% and the number of DNACPR forms not signed by a nurse improved to 16 from 20. Overdue observations seem to have plateaued at 8.8% against an upper limit target of 7%. The wards that are consistently above target have been asked to update their Associate Directors of Nursing to how they will improve this position in the coming month.

9. Patient Experience

Friends and Family Test (FFT)

National Comparisons

- From December 2015 all data relating to the % of patients that would or wouldn't recommend the services within NGH will be reported against national results. Previously internal targets were established. However the Trust Development Agency (TDA) benchmark the Trust against national performance and moving forward it is good practice to ensure the Trust are doing the same.
- The data collected for the FFT has been backdated from April through to August (most recently published National data).

Enclosure E

FFT % comparison National, Region and NGH August 2015

Area	England % Would Recommend	Regional % Would Recommend	NGH % Would Recommend	Performance against national results
Inpatient & Day cases	95.5%	93.8%	89.2%	**-6.3%**
A&E	88.4%	87.1%	84.3%	**-4.1%**
Outpatients	91.9%	92.3%	90.7%	**-1.2%**
Antenatal Community	95.1%	94.6%	100.0%	**4.9%**
Births	96.6%	95.7%	94.1%	**-2.5%**
Postnatal Wards	93.9%	91.5%	96.0%	**2.1%**
Postnatal Community	97.5%	98.8%	100.0%	**2.5%**

- It is evident that our Inpatient/Day case and A&E are performing beneath the national results.
- In Maternity, 'Births' saw their results beneath the national results, however the rest of Maternity see their results as above the national average.
- Outpatients are 1.2% below the national average for August.

Actions to Improve Compliance

The FFT will be relaunched in December 2015 across the organisation to further encourage patients to give feedback, and also ensuring we are capturing feedback from all patient groups. A drive on pushing data to and from the Front Line teams through the Divisions is also underway. This includes a comprehensive FFT comments portal which requires updating from the Divisions on actions being taken to address negative feedback, Divisional specific dashboards with accumulated data presented, and the theming of negative comments. Divisional representatives will be required to complete a new Patient Experience Report which outlines their data, and actions they are taken from the FFT, Complaints and Concerns to improve on areas of concern. In addition to this, comprehensive theming of the negative comments will inform future improvement work.

10. Dementia

Dementia CQUIN

The current compliance against the Dementia CQUIN; Indicators 3a, 3b and 3c is shown below:

Indicator 3a Metrics October 2015

Indicator	Target	Trend	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Dementia: Case finding	**90%**	↑	90.1%	90.2%	**89.6%**	**80.3%**	92.2%	96.9%	98.6%
Dementia: Initial diagnostic assessment	**90%**	↔	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%
Dementia: Referral for specialist diagnosis/follow-up	**90%**	↑	**83.3%**	92.3%	100.0%	100.0%	100.0%	95.7%	100.0%

Training compliance is at 92% of target *(indicator 3b).*

Compliance with the Carer's Survey is shown below:

Indicator 3c Compliance October 2015

Indicator	Target	Trend	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
% CQUIN Compliance	**90%**	↑	100.0%	104.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Numerator Value	**25 / month**		25	26	25	25	25	25	25

In addition to the carers' compliance data, the following narrative responses have been received *(Q2-Q12 not part of CQUIN monitoring).* The data represents the direct positive / negative response questions. Questions 7-9 are narrative responses and are aggregated by quarter. Only 32% of carers felt that they would want further support whilst in hospital; moving forward we would hope this figure would decrease.

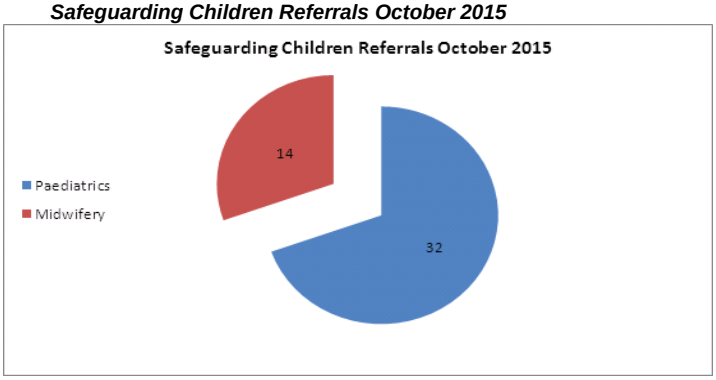
Indicator 3c Supplementary Data October 2015

Question		Oct 15	Nov 15	Dec 15
Q1	Do you feel supported?	96%		
Q2	Are you involved in assessing the patient's needs?	86%		
Q3	Have the specific needs regarding dementia been met?	96%		
Q4	Are you involved in ongoing care and treatment planning?	88%		
Q5	Are you involved in discharge planning?	86%		
Q6	Do you know what will happen next?	88%		
Q10	Do you need further support whilst in hospital?	32%		
Q11	Have you received the information leaflet?	100%		
Q12	Do you know where to get further info and support?	100%		

11. Safeguarding

Safeguarding Children

Safeguarding Children Referrals October 2015



Activity in October 2015 is slightly reduced against preceding months, however this is balanced against the activity in September which was particularly high; influenced by changing social factors: school terms starting, new professional involvement etc.

Children Looked After and Safeguarding CQC Action Plan Progress

Following the CQC visit in March, the Trust has been progressing the resulting recommendations. The plan is progressing against timescale (finial completion and sign off: December 2015). Of the 32 recommendations, there are the following two exceptions to note, where there has been either limited development or slippage. All other actions are RAG rated as green, scrutiny and assurance for which is provided via the Safeguarding Governance Group.

CQC Action Plan Exceptions

Recommendation	Time Line	Sept 15 RAG	Oct 15 RAG	Exception Report
1.30 Ensure there is sufficient specialist speech and language therapy provision across Northamptonshire in accordance with statutory guidance	31/12/15	Amber	Amber	This action is being progressed as a Health economy between KGH, NGH and NHfT as the provider of SaLT services. Assurance against action is monitored via the Health Strategic Safeguarding Group.

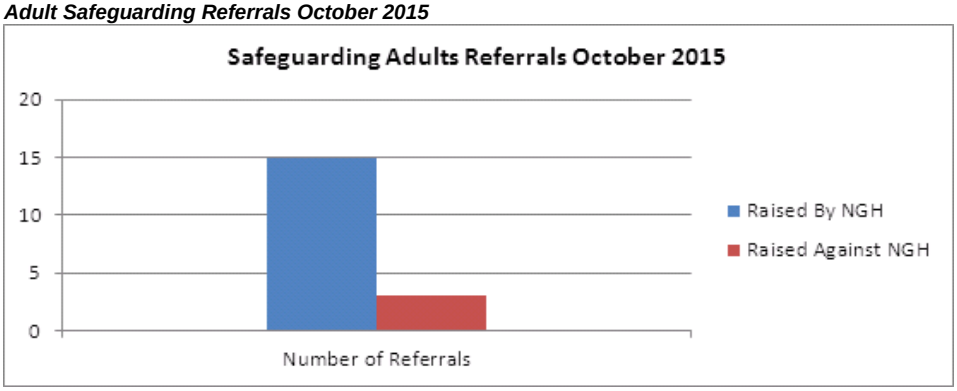
Recommendation	Time Line	Sept 15 RAG	Oct 15 RAG	Exception Report
1.31 Work with Northamptonshire County Council to improve the effectiveness of information exchange between agencies in line with the multi-agency information sharing protocol and partner agencies' own guidance, subject to robust operational monitoring arrangements in order that this becomes routine and embedded practice	31/12/15	Green	Amber	This action is included within the re-development of the safeguarding children policy. This had been scheduled for completion by 30/09/15 however this has slipped and is anticipated to be completed 30/11/15

Serious Case Reviews

There are currently three serious case reviews ongoing. One undertaken jointed with a neighbouring county Local Safeguarding Childrens Board (LSCB), one in relation to a fatal dog attack and one with learning in relation to Emergency Department Practice. The Trust was directly involved in service provision in one of the three cases, although there is transferable learning from all.

Safeguarding Adults

Adult Safeguarding Referrals October 2015



The majority of referrals for adult safeguarding concerns are generated from the Urgent Care directorate and relate to neglect or Acts of Omission; most often in relation to care delivered in registered care services.

Of the three referrals made ***against*** NGH, two were in Trauma and Orthopaedics and one in Urgent Care. One referral was partially substantiated (relating to discharge), one was incorrectly attributed to the Trust and one is awaiting completion of the investigation.

Deprivation of Liberty Safeguards (DOLS)

The Trust granted **21 urgent authorisations** under DOLS in October 2015. 13 of those patients have since been discharged and 8 remain in our care. With the exception of one, all the authorisations were in the medicine division, which is not unexpected.

National / Local Multi-Agency Activity

National Picture

The Verita report commissioned by Cambridge University Hospitals into the activities of Dr Myles Bradbury has just been published. Set in the context of the wider public debate regarding the exploitation of children: both the Jay and Lampard reports, the impact of this report will be significant across Health Services. The Trust's Safeguarding Team are currently reviewing the report and preparing a gap analysis against the recommendations.

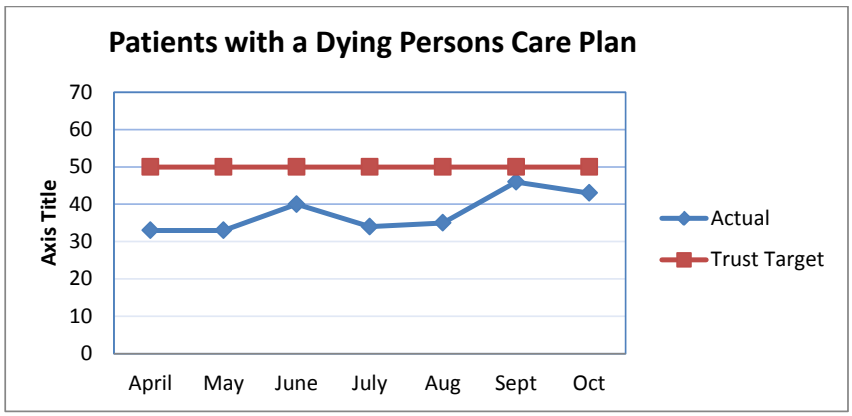
A recent Judgement handed down in the High Court may have an impact on the way the Deprivation of Liberty Safeguards are applied in the Intensive Care Settings. The Head of Safeguarding is liaising with ITU colleagues to progress this.

Local Activity
The LSCB has published the Countywide 'Neglect' Strategy. This will be discussed at the November Safeguarding Governance Group and a corresponding activity plan developed to support this moving forward.

12. End of Life Care

The use of the Dying Person Care Plan (DPCP) for patients thought to be in the last hours/days of life
The Trust implemented the DPCP in July 2014 to provide a framework for applying the national 5 key priorities of a care for a dying person, Leadership Alliance (2014). During quarter two there has been a continual rise in the use of the dying person care plan for patients who were recognised to be in the last hours/days of life (graph below).

All patients thought to be in the last days of life whose details are brought to the patient clinical safety huddle will be screened by the Specialist Palliative Care Team (SPCT). If the patient has complex or unmet needs, the team will continue to assess the patient. If ward led palliative care is appropriate, the End of Life Care (EOLC) team will support teams to develop care plans with the patient thought to be dying and /or family and provide both informal and formal education on apply the five key priorities to patient and their families care in quarter 3.



The Trust measures this compliance against total deaths with a target of 50%. This allows 25% of deaths that are unexpected and 25% for improvement.

The AMBER Care Bundle
The implementation of the AMBER care bundle is a Trust CQuIN in 2015/16; the objective is to introduce the bundle to one medical ward per quarter. In quarter one, Amber Care was implemented on Talbot Butler ward following completion of a baseline audit and training for nursing and medical staff facilitated by the EOLC team.

Quarter 2, after completion of a baseline audit and staff training AMBER Care was implemented on Becket ward. During this quarter a comparative audit for patients who died on Talbot Butler, following the implementation of AMBER demonstrated improved areas of documenting communication with patient and families and care planning and review.
Exploring and documenting Preferred Place of Care and Preferred Place of Death had not improved and ways to improve this will be devised with the team in Quarter 3.

Quarter 3 has started with preparing for AMBER Care to be introduced on Creaton Ward. A baseline audit demonstrates that AMBER Care is a tool suitable for patients on Creaton. The implementation will start 23 November 2015.

13. Safe Staffing in October

Overall fill rate for October 2015 was 91%, compared to 97% in September and 90% in August. Combined fill rate during the day was 92% compared with 91% in September and 84% in August. For the night 88% compared with 108% in September and 101% in August. RN fill rate during the day was 87% and for the night 70%.

A summary of the ward analysis for staffing is included at the end of the report. There is an update from the Divisions for each ward that is below 80% 'fill-rate' explaining the actions to maintain patient safety. The narrative from the Divisional teams includes any 'harm events' that have been recorded through the incident system (Datix) against wards below 80% 'fill-rate'.

As reported previously, the Board should be reassured that staffing is reviewed by a senior nurse at the twice daily safety Huddles Monday to Friday, and daily at a weekend. Any wards where staffing is at a minimum level or due to increases in acuity and dependency there is a need for additional staff above planned numbers, movement of staff is made and risk assessed. In future the number of staff moves will be captured on a daily basis using the following criteria:

- Registered or unregistered staff member
- Same specialty move (i.e. surgical nurse to surgical ward/area)
- Specialist move (i.e. for the care of Cardiac patients in the Heart Centre overnight we would ensure that there is at least one registered nurse who has the Advanced Life Support training)
- Generic move (surgical nurse moved to a non-surgical area to provide generic nursing skills)

This process is captured within our Effective Nurse Staffing and Escalation Policy that is due for ratification later this month.

14. Data Quality Review

An initial Data Quality Review of the monthly Safe Nurse Staffing data has been undertaken to ensure that recently updated establishments are accurately presented.

A baseline assessment of the Trust E-roster performance has been completed by Allocate (E-roster software provider). We are awaiting the findings which will be shared with the Committee in December.

15. Bank and Agency usage for month of October 2015

Bank and agency usage decreased in October 2015. A total of 144 WTE Registered Nurse (RN) shifts were filled with an overall shift fill rate of 86%. Of the RN shifts that were requested 67% were to cover establishment vacancies. Of the RN temporary staffing workforce 63% was filled by agency staff.

A total of 163 WTE bank and agency Health Care Assistant (HCA) shifts were filled, with an overall shift fill rate of 90%. Of the HCA shifts that were requested 40% were to support the care of patients with enhanced care needs and 35% were to cover establishment vacancies.

16. Safe midwifery staffing for maternity settings (NICE, February 2015)

In February 2015 the National Institute for Health and Care Excellence published guidance on safe midwifery staffing for maternity settings. There are four broad recommendation headings:

- Organisational requirements
- Setting the midwifery staffing establishment
- Assessing the differences in number and skill mix of midwives and the number available (escalation and response to increased demand)
- Monitoring and evaluating midwifery staffing requirements

Maternity can declare partial compliance with the above recommendations. There is an identified need for the development and implementation of an Establishment Review Standard Operating procedure (SOP) to detail the systematic process to calculate the midwifery staffing establishment on a 6 monthly basis. NICE recommend a 1:1 ratio for women in established labour, otherwise ratios are agreed locally.

This detail including the risk and acuity/dependency assessment of each mother and baby will be outlined in the SOP to ensure consistency and the ability to adapt to changing service need. This will be completed in line with the nursing SOP by December 2015.

As part of the NICE recommendations maternity services will be implementing the recording and monitoring of 'Midwifery Red Flag Events'. A 'Red Flag Event' is an event that prompts the midwife in charge of the ward to determine whether staffing is the cause and the action that is needed. The recording and monitoring of 'Midwifery Red Flag Events' will be by the use of Datix, the Trust adverse incident reporting system, in line with nursing.

The 'Midwifery Red Flag Events' will be reviewed by the Directorate Matrons and the Associate Director of Midwifery and will be discussed at the Senior Nurse & Midwifery Forum. The number of 'Midwifery Red Flag Events' will also be reported on a monthly basis through this report as part of the triangulation of harm events and staffing skill mix.

Currently Midwifery staffing shortfalls are escalated, discussed and resolved on a day by day basis through the Midwifery Operational Manager and raised for information at the Clinical Safety Huddle. Due consideration is given to the following:

- Any immediate adverse implications from midwifery staffing shortfalls and mitigation of risk using professional judgment
- Unexpected changes in acuity and dependency within the maternity wards
- Activity within the community midwifery service, including the homebirth team
- Out of hours this process is undertaken by the labour ward coordinator with escalation to the Consultant Obstetrician (on call) and Site team as required.
- Any adverse incidents relating to midwifery staffing are reported through the existing Datix system and discussed at the Matrons/Head of Midwifery forum.

17. Current recruitment and retention initiatives

This is addressed in the papers presented at this Committee by the Director of Workforce and Transformation.

18. Nurse Agency Reduction

As part of the 'Changing Care @NGH' programme there is an extensive work-stream focusing on the reduction of nurse agency usage following the national engagement with all NHS Trusts with proposals for new rules for registered nursing agency spend. This work-stream is reported through the 'Changing Care @NGH' Strategy Board.

19. 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.

Ward name	Day				Night				Day		Night		Actions/Comments	Red Flag
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)		
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours						
Abington	2022	1479.76	1856.5	1516.5	1063.25	1013	1022.25	1156	73.2%	81.7%	95.3%	113.1%	Ward has RN vacancies and short term sickness. Charge Nurse utilised to cover shortfalls and internal moves. Ward risk assessed by Matron and Senior Nursing staff every day and highlighted at 3pm safety huddle to on call team if any concerns or laspses in care	5 pressure ulcers and 4 slips, trips & falls falls reported
Allebone	2304	2269.92	2086.5	1915	1229.25	1020.25	620	909.55	98.5%	91.8%	83.0%	146.7%		
Althorp	1227	1084.5	1027	809	740	604	310	393.5	88.4%	78.8%	81.6%	126.9%	Changes to support staff requirements and how support staff work on the elective ward to be reflected in future roster template	No harm events reported
Becket	2646.75	2152.75	2036.83	2074.33	1240.5	1261.5	616	1024.5	81.3%	101.8%	101.7%	166.3%		
Benham	2247.48	2080.25	910.5	1197.83	1239	1264	626	783	92.6%	131.6%	102.0%	125.1%		
MATERNITY COMBINED UNIT: Sturtridge, MOW, Balmoral & Birth Centre	6847.25	6394.75	3963.25	3001.67	6037.5	5439.47	2689.75	2203.29	93.4%	75.7%	90.1%	81.9%		1 infection prevention issue reported
Brampton	1806.5	1534.25	1332	1287	1200	992.5	620	694	84.9%	96.6%	82.7%	111.9%		
Cedar	2310	2079.85	2079.5	1833.51	1173.5	997	883.5	876.5	90.0%	88.2%	85.0%	99.2%		
Collingtree	2917	2428.75	2067.5	2394.63	1542.5	1425.5	620	1177	83.3%	115.8%	92.4%	189.8%		
Compton	1198.5	1230	606	1017.98	670	639.25	0	564.5	102.6%	168.0%	95.4%	-		
Creaton	2022.08	1756.33	1847.5	2086.92	909.5	939.83	620	1253.5	86.9%	113.0%	103.3%	202.2%		
CHILD HEALTH COMBINED: Disney, Gosset & Paddington	7354.25	5604.5	3094.3	2164.5	5221	4739.42	1315	864.5	76.2%	70.0%	90.8%	65.7%	MSW vacancies difficult to fill, poor calibre candidates causing slow recruitment	No harm events reported
Dryden	2340.92	2113.58	890	1136.5	1193	1251	620	792.67	90.3%	127.7%	104.9%	127.9%		
EAU	2776.75	2688.75	1382.33	1738	1546.5	1548.5	921.5	1193	96.8%	125.7%	100.1%	129.5%		
Eleanor	1326.52	1261.27	684.5	820.25	620.75	620.75	310	462.42	95.1%	119.8%	100.0%	149.2%		
Finedon	2614.75	2022.75	530.42	519.17	1161.5	1175.5	399	459.5	77.4%	97.9%	101.2%	115.2%	Ward has RN vacancies and short term sickness. Ward staffing risk assessed ona shift by shift basis and additional staff would have been moved to address any safety issues (this may not yet be reflected by roster moves?).	3 pressure ulcres and 3 slips, trips & falls reported
Hawthorn	2286.98	2032.32	1304	1284	1124	951.83	756	789	88.9%	98.5%	84.7%	104.4%		
Head & Neck	1343.48	1097.23	608.48	462	679	754.5	314.5	363.5	81.7%	75.9%	111.1%	115.6%	HCA complement currently being reviewed against service requirements	2 pressure ulcers & 2 slips, trips & falls reported
Holcot	1782.25	1489.76	1278.25	1156.23	1132.25	1124.5	682	905	83.6%	90.5%	99.3%	132.7%		
ITU	5701.5	5044.73	922.5	920.5	4275.75	4442.5	713	829.25	88.5%	99.8%	103.9%	116.3%		
Knightley	1040.25	856.26	1038.5	1315	660	640	0	653.5	82.3%	126.6%	97.0%	-		
Rowan	2523.25	2509.02	1364.5	1269.75	1396.5	1229.33	549.5	642	99.4%	93.1%	88.0%	116.8%		
Spencer	1094	1070.15	691.92	1026.14	614.5	652.25	310	651.5	97.8%	148.3%	106.1%	210.2%		
Talbot Butler	3025.95	2351.01	1204.75	1212.5	1120	989	530	919.75	77.7%	100.6%	88.3%	173.5%	RN vacancy 8.25 WTE. LTS and STS has further exacerbated the reduction of day time RN availability. An increase in HCA fill has been used to ensure patient daily care needs are met and improve the patient experience.	7 pressure ulcers & 5 slips, trips & falls reported.
Victoria	1047.5	891.98	992	1391.25	630	621	0	776.33	85.2%	140.2%	98.6%	-		
Willow	2851.75	2544.75	1391	1703.16	1676.75	1565.08	558	833.92	89.2%	122.4%	93.3%	149.4%		

Enclosure E

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Financial Position Month 7**
Agenda item	**10**
Presenter of Report	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 October 2015/16.

Executive summary

- The Trust is measuring the I&E position against the revised year end stretch target of £20.4m and remains £0.1m favourable to this trajectory at the end of October.
- The position for October is supported by a reduced level of depreciation arising from the review of non-current asset valuations (now adopted from 1 October).
- RN agency Nursing amounted to 10.6% of total RN expenditure in October (£121k above the required trajectory).
- A range of in year financial risks are evident which are not provided for in the financial plan and require mitigation to ensure financial targets can be met. (Further information is provided under separate cover on this agenda).

Related strategic aim and corporate objective	Develop IBP which meets financial and operational targets.
Risk and assurance	The recurrent deficit and I&E plan position for FY15-16 signal another challenging financial year ahead and the requirement to develop a medium term financial strategy to deliver financial balance in the medium term.
Related Board Assurance Framework entries	BAF 3.1 (Sustainability); 5.1 (Financial Control); 5.2 (CIP delivery); 5.3 (Capital Programme).
Equality Analysis	N/A
Legal implications / regulatory requirements	NHS Statutory Financial Duties

Enclosure F

Actions required by the Committee

The Board is asked to note the report and recommendations in support of delivering the required TDA stretch target of £20.4m by the financial year end.

Northampton General Hospital NHS
NHS Trust

Financial Position
Month 7 FY 2015/16

Report to
Public Trust Board
November 2015

Enclosure F

1. Overview

The I&E position for the period ended October (M7) is a deficit of £12.7m, £0.1m favourable to plan. SLA income has fallen marginally below plan overall although the impact of increased non-elective activity and discharges can be clearly seen in October. Pay costs reduced in line with forecast with a small reduction in the overall level of agency expenditure month on month. The level of RN agency amounted to 10.6% in October (above the TDA required ceiling of 8%). At the end of October the Trust had accessed £14.8m of the permitted Interim Revolving Working Capital Support Facility (restricted to £18.8m in FY15-16).

RAG		This Month	Last Month	Change
	Statutory Financial Duties	**Oct 15**	**Sep 15**	
	3 year Cumulative I&E Breakeven duty (£000's)	(22,030)	(20,996)	(1,034)
	Achieving EFL (£000's)	26,761	30,479	3,718
	Capital Cost Absorption Duty (%)	3.5%	3.5%	0
	Achieving the Capital Resource Limit (£000's)	19,057	23,139	(4,082)
	Financial Sustainability Risk Rating	1.0	1.0	0.0
	I&E Position	**Oct 15**	**Sep 15**	
	Actual in Month Position (£000's)	(1,034)	(1,395)	361
	Forecast in Month Position (£000's)	(931)	(872)	(59)
	Actual Year to Date Position (£000's)	(12,686)	(11,652)	(1,034)
	Forecast Year to Date Position (£000's)	(12,820)	(11,889)	(930)
	Forecast End of Year I&E Position (£000's)	(22,054)	(23,283)	1,229
	EBITDA %	-2.6%	-3.0%	0.4%

RAG		This Month	Last Month	Change
	Income	**Oct 15**	**Sep 15**	
	NENE CCG Variance to plan - YTD (£000's)	(1,024)	(127)	(897)
	MRET Penalty - Gross (£000's)	(2,071)	(1,724)	(347)
	Readmissions Penalty - Gross (£000's)	(1,634)	(1,374)	(261)
	Contract Fines & Data Challenges (£000's)	(323)	(302)	(21)
	Elective variance to plan (£000's)	(1,276)	(1,119)	(157)
	Daycase variance to plan (£000's)	584	357	227
	Non-Elective variance to plan (£000's)	1,285	971	313
	Outpatients variance to plan (£000's)	709	702	7
	Operating Costs	**Oct 15**	**Sep 15**	
	Pay Expenditure (£000's)	15,520	15,849	329
	Agency Staff Costs (£000's)	1,567	1,651	84
	Agency Staff Cost (%)	10.1%	10.4%	0.3%
	RN Agency % (Ceiling 8%)	10.6%	10.6%	0.0%
	Non-Pay - Clinical (£000's)	5,062	4,893	(169)
	Non-Pay - Other (£000's)	2,444	2,618	174
	Cost Improvement Schemes	**Oct 15**	**Sep 15**	
	Year to Date Actual (£000's)	5,976	4,479	1,497
	Year to Date Plan (£0o0's)	5,574	4,496	1,078
	Forecast Delivery (£000's)	12,113	12,269	(156)
	Annual CIP Target (£'000s)	12,128	12,128	0

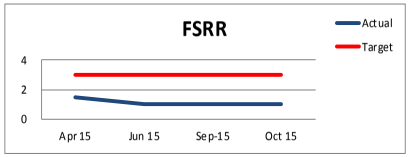
RAG		This month	Last Month	Change
	Capital	**Oct 15**	**Sep 15**	
	Year to date expenditure (£'000s)	7,617	7,110	507
	% of annual plan Committed	64%	46%	18.2%
	Annual Capital Expenditure Plan (£000's)	19,057	21,701	(2,644)
	Cash	**Oct 15**	**Sep 15**	
	In month movement (£000's)	3,852	1,470	2,382
	In Year movement (£000's)	6,512	2,660	3,852
	New PDC / Temporary borrowing (£000's)	14,800	11,000	3,800
	Debtors Balance > 90 days (£000's)	603	691	88
	Creditors % > 90 days	0%	0%	0%
	Cumulative BPPC - by volume (%)	99.1%	99.2%	-0.1%

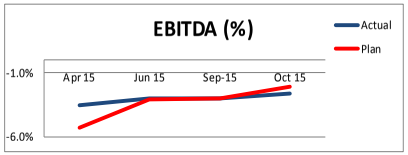
Key issues

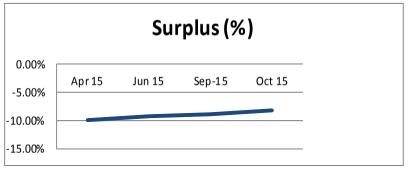
- The Trust is now measuring the I&E position against the revised year end stretch target of £20.4m (improvement of £0.8m to original plan) and remains £0.1m favourable to this trajectory.
- The position for October is supported by a reduced level of depreciation arising from the review of non-current asset valuations now adopted from 1st October.
- RN agency Nursing amounted to 10.6% of total RN expenditure in October (£121k above the required trajectory).
- A range of in year financial risks are evident which are not provided for in the financial plan and require mitigation to ensure financial targets can be met.
- The CCG have invoiced the Trust for 50% of the income settlement received in FY14-15 (£0.9m) this has been disputed by the Trust and is not included in the reported position.
- The cumulative breakeven duty target for recovery now stands at £22.03m.
- The Trust has been notified that it can only now draw down £18.8m against the Interim Revolving Working Capital Support Facility and tis may give rise to some curtailment of creditor payments late in Q4.
- The Trust is working with the TDA to submit the first of two loan applications to the ITFF in November with a further application to be made in December pending approval of the PAS final business case.

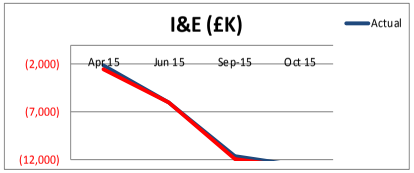
2. Financial Performance Dashboard

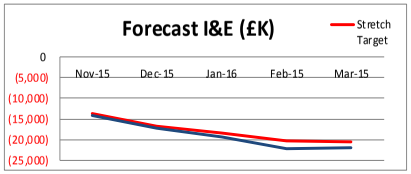
1. Key Metrics

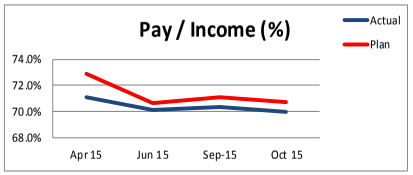




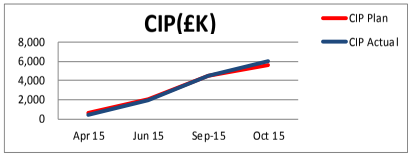


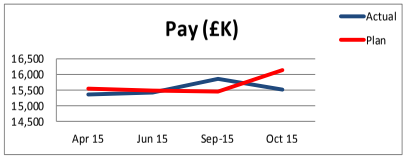


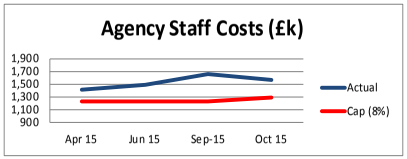


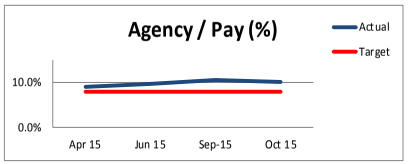


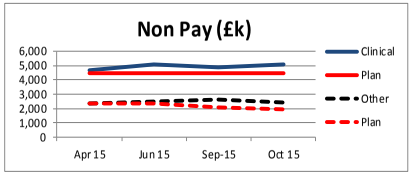
2. I&E Performance

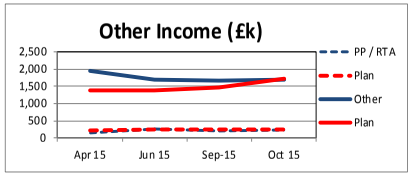




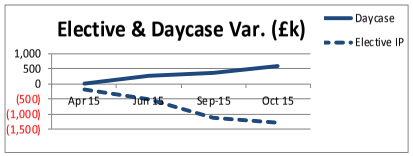


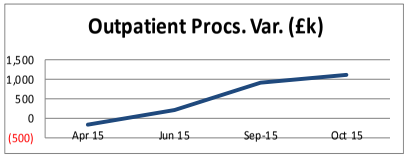


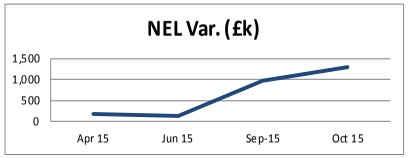


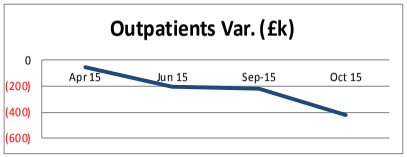


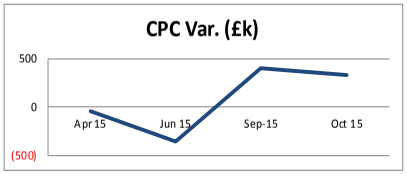
3. SLA Income

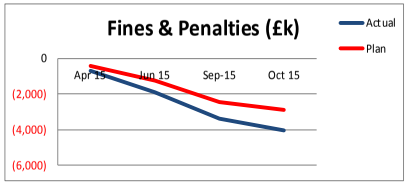




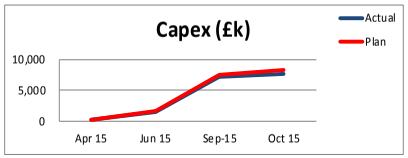


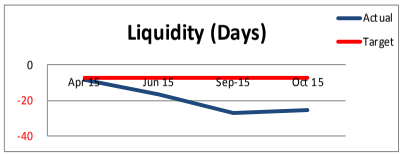


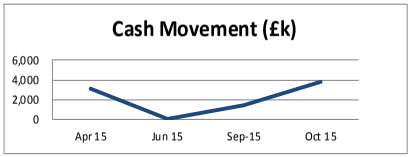


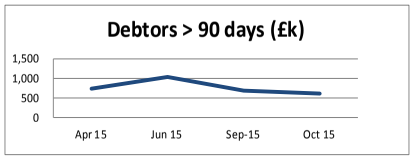


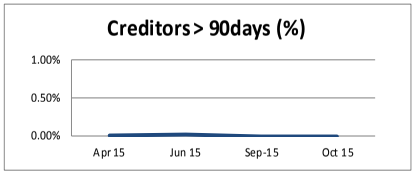
4. Working Capital

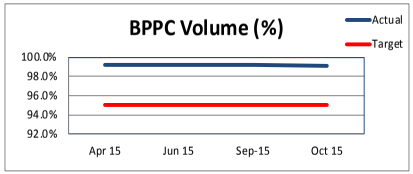












3. Income and Expenditure Position

I&E Summary	Actual FY14-15	Annual Plan	YTD plan	YTD Actual	Variance to Plan	Oct 15	Sep 15
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SLA Clinical Income	239,776	245,555	142,195	142,144	(51)	20,951	21,387
Other Clinical Income	2,422	2,904	1,694	1,428	(267)	241	201
Other Income	23,810	17,998	10,665	11,813	1,148	1,699	1,662
Total Income	266,007	266,457	154,554	155,385	830	22,891	23,250
Pay Costs	(180,225)	(186,691)	(109,343)	(108,740)	603	(15,520)	(15,849)
Non-Pay Costs	(86,832)	(81,849)	(47,629)	(50,753)	(3,124)	(7,506)	(7,511)
CIPs		0	0	0	(0)	0	0
Reserves/ Non-Rec		(1,710)	(758)	0	758	0	0
Total Costs	(267,057)	(270,250)	(157,730)	(159,493)	(1,763)	(23,026)	(23,359)
EBITDA	(1,050)	(3,794)	(3,175)	(4,108)	(933)	(135)	(110)
Depreciation	(11,407)	(11,947)	(6,844)	(6,289)	555	(730)	(941)
Amortisation	(11)	(16)	(9)	(9)	0	(1)	(1)
Impairments	(3,338)	0	0	(2,267)	(2,267)	(2,267)	0
Net Interest	27	(516)	(392)	(136)	256	(45)	(25)
Dividend	(4,332)	(4,316)	(2,518)	(2,283)	234	(125)	(360)
Surplus / (Deficit)	(20,111)	(20,588)	(12,939)	(15,093)	(2,154)	(3,303)	(1,437)
NHS Breakeven duty adjs:							
Donated Assets	248	268	119	140	21	2	42
NCA Impairments	3,338	0	0	2,267	2,267	2,267	0
I&E Position (breakeven duty)	(16,525)	(20,320)	(12,820)	(12,686)	134	(1,034)	(1,395)

I&E Performance

- Financial performance for the period ended October 2015/16 is a normalised deficit of £12.686m, £134k fav. to the planned deficit of £12.820m for the same period.
- Pay expenditure run rate reduced by £0.3m to £15.5m month on month, with a reduction in agency staff costs of £0.1m overall.
- Income has fallen in October but remains £830k fav. to plan overall (last month £1,373k fav). Tariff excluded medicines income £938k fav. to plan and excluded devices £351k fav. to plan.
- Pay expenditure is £603k fav. to plan with Non-Pay expenditure £3.124m adv. to plan.
- 7 months of the planned contingency reserve have been allocated for the year to date (£0.8m fav).
- Latest Run Rate forecast (unmitigated) is for a deficit of £22m subject to risk (see Stretch Target report).
- The in year deprecation charge is £555k fav. to plan reflecting the revised Modern Equivalent Asset basis of asset valuation adopted in October.
- Interest charges will start to increase as the level of temporary borrowing drawn down increases.

Key issues

SLA Income

- Underling position is £1.0m fav.to plan offset by requirement to make provision for potential fines and penalties of £4.0m for the YTD.
- EL IP activity £1.27m (13%) below plan for year to date. (Last month £1.11m or 13%)
- Daycase activity £584k (3%) above plan for the year to date. (Last month £357k (3%) above plan).
- NEL activity 1.7% above plan for period to date giving rise to MRET penalty exposure. (Last month 1.7%). NEL excess bed days 13% above plan (Last month 13%).
- CCG have requested 50% of the FY14-15 income settlement to be repaid in FY15-16. This has been disputed by the Trust and is not included in the reported position (FYE £0.9m)
- CQUIN £1.0m adv. to plan pending Q1 performance review against new targets and contract variation for Urgent Care CQUIN.

Other Income

- Private Patient income £197k adverse to plan. (Last month £208k adv.).
- RTA income £69k adv. to plan. (Last month £57k adv.).
- Income / Other Generation £1.148m fav. to plan led by external drug sales and recharges to Charitable funds.

Pay

- Total agency staffing costs 9.9% (£10.8m) of the total pay bill for the period to October (see Appendix 1).
- RN Agency 10.55% of RN pay in October (H2 ceiling 8%).
- Medical staff ADH costs £113k in October (last month £198k). This area currently under review.
- Nursing pay expenditure £912k (2.1%) fav. to plan overall.

Non-Pay

- Drugs £1.399m adv. to plan due to high level of Excluded medicines offset by additional income from Commissioners and unplanned external drug sales to NHFT.
- Prosthesis £288k fav. to plan.
- Energy £379k (was £455k) fav. to plan.
- Consultancy Fees £330k adv.
- Office equipment £116k adv.to plan.

3.1 Run Rate Income & Expenditure Forecast (M7+5)

	Outturn 2014/15 £000's	Original Plan 2015/16 £000's	Month 1 Apr £000's	Month 2 May £000's	Month 3 Jun £000's	Month 4 Jul £000's	Month 5 Aug £000's	Month 6 Sep £000's	Month 7 Oct £000's	Month 8 Nov £000's	Month 9 Dec £000's	Month 10 Jan £000's	Month 11 Feb £000's	Month 12 Mar £000's	EOY Forecast £000's 2015-16
SLA Clinical Income	239,776	245,555	19,481	19,669	20,848	21,205	18,603	21,387	20,951	20,525	18,906	19,854	19,337	22,278	**243,044**
Other Clinical Income	2,422	2,904	147	185	251	232	170	201	241	197	197	197	197	197	**2,413**
Other Income	23,810	17,998	1,966	1,588	1,682	1,798	1,419	1,662	1,699	1,546	1,546	1,546	1,546	1,546	**19,545**
Total Income	**266,007**	**266,457**	**21,594**	**21,442**	**22,782**	**23,236**	**20,192**	**23,250**	**22,891**	**22,269**	**20,649**	**21,597**	**21,081**	**24,021**	**265,003**
Pay Costs	(180,225)	(186,691)	(15,343)	(15,395)	(15,414)	(15,369)	(15,850)	(15,849)	(15,520)	(15,560)	(15,592)	(15,603)	(15,631)	(15,631)	**(186,758)**
Non-Pay Costs	(86,832)	(81,849)	(7,012)	(7,024)	(7,614)	(7,495)	(6,591)	(7,511)	(7,506)	(7,122)	(6,959)	(7,170)	(7,113)	(7,097)	**(86,214)**
Reserves		(1,710)													
Total Costs	**(267,057)**	**(270,250)**	**(22,355)**	**(22,419)**	**(23,028)**	**(22,865)**	**(22,440)**	**(23,360)**	**(23,026)**	**(22,681)**	**(22,551)**	**(22,773)**	**(22,745)**	**(22,728)**	**(272,972)**
EBITDA	**(1,050)**	**(3,794)**	**(762)**	**(978)**	**(246)**	**371**	**(2,249)**	**(110)**	**(135)**	**(413)**	**(1,901)**	**(1,176)**	**(1,664)**	**1,293**	**(7,969)**
Depreciation	(11,407)	(11,947)	(1,038)	(1,003)	(1,021)	(616)	(941)	(941)	(730)	(730)	(730)	(730)	(730)	(730)	**(9,941)**
Amortisation	(11)	(16)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	**(16)**
Impairments	(3,338)								(2,267)						**(2,267)**
Net Interest	27	(516)	(6)	(14)	(14)	(15)	(18)	(25)	(45)	(45)	(45)	(45)	(45)	(45)	**(362)**
Dividend	(4,332)	(4,316)	(364)	(356)	(360)	(360)	(360)	(360)	(125)	(326)	(326)	(326)	(326)	(326)	**(3,914)**
Surplus / (Deficit)	**(20,111)**	**(20,588)**	**(2,170)**	**(2,351)**	**(1,642)**	**(621)**	**(3,569)**	**(1,437)**	**(3,303)**	**(1,515)**	**(3,004)**	**(2,279)**	**(2,767)**	**191**	**(24,468)**
Breakeven Assessment:															
Donated Asset adjustment	248	268	42	42	42	(12)	(20)	42	2	2	2	2	2	2	148
Impairments	3,338								2,267						2,267
I&E Position (month)			**(2,128)**	**(2,309)**	**(1,600)**	**(633)**	**(3,589)**	**(1,395)**	**(1,035)**	**(1,513)**	**(3,002)**	**(2,277)**	**(2,765)**	**193**	**(22,054)**
I&E Position (Cum)	**(16,525)**	**(20,320)**	**(2,128)**	**(4,438)**	**(6,038)**	**(6,670)**	**(10,259)**	**(11,654)**	**(12,686)**	**(14,199)**	**(17,201)**	**(19,478)**	**(22,243)**	**(22,051)**	

Key Issues

- Run Rate forecast gives rise to indicative I&E deficit of £22.1m by the financial year end. (£0.7m adverse to stretch target). Forecast includes impact of revised depreciation estimate following asset valuation exercise effective from 1/10/15.
- Potential risks not included in the run rate forecast (e.g. excess Winter Pressures).
- NENE CCG income assumption of £195m (including £665k Tranche 1 Winter Funding).
- Range of additional actions required in H2 to ensure current stretch target of £20.4m can be delivered, including the following:
  - Agency Nurse Controls - £1m
  - Stretch Target actions - £0.8m
  - Increase in CIP delivery run rate (e.g. Shift Standardisation) - £0.75m to £1.0m

Key Metrics	YTD £000's	EOY £000's
Run Rate Forecast	**(12,686)**	**(22,051)**
Revised Plan (£800k stretch)	**(12,820)**	**(20,417)**
Original Plan	**(13,597)**	**(21,217)**
Average Run Rates:	**YTD**	**YTG**
Income	**22,198**	**21,923**
Pay	**(15,534)**	**(15,603)**
Non-Pay	**(7,250)**	**(7,092)**
I&E	**(1,813)**	**(1,873)**

3.2 Risks & Opportunities

	Ref	Plan / FYE £000's	Best Case £000's	Most Likely £000's	Worst Case £000's	Comments
I&E Surplus / (Deficit) YTD	1		-12,686	-12,686	-12,686	Position to Month 7
Baseline I&E Forecast YTG	2		-9,368	-9,368	-9,368	Run-rate forecast position for months 8-12
Baseline Forecast I&E EOY	**A**		**-22,054**	**-22,054**	**-22,054**	
Income Risks						
CCG clawback of 50% of FY14-15 settlement	3			-870	-870	CCG have issued invoice to the Trust in FY15-16
New Fines & Penalties	4			-200	-300	Estimated
Elective Cancellations due to winter pressures	5			-375	-750	WC Assumes 10% of Elective work cancelled for 5 months
Winter Funding Tranche 1	6			-665	-665	£665k assumed in Run Rate Forecast.
Sub-Total Income Risks	**B**			**-2,110**	**-2,585**	
Expenditure Risks						
Winter Pressures - Planned	7		-200	-350	-500	Additional Winter schemes approved by Executive Team
Winter Pressures - Unplanned	8		-100	-375	-800	Estimated winter 'drag' on variable and premium costs
Capitalisation of Works	9		-200	-350	-500	Estimated cost of non-value adding / refurbishment / maintenance works
Outsourcing of Elective Activity to meet RTT	10		-200	-350	-500	T&O and Ophthalmology outsourcing currently ceased
Interest Payable on new Loans	11				-200	Dependent on timing and value of draw down
Sub-Total Expenditure Risks	**C**		**-700**	**-1,425**	**-2,500**	
Opportunities:						
Nurse Shift Standardisation	12		500	450	300	Estimated PYE reduction in WTE required for new rostered
Agency Controls	13		1,000	500		£1m TDA stretch Target required
Stretch Target Actions (excl DTZ)	14		500	500	200	Stretch Target Actions excluding Asset Valuation (already included above)
Winter Funding Tranche 2	15		1,000			Assumes central funding issued from DH (not confirmed)
Reinvestment of MRET/Readmissions (NENE)	16					CCG have confirmed no reinvestment likely
Reinvestment of MRET (SSCG)	17		250	250		SCCG reinvested £250k in the last Financial Year.
AML PET CT Income	18		100	50		Subject to commercial agreement / completion of build /Scanner
Sub-Total Opportunities	**D**		**3,350**	**1,750**	**500**	
Risk Adjusted I&E Position	**A+B+C+D**		**-19,404**	**-23,839**	**-26,639**	
Stretch Target - Trust			**-20,417**	**-20,417**	**-20,417**	
Additional Mitigations Required			**1,013**	**-3,422**	**-6,222**	

Key Issues

- Table above seeks to identify the main drivers of potential changes to the run rate forecast for the remainder of the FY15-16 Financial Year.
- Risks and opportunities have been modelled based on current estimates and are subject to further refinement.
- Most Likely case fails to deliver £20.4m target without further mitigating actions being identified and delivered.
- NENE CCG have indicated they are unlikely to fund any Winter Pressures as originally anticipated in the run rate forecast.

3.3 Stretch Target Actions

Ref	Opportunity	Potential Value (£k)	Actions to deliver Opportunity	Likelihood	Expected (£k)	YTD (£k)	Forecast (£k)
1	0.5% Contingency	1,344	Phased equally into YTD position throughout the Financial Year / no impact on run rate.	0%	0		
2	Independent Review of MRET	2,300	Independent Review resulted in reduced 08-09 baseline calculation resulting zero sum gain / loss.	0%	0		
3	Reduce / Reinvest Fines & Penalties incurred above plan	1,838	Require operational Teams to deliver performance targets and respond to CCG queries. Senior input to SRG,.	3%	50	50	50
5	Reinvestment of (planned) MRET £2.6m; Readmisions £2.4m	5,047	Senior input required at SRG to ensure fines and penalties are reinvested to cover NEL and Winter Pressures. Contract notices issed to CCG and shared with TDA.	0%	0		
6	Increase CIP Delivery	1,000	Stretch Target to £13m. Limited scope given current risk profile of exiting schemes and £800k stretch Target already applied	0%	0		
7	Access CCG Non-Recurrent support / Transformation Reserve	3,000	Bid for non-recurrent funds to be developed. CCG have indicated there is no scope for investment ion FY15-16.	0%	0		
8	Revenue to Capital	250	Review all major revenue transactions and project cost with a view to capitalising appropriate costs (Dec 15 onwards).	50%	125	-	125
9	Delay Planned Investments	333	£333k of approved business cases plus Ward expansion plan remains in reserves / in current run rate.	0%	0		80
10	Technical Adjustments (NCA Valuation Review / Provisions Review)	600	Exercise to review Non-Current Asset lives and Estate valuation to be commissioned as pert of CRM initiative. Review of balance sheet provisions to be undertaken in Q4.	50%	300	200	1,200
11	Additional Agency Controls	300	Introduction of mandated cap requires additional controls and individual wards reviews to implement. Currently behind	33%	100		
12	Expenditure Controls	500	Centralised requisition controls to elements non essential / non recurrent expenditure.	46%	228	17	100
A	**Total Opportunities (Risk adjusted)**				**803**	**267**	**1,555**

Key Issues

- The Board considered a range of measures in September to meet the required TDA stretch Target as set out above.
- To date £267k of actions have been identified and reflected in the financial position.
- The MEA Asset Valuation exercise is estimated to provide a PYE benefit of £1.3m less maintenance items which will be expenses of c. £500k. (net £800k).
- A review of provisions has identified £0.4m of deferred income which could be released to support the financial position.
- A formal capital to revenue trawl will be undertaken in December to identify any potential capital to revenue transfers.
- In overall terms the Trust is on target to exceed the £800k stretch target actions but must also manage a range of additional risks to meet the required £20.4m year end deficit target (see previous page).

4. SLA Income

Point of Delivery	Activity Plan	Activity Actual	Activity Variance	Finance £000's Plan	Finance £000's Actual	Finance £000's Variance
AandE	68,099	66,816	(1,283)	7,404	7,384	(19)
Block / CPC	1,527,305	1,587,899	60,594	32,225	32,556	331
CQUIN	-	-		3,259	2,184	(1,075)
Day Cases	21,886	23,036	1,150	13,243	13,827	584
Elective	3,876	3,355	(521)	10,373	9,098	(1,276)
Elective XBDs	1,266	1,338	72	287	322	35
Excluded Devices	54	963	909	720	1,071	351
Excluded Medicines	-	-		10,359	11,297	938
Non-Elective	23,973	24,481	508	38,296	38,865	569
Non-Elective XBDs	17,419	20,661	3,242	3,733	4,448	715
Outpatient First	38,258	34,768	(3,490)	5,919	5,693	(226)
Outpatient Follow UP	119,105	116,193	(2,912)	10,986	10,793	(192)
Outpt Procedures	68,840	77,769	8,929	9,113	10,240	1,128
Other Central SLA Income				(1,420)	(1,607)	(187)
CIPs				616		(616)
Total SLA Income (before fines	**1,890,081**	**1,957,279**	**67,198**	**145,112**	**146,172**	**1,060**
Fines & Penatlies						
Contract Penalties	2WW			-	(4)	(4)
Contract Penalties	31 Day			-	(20)	(20)
Contract Penalties	62 Day			-	(42)	(42)
Contract Penalties	A&E			-	(155)	(155)
Contract Penalties	Cancelled Operations			-	(14)	(14)
Contract Penalties	CDIFF			-	-	-
Contract Penalties	MRSA			-	(10)	(10)
Contract Penalties	RTT - Incomplete			-	(78)	(78)
MRET	MRET			(1,481)	(2,071)	(590)
Readmissions	Readmissions			(1,437)	(1,634)	(197)
Sub-Total Fines & Penalties				**(2,918)**	**(4,028)**	**(1,110)**
Grand Total SLA Income				**142,195**	**142,144**	**(51)**

Commissioner	Finance £000's Annual Plan	YTD Plan	Actual	Variance
Nene CCG	192,677	111,489	112,100	611
Nene CCG - Not in Contract Value	3,073	1,800	165	(1,635)
Corby CCG	3,037	1,750	1,506	(243)
Bedfordshire CCG	443	257	382	126
East Leicestershire & Rutland CCG	527	308	353	45
Leicester City CCG	99	56	25	(31)
West Leicestershire CCG	62	37	46	10
Milton Keynes CCG	2,680	1,552	1,511	(41)
SCG	30,089	17,629	17,818	189
SCG - Not in Contract Value	150	88	-	(88)
Herts & South Midlands LAT	6,667	3,909	4,213	304
Cancer Drug Fund	2,810	1,639	1,863	224
NCA	2,961	1,713	2,406	694
Central (Contingency, Central provisions & adj)	(1,112)	(646)	(245)	401
CIPs	1,286	616		(616)
Total SLA Income	**245,450**	**142,195**	**142,144**	**(51)**

Non Contracted Activity (NCA) £694k ahead of plan due to the charging of other maternity providers outside of the pathway payment (subject to non-payment risk). Improvement in level of activity being captured and recharged as part of the data completeness changing care theme.

Key issues

Summary
£51k adverse to plan

Total SLA Income showing £51k adverse position to plan; c.£1.2m relates to excluded items with a direct cost impact and therefore the underlying position is c.£1m adverse to plan overall.

Blocks / CPC
£331k favourable to plan

Pathology (£120k) and Radiology (£149k) direct access over performance against planned levels.

CQUIN
£1,075k adverse to plan

The Q1 validation of achievement with the CCG has not yet been agreed. The current financial performance is based on 85% achievement with the exception of the urgent care scheme which is currently at 0% until this is amended in the contract and reassurance is given on the scale of delivery.

Day Case & Elective Inpatients
£692k adverse to plan

This remains a significant risk area for the Trust and is unlikely to recover over the winter period. This is largely due to pressures on emergency care. **It is currently being offset by other areas of over performance (non-elective and outpatient procedures).**

Outpatients
£709k ahead of plan

Outpatient procedures are significantly ahead of plan in Ophthalmology and T&O. Most of the over performances are being challenged by the commissioners as an unauthorised coding change; which is under investigation. Some of this over performance is offset centrally by an increased provision to mitigate the financial risk of the challenge.

Fines & Penalties
£1,110k adverse to plan

As non-elective activity continues to over perform, there is a corresponding increase in MRET and readmissions. A&E fines continue into October.

5. Statement of Financial Position

	Balance at 31-Mar-15	Current Month			Forecast end of year	
		Opening Balance	Closing Balance	Movement	Closing Balance	Movement
	£000	£000	£000	£000	£000	£000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	143,465	143,465	143,465		143,465	
IN YEAR REVALUATIONS		(93)	6,054	6,147	6,151	6,151
IN YEAR MOVEMENTS		6,433	7,075	642	20,745	20,745
LESS DEPRECIATION		(5,559)	(6,289)	(730)	(9,940)	(9,940)
NET BOOK VALUE	143,465	144,246	150,305	6,059	160,421	16,956
CURRENT ASSETS						
INVENTORIES	5,961	5,671	5,669	(2)	6,000	39
RECEIVABLES						
NHS RECEIVABLES	5,036	6,095	7,055	960	7,141	2,105
OTHER TRADE RECEIVABLES	1,437	925	944	19	1,500	63
RECEIVABLES IMPAIRMENTS PROVISION	(455)	(206)	(206)		(350)	105
CAPITAL RECEIVABLES						
NON NHS OTHER RECEIVABLES	216	371	310	(61)	250	34
COMPENSATION RECEIVABLES (RTA)	2,677	2,636	2,634	(2)	2,750	73
SALARY OVERPAYMENTS	499	526	539	13	500	1
SALARY SACRIFICE SCHEMES	427	415	434	19	577	150
OTHER RECEIVABLES	474	363	845	482	524	50
IRRECOVERABLE PROVISION	(851)	(851)	(851)		(875)	(24)
PREPAYMENTS	1,666	2,770	2,874	104	1,800	134
SUB TOTAL	11,126	13,044	14,578	1,534	13,817	2,691
NON CURRENT ASSETS FOR SALE		792	375	(417)		
CASH	1,114	3,774	7,626	3,852	1,500	386
CURRENT ASSETS	18,201	23,281	28,248	4,967	21,317	3,116
CURRENT LIABILITIES						
NHS PAYABLES	442	1,866	2,059	193	500	58
TRADE PAYABLES REVENUE	1,289	1,739	2,805	1,066	7,491	6,202
TRADE PAYABLES FIXED ASSETS	2,157	4,223	3,889	(334)	4,056	1,899
TAX AND NI OWED	3,301	3,374	3,362	(12)	3,500	199
NHS PENSIONS AGENCY	2,182	2,237	2,221	(16)	2,300	118
OTHER PAYABLES	407	349	366	17	400	(7)
SHORT TERM LOANS - DH	159	11,159	14,959	3,800	19,501	19,342
SHORT TERM LOANS - NON DH	208	199	188	(11)	241	33
ACCRUALS	6,441	7,946	7,348	(598)	5,600	(841)
RECEIPTS IN ADVANCE	1,777	2,797	2,036	(761)	1,500	(277)
PDC DIVIDEND DUE			174	174		
STAFF BENEFITS ACCRUAL	721	721	721		650	(71)
PROVISIONS	1,396	1,057	1,010	(47)	1,359	(37)
CURRENT LIABILITIES	20,480	37,667	41,138	3,471	47,098	26,618
NET CURRENT ASSETS / (LIABILITIES)	(2,279)	(14,386)	(12,890)	1,496	(25,781)	(23,502)
TOTAL ASSETS LESS CURRENT LIABILITIES	141,186	129,860	137,415	7,555	134,640	(6,546)
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year					1,368	1,368
LOANS over 1 year DH	1,431	1,978	4,836	2,858	8,384	6,953
LOANS over 1 year NON DH	248	147	147		272	24
PROVISIONS over 1 year	1,072	1,081	1,081		1,237	165
NON CURRENT LIABILITIES	2,751	3,206	6,064	2,858	11,261	8,510
TOTAL ASSETS EMPLOYED	138,435	126,654	131,351	4,697	123,379	(15,056)
FINANCED BY						
PDC CAPITAL	119,240	119,240	119,240		119,240	
PDC TEMPORARY BORROWING						
REVALUATION RESERVE	35,879	35,887	39,339	3,452	39,339	3,460
I & E ACCOUNT BALANCE	(16,684)	(16,684)	(16,670)	14	(16,670)	14
I & E CURRENT YEAR		(11,789)	(10,558)	1,231	(18,530)	(18,530)
FINANCING TOTAL	138,435	126,654	131,351	4,697	123,379	(15,056)

Key Movements

Non Current Assets

•£6.0m increase predominantly as a result of the revaluation exercise

•EOY position includes the additions related to loans for replacement imaging equipment, NPfIT systems, car park decking (finance lease) and stock/inventory which all remain subject to DH approval.

Current assets

•Increase in Other NHS Receivables of £1.0m.

•Increase in Other Receivables £0.5m.

•Increase in Cash of £3.9m due to late receipt of capital invoices for the new linear accelerator, now expected to be paid in November.

•Increase in Prepayments of £0.1m.

•Decrease in Non Current Asset Held for Sale of £0.4m, Harborough Lodge building has been revalued to an open market value basis as part of the revaluation exercise.

Current Liabilities

•Increase in NHS Payables of £0.2m.

•Increase in Trade Creditors of £1.1m.

•Decrease in Trade Payables Fixed Assets £0.3m.

•Increase in Short Term Loans DH £3.8m.

•Decrease in Accruals of £0.6m.

•Decrease in Receipts in Advance of £0.8m.

•Increase in PDC Dividends Due of £0.2m.

Non Current Liabilities

•Increase of Capital Loan £2.9m .

•EOY position includes the Finance Lease Payable related to the car park decking and Capital Loans.

Financing

•Deficit in month of £1.2m.

•Revaluation Reserve Increase of £3.5m as a result of revaluation exercise.

N.B. As a result of the reversal of the impairment on the revaluation exercise the EOY forecast has improved to £18.5m, however the normalised position is £20.4m. The revenue support is now restricted to the stretch target of £18.9m, which we may not be able to fully access. The capital loans have now been reclassified as revolving working facility rather than PDC as per the TDA plan.

6. Capital Expenditure

Capital Scheme	Plan 2015/16 £000's	M7 Plan £000's	M7 Spend £000's	Under (-) / Over £000's	Plan Achieved %	Actual Committed £000's	Plan Achieved %
Linacc corridor	0	0	0	0	0%	0	0%
Replacement Imaging Equipment (Approved)	4,495	3,714	3,696	-18	82%	4,407	98%
Replacement Imaging Equipment (Subject to ITFF Bid)	2,527	0	0	0	0%	0	0%
Additional Imaging Equipment (Subject to ITFF Bid)	600	0	0	0	0%	0	0%
Replacement NPfIT Systems (Subject to ITFF Bid)	608	0	0	0	0%	0	0%
Stock / Inventory System (Subject to ITFF Bid)	100	0	0	0	0%	0	0%
A&E / Orthopaedics	1,100	670	609	-61	55%	1,051	96%
Contingency	0	0	0	0	0%	0	0%
Medical Equipment Sub Commiittee	2,188	1,400	1,285	-115	59%	1,370	63%
Estates Sub Committee	3,695	1,454	1,220	-234	33%	2,224	60%
IT Sub Committee	2,625	1,099	825	-273	31%	1,535	58%
Car Park Decking	1,438	0	0	0	0%	1,438	100%
Other	306	247	231	-16	76%	405	132%
Total - Capital Plan	**19,682**	**8,583**	**7,867**	**-717**	**40%**	**12,430**	**63%**
Less Charitable Fund Donations	-156	-156	-156	0	100%	-156	100%
Less NBV of Disposals	-469	-94	-94	0	20%	-94	20%
Total - CRL	**19,057**	**8,334**	**7,617**	**-717**	**40%**	**12,180**	**64%**

Funding Resources	
Internally Generated Depreciation	9,940
SALIX	90
Finance Lease - Car Park Decking	1,438
Capital Loans - Imaging Equipment (Approved)	4,495
Capital Loans - Replacement Imaging Equipment	2,527
Capital Loans - Additional Imaging Equipment	600
Capital Loans - NPfIT Systems	609
Capital Loans - Stock / Inventory System	100
Capital Loan - Repayment	-741
Total - Available CRL Resource	**19,057**
Uncommitted Plan	**0**

Key Issues

- The Linear Accelerator link corridor works have now been completed and linear accelerator machine due to go live in November.
- Replacement MRI scanner within the approved replacement imaging equipment capital loan is now likely to slip to 2016/17 with revised forecast of £4,495k in year.
- Capital loans yet to be approved by the ITFF and DH. The TDA have indicated that the Trust application will be reviewed in November. This is at a lower level for 2015/16 following review with Radiology and Radiotherapy. However we have included all of the kit within the application as we require approval to continue with the planning for next year which is extremely tight with completion of three x-ray rooms, linear accelerator, two MRI scanners and a CT scanner.
- The A&E / Orthopaedics scheme continues in the new financial year with completion of Ambulatory Care in October and Emergency Observation Area now planned to complete by December.
- Full year depreciation forecast is currently £9,940k (was £11,204k in M6) as a result of the revaluation exercise.
- Charitable Donations assumptions includes £250k relating to the Chemotherapy Appeal has now slipped to 2016/17.
- Car park decking will be subject to a 10 year finance lease with planned completion in November.

7. Receivables, Payables and BPPC Compliance

Narrative	Total at October £000's	0 to 30 Days £000's	31 to 60 Days £000's	61 to 90 Days £000's	Over 90 Days £000's
Receivables Non NHS	944	449	218	24	253
Receivables NHS	5,486	4,857	179	100	350
Total Receivables	**6,430**	**5,306**	**397**	**124**	**603**
Payables Non NHS	(6,694)	(6,689)		(5)	0
Payables NHS	(2,059)	(2,059)			
Total Payables	**(8,753)**	**(8,748)**		**(5)**	**0**

Narrative	Total at September £000's	0 to 30 Days £000's	31 to 60 Days £000's	61 to 90 Days £000's	Over 90 Days £000's
Receivables Non NHS	925	481	116	104	224
Receivables NHS	4,526	3,659	141	259	467
Total Receivables	**5,451**	**4,140**	**257**	**363**	**691**
Payables Non NHS	(5,961)	(5,961)			0
Payables NHS	(1,866)	(1,866)			
Total Payables	**(7,827)**	**(7,827)**			**0**

Receivables and Payables

- All SLA commissioner monthly invoices were paid on time.
- Continued focus on reducing age profile of non current debt.
- For Non NHS over 90 days this includes Overseas visitors accounts of £163k of which £66k are paying in instalments and a high proportion of the balance passed to debt collection agency to recover, Private Patients £42k, Northampton County Council £10k and BMI 3 Shires £10k.
- NHS over 90 day debt predominantly relates to NCA's £164k, KGH NHSFT £115k (£89k now paid) and MK NHSFT£21k.
- All of registered creditors are predominantly current (due within 30 days).
- Appropriate provision and write off has been made in accordance with the stated DH and local Trust policies.

Narrative	April £ 2,015	June £ 2,015	Sept £ 2,015	Oct £ 2,015	Cumulative 2015/16
NHS Creditors					
No.of Bills Paid Within Target	181	150	263	143	1,220
No.of Bills Paid Within Period	186	156	264	145	1,237
Percentage Paid Within Target	**97.31%**	**96.15%**	**99.62%**	**98.62%**	**98.63%**
Value of Bills Paid Within Target (£000's)	1,486	1,831	2,086	1,434	11,306
Value of Bills Paid Within Period (£000's)	1,491	1,841	2,088	1,442	11,331
Percentage Paid Within Target	**99.61%**	**99.47%**	**99.90%**	**99.45%**	**99.77%**
Non NHS Creditors					
No.of Bills Paid Within Target	7,114	6,581	9,236	8,492	55,013
No.of Bills Paid Within Period	7,168	6,629	9,415	8,642	55,523
Percentage Paid Within Target	**99.25%**	**99.28%**	**98.10%**	**98.26%**	**99.08%**
Value of Bills Paid Within Target (£000's)	7,676	6,507	9,312	8,569	57,671
Value of Bills Paid Within Period (£000's)	7,718	6,529	9,381	8,689	58,002
Percentage Paid Within Target	**99.46%**	**99.67%**	**99.26%**	**98.62%**	**99.43%**
Total					
No.of Bills Paid Within Target	7,295	6,731	9,499	8,635	56,233
No.of Bills Paid Within Period	7,354	6,785	9,679	8,787	56,760
Percentage Paid Within Target	**99.20%**	**99.20%**	**98.14%**	**98.27%**	**99.07%**
Value of Bills Paid Within Target (£000's)	9,162	8,338	11,398	10,003	68,976
Value of Bills Paid Within Period (£000's)	9,209	8,370	11,470	10,131	69,334
Percentage Paid Within Target	**99.48%**	**99.62%**	**99.37%**	**98.74%**	**99.48%**

BPPC Compliance

- The BPPC performance has been maintained in the new financial year with all targets achieved in year to date by volume and value with the payments team continuing to achieve processing within the targets once approved.

- Of the 76 invoices (£91k) that were paid late in October, 70 related to Nursing Staff Agency. This highlighted a backlog processing issue which has since been discussed with the Bank Office, Finance and the company.

8. Cashflow

		ACTUAL							FORECAST				
MONTHLY CASHFLOW	**Annual**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
RECEIPTS													
SLA Base Payments	235,304	19,508	18,956	20,342	19,911	19,586	19,622	19,611	19,333	19,609	19,609	19,609	19,609
SLA Performance/ Other CCG Inves	86							86					
Health Education Payments (SIFT e	9,949	759	825	802	793	793	1,878	23	815	815	815	815	815
Other NHS Income	11,529	1,084	731	441	798	612	2,169	888	841	841	841	941	1,341
PP / Other (Specific > £250k)	2,062	396			578		353		735				
PP / Other	12,866	1,104	946	1,011	1,445	978	965	967	950	1,100	1,100	1,100	1,200
Salix Capital Loan	265											165	100
PDC - Capital													
Capital Loan	5,103					660		2,858		677	467	100	341
PDC - Revenue													
Temporary Borrowing	18,530	3,500	1,500			1,500	4,500	3,800		1,700	1,900	130	
Interest Receivable	31	6	2	3	2	2	2	3	3	2	2	2	2
Sale of Assets													
TOTAL RECEIPTS	**295,726**	**26,356**	**22,959**	**22,600**	**23,528**	**24,130**	**29,491**	**28,238**	**22,677**	**24,744**	**24,733**	**22,862**	**23,408**
PAYMENTS													
Salaries and wages	169,971	13,999	14,213	14,194	14,154	14,206	14,136	14,224	14,165	14,170	14,170	14,170	14,170
Trade Creditors	83,459	7,259	6,199	6,122	8,552	8,683	7,874	7,763	7,887	7,514	7,493	6,173	1,940
NHS Creditors	17,852	1,491	1,385	1,841	1,554	1,470	2,088	1,442	1,593	1,593	1,593	1,000	800
Capital Expenditure	19,136	490	313	431	1,053	808	1,567	931	3,342	3,251	1,477	1,519	3,955
PDC Dividend	3,744						1,988						1,756
Repayment of Loans (Principal & In	920						219						701
Repayment of Salix loan	208						111	12					85
TOTAL PAYMENTS	**295,291**	**23,238**	**22,111**	**22,588**	**25,312**	**25,167**	**27,984**	**24,373**	**26,987**	**26,528**	**24,733**	**22,862**	**23,408**
Actual month balance	435	3,118	849	12	-1,785	-1,037	1,508	3,865	-4,310	-1,784	0	0	0
Cash in transit & Cash in hand adju	-49	-20	11	-2	12	31	-38	-13	-31				
Balance brought forward	1,114	1,114	4,212	5,072	5,083	3,310	2,304	3,774	7,626	3,284	1,500	1,500	1,500
Balance carried forward	**1,500**	**4,212**	**5,072**	**5,083**	**3,310**	**2,304**	**3,774**	**7,626**	**3,284**	**1,500**	**1,500**	**1,500**	**1,500**

Key Issues

- The Trust has now utilised £14.8m (YTD plan was £15.5m) of Temporary Borrowing as part of the Interim Revolving Working Capital Support Facility (IRWCSF) introduced by the Department of Health to support Trust's cash flows in 2015/16. This facility will be now utilised until the end of the financial year and a permanent solution will be sought in early 2016/17. DH have confirmed the final variation to the revolving working capital facility for 2015/16 to £18.9m in line with the stretch target requirements.
- The funding period for the facility is from mid-month to mid-month. The carried forward balance at the end of October was £7.6m. This exceeds the £7.5m end of month balance set as a requirement of the RWCSF. This occurred as a result of the delay encountered in receiving the invoice for the linear accelerator from NHS Supply Chain. No further borrowings were required in month and the capital invoice will now be paid in November.
- The cash flow now incorporates repayment of loan principals and respective interest charges. Any temporary borrowing is subject to an interest charge of 3.5% calculated on a daily basis. There is a 1% commitment fee associated with permanent Revenue Support Funding which has now been delayed to 2016/17. N.B. The EOY forecast is currently based on the revised plan submitted to the TDA in September which forecast a £20.6m deficit (normalised to £20.4m deficit). There is now a gap between the revised forecast and the £18.9m support limit which will now impact on the level of creditors which can be paid on time in February and March.

9. Conclusions and Recommendations

Conclusion:

- The Trust has continued to perform better than plan in October, although the early signs of winter pressures are evident particularly in relation to reductions in elective income and increased Non-Elective discharges and associated income.
- The latest forecast indicates that the Trust needs to develop a management plan for the remainder of the financial year which covers emerging risks and winter pressures. This plan will require the support of the host commissioner, particularly in relation to winter funding and the ongoing application of fines and penalties.
- The Trust has made inroads in terms of reducing the overall level of agency expenditure month on month although achievement of the RN 8% agency cap has not been met.
- Quantification of the winter plan is required to offer a greater degree of control and certainty to the financial forecast.
- The Trust has a range of revenue reserves which need to be carefully managed. These reserves represent the only source of funding to meet any unplanned costs, risks or mitigations for CIP slippage in year.
- Work to finalise the first of several ITFF applications is nearing completion with the first application scheduled for DH consideration in late November. Further application will be requited to fund the replacement PAS system (subject to TDA approval) and also to convert the IRWCSF to a permeant loan in the new year.
- Recent meetings with the NENE CCG CFO continue to highlight a number of uncertainties in relation the NENE CCG contract which require resolution (e.g. Q1 reconciliation and CQUIN, winter funding) to provide a greater level of assurance that Trust can continue to plan on the assumed levels of income reported to date.

Recommendations & actions

1. Development of a financial management action plan to manage the emerging financial position and risks to delivery of the required stretch target.
2. Implementation of actions to deliver required stretch target and ongoing development of detailed I&E forecast to inform likely range of I&E position at the financial year end.
3. Implementation of controls and measures to ensure agency expenditure for registered Nurses does not exceed the expected 8% (subject to appeal) ceiling in Q3 and Q4.
4. A plan to manage the cost implications of Winter pressures is drawn up on the assumption that no further CCG funding will be made available in year.
5. Review of new CQUIN targets and forecast delivery required based on the Q1 position and CCG contract reconciliation is achieved in accordance with nationally prescribed timescales.
6. Continue to progress ITFF applications and PAS FBC approval with support from TDA.

Appendix 1: Year-to-date Trust Agency Costs by Directorate & Staff Group

Area	Senior Medstaff	Junior Medstaff	Qualified Nursing	Unqualified Nursing	Management Staff	A&C Staff	Other Clinical Staff	Prof & Tech Staff	Ancillary & Estates Staff	Agency as % of Total Pay Mth 7	Total Agency YTD Mth 7	Total Agency YTD Mth 6	Total Agency YTD Mth 5	Total Agency YTD Mth 4	Total Agency YTD Mth 3	Total Agency YTD Mth 2	Total Agency YTD Mth 1	Average Month 2014/15
General Surgery	274	62	353	150	-	4	1	3	-	11%	846	736	609	456	312	194	90	91
Anaesthesia & Critical Care	-	10	603	29	-	9	25	17	6	6%	700	562	443	340	256	168	81	78
Trauma & Orthopaedics	(2)	284	455	95	-	-	-	6	-	16%	838	764	625	491	376	254	113	77
Ent & Maxfax	143	168	30	22	-	-	-	41	-	13%	404	363	317	203	171	103	67	28
Ophthalmology	-	60	-	-	22	-	-	-	-	4%	82	52	32	18	6	-	-	6
Surgical Care Management	-	-	-	-	1	-	-	-	-	0%	1	1	1	1	1	1	1	4
Surgical Division	**416**	**584**	**1,441**	**295**	**22**	**13**	**27**	**67**	**6**	**9%**	**2,871**	**2,480**	**2,027**	**1,509**	**1,122**	**720**	**352**	**284**
Inpatient Specialties	292	187	736	422	-	23	10	58	33	6%	1,761	1,421	1,211	845	776	528	275	279
Outpatient & Elderly Medicine	179	98	160	284	-	-	88	-	-	3%	808	663	530	431	264	149	46	36
Urgent Care	93	1,092	986	201	-	2	-	-	-	8%	2,374	2,046	1,749	1,462	1,089	691	341	256
Medical Care Management	-	-	-	-	(3)	-	-	-	-	(2%)	(3)	(3)	(3)	(3)	(3)	-	-	17
General Medicine Division	**564**	**1,377**	**1,883**	**907**	**(3)**	**25**	**97**	**58**	**33**	**17%**	**4,939**	**4,127**	**3,487**	**2,735**	**2,126**	**1,368**	**662**	**587**
Child Health	(2)	22	267	26	-	-	-	4	2	4%	319	288	265	230	187	125	88	50
Obstetrics & Gynae	-	-	54	55	-	-	-	1	2	1%	112	84	62	50	40	32	19	14
Oncology/Clin Haematology	13	93	79	47	-	-	-	-	-	4%	231	161	110	71	31	52	35	90
WC&O Division	**11**	**115**	**400**	**127**	**-**	**-**	**-**	**5**	**4**	**3%**	**662**	**533**	**436**	**351**	**258**	**209**	**142**	**153**
Pathology	-	-	-	-	-	4	-	589	-	14%	593	530	438	358	255	152	47	19
Imaging	246	-	-	-	-	-	25	-	-	6%	271	239	190	153	117	72	47	23
Research	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	59	-	-	3%	59	30	30	1	(25)	(46)	(7)	35
Therapy Services	-	-	0	-	-	-	88	-	-	5%	88	69	53	46	35	25	25	31
Clinical Support Division	**246**	**-**	**0**	**-**	**-**	**4**	**171**	**589**	**-**	**5%**	**1,011**	**869**	**711**	**558**	**382**	**203**	**112**	**108**
Clinical Divisions	**1,237**	**2,076**	**3,723**	**1,330**	**19**	**42**	**295**	**718**	**43**	**22%**	**9,483**	**8,009**	**6,662**	**5,153**	**3,887**	**2,500**	**1,268**	**1,133**
Hospital Support	33	-	13	3	235	89	27	-	-	0%	400	362	313	163	119	118	60	53
Facilities	-	-	-	-	-	11	-	2	875	15%	887	777	521	414	284	184	84	92
Support Services	**33**	**-**	**13**	**3**	**235**	**100**	**27**	**2**	**875**	**9%**	**1,288**	**1,139**	**834**	**576**	**403**	**302**	**144**	**145**
Trust Total	**1,270**	**2,076**	**3,772**	**1,353**	**254**	**142**	**322**	**720**	**918**	**11%**	**10,827**	**9,260**	**7,608**	**5,729**	**4,290**	**2,802**	**1,412**	**1,278**
										Discrete Monthly Spend	**1,567**	**1,651**	**1,879**	**1,439**	**1,488**	**1,390**	**1,412**	**1,278**

Key Issues

- **At Month 7** £10.8m (£1.57m per month average) has been spent on agency costs (£1.28m per month average in 14/15).
- **Medical locum agency costs** in October have remained at approx. £650k. The Trust has spent £3.3m on agency against a vacancy of £1.5m on senior medical staff and £1.6m against a vacancy of £1.4m on junior medical staff year to date.
- **Nursing (RN & HCA) agency costs** of £682k in October with roughly 83wte RN and 69wte HCA agency staff employed. 11.29% of the total RN expenditure in 15/16 (£33.4m) has been on agency staff. Against the RN expenditure limit (agency expenditure 8% of the total RN expenditure) the Trust achieved 10.55% against this target.

Appendix 2: Financial Sustainability Risk Rating

Criteria	M7	Score	Weight	Weighted Score
Capital Service capacity (times)	-1.59	1	25.00%	0.25
Liquidity (days)	-25	1	25.00%	0.25
I&E Margin	-8.2%	1	25.00%	0.25
Variance on I&E Margin as % of Income	0.1%	4	25.00%	1.00
Overall Score				1

New Financial Sustainability Rating Issued

Monitor have issued a new Financial Sustainability Risk Rating which comes into force from August 2015 and incorporates the following measures of financial robustness and efficiency:

- **liquidity:** days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown.
- **capital servicing capacity:** the degree to which the organisation's generated income covers its financing obligations.
- **income and expenditure (I&E) margin:** the degree to which the organisation is operating at a surplus/deficit.
- **variance from plan in relation to I&E margin:** variance between a foundation trust's planned I&E margin in its annual forward plan and its actual I&E margin within the year.

Monitor considers these measures should be calculated as part of a Board's normal financial reporting.

New Monitor Guidance (extract) August 2015

	Financial criteria	Weight (%)	Metric	Rating categories** 1*	2***	3	4
Continuity of services	Balance sheet sustainability	25	Capital service capacity (times)	<1.25x	1.25 - 1.75x	1.75-2.5x	>2.5x
	Liquidity	25	Liquidity (days)	<(14) days	(14)-(7) days	(7)-0 days	>0 days
Financial efficiency	Underlying performance	25	I&E margin (%)	≤(1)%	(1)–0%	0-1%	>1%
	Variance from plan	25	Variance in I&E margin as a % of income	≤(2)%	(2)-(1)%	(1)-0%	≥0%

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Workforce Performance Report**
Agenda item	**11**
Presenter of Report	Janine Brennan, Director of Workforce & Transformation
Author(s) of Report	Sandra Wright, Assistant Director of Workforce Development
Purpose	This report provides an overview of key workforce issues
Executive summary • The key performance indicators show an increase in contracted workforce employed by the Trust, and an increase in sickness absence. • Increases in compliance rates for Mandatory Training and Role Specific Essential Training and a slight decrease in Appraisal compliance 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 – 4.1, 4.2 and 4.3
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) No Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N) No

Legal implications / regulatory requirements	No

Actions required by the Board

The Board is asked to Note the report.

Northampton General Hospital NHS
NHS Trust

Public Trust Board
26 November 2015

Workforce Performance Report

1. Introduction

This report identifies the key themes emerging from October 2015 performance and identifies trends against Trust targets. It also sets out current key workforce updates.

2. Workforce Report

2.1 Capacity

Substantive Workforce Capacity increased by 32.68 FTE in October 2015 to 4198.56 FTE. The Trust's substantive workforce is at 90.34% of the Budgeted Workforce Establishment of 4647.39 FTE.

Annual Trust turnover decreased to 11.33% in October which is above the Trust target of 8%. Turnover within Nursing & Midwifery also decreased by 0.27% to 11.79%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover also fell in all other staff groups with the exception of the Admin & Clerical, Allied Health Professional, and Medical & Dental staff groups.

In month sickness absence increased by 0.25% to 4.28% which is above the Trust target of 3.8%. Only the Surgery Division (3.53%) achieved a level below the Trust's target of 3.8%, but both the Clinical Support Division and Support Services were below 4%.

2.2 Capability

Appraisals, Mandatory and Role Specific Essential Training

The current rate of Appraisals recorded for October 2015 is 76.08%; this is a slight fall from last month's figure of 76.67%.

Mandatory Training compliance also increased in October to 84.72% and is very close to the Trust target of 85%. All Directorates within the Clinical Support Services Division have a Mandatory Training compliance rate above 85%, as do Hospital Support, Child Health, Ophthalmology, Oncology & Haematology, Urgent Care, and Outpatients & Elderly Medicine.

Role Specific Essential Training compliance also increased slightly in October to 71.15%; whilst this is still less than the Trust target it continues the improving trend seen each month since March 2015.

The Learning & Development Department are providing support to areas in order that they are able to achieve a compliance rate of 85% across Appraisals, Mandatory Training and Role Specific Essential Training.

2.3 Policy Changes

Since September 2015 the following policies, procedures or protocols have been amended or reviewed and ratified:

- Management of Sickness Absence Policy
- Management of Industrial Action Procedure
- Working with Relations and Close Personal Friends Protocol
- Recruitment, Selection and Retention Policy
- Bariatric Patient Policy
- Workplace Stress Management Policy

2.4 Industrial Relations

The British Medical Association is currently balloting junior doctors on potential industrial action.

3. Assessment of Risk

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

4. Recommendations/Resolutions Required

The Committee is asked to note the report.

5. Next Steps

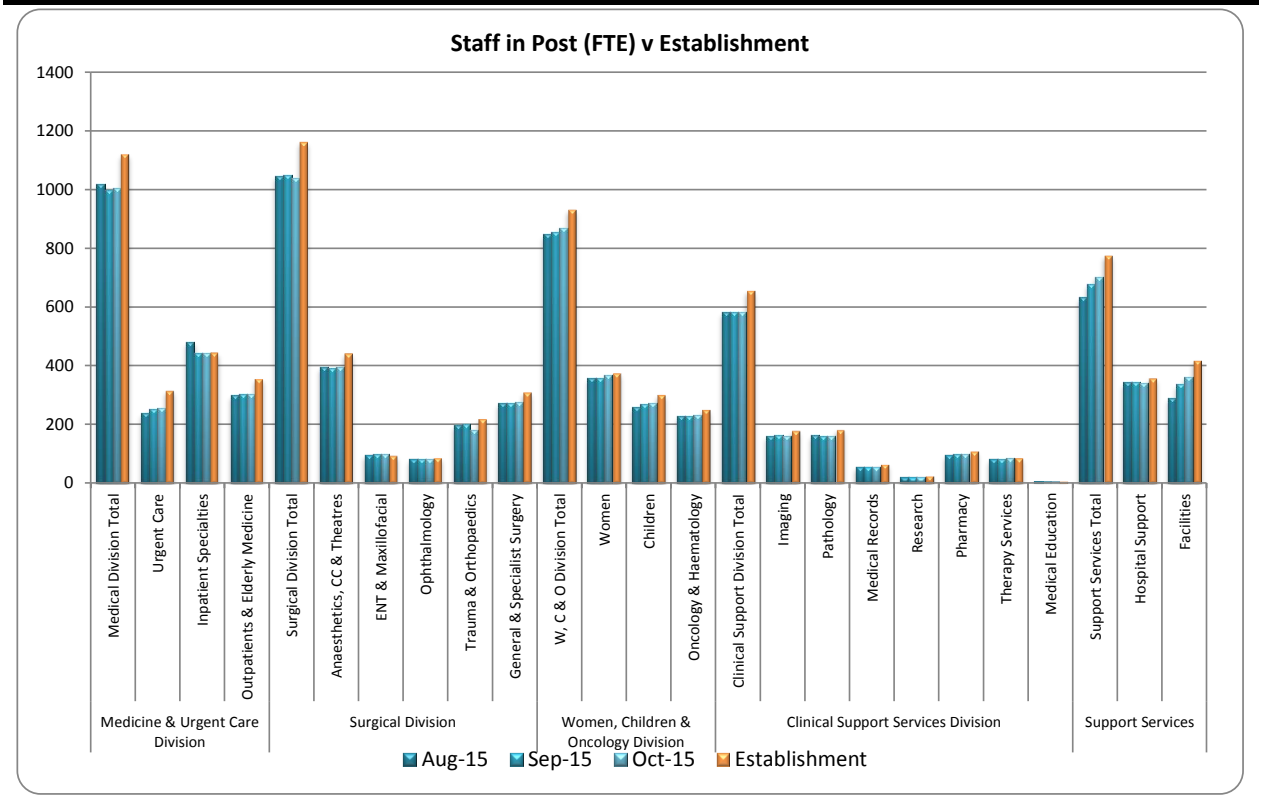
Key workforce performance indicators are subject to regular monitoring and appropriate action is taken as required.

Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPACITY
Staff in Post

Establishment RAG Rates:	< 88%	88-93%	> 93%

Staff in Post (FTE)		Aug-15	Sep-15	Oct-15	Establishment	
Medicine & Urgent Care Division	Medical Division Total	1020.03	998.97	1003.73	1120.47	89.58%
	Urgent Care	239.40	251.80	255.86	315.86	81.00%
	Inpatient Specialties	480.97	443.50	443.96	445.47	99.66%
	Outpatients & Elderly Medicine	298.66	302.66	302.90	356.76	84.90%
Surgical Division	Surgical Division Total	1047.00	1048.97	1037.46	1162.35	89.26%
	Anaesthetics, CC & Theatres	396.07	391.79	395.03	442.59	89.25%
	ENT & Maxillofacial	96.49	97.52	98.92	94.14	105.08%
	Ophthalmology	80.61	81.87	82.02	88.16	93.04%
	Trauma & Orthopaedics	196.66	199.12	181.02	219.85	82.34%
	General & Specialist Surgery	271.37	272.86	274.68	310.51	88.46%
Women, Children & Oncology Division	W, C & O Division Total	846.91	855.17	870.67	931.90	93.43%
	Women	358.20	359.07	368.03	376.14	97.84%
	Children	258.98	267.25	270.65	302.08	89.60%
	Oncology & Haematology	227.88	227.00	230.98	250.94	92.05%
Clinical Support Services Division	Clinical Support Division Total	581.99	583.56	583.06	656.68	88.79%
	Imaging	159.15	162.05	160.45	179.23	89.52%
	Pathology	163.53	159.53	159.36	182.73	87.21%
	Medical Records	55.57	55.57	55.04	65.25	84.35%
	Research	19.39	19.33	19.33	25.12	76.95%
	Pharmacy	95.66	99.66	99.54	109.43	90.96%
	Therapy Services	81.56	81.23	83.15	86.93	95.65%
	Medical Education	5.13	4.20	4.20	6.45	65.12%
Support Services	Support Services Total	632.46	679.21	703.65	775.99	90.68%
	Hospital Support	342.22	343.22	341.14	357.96	95.30%
	Facilities	290.24	335.99	362.51	418.03	86.72%
Trust Total		4128.40	4165.88	4198.56	4647.39	90.34%



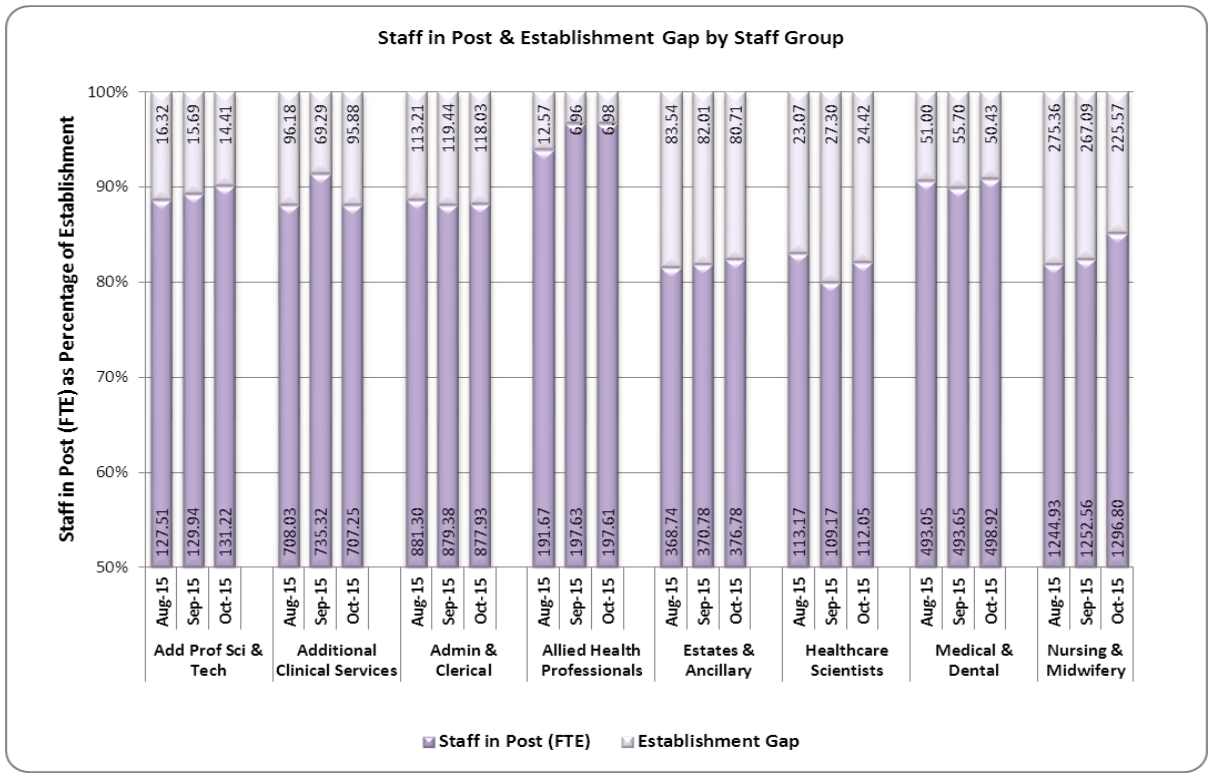
Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPACITY
Staff Group (FTE v Est)

Vacancy RAG Rates:	> 12%	7 - 12%	< 7%

Staff Group Vacancy Rate (Contracted FTE v Establishment)

Staff Group	Aug-15	Sep-15	Oct-15
Add Prof Sci & Tech	11.35%	10.77%	9.89%
Additional Clinical Services	11.96%	8.61%	11.94%
Admin & Clerical	11.38%	11.96%	11.85%
Allied Health Professionals	6.15%	3.40%	3.41%
Estates & Ancillary	18.47%	18.11%	17.64%
Healthcare Scientists	16.93%	20.00%	17.89%
Medical & Dental	9.37%	10.14%	9.18%
Nursing & Midwifery	18.11%	17.58%	14.82%



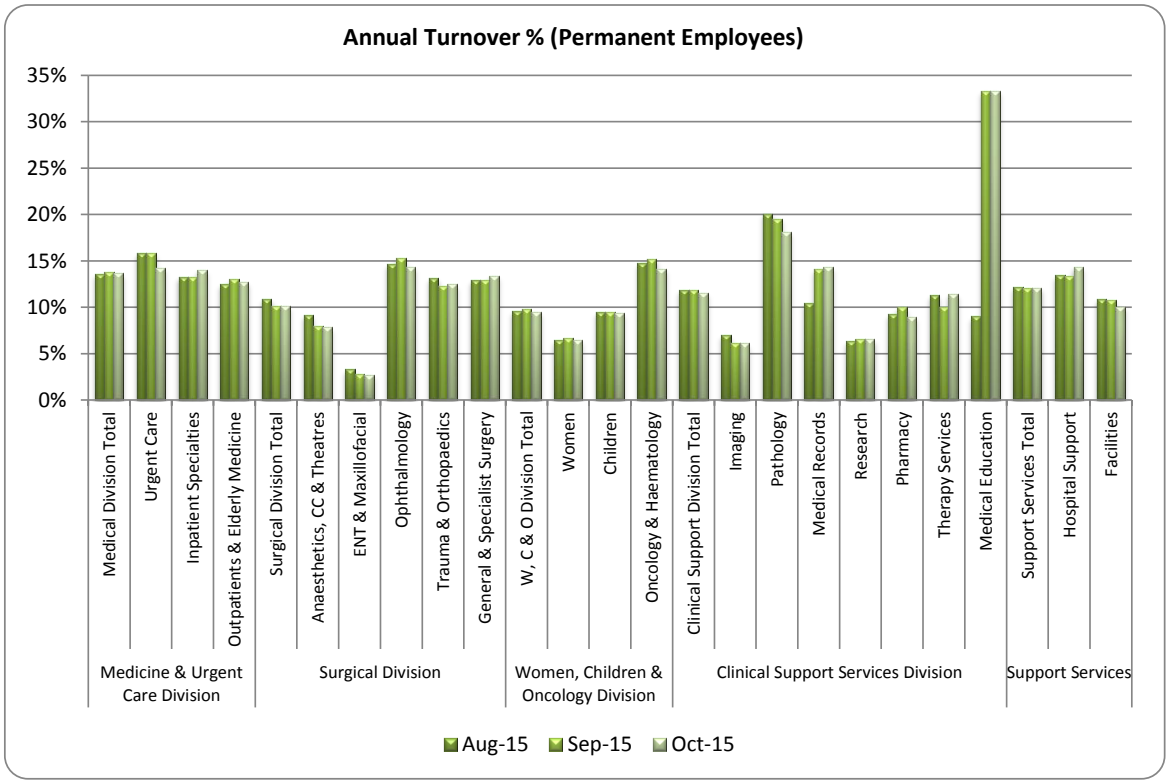
Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPACITY
Annual Turnover

Figures refer to the year ending in the month stated

Turnover RAG Rates:		
> 10%	8 - 10%	< 8%

Annual Turnover (Permanent Staff)		Aug-15	Sep-15		Oct-15	
Medicine & Urgent Care Division	Medical Division Total	13.57%	↗	13.79%	↘	13.63%
	Urgent Care	15.83%	↗	15.87%	↘	14.19%
	Inpatient Specialties	13.24%	↗	13.27%	↗	13.99%
	Outpatients & Elderly Medicine	12.47%	↗	13.01%	↘	12.70%
Surgical Division	Surgical Division Total	10.88%	↘	10.13%	↘	10.09%
	Anaesthetics, CC & Theatres	9.16%	↘	7.94%	↘	7.80%
	ENT & Maxillofacial	3.27%	↘	2.79%	↘	2.67%
	Ophthalmology	14.69%	↗	15.25%	↘	14.35%
	Trauma & Orthopaedics	13.13%	↘	12.31%	↗	12.43%
	General & Specialist Surgery	12.90%	↘	12.87%	↗	13.33%
Women, Children & Oncology Division	W, C & O Division Total	9.57%	↗	9.74%	↘	9.44%
	Women	6.45%	↗	6.61%	↘	6.41%
	Children	9.50%	↘	9.44%	↘	9.40%
	Oncology & Haematology	14.77%	↗	15.20%	↘	14.06%
Clinical Support Services Division	Clinical Support Division Total	11.83%	↗	11.87%	↘	11.54%
	Imaging	7.02%	↘	6.13%	↘	6.07%
	Pathology	20.09%	↘	19.55%	↘	18.14%
	Medical Records	10.45%		14.10%	↗	14.31%
	Research	6.32%	↗	6.52%	↗	6.52%
	Pharmacy	9.26%	↗	10.01%	↘	8.94%
	Therapy Services	11.28%	↘	10.02%	↗	11.38%
	Medical Education	8.99%	↗	33.33%	↗	33.33%
Support Services	Support Services Total	12.15%	↘	12.02%	↗	12.08%
	Hospital Support	13.42%	↘	13.33%	↗	14.35%
	Facilities	10.86%	↘	10.79%	↘	10.06%
Trust Total		11.59%	↘	11.48%	↘	11.33%



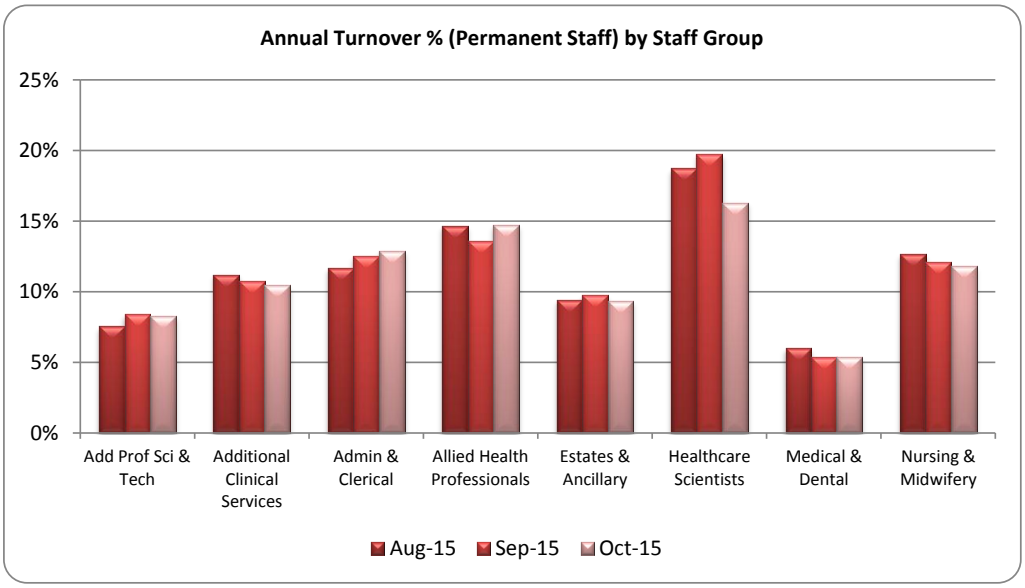
Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPACITY
Turnover by Staff Group

Turnover RAG Rates:		
> 10%	8 - 10%	< 8%

Annual Turnover Rate for Permanent Staff *Figures refer to the year ending in the month stated*

Staff Group	Aug-15		Sep-15		Oct-15
Add Prof Sci & Tech	7.53%	↗	8.38%	↘	8.25%
Additional Clinical Services	11.21%	↘	10.71%	↘	10.44%
Admin & Clerical	11.68%	↗	12.49%	↗	12.85%
Allied Health Professionals	14.66%	↘	13.57%	↗	14.71%
Estates & Ancillary	9.40%	↗	9.77%	↘	9.31%
Healthcare Scientists	18.71%	↗	19.74%	↘	16.31%
Medical & Dental	5.99%	↘	5.34%	↗	5.36%
Nursing & Midwifery	12.68%	↘	12.06%	↘	11.79%



Capacity: Substantive Workforce Capacity increased by 32.68 FTE in October 2015 to 4198.56 FTE. The Trust's substantive workforce is at 90.34% of the Budgeted Workforce Establishment of 4647.39 FTE.

Staff Turnover: Annual Trust turnover fell to 11.33% in October which is above the Trust target of 8%. Turnover within Nursing & Midwifery also decreased by 0.27% to 11.79%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover also fell in all other staff groups with the exception of Admin & Clerical, Allied Health Professional, and Medical & Dental Staff.

Medical Division; turnover decreased by 0**.16**% to 13.63%.
Surgical Division: turnover decreased slightly by 0.04% to 10.09%.
Women, Children's & Oncology Division; turnover decreased by 0.30% to 9.44%.
Clinical Support Services Division; turnover decreased by 0.33% to 11.54% for the year ending October 2015.

Staff Vacancies: The vacancy rate within Estates and Ancillary staff group decreased further in October to 17.64% but still remains significantly above the Trust vacancy target of 7%, as does the rate for Healthcare Scientists which has fallen from 20% in September to just under 18% in October. The Registered Nursing & Midwifery vacancy rate fell to 14.82%, a drop of 2.76% since September.

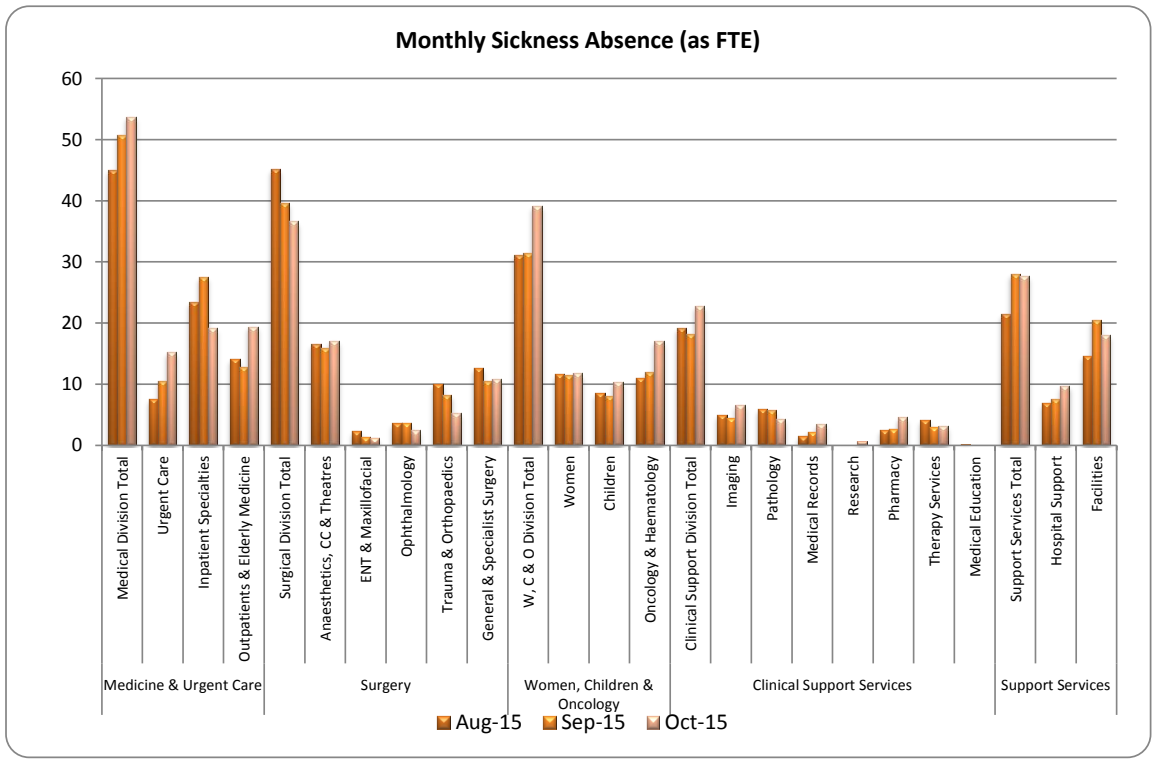
Sickness Absence: In month sickness absence increased by 0.25% to 4.28% which is above the Trust target of 3.8% . Only the Surgery Division (3.53%) achieved a level below the Trust's target of 3.8%, but both the Clinical Support Services Division and Support Services were below 4%.

Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPACITY
In-Month Sickness

Sickness % RAG Rates:		
> 4.2%	3.8-4.2%	< 3.8%

Monthly Sickness (as FTE)		Aug-15	Sep-15	Oct-15	Oct-15	Short Term	Long Term
Medicine & Urgent Care	Medical Division Total	45.04	50.75	53.70	5.35%	3.01%	2.35%
	Urgent Care	7.52	10.45	15.20	5.94%	3.22%	2.69%
	Inpatient Specialties	23.38	27.50	19.18	4.32%	2.30%	2.02%
	Outpatients & Elderly Medicine	14.13	12.74	19.42	6.41%	3.86%	2.54%
Surgery	Surgical Division Total	45.13	39.65	36.62	3.53%	2.23%	1.30%
	Anaesthetics, CC & Theatres	16.56	15.91	16.99	4.30%	2.68%	1.63%
	ENT & Maxillofacial	2.30	1.36	1.23	1.24%	1.24%	0.00%
	Ophthalmology	3.56	3.66	2.42	2.95%	1.71%	1.24%
	Trauma & Orthopaedics	10.07	8.20	5.21	2.88%	1.68%	1.19%
	General & Specialist Surgery	12.62	10.45	10.77	3.92%	2.51%	1.41%
Women, Children & Oncology	W, C & O Division Total	31.08	31.47	39.09	4.49%	2.69%	1.80%
	Women	11.57	11.45	11.74	3.19%	1.89%	1.30%
	Children	8.49	7.99	10.31	3.81%	2.30%	1.52%
	Oncology & Haematology	11.03	11.99	17.00	7.36%	4.44%	2.92%
Clinical Support Services	Clinical Support Division Total	19.15	18.15	22.74	3.90%	2.54%	1.35%
	Imaging	4.95	4.47	6.61	4.12%	2.35%	1.77%
	Pathology	5.87	5.68	4.30	2.70%	1.90%	0.79%
	Medical Records	1.46	2.25	3.45	6.27%	4.83%	1.44%
	Research	0.06	0.04	0.60	3.08%	3.08%	0.00%
	Pharmacy	2.53	2.69	4.55	4.57%	2.91%	1.65%
	Therapy Services	4.07	2.95	3.19	3.84%	2.26%	1.58%
	Medical Education	0.14	0.00	0.00	0.00%	0.00%	0.00%
Support Services	Support Services Total	21.50	28.05	27.72	3.94%	2.70%	1.24%
	Hospital Support	6.88	7.52	9.76	2.86%	2.74%	0.12%
	Facilities	14.60	20.53	17.98	4.96%	2.66%	2.30%
Trust Total	*As FTE*	161.83	167.88	179.70			
	As percentage	3.92%	4.03%		4.28%	2.63%	1.65%



Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPABILITY
Training & Appraisal Rates

Training & Appraisal RAG Rates:		
< 80%	80 - 84.9%	> 85%

Mandatory Training Compliance Rate	Directorate	Aug-15	Sep-15	Oct-15
Medicine & Urgent Care Division	Medical Division Total	80.15%	81.12%	82.97%
	Urgent Care	78.56%	82.16%	85.45%
	Inpatient Specialties	77.80%	77.48%	78.74%
	Outpatients & Elderly Medicine	85.26%	85.45%	87.02%
Surgical Division	Surgical Division Total	81.15%	82.62%	83.64%
	Anaesthetics, CC & Theatres	81.70%	83.17%	84.00%
	ENT & Maxillofacial	73.94%	77.98%	79.74%
	Ophthalmology	83.98%	85.26%	88.10%
	Trauma & Orthopaedics	81.75%	82.43%	81.98%
	General & Specialist Surgery	81.48%	82.70%	84.13%
Women, Children & Oncology Division	W, C & O Division Total	83.96%	84.21%	84.22%
	Women	81.34%	81.99%	81.75%
	Children	87.18%	86.27%	86.59%
	Oncology & Haematology	84.66%	85.47%	85.63%
Clinical Support Services Division	Clinical Support Division Total	91.50%	90.42%	90.39%
	Imaging	89.81%	90.16%	90.49%
	Pathology	90.14%	88.51%	85.33%
	Medical Records	95.56%	93.08%	94.04%
	Research	88.89%	89.30%	88.48%
	Pharmacy	92.99%	91.21%	93.91%
	Therapy Services	92.75%	91.30%	92.55%
	Medical Education	100.00%	100.00%	100.00%
Support Services	Support Services Total	85.97%	84.02%	84.67%
	Hospital Support	87.68%	87.04%	88.03%
	Facilities	84.00%	81.18%	81.81%
Trust Total		**83.67%**	**83.92%**	**84.72%**

Role Specific Training Compliance Rate	Directorate	Aug-15	Sep-15	Oct-15
Medicine & Urgent Care Division	Medical Division Total	65.83%	66.63%	68.03%
	Urgent Care	62.30%	65.15%	68.70%
	Inpatient Specialties	62.05%	61.67%	63.26%
	Outpatients & Elderly Medicine	74.44%	75.02%	74.43%
Surgical Division	Surgical Division Total	69.23%	70.14%	70.88%
	Anaesthetics, CC & Theatres	70.24%	71.57%	70.45%
	ENT & Maxillofacial	64.04%	65.26%	68.93%
	Ophthalmology	69.18%	70.29%	71.78%
	Trauma & Orthopaedics	63.66%	64.16%	67.79%
	General & Specialist Surgery	73.70%	74.08%	74.41%
Women, Children & Oncology Division	W, C & O Division Total	71.42%	71.47%	71.24%
	Women	65.62%	66.98%	66.95%
	Children	77.02%	75.70%	75.20%
	Oncology & Haematology	76.81%	75.73%	75.55%
Clinical Support Services Division	Clinical Support Division Total	84.84%	84.03%	85.04%
	Imaging	83.84%	83.45%	85.15%
	Pathology	73.86%	74.14%	73.20%
	Medical Records	97.14%	94.20%	94.20%
	Research	76.92%	75.82%	78.02%
	Pharmacy	87.72%	86.44%	91.53%
	Therapy Services	89.18%	89.18%	88.28%
	Medical Education	100.00%	100.00%	100.00%
Support Services	Support Services Total	67.83%	65.59%	66.01%
	Hospital Support	69.36%	70.01%	70.69%
	Facilities	65.17%	58.95%	59.51%
Trust Total		**70.11%**	**70.45%**	**71.15%**

Workforce Capacity Capability Report for Trust Board - Oct 2015 (2)

CAPABILITY
Training & Appraisal Rates

Training & Appraisal RAG Rates:		
< 80%	80 - 84.9%	> 85%

Appraisal Compliance Rate	Directorate	Aug-15	Sep-15	Oct-15
Medicine & Urgent Care Division	Medical Division Total	68.76%	72.03%	75.24%
	Urgent Care	88.11%	86.61%	88.54%
	Inpatient Specialties	60.13%	64.32%	72.01%
	Outpatients & Elderly Medicine	66.67%	70.25%	68.71%
Surgical Division	Surgical Division Total	76.39%	80.83%	79.92%
	Anaesthetics, CC & Theatres	71.20%	75.96%	72.75%
	ENT & Maxillofacial	59.26%	60.98%	72.94%
	Ophthalmology	66.67%	79.45%	72.97%
	Trauma & Orthopaedics	85.64%	90.59%	87.43%
	General & Specialist Surgery	84.36%	85.97%	88.32%
Women, Children & Oncology Division	W, C & O Division Total	81.85%	84.48%	82.42%
	Women	79.06%	81.67%	79.44%
	Children	82.63%	88.08%	85.66%
	Oncology & Haematology	86.32%	85.84%	84.52%
Clinical Support Services Division	Clinical Support Division Total	79.91%	83.28%	81.53%
	Imaging	82.04%	83.43%	77.11%
	Pathology	70.66%	78.05%	73.94%
	Medical Records	88.73%	91.30%	95.65%
	Research	70.83%	66.67%	54.17%
	Pharmacy	81.42%	85.22%	93.04%
	Therapy Services	86.02%	88.04%	83.87%
	Medical Education	100.00%	100.00%	100.00%
Support Services	Support Services Total	67.34%	62.31%	60.77%
	Hospital Support	68.58%	68.38%	68.39%
	Facilities	65.96%	56.72%	54.42%
Trust Total		**74.81%**	**76.67%**	**76.08%**

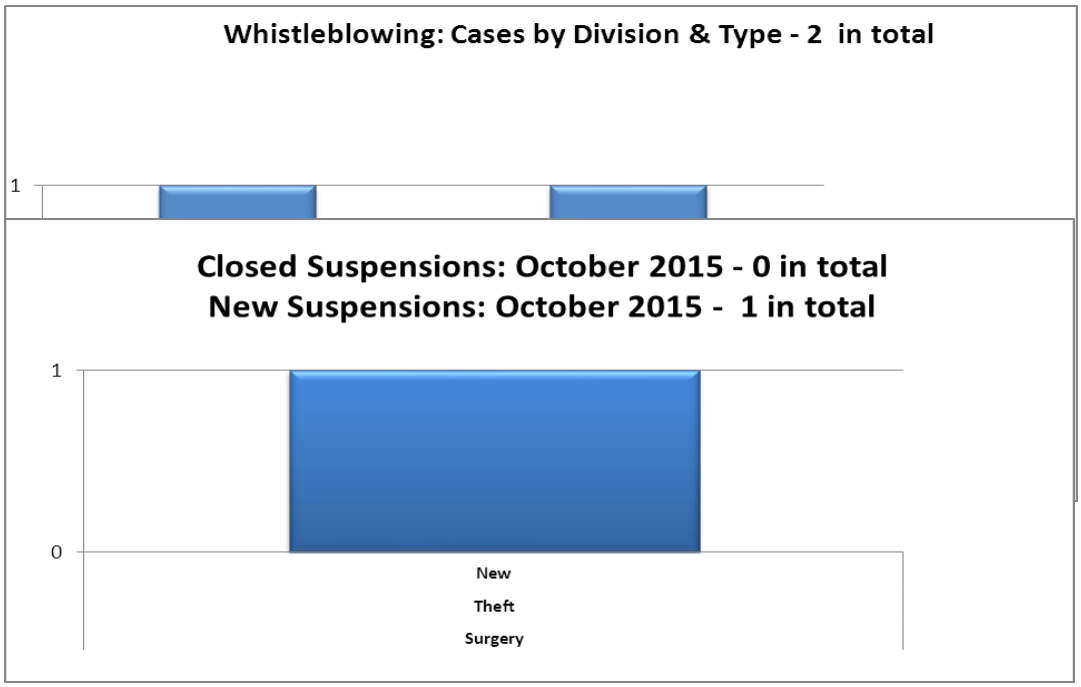
Capability

Appraisals
The current rate of Appraisals recorded for October 2015 is 76.08%; this is a slight fall from last month's figure of 76.67%.

Mandatory Training and Role Specific Essential Training
Mandatory Training compliance increased in October to 84.72% and is very close to the Trust target of 85%.

Role Specific Essential Training compliance also increased in October to 71.15%.

The target compliance rates for Appraisals, Mandatory, and Role Specific Training have all been set at 85%, which should have been achieved by March 2015; this was not done but work continues to achieve this level of compliance.


Whistleblowing: Cases by Division & Type - 2 in total
1
Closed Suspensions: October 2015 - 0 in total
New Suspensions: October 2015 - 1 in total
1
0
New
Theft
Surgery

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Maintaining Quality Over Winter**
Agenda item	**12**
Presenter of Report	Carolyn Fox, Director of Nursing, Midwifery and Patient Services
Author(s) of Report	Deborah Needham, Chief Operating Officer/Deputy CEO
Purpose	For information/awareness.

Executive summary

The Francis Report into the failings at Mid Staffordshire NHS Foundation Trust strongly reinforced that quality should be at the heart of a patient-centred NHS. We must be reminded that quality of care provided is a key responsibility of the Boards of NHS Trusts.

Throughout the last few months there have been many reports through the media that the NHS is facing its worst winter in at least 30 years, due to rising activity, underfunding and poor staff morale. During what is likely to be a difficult winter for most hospitals we need to ensure that we continue to provide the quality of care our patient expect, therefore this paper aims to assure the board how quality will be maintained throughout winter given the urgent care, financial and workforce pressures faced upon us.

The risks associated with winter have been presented to the Finance & performance and Quality Governance Committees (November 2015) along with ongoing recruitment and retention reports to the Workforce Committees and will be monitored through the normal divisional performance routes and up to Trust Board.

Each month through the integrated scorecard we will measure:

- Escalation beds open
- Patient moves numbers
- Cancelled operations numbers
- Patient who need to be readmitted if transport arrives too late
- AE Trolley waits 8 hours and 12 hours

Related strategic aim and corporate objective	Which strategic aim and corporate objective does this paper relate to? **Strategic aim 1 – focus on quality and safety**

Enclosure H

Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks (**Y**)
Related Board Assurance Framework entries	BAF 1.1, 1.2
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (**N**)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper (**N**)

Actions required by the Trust Board

The Board is asked to:

- To note and discuss the contents of the paper.
  .

Northampton General Hospital NHS
NHS Trust

Public Trust Board
26 November 2015

Maintaining Quality Over Winter

1. Introduction

The Francis Report into the failings at Mid Staffordshire NHS Foundation Trust strongly reinforced that quality should be at the heart of a patient-centred NHS. We must be reminded that quality of care provided is a key responsibility of the Boards of NHS Trusts.

Throughout the last few months there have been many reports through the media that the NHS is facing its worst winter in at least 30 years, due to rising activity, underfunding and poor staff morale. During what is likely to be a difficult winter for most hospitals we need to ensure that we continue to provide the quality of care our patient expect, therefore this paper aims to assure the board how quality will be maintained throughout winter given the urgent care, financial and workforce pressures faced upon us.

2. Rising Activity

Over the last 5 years Northampton General Hospital has seen an exponential growth in Accident & Emergency (A&E) attenders by 34% & non elective activity (NEL) by 36%. The national average increase for patients attending A&E departments is 35% over a 10 year period and on average a 5% increase each year for NEL admissions.

So far from January to current date the increase in NEL activity from 2014 is 5.8%.

The internal operational plan for winter was presented to the committee in August 2015 (cold weather plan).

Some additional initiatives have been agreed and are being put into place to help avoid overcrowding in A&E, admission avoidance and reduce length of stay:

1. Increased therapies at home
2. 48hr challenge
3. Senior Manager and Executive on site 7 days a week
4. Expansion of Discharge Administrators
5. Increased weekend discharge team
6. Additional trauma lists
7. Increased opening hours for Gynaecology Emergency Clinic and Paediatric Assessment Unit
8. Flu vaccinations for patients via primary care streaming in A&E

Given the rise in NEL admissions it is inevitable that the escalation areas will remain open and in use throughout the winter which poses ongoing risks to quality due to cancelled operations, increasing rates of infection and patients being transferred from wards to escalation areas.

The division also reviews the patient feedback for within these areas through our FFT, PAL's and Complaints responses. If concerns or complaints are received then these are proactively managed at the time by the Matron or through the formal Trust Complaints process.

Enclosure H

3. Underfunding

The Board will be aware that the mismatch in capacity and demand for 2015/16 was estimated to be in the region of a bed gap of between 40-90 beds. As it currently stands the escalation areas have been open and in use since September 2015, this is a total of up to 29 beds and even with these additional beds most mornings there unfortunately are patients waiting in the A&E Department for a bed.

The Executive took the decision earlier in the year to bridge the bed gap by a programme of works to reduce length of hospital stay. Whilst there have been some successes in achieving this, the full effect of reducing LOS by 1 day in medicine and 0.5days in surgery has not yet been seen.

The funding which was ring-fenced for winter is being used for the additional schemes but it is now imperative that we seek further funding to increase our capacity in the short/medium term.

4. Poor Staff Morale

There are a number of reasons for low morale in the workplace and it is difficult to show causation. Regardless of the reason low morale can affect productivity, increase errors, increase sickness absence and affect joint working between teams and departments.

Our key strategy to address issues of staff morale and engagement is through our Organisational Effectiveness Strategy: Connecting for Quality, Committed to Excellence.

This addresses a number of underlying causes that can influence staff morale including:

- Leadership and management development programmes for our leaders (the Francis Crick Programme) – Leadership is a key influencer of staff engagement and morale
- Our staff Engagement Strategy that works at a team and individual level to effectively engage staff in taking a sense of ownership within their workplace and initiatives to enable staff to contribute to organisational wide matters – effective team work and ability to contribute to decisions that affect staff at work are known indicators of staff morale and engagement
- Making Quality Count – our continuous improvement training programme, designed to give teams the skills and permission to identify ways to improve the quality and efficiency of their services – meaningful work and the ability to drive improvement and innovation has a relationship with staff engagement and morale.

The Strategy contains a number of key themes all of which in different ways combine to produce a long term attempt to address the underlying cause that can lead to staff dis-satisfaction.

As a Trust we monitor our performance against this Strategy through our workforce key performance indicators such as sickness, staff recommendation as a place to work and through our annual staff survey.

In addition we aim to reward our staff through the little things that matter such as informally saying thank you when staff go above and beyond the call of duty to provide a great service to patients and to keep them safe.

5. Risks, Maintaining and Measuring Quality Over Winter

Ensuring that high quality care is being delivered and risks to quality are being effectively managed throughout winter is vital.

The quality governance we have in place through our existing systems, processes and reporting structure will alert us to any additional risk or shortfalls in quality over the winter.

The risks associated with winter have been presented to the Finance & performance and Quality Governance Committees (November 2015) along with ongoing recruitment and

retention reports to the Workforce Committees and will be monitored through the normal divisional performance routes and up to Trust Board.

Each month through the integrated scorecard we will measure:

- Escalation beds open
- Patient moves numbers
- Cancelled operations numbers
- Patient who need to be readmitted if transport arrives too late
- AE Trolley waits 8 hours and 12 hours

	Aug-15	Sep-15	Oct-15
Escalation Areas Open	237	446	477
Patient Ward Moves (between 9pm & 8am) - NEL ONLY	69	70	76
Cancelled Operation Numbers (Clinical & Non Clinical)	310	375	386
Patient who need to be readmitted if transport arrives too late	-	-	-
A&E Trolley waits 8hrs 1 min to 12hrs (DTA to admission)	7	43	46

6. Keeping Escalation Areas Safe

If an Escalation Area is open, then the Directorate Manager (DM) and Matron for that speciality will ensure that they undertake a daily visit to oversee that standards of care and patient experience are being maintained. This will include:

- Daily check by DM and or Matron to ensure that patients moved in the night meet the criteria and have a clinical plan
- Matron's walkabout
- Spot Checks by Infection Prevention Team

7. Health & Social Care System Winter Preparations

Disappointingly despite influence at all levels, the health and social care winter preparedness has been severely delayed and at present does not provide the assurance that partners will make a real difference with increased capacity this year.

Whilst Health continues to be challenged financially, Social Care's deficit is also increasing and whilst it is still largely unknown one can assume that cuts will be made to services across adult social care therefore affecting our ability to discharge into the community from the acute beds.

The Health & Social care winter plan is attached as **Appendix 1**.

8. Recommendation

The Board is asked to note and discuss the contents of this paper.

Northamptonshire Health and Social Care System wide Summary Winter Plan 2015/16

Version & Date	Draft Version 0.6
Plan Authors	Urgent Care team Nene CCG and Corby CCG
Distribution	Partner Senior Management Teams
Review Date	Post Incident / New Guidance / Annually
Purpose	This document provides an overarching view of the key documents and information that detail the arrangements in place to provide high quality and responsive services through the winter period of 2015/16.

Enclosure H

1. Contents

2. Introduction

This document provides an overarching view of the key documents and information that detail the arrangements in place to provide high quality and responsive services through the winter period of 2015/16.

As part of the contracting process, all providers of NHS funded care are expected to have robust business continuity plans in place and are expected to be involved in emergency planning.

The NHS Constitution sets clear standards for ED services, patients who wait for long periods in Emergency Departments (ED) receive a poor quality service and long waits also compromise patient safety and reduce clinical effectiveness. For these key reasons, at least 95% of patients attending an ED department must be seen, treated, admitted or discharged in under four hours.

There are a range of key stakeholders involved in the successful delivery of the 95% ED metric and delivery of system resilience and capacity planning across Northamptonshire. These organisations have been an integral part of the improvements to the healthcare system to date and have collaborated to ensure that robust, timely system improvements occur.
These stakeholders include:

- NHS Nene Clinical Commissioning Group (Nene CCG)
- NHS Corby Clinical Commissioning Group (Corby CCG)
- Northamptonshire County Council (NCC)
- NHS England
- Northampton General Hospital NHS Trust (NGH)
- Kettering General Hospital Foundation Trust (KGHFT)
- Northamptonshire Healthcare NHS Foundation Trust (NHFT)
- East Midlands Ambulance Service NHS Trust (EMAS)
- Primary Care
- Pharmacies
- IC24 (Out of Hours)
- Corby Urgent Care Centre (UCC)
- NHS 111 – Derbyshire Health United (DHU)
- NSL patient transport
- Voluntary sector

3. 2014/15 Winter review

The system undertook a system wide review of winter 2014/15 and the report (Appendix A) details the output from this review and the key recommendations.

What went well?

Listed below are the range of interventions and actions discussed which were deemed to have worked well and supported delivery over winter.

- The improvement to communication across the economy, especially during periods of escalation.
- The System Resilience Groups and support provided to the resolution of issues.
- The funding decisions taken from within the acute hospitals.
- The improved partnership working, enabling open discussions to take place, supporting the resolution of issues in a timely manner.
- The response from staff working within the system was one of the main drivers to maintaining the delivery and safety within the county.

What could be improved?

The issues identified by the group as warranting some degree of prioritisation and those areas which promoted undue pressure to the economy are listed below:

- The planned and experienced activity levels were some way apart, especially for those patients within the over 75 age range. Our acute colleagues also reported that the patient flow into the acute was high in terms of type 1&2 with type 3 attendances being largely as expected. It was these patients who required the greatest degree of support and most likely to require admission.
- Attendance and admissions from the residential and nursing home sector was significant. This was especially noted in the North of the county where the number of residential homes is disproportionate to the rest of the county. At times the admissions from this sector were almost 50% higher than during non-escalated periods.
- Governance arrangements, surrounding the allocation of system resilience monies were not robust enough. Decisions were also challenging where opinions were not aligned in the North and South of the county.
- The economy felt very reactive over the winter and we should be aiming for a proactive response to system planning.
- Whilst the in hours response to patient management and discharge was strong, it appeared to be limited during the out of hours period. Discharge for example should not be limited to the days of Monday to Friday, whole system 7 day solutions are required ahead of next winter.
- The importance of having the right skill mix was noted, this ranged from clinicians on Ambulances to the teams working on base wards and out in the community. Discussion also took place surrounding what support was needed within the community to manage patients who sit with Adult Social Care (ASC).
- Delayed Transfers of Care (DTOC) were at an unacceptable level to effectively support flow. There was a need to understand the activity and demand within the county and via the use of a capacity/demand modelling tool ensure services are adequately commissioned.

- Internal Trust System waits did not support active management of DTOC. It was found that internal waits grew as the week progressed; they were then reduced over the weekend leaving teams to play catch up on Monday onwards to again reduce the newly increased DTOC list.
- Assessments did not appear to be trusted. This led to multiple assessments, patients retelling the story to many people, unnecessary delays being brought in to discharge etc.
- There was concern that the economy had a tendency to make knee jerk reactions when specific situations arose. Where the planning process is robust the economy should have confidence in the plan and that it will deliver.
- The referral rates into Community Medical Rehab were unsustainable and left the hospital back logged. This further emphasised the need to strengthen the community so as to provide an alternative option to a bed.
- We were too reliant on beds. There is an absolute need for rapid discharge to home with appropriate intermediate care supporting the person. It should be noted that intermediate care in this point is not relating to the local team, but the wider model of intermediate care.
- The general feel that organisations escalated at differing degrees. This left some organisations struggling to cope with the influx whilst others were not necessarily at the same stage of escalation. The health economy needs to escalate and de-escalate as one.

At a subsequent workshop the following actions were agreed to address the issues raised above:

ID	Category	Rec ID.	Action	Org	Lead	Status / Timeframe
1	Planning/ Adm. Avoidance	1	Develop a South Improvement Plan as part of South UCWG	CCG	MS	19 Nov 2015
2	Planning/ Adm. Avoidance	2	Explore possibility of flu clinic flexibility and targeting of flu	CCG	MS/ RJ	27 Nov 15
3	Planning/ Adm. Avoidance	3/6	Create a directory of roles across the care economy including acronym definitions	CCG	RJ	Complete
4	Planning/ Adm. Avoidance	3	Collate an on-call rota listing named individuals during the working week	CCG	MS/ RJ	Complete
5	Planning/ Adm. Avoidance	6	Confirmation of actions/decisions made to be added to agendas for UCWG	CCG	BR	Complete
6	Planning/ Adm. Avoidance	7	Confirm details of planning/escalation lead names/details for each organisation have been received	CCG	RJ	Complete
7	Planning/ Adm. Avoidance	8/11	Co-ordinate an event where capacity planning model will be reviewed/tested and to consider potential responses to these capacity pressures	CCG	MS/ RJ	Complete
8	Planning/ Adm. Avoidance	9/10	Create a checklist/proforma for each proposed winter scheme	CCG	MS	27 Nov 15
9	Planning/ Adm. Avoidance	14	Frequent attender discussions to come to UCWG- sharing of care plans	CCG	MS/ BR	Complete
10	Planning/ Adm. Avoidance	2	Provide outlined proposal regarding dedicated respiratory/COPD clinics	KGH	DS	27 Nov 15

ID	Category	Rec ID.	Action	Org	Lead	Status / Timeframe
11	Planning/ Adm. Avoidance	2	Share list of acceptable patient criteria for community beds	NHFT	SM	Complete
12	Planning/ Adm. Avoidance	5/13/ 14	Update UCWG on ICCtH model and trajectories	NHFT	GW	Complete
13	Planning/ Adm. Avoidance	8	OCS to be included in escalation plans	OCS	KT	Complete
14	Planning/Adm. Avoidance	8	All to commit to circulating information ahead of conference calls and to having the right conversations/raise the right concerns	All	All	Ongoing
15	Planning/Adm. Avoidance	11	In case of additional funds, consider additional schemes to offer a Plan B solution and discuss at UCWG	All	All	Ongoing
16	Discharges, Data and Winter	20	Add discharge data to daily information required from other providers.	CCG	RJ	Complete
17	Discharges, Data and Winter	21	Generate an NHS 111 report for UCWG	CCG	MS/ DA	Complete
18	Discharges, Data and Winter	22	Implement Monday and Thursday conference calls, as per new process	CCG	RJ	Complete
19	Discharges, Data and Winter	22	Confirm whether 2x weekly calls are acceptable. If not, explain reasons.	NHSE	KR	Complete
20	Discharges, Data and Winter	22	Lead review of daily conference call template with SM, BLe and MN.	CCG	RJ	Ongoing
21	Discharges, Data and Winter	24	Comms leads to work with UCWG on communication plan regarding encouraging discharge (cares especially)	All	All	Ongoing
22	Other	n/a	Review escalation involvement from primary care	CCG	RJ/ MD	Ongoing
23	Other	n/a	Provide contact details for Northants Carers	NCC	MN	Complete
24	Other	n/a	Feedback if any other areas include their primary care service in escalation process.	NHSE	KR	Complete
25	Other	n/a	Confirm contact details for Voluntary Impact to be invited to UCWG	NGH	DN	Complete
26	Other	n/a	Speak to Gordon King in order to develop capacity model to include mental health beds/part of scenario testing discussions.	NHFT	GW	Complete
27	Other	n/a	7 day working task group to be established (CCG and NCC to agree leadership and shape of this)	All	All	Ongoing

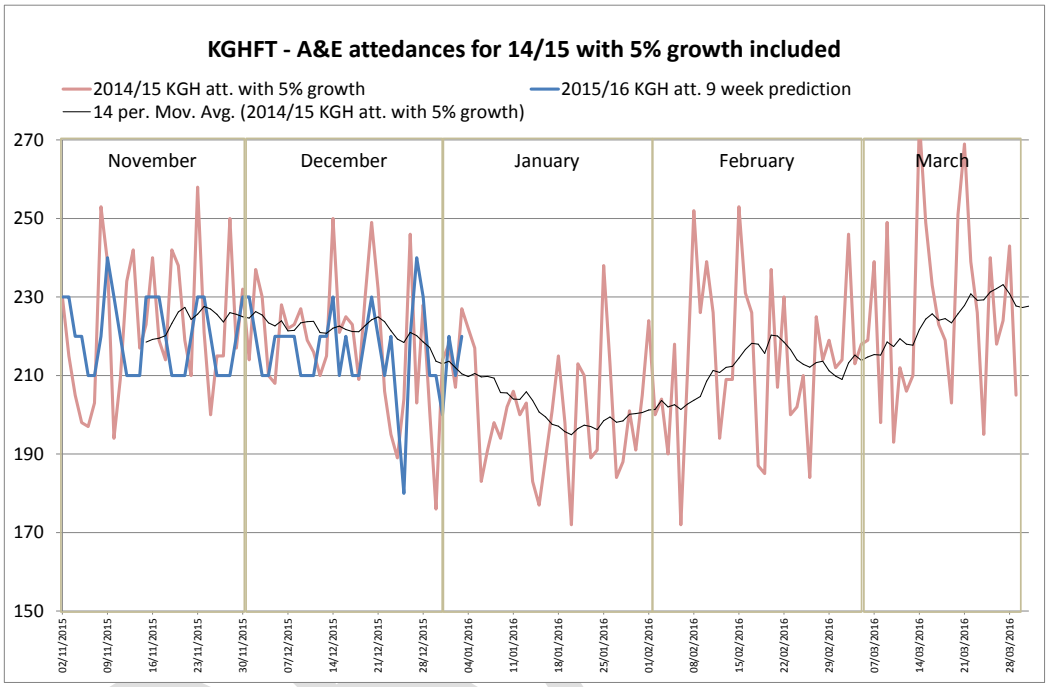
BR - Bethany Roberts
DA- David Anderson
DN - Deborah Needham
DS - David Sissling
GW - Giles West
KR - Kevin Robotham
KT - Kerry Tomblin
MD - Mark Darlow
MN - Maura Noone
MS - Matthew Spilsbury
RJ - Richard Jarvis
SM - Sandra Mellors

4. Winter activity

KGHFT

A&E attendances

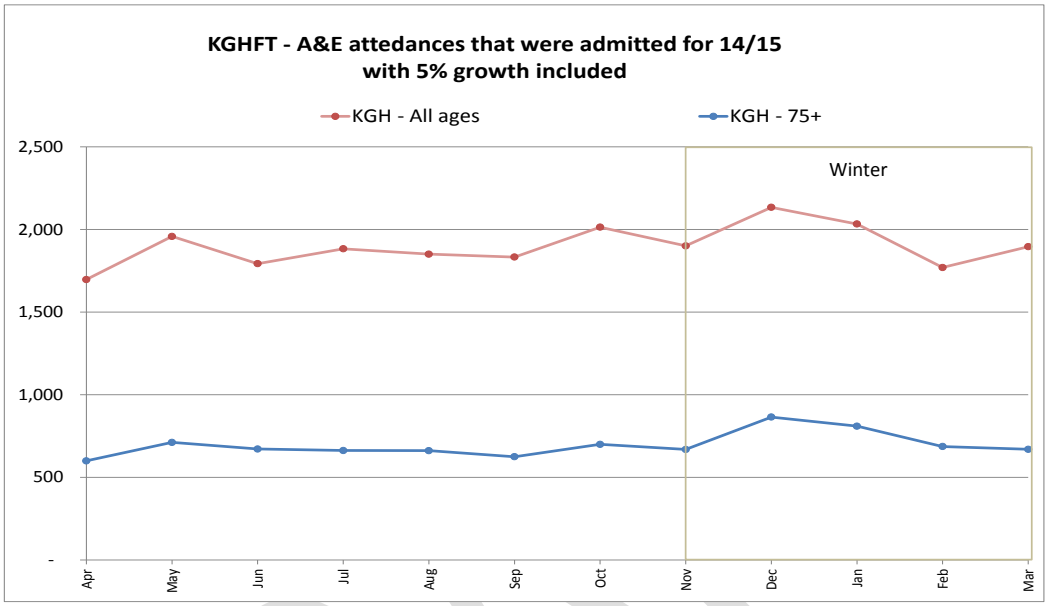
For the purposes of this document, the A&E attendances for 2014/15 with a 5% increase have been included on the chart below. KGHFT use a 9 week forecast for A&E demand, which is refreshed every week and the most recent forecast has also been included on the chart below.



Data source: 14/15 A&E sitrep / KGHFT 9 week forecast data from KGHFT

NEL Admissions

The monthly number of A&E attendances that were then admitted including a 5% increase has been plotted on the chart below, for both all ages and 75+ patients. Please note the data shown only includes Nene CCG and Corby CCG patients and does not include all emergency admissions. However, it does give an indication of when the main pressures in the system occurred last year.



Data source: 14/15 A&E SUS data

KGHFT Bed capacity for winter

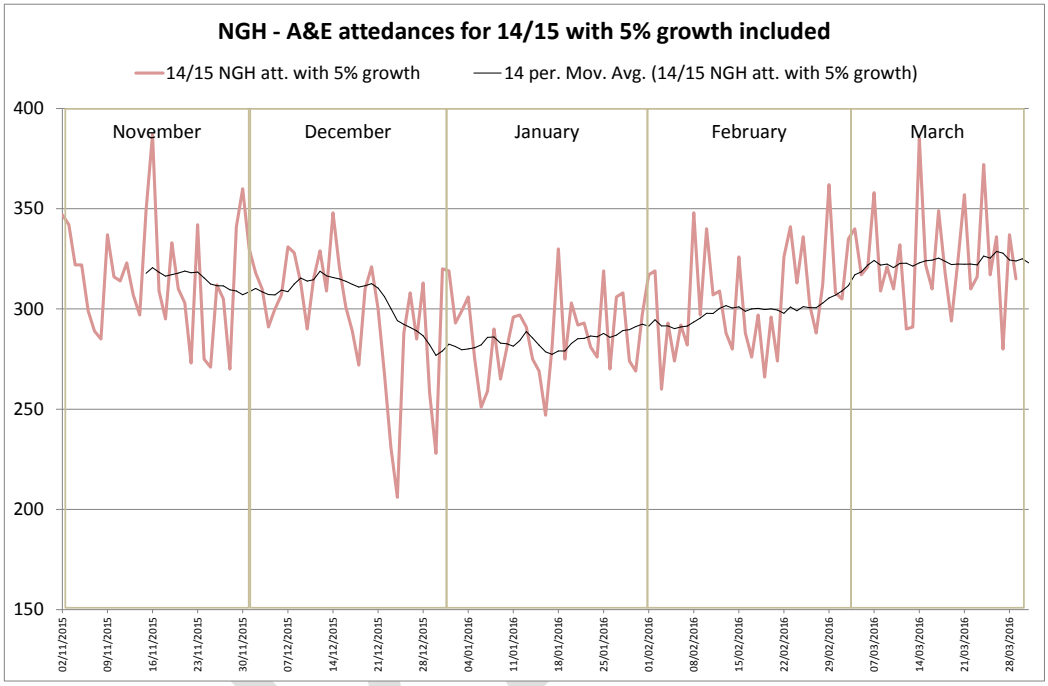
Appendix B lists the capacity plan for providers. KGHFT has taken into account all the challenges presented so far both internally and externally to inform its bed model for Winter 2015/16. The assumptions include worst case scenario with demand up by 3% with no reduction in length of stay. The Trust is currently using 503 adult beds plus 33 externally commissioned (community) beds making it a total of 533 adult beds with 26 paediatric beds reducing to 18 Friday evening – Tuesday morning.

Based on current estimates as at early November, KGHFT will require an additional 50 beds to cope with the expected pressures over the winter months. These will have to be sourced externally as there is no further capacity internally for inpatient escalation area.

NGH

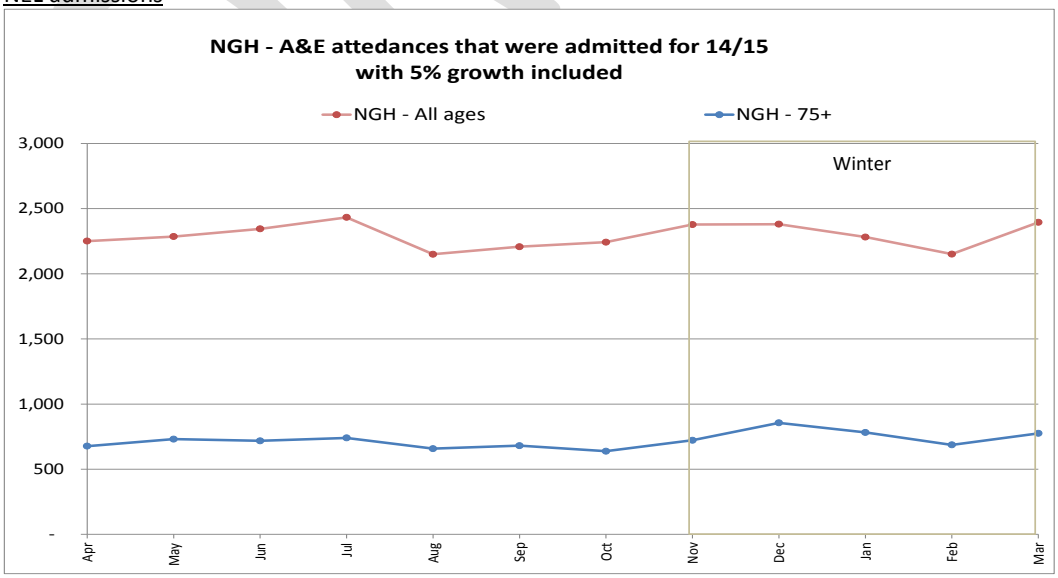
A&E attendances

NGH use a 7 day forecast model, which is based on the previous 13 weeks data. For the purposes of this document, the A&E attendances for 2014/15 with a 5% increase have been included on the chart below.



Data source: 14/15 A&E sitrep

NEL admissions



Data source: 14/15 A&E SUS data

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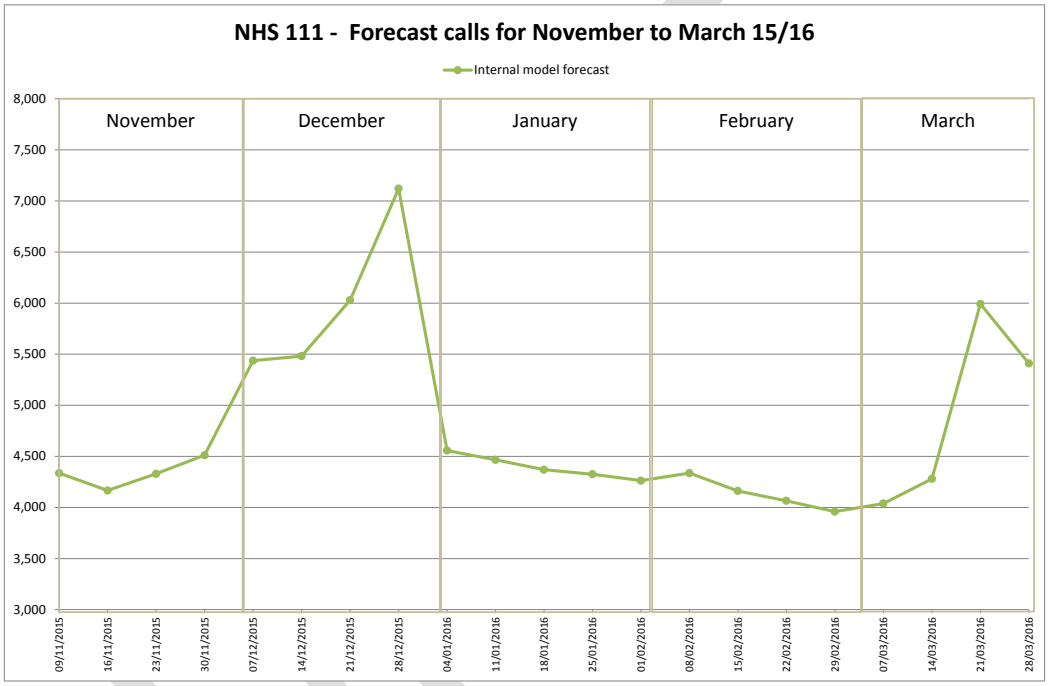
NGH capacity for winter

NGH general and acute beds will increase from 688 to 712 (681 base capacity plus 31 additional contingency beds) . Adult critical care beds will also increase from 16 to 19. However, the trust will keep this under review throughout winter.

Based on current estimates as at early November, NGH will require an additional 60 beds to cope with the expected pressures over the winter months. These will have to be sourced externally as there is no further capacity internally for inpatient escalation area.

NHS 111 forecast winter activity



NHS 111 capacity for winter

Contingency Arrangements for Clinicians

DHU have approached Hays and Hallam Recruitment Agencies to provide up to 400 hours per week of Nurse Advisors coverage for a four month period. Agreement is also in place to increase capacity if required through increasing the number of nurses and/or increasing their weekly working hours as required. These staff can also be used to support other DHU services if necessary.

The following contingencies can also be employed in the event of any additional shortfalls:

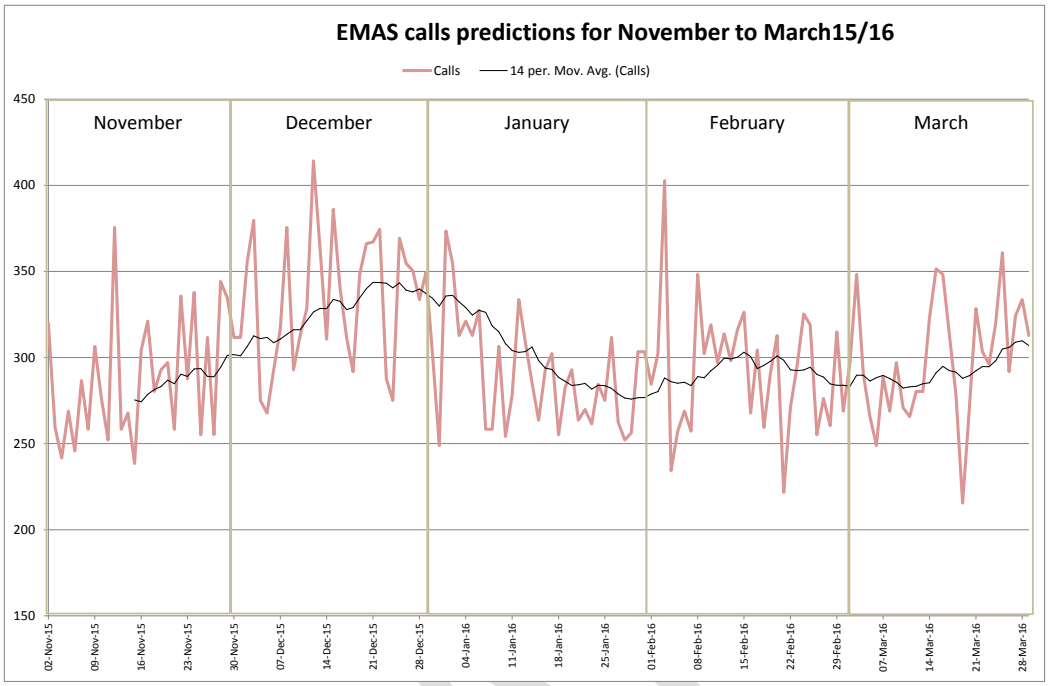
- Home working for Nurse Advisors is also being trialled within DHU in October/November 2015 and it is the intention to have 6 members of staff enabled to support during the winter period.
- Nurse Practitioners can be diverted to support NHS 111 and/or work additional hours to support NHS 111 and vice versa for NHS 111 Nurse Advisors to support OOH services

- 80% of nursing staff are on part-time contracts and many of these can and do work additional shifts above their contracted hours to support the service. In addition, some full-time staff can and do work overtime when required
- There is an additional 76 hours per week of Nurse Advisor time within the DHU workforce undertaking roles to support service delivery i.e. Right Care, Safeguarding Children / Safeguarding Adults, Pharmacy, Audit, Minor illness, Associate Nurse Practitioner that can flex across to support other services at times during increased demand / Bank Holiday
- Staff terms and conditions have been changed to require staff to report for duty during red/black alerts
- Nurse Advisor staff terms and conditions were changed in 2014 to require staff to work 6 out of 8 Bank Holidays and 3 out of 4 weekends.
- Annual leave is only allowed in all call centre and face to face staff groups in exceptional circumstances between 15th December and 12th January.
- DHU 4x4 vehicles can be used to transport staff to/from home during severe weather conditions.

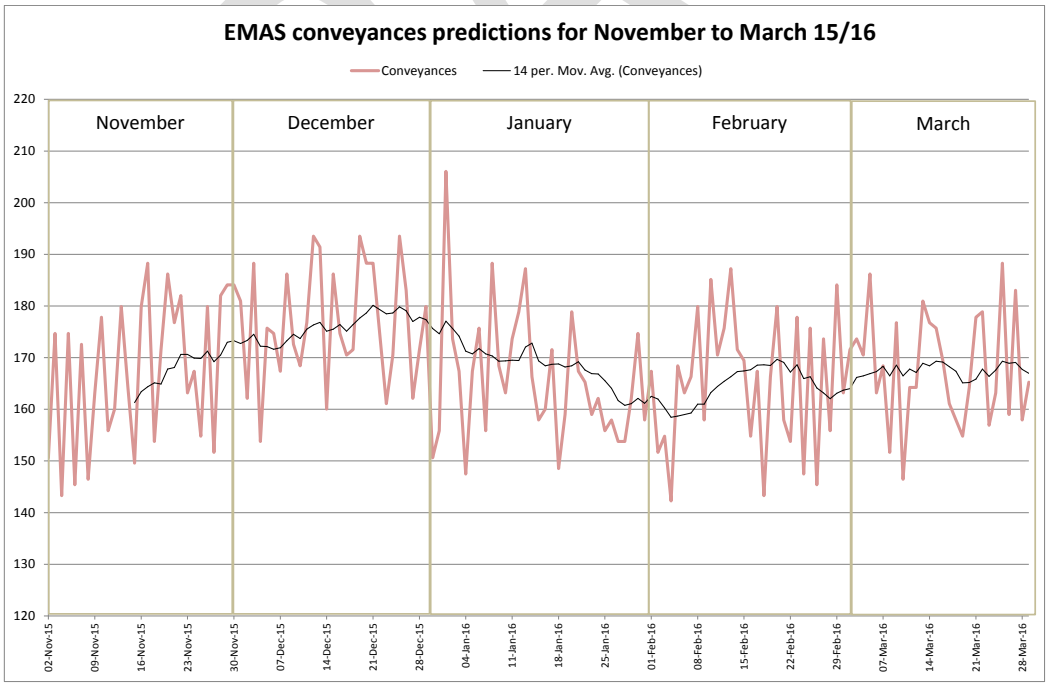
Contingency Arrangements for Call Handlers

- 88% of staff are on part-time contracts and many of these can and do work additional shifts above their contracted hours to support the service. In addition, some full-time staff can and do work overtime when required
- DHU can – if necessary – over populate the nurse advisor rotas in the event of a call handler shortfall as nurse advisors can be used to support the call handler workforce
- DHU has a reserve list of management and administrative staff who can be used to support the call handling workforce in the event of serious staffing difficulties
- Staff terms and conditions have been changed to require staff to report for duty during red/black alerts
- DHU 4x4 vehicles can be used to transport staff to/from home during severe weather conditions.
- Call Advisor staff terms and conditions were changed in 2014 to require staff to work 6 out of 8 Bank Holidays and 3 out of 4 weekends.

EMAS forecast activity



Data source: EMAS data



Data source: EMAS data

EMAS response to winter demand

In anticipation of the expected increase in activity for the Trust, and the wider winter pressures experienced within the East Midlands Health Economy, the following areas of increasing capacity, capability and resilience are considered key in achieving operational targets and the delivery of a safe service through the 2014/2015 winter period.

Workforce

EMAS are undertaking a significant recruitment drive across EMAS to increase our substantive workforce and whilst final numbers for Northants are being confirmed, it is expected that this will increase capacity over winter.

Northants now has two dedicated St John Crews supporting our A&E crews in Division over the winter period.

EMAS will also be looking to place out 5 extra crews on New Years Eve & New Years Day to help meet the expected rise in demand.

Other resources

EMAS are looking at DECC cover (Dynamic Emergency Care Centre) one for Kettering & Northampton working in partnership with St John & Northants Police , these units will work 18-19-26-31 December working 2200-0500hrs to help local authorities manage the night time economy of the two biggest towns in the county over the festive period. At the time of writing this plan a business paper was being drawn up for commissioner review.

Fleet availability

All scheduled deliveries of Double Crewed Ambulances (DCAs) and FRVs that were purchased for 2014/15 have been delivered and are in service across the Region. This now provides the Trust with a total of 255 DCAs and 157 FRVs.

Vehicle Off-Road Planning

Efficient use of fleet is central to EMAS operational plan for 2015/16 and a core driver for our strategy to increase EMAS vehicle numbers and reduce the age profile of the fleet.

EMAS recognise that the amount of time vehicles spend 'off-road' needs to be minimised, for example EMAS have lost 13240hrs in March, 18345hrs in April, and 14739hrs in May this year. In addition to delivering the Fleet Plan outlined above and are pursuing a number of further actions to support a reduction in hours lost to Vehicle Off-Road (VOR).

Handover delays

The trend in relation to pre-clinical handovers is an increasing one in 2015/16, with the volume of lost hours being 25% higher in Q1 2015 than in the same period in 2014. While EMAS recognise that hours are lost in post-handovers, which account for 22% of all handover delays over 15 minutes, the

trend in post-handover delays is improving on the 2014/15 position and EMAS are therefore focussing on pre-handover delays and the assumptions built into the UHU modelling.

Voluntary Agencies and Private Ambulance Services

Intelligent forecasting will be used to determine the level of resource required, any shortfalls in EMAS rosters will be supplement (within the available financial envelope) by VAS/PAS provision from existing suppliers which are already used by the trust.

The resources will be booked via Resource Management Centre (RMC), in conjunction with requirements of the Central Senior Operational Team who will determine the level of resource required. (It is envisaged that the requirement will be needed for the continuation of the urgent provision).

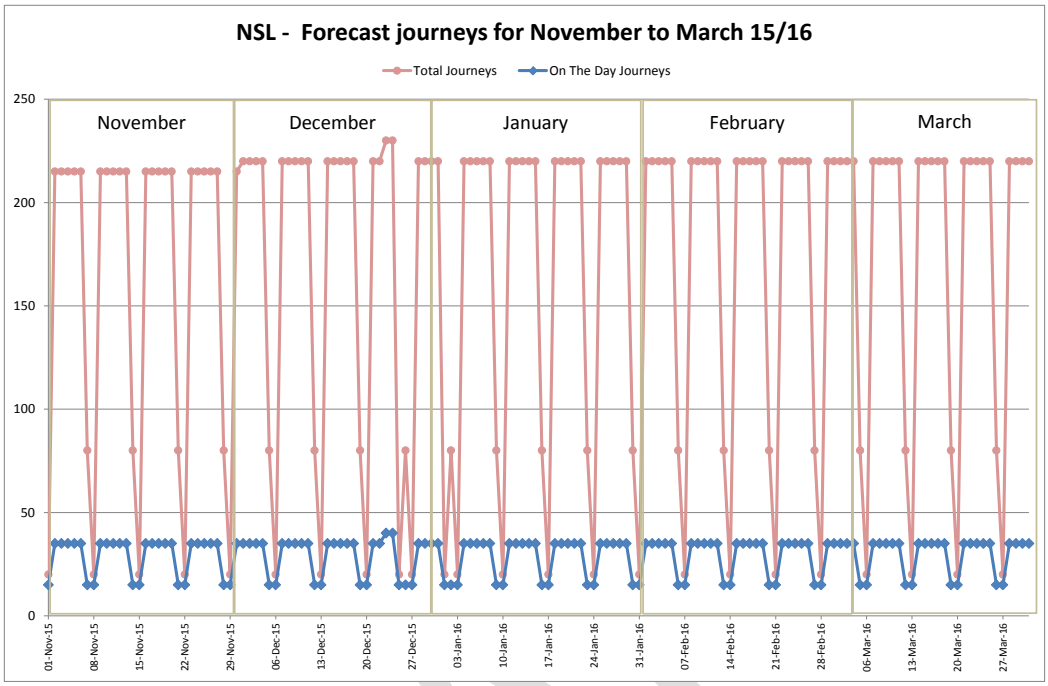
Community First Responder Schemes (CFR)

Community First Responders contribute towards patient care and are operating within a vicinity of where they live. They will only be contacted if they are booked on duty with EOC. Their utilisation is reliant upon dispatching from both EOC's and will be monitored by the Head of Community Response and the local Community Response Manager for each area.

During times of high activity, utilisation of CFR schemes is particularly effective in both the rural and urban setting; they are an extremely useful and valuable asset. Community Response Managers inform CFR schemes when there are predicted increases in demand, such as winter and weekends leading up to the Christmas and New Year and request the schemes to book on duty.

In order to utilise CFRs effectively, and at times of greatest need, regular reviews of REAP status at Service Delivery and Operations meetings will take place to allow for appropriate escalation and engagement.

NSL forecast activity



Data source: NSL data

NSL response to winter demand

Workforce
Current work force is at highest level of 2015, in addition we are recruiting an additional 6 bank/ full time staff in order to deal with winter pressures. These staff will be trained during November and December.

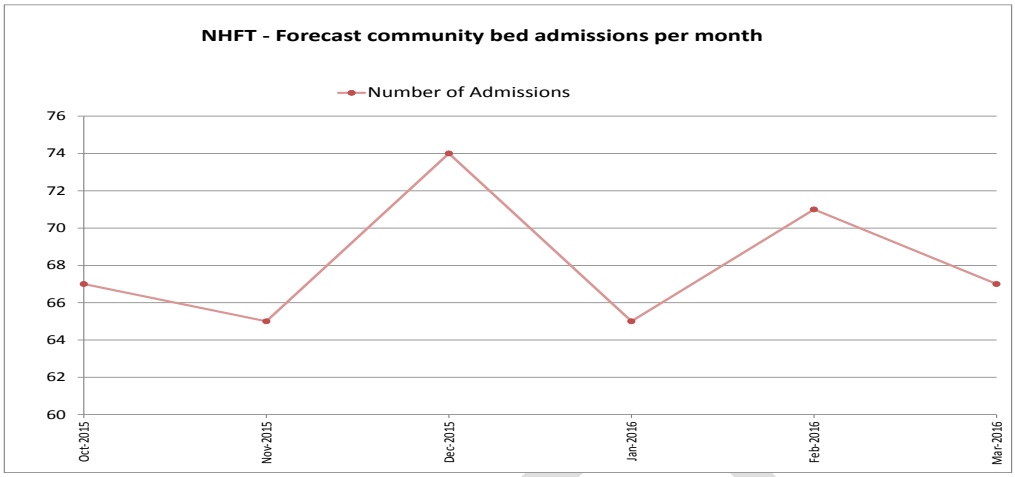
Volunteer driver recruitment
We are currently undergoing a recruitment of VCS drivers.

3rd party provision
Where shortfalls are experienced we have the ability to access 3rd party provision for 3rd party taxi companies, reducing the need for mobile patients to travel on ambulances increasing capacity. A new provider has been commissioned in Kettering. Where ambulance provision is needed we have the ability to access crews from other NSL operations or 3rd party ambulance providers.

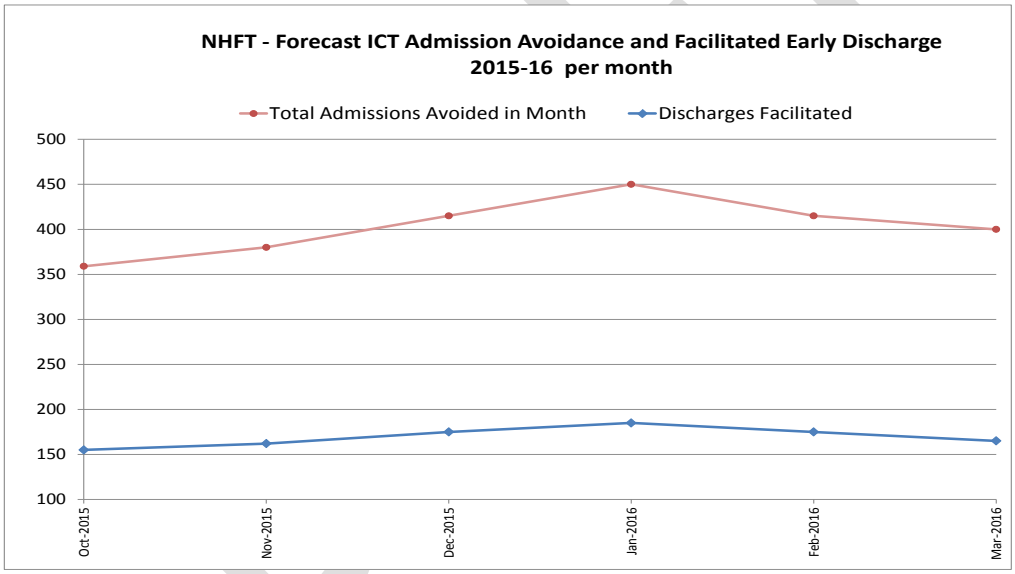
Fleet availability
Fleet is at full strength with 3 additional vehicles on hire to assist in covering any short falls

Vehicle Planning
Vehicles are equipped for winter with winter equipment, such as chains, grit and shovels – snow chains seem to be more effective on ambulances than a 4x4 provision.

NHFT forecasted activity



Data source: NHFT data



Data source: NHFT data

NHFT response to winter demand

- All services shall undertake a daily review of staffing levels to ensure rotas provide full cover for high risk periods. Insofar as possible, bank / agency requirements should be identified ahead of time and contingency plans put into place to ensure care delivery is maintained.
- Any anticipated loss of capacity should be planned for and managed using appropriate business continuity management plans.
- Were necessary rotas should be enhanced to allow for greater flexibility.
- CMIS should be updated reflect any loss of capacity.
- Commissioners and partners in care economy should be notified.

NHFT Service specific arrangements

Service	Arrangements
Intermediate Care Team (ICT)	• Funding to increase assessment capacity for admissions avoidance at KGHFT and NGH: • Additional nurse at both sites 4pm to 9pm Monday to Sunday.
	• Mental Health Crisis worker in Situ at NGH and KGHFT: • Christmas period, only (when not engaged in assessments elsewhere)
Mental Health in-patients	• Before high- risk periods: as many service users as possible, based on assessed needs and risk assessments, are discharged or sent on leave to make beds available. Those services users sent on leave are monitored.
	• Flexibility to increase the number of beds to meet demand is assessed
	• Subject to regular, rigorous review: service users are managed at home wherever possible (and provided community services are available).
Capital programme	• The trust has an established Estates Strategy (Implementation Plan and Capital Programme). • Contingency and business continuity arrangements are built in to each individual programme. • Whilst seasonal pressures(demand and capacity) are not anticipated to have on delivery of agreed plans, the Trust may decide to delay and / or suspend on-site building work should there be potential for impact on service areas which may be compounded by seasonal pressures.
Information Governance	• IM&T shall maintain business continuity plans which feed into, and support, service continuity plans.
Stores and Supplies	• Food stocks are maintained, with stock of basic commodities to support 24 hour services.
Pharmacy	• Stocks of medication/supplies are maintained with advance orders being placed in good time to cover holiday periods and predicted surge times.
Workforce	• Learning-points from previous winter planning periods are used to influence recruitment to known shortfalls and planned absence (e.. district nursing and recruitment for permanent staff).
	• The Trust has an active vacancy management system which enables managers to both monitor and respond to the vacancy situation on an on-going basis.
	• Staff levels are prioritised for critical services; including redeploying permanent staff, deployment of bank staff and utilisation of agency staff.

5. Key system risks

Risk	Mitigating Action
Lack of internal physical space at acute hospitals for inpatient escalation capacity	Continue to review bed capacity throughout winter and utilise internal and system escalation processes, including UCWGs, SRGs and also the twice weekly predictive calls. Utilise early warning triggers for capacity pressures to be linked to joint working with Health Economy. Continue to support preventative action through accessing community capacity and packages of care, improved admission avoidance support in the community and at the 'front door'. Ensuring all level of NEL demand are continually reviewed and the schemes aimed at reducing demand effectively tracked. Clear escalation process via the whole health and social care sector to deliver joint solutions. Maximise the use of Ambulatory Care and A&E Observation bays. Ensure standards linked to discharges before noon, at the weekend and levels of discharge are closely tracked along with the initiatives aimed at improving discharge.
Lack of community capacity (ICT, step down beds and medical rehabilitation)	Monitor trends in system delays and DToCs with real time escalation of any positive variation of waits to partner agencies. Continue with System Resilience dashboard review on a weekly basis at the UCWG and ensure schemes aimed as incorrect. Provide increased inpatient therapy support to promote rehabilitation. Seek externally commissioned beds by CCG in advance as part of winter resilience
Lack of social care capacity including access to Specialist Care Centre beds and assessment support	Monitor trends in system delays and DToCs with real time escalation of any positive variation of waits to partner agencies. Continue with System Resilience dashboard review on a weekly basis at the UCWG. Ensure daily liaison with on-site partner agency teams to direct capacity deployment to areas of demand (assessment, care provision support and access to SCC capacity)
High surge pressures may impact adversely on quality of care	Providers to ensure all necessary measures taken to assure patient safety. Commissioner quality teams will continue to carry out announced and unannounced visits to A&E and escalation areas in particular to check the impact on patient experience and patient safety.

Risk	Mitigating Action
Reduced partner agency provision during Christmas and New Year resulting in low acute care discharges	Promote message of *home for Christmas* campaign for 2015. Rigorous and robust planning for Xmas & New Year period by all partners and ongoing review of plans.
Risk to RTT and Cancer standard delivery due to emergency care pressures resulting in cancellations	Cases prioritised as 1) Cancer 2) Clinically Urgent 3) Long waits 4) routine. Acute hospitals to ensure appropriate protocols in place to ensure patients are treated effectively, including pro-active use of outsourcing. Continue to deliver NEL demand management and discharge improvement actions to maximise patient flow and bed occupancy.
Staff shortages due to sickness and annual leave impacting adversely on service provision	All annual leave requests' are being monitored to ensure adequate cover is in place at all times (also taking account of forecast sickness levels). Sickness monitoring process to be followed and appropriate action to be taken for staff meeting triggers as per HR sickness policy. Activate Business Continuity Plans
No additional winter monies available for 2015/16	Continue to review the existing scheme through UCWG and SRGs, and where schemes re ineffective review if investment could be redirected. Ensure schemes are developed in case monies do become available so the system can instigate them quickly.
Infections reduce capacity. A particular issue for Specialist Care Centres last winter	The CCGs quality team have received and reviewed c diff plans from KGH, NGH and NHfT. The plans were discussed extensively at the meeting and were subject to scrutiny from the CCG and Public Health England (PHE) East Midlands. Plans, with the trust's agreement, have been shared with the PHE. The meeting also discussed concerns that the circumstances experienced last winter with lost capacity due to norovirus (most specifically within the specialist care centres) not be replicated and assurance was received from PHE that active support would be provided to mitigate such risks.

6. Northamptonshire system surge and escalation plan

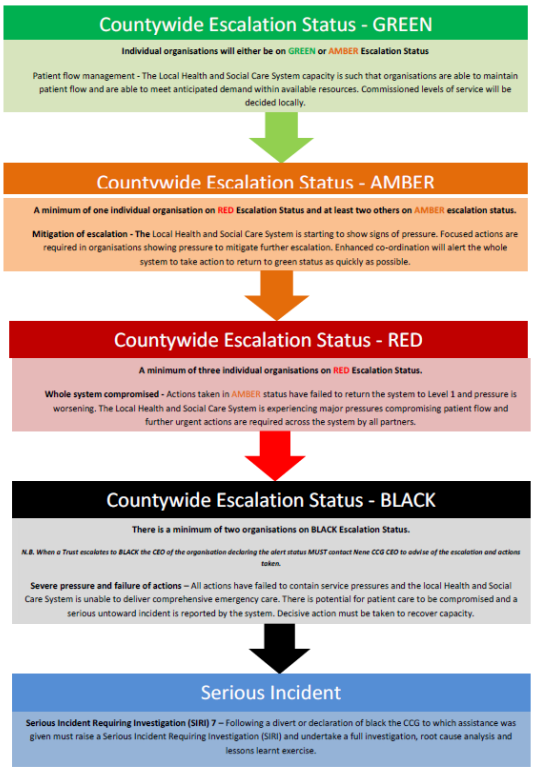
The system escalation and capacity plan (Appendix C) is managed by NHS Nene & NHS Corby CCG Urgent Care Team on behalf of the Northamptonshire Health and Social Care economy. Peaks and troughs in demand and capacity fluctuations no longer belong just to winter and are increasingly having a year round relevance.

This plan provides a consistent and coordinated approach to the management of pressures in the Northamptonshire Emergency and Urgent Care system where provider escalation triggers have already been applied, yet pressures on capacity still require mitigation to prevent the possibility of a compromise to patient safety, and where this mitigation requires the additional support from other service providers including those which cross Clinical Commissioning Group (CCG) and NHS England boundaries.

Aims and Objectives

The plan is an operational plan, closely linked to business continuity, major incident, pandemic flu and other contingency plans. It is to be used in the management of daily system escalation for both staff involved in Urgent Care pathways Monday to Friday 08:00 to 17:00 and those On-Call. It contains procedures for communicating between organisations within a flexible framework for escalation triggers. It is highly important that these are familiar to those who may need to work with the procedures during stressful and challenging times. The plan will therefore be issued, publicised and circulated to all relevant key stakeholders. Training in the use of this and organisations internal escalation plans is critical.

Escalation definitions



7. Winter Operational and Contingency plans

Listed below are the relevant documents that detail individual provider's plans for winter. These documents are either a specific winter plan or are covered by the respective provider's business continuity plan. Please note due to the size of the individual files, it has not been possible to embed the documents into this overarching document. However, all documents are available from the Nene CCG / Corby CCG Urgent Care team or the respective individual providers upon request, assuming the provider has confirmed It can be shared.

Organisation	Winter plan / Continuity plan	Latest version
DHU (NHS 111)	• DHU contingency plan	Version 7.1
EMAS (Ambulance)	• EMAS winter operational plan	Version 1.0
IC24 (Out of hours)	• IC24 business continuity plan	Version 1.1.2
KGHFT	• KGH seasonal plan (Winter) • KGH Cold Weather Preparedness & Response Plan	Version 3.0 Version 7.3
NGH	• NGH adverse winter plan	Version 4.0
NHFT	• NHFT seasonal plan (Cold weather) • NHFT seasonal plan (All year)	Version 1.1 Version 1.3
NSL (patient transport)	• NSL business continuity plan Northampton	Version 4.0
NCC	• To be provided	

8. Initiatives to support winter

In 2015/16, national funding for winter resilience was different from previous years. Previously there would have been winter funding allocation announced part way through the year. In 2015/16 system resilience monies formed part of the CCG allocations. The values of these allocations were circa £3.6M for Nene CCG and £424k for Corby CCG. This compares with 2014/15, where Nene CCG received circa £7.9M (Tranche 1 £3,606k and Tranche 2 £2,179k) and Corby CCG received £1.26M (Tranche 1 £870k and Tranche 2 £394k) in 2014/15. The use of other funding streams that support system resilience such as MRET and re-admissions have continued.

It should also be noted that unlike in previous years, commissioners and providers have maintained a number of 2014/15 winter initiatives, which in previous years would have stopped as the winter period ended. This was in response to the pressures in the system during Easter and to provide more sustainable services, these include increased levels of NHFT packages of care and continuation of the Angela Grace beds in the South of the county.

As has been the case in previous years the focus of supporting system resilience has been focused on three key areas:

- Managing NEL demand
- Reducing Delayed Transfers Of Care (DTOCs)
- Improving internal flow within the acute trusts

Throughout 2015/16, health and social care partners have developed and implemented a number of programmes and schemes that have strong links with these three areas, in particular:

Programme of work	Aims
Healthier Northamptonshire (HN) – Integrated Care Closer To Home (ICCTH).	The ICCTH aims to improving proactive and intermediate community care and reduce NEL demand.
SRG Urgent Care High Impact schemes	A number of high impact schemes were generated from a fast track process to support urgent care earlier in the year. The schemes that were implemented covered both NEL demand and reducing DTOCs.
GP mini quality contract	Based on the Bolton quality contract for GPs, a mini contract has been established as a way to move towards a quality contract approach, with a focus on improving GPs capacity to manage same day demand.
North Northants improvement plan / South Northants improvement plan	Focussed on recovering performance at KGHFT, including urgent care. Brings together internal acute hospital work programmes with system wide projects, including some which sit in the programmes listed above, in addition to other schemes

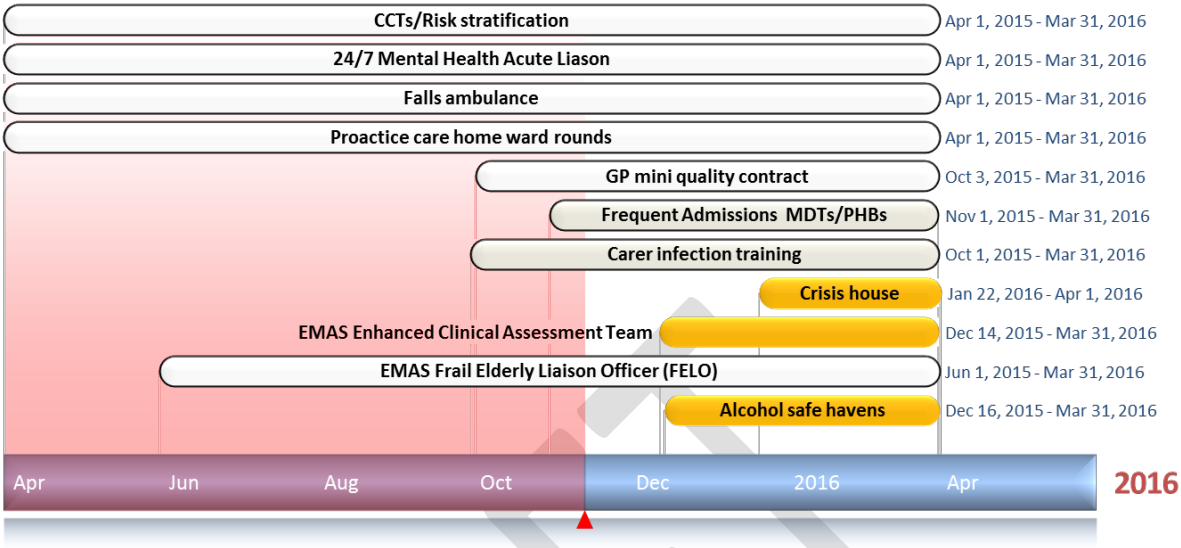
The progress and effectiveness of all schemes will be reviewed by individual project and programme groups and other commissioning forums, in addition by the UCWGs and SRGs by exception.

NEL Demand management initiatives

Prog.	Project	Description	Timeframe	Lead
ICCTH	Collaborative Care Teams (CCTs) / Risk stratification	CCT in each locality delivering preventative integrated care to the over 75 and vulnerable population.	CCTs are in place, however ongoing work to improve impact of service.	Louise Tarplee
	Acute Psychiatric Liaison	A 24/7 service for MH patients in crisis to prevent emergency admissions	Service is live	Rachel Douglas-Clark
	Falls ambulance	Two dedicated falls ambulances with links to social care team to provide post fall support	Service is live	Mark Gregory
	Proactive management of patients in care homes	Proactive weekly ward rounds at care homes using a GP or ANP mode	Started in April 2015 however recently refreshed scheme, which included MOU between care homes and practices	Louise Tarplee
GP quality contract	GP mini quality contract - Same day GP demand management schemes	Schemes developed: • Saturday Flu Clinics • Post Op Wound Care • Standardisation of clinical contacts • Same day assessment for urgent cases in under 12's	Project started in October 2015	Julie Lemmy

Prog.	Project	Description	Timeframe	Lead
SRG High Impact schemes	A&E frequent admissions	MDT review for those patients that frequently get admitted into either KGHFT or NGH have been identified. Personal Health Budgets (PHBs) are also being explored for patients that might be suitable.	First patients selected for North and South and being progressed in November. Countywide MDTs timeframe to be confirmed, although MDT approach being piloted in Corby.	PHB – Sarahlee Richards MDTs – Mark Gregory / Matt Spilsbury
General	Preventable infections scheme	The proposal is to work via Northamptonshire Cares to train carers (informal and formal) in the identification and management of early stage infection.	01 October 2015	Lisa Riddaway
	Crisis house	Crisis house to provide a place of safety	Business case currently under consideration but aim to be in place by early January 2016	Rachel Douglas-Clark
	Enhanced Clinical Assessment Team (EMAS)	Would provide enhanced triage for calls from care/nursing homes with a dedicated ECAT support for Northamptonshire and therefore improve further non-conveyance rate for EMAS in the area.	Business case currently under consideration but aim to be in place by 14 December 2015	Mark Gregory
	EMAS Frail Elderly Liaison Officer (FELO)	FELO provide retrospective review of patients that are conveyed into hospital by EMAS, either from care homes or from secured housing.	Service is live	Mark Gregory
General (MH pump priming bid)	Alcohol safe havens	Providing safe places for those who attend A&E only for observation due to alcohol intoxication, providing a different option with public health would ease the pressure in the ED.	Mid December 2015 subject to successful bid	Rachel Douglas-Clark

Timeline for NEL admissions avoidance schemes



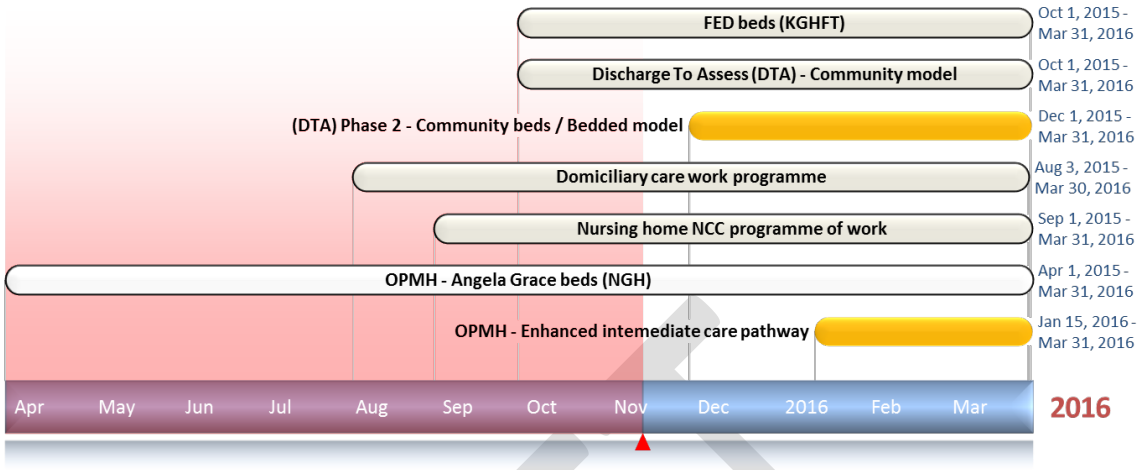
Project launch to be confirmed

Discharge related initiatives

Prog	Project	Description	Timeframe	Lead
SRG High Impact schemes	Facilitated Early Discharge Beds (KGHFT)	Introduction of a new reablement model. Re-profile two wards to create a Reablement Unit (36 beds from mid-June). Short-term increase in capacity (40 beds from July) for patients awaiting long-term care solution	Service is live	Sarah Hall
SRG High Impact schemes	Discharge to Assess (Home based / Bed based)	For those patients that only remain in hospital awaiting for assessment would now be discharged within 48 hours of being ready for assessment and have their assessments done in the community.	Community Service is live with DTA bedded and community beds solutions planning to go live in December.	Rebecca Brown
Domiciliary care programme / SRG High Impact schemes	Domiciliary care work programme	Projects in scope: • Assisted technology • Review of packages that involve two carers four times a day (2x4) • START and reablement refocus • CRT admission avoidance review • Old Peoples Mental Health reablement model	Programme is live and ongoing	Maura Noone

Prog	Project	Description	Timeframe	Lead
Nursing home NCC programme of work	Nursing home NCC programme of work	**Care Market Sustainability Toolkit** • NCC using the Care Market Sustainability Toolkit to assess social care markets and provider sustainability. **OP Accommodation strategy and Market Position Statement** • NCC has completed its OP Accommodation strategy and Market Position Statement (MPS) which will inform the market of the requirement for supply over the coming years and support market development. **Resources** • NCC has increased resources to both pro-actively monitor quality in the care home market and provider assistance and support in order it can work pro-actively with providers at risk of failures from quality issues. • Additional resources have been brought in by NCC to support market development, market over sight and market sustainability. These will be formalised in 15/16.	Programme is live and ongoing	Nicola Hobbs-Brake
SRG - High impact schemes	OPMH – Angela Grace (NGH) / Expanded intermediate OPMH service (county)	Continuation of the Angela Grace OPMH beds in the South of the county. Improving the intermediate OPMH pathway for patients in the county	Angela Grace service is live Increased intermediate care model to go live from January.	Geraldine McMurdie

Timeline for improved discharge schemes



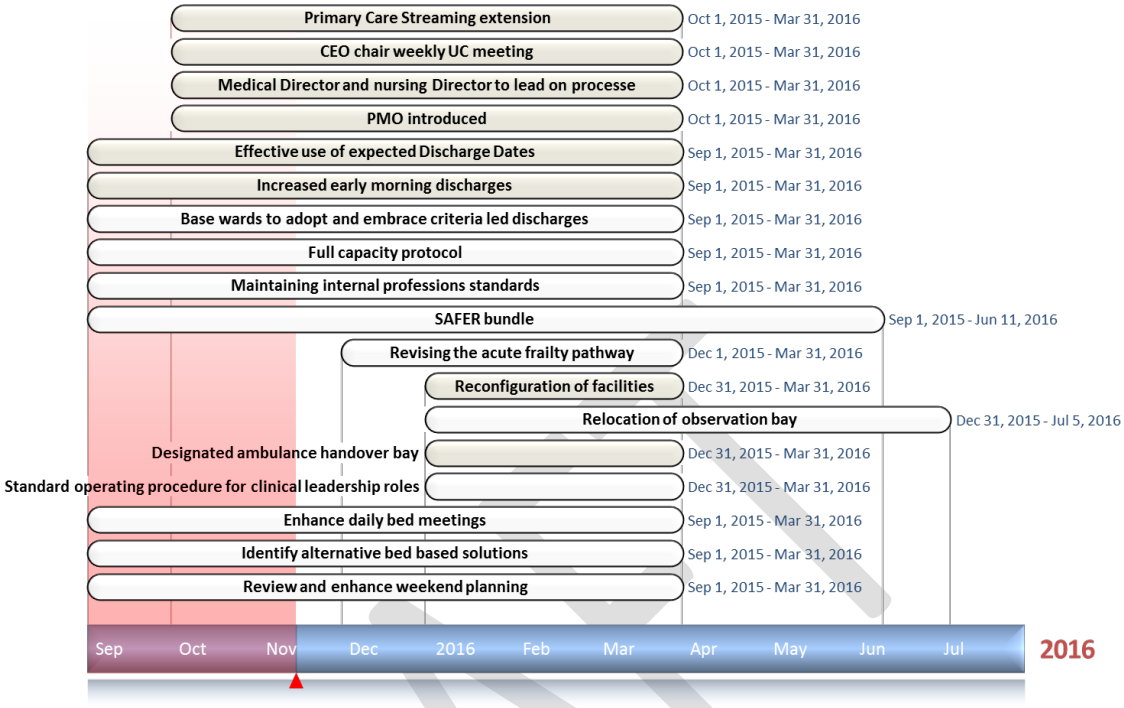
Project launch to be confirmed

Acute hospital actions

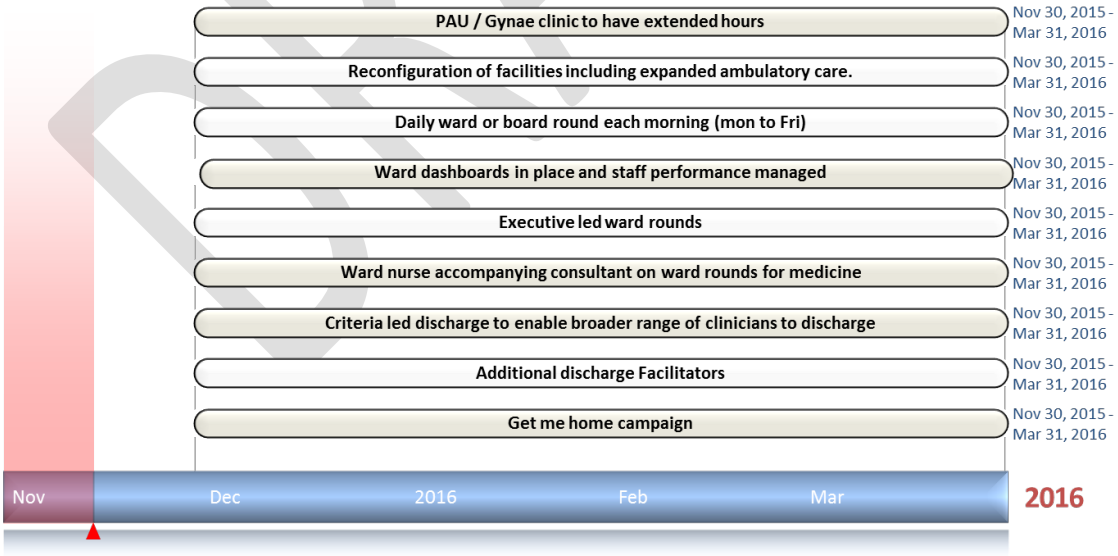
Prog.	Project	Description	Timeframe	Lead
North improvement plan	Extended Primary Care Streaming	• Extension of PCS to 8am to 10pm	1 October 2015	Sarah Hall
	Increase internal UC focus and resource	• CEO to chair weekly internal UC meeting • Additional senior manager focussed on UC • Medical Director and nursing Director to lead on processes • PMO introduced	Early October 2015	Sarah Hall
	Discharge processes	• Effective use of expected Discharge Dates • Increased early morning discharges • Base wards to adopt and embrace criteria led discharges	Changes in place	Sarah Hall
	Maintain flow	• Ensuring early morning flow (full capacity protocol) • Maintaining internal professions standards • Implementing SAFER bundle, including effective board rounds • Revising the acute frailty pathway	Changes in place with exception of frailty pathway review due 1 December 2015	Sarah Hall

Prog.	Project	Description	Timeframe	Lead
	Effective ED and urgent care	• Reconfiguration of facilities including expanded ambulatory care. • Relocation of observation bay to create clinical decision unit • Designated ambulance handover bay and implementation of Rapid Assessment Triage • Introducing of standard operating procedure for clinical leadership roles	End of December 2015	Sarah Hall
	Effective management and escalations	• Enhance daily bed meetings to ensure link to escalation status • Identify alternative bed based solutions mitigate exceptional and unexpected surges such as significant winter infections • Review and enhance weekend planning	Changes in place	Sarah Hall
South improve ment plan	NEL demand	• PAU / Gynae clinic to have extended hours	End of November 2015	Deborah Needham
	Effective ED and urgent care	• Reconfiguration of facilities including expanded ambulatory care.	End of November 2015	Deborah Needham
	Discharge processes / Senior medical review OOH	• Daily ward or board round each morning (mon to Fri) • Ward dashboards in place and staff performance managed against these • Executive led ward rounds – consisting of COO/MD/DoN • Ward nurse accompanying consultant on ward rounds for medicine • Criteria led discharge to enable broader range of clinicians to discharge • Additional discharge Facilitators • Get me home campaign	End of November 2015	Deborah Needham

Timeline for KGHFT internal actions



Timeline for NGH internal actions



9. Seasonal Flu - Provider Seasonal Flu Vaccination plans for Staff

Detailed below are the seasonal flu plans for Northamptonshire staff, with each organisation aiming for a minimum of 75% vaccination of staff. This will be tracked by the UCWGs and the SRGs.

Provider	2015/16 Plan
KGHFT	• The successful staff flu vaccination programme from the previous winter was subjected to a full debrief. • This resulted in an outline programme being agreed whilst lessons were fresh in the mind. • The same team is responsible for the development and delivery of this winters programme and will be targeting an improvement on last year's uptake of 76% of front line workers
NGH	• Occupational Health is running a drop in immunisation service throughout October in the Cyber Café. They are monitoring uptake. • Information is on the Intranet advising staff of the importance of the vaccine. • Screensavers are on all Trust PC's and Posters are displayed around the Trust. • We are running drop-in clinics from 5th – 30th October (08:30 – 15:30), with mobile trolley visits to wards and departments taking place 2nd – 27th November. • Night staff are advised to contact Occupational Health in order to request alternative times.
NHFT	• NHFT Occupational Health team have a comprehensive programme of clinics and visits that cover our portfolio.
NSL	• We promote the flu vaccine in the bases, if colleagues are not able to have a free flu vaccination with their GP, they are advised to make alternative arrangements for the vaccination at walk in clinics without a prescription. • They are then reimbursed with the costs of this treatment on the production of a valid receipt. • Use the NHS promotional material in bases and staff receive a flu reminder letter.
EMAS	Multiple flu clinics currently throughout October in Brackley, Daventry, Mereway, Northampton.
NHS111	DHU adopted the current NHS England PGD for Flu vaccination. • A selection of registered nurses who make up the Flu Fighter team attended either a 2 day vaccination training session or shorter update for those previously trained. • Vaccination is being carried out according to a clinic schedule which has been sent out via DHU communications to all staff, detailing times and locations of the clinics. The first wave of clinics have commenced and are being held in November with more dates to follow throughout December and up until January. The clinics are distributed across the main sites in both chesterfield and derby with arrangements to visit the more remote peripherals including Fosse House Leicester and the High Peak Urgent Care centre, to ensure all staff have opportunity to receive vaccination. • Opportunistic vaccination is also offered on a daily basis, for staff on duty when there is a senior member of the team trained to vaccinate on duty.

10. Seasonal Flu plan

Appendix D details the 2015/16 Public Health England plan for seasonal flu vaccination. The Northamptonshire take up of seasonal flu vaccination is being monitored through the Urgent Care Working Groups (UWCGs) and Northamptonshire North and South System Resilience Groups (SRGs) with data updated fortnightly. This information is also being reported to Corby CCG and Nene CCG localities for tracking progress.

Please note as part of the Nene CCG GP mini-contract weekend flu clinics have also been implemented for this winter.

11. CCGs Winter Communications Plan

The CCGs' communication lead are coordinating the campaign for the county and ensuring that local communications are aligned with national campaigns and plans.

How do we communicate as a system?

How we proactively communicate?

Appendices

Reference	Document	Attachment
Appendix A	2014/15 winter debrief	1415 Northamptonshire Wi
Appendix B	Winter capacity	Winter 201516 capacity Northamptor
Appendix C	Northants surge and escalation	Northants Surge and Escalation Plan.pdf
Appendix D	National Flu vaccination plan	Flu_Plan_Winter_2015_to_2016.pdf
Appendix E	System comms plan	

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Clinical Collaboration and Healthier Northamptonshire Update**
Agenda item	**13**
Presenter of Report	Karen Spellman, Deputy Director of Strategy & Partnerships
Author(s) of Report	Chris Pallot, Director of Strategy & Partnerships
Purpose	This summary is concerned with the three main programmes covered by the Programme and was presented to the Integrated Steering Group (ISG) of Healthier Northamptonshire (HN) in November.
Related strategic aim and corporate objective	Which strategic aim and corporate objective does this paper relate to? Corporate Object 3 Strengthen Local Services for a Sustainable Future
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks
Related Board Assurance Framework entries	BAF – 3.1
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications /	Are there any legal/regulatory implications of the paper? No

Enclosure I

regulatory requirements	

Actions required by the Trust Board

The Board is asked to:

- To note current progress with the programme

Northampton General Hospital NHS
NHS Trust

Public Trust Board
26 November 2015

Clinical Collaboration and Healthier Northamptonshire Update

1. Introduction

This summary is concerned with the three main work-streams covered by the programme and was presented to the Integrated Steering Group (ISG) of Healthier Northamptonshire (HN) in October.

2. Clinical Collaboration

The programme and work stream updates were discussed at the Implementation Group Meeting on 19 October; a key focus will now be the production of business cases that support the proposed changes in each speciality.

Speciality work stream groups are continuing to work through Phase 2 of the Delivery Framework Structure with Phase 1 predominantly completed.

Draft proposed models have now been drawn up for all of the workstreams. These are being further reviewed by the service representatives and work has commenced on the service/business development plans.

Progress continues to be challenging with operational and support staff struggling with competing demands. Clinical engagement is improved although operational pressures have impacted on some milestone delivery.

The financial model to underpin the proposed collaborative pathways is currently being worked up for finalisation.

Scheduled update meetings have been held with commissioner representatives, however further clarity of commissioning intentions is being sought with reference to Acute Clinical Collaboration Proposals.

Summary of Latest Action Taken

- High level draft proposed service model options completed for specialities.
- Speciality workshops undertaken with further workshops scheduled.
- Clinical Collaboration business proposal template revised and business proposals commenced.

High Level Work Commenced to Review

- Work is ongoing to present underpinning clinical collaboration financial model options for joint board ratification. Models have been confirmed.
- Information/technology systems infrastructure requirement review has been raised.
- Service specific activity updates ongoing.

Key New Headlines for Workgroups Include:

- **Rheumatology:**
  - Patient engagement forums completed.
  - Further patient access/demand audit commenced.
  - Two new KGH based Rheumatology Consultants actively engaged in the new service proposal development.
  - Business proposal plan commenced.

Enclosure I

- **Orthopaedic:**
  - Follow up clinical workshop scheduled for 24 November 2015.
  - Updated proposed service model completed following last workshop.
  - Reviewing options for service alignment for further procurement benefit opportunities continues. A range of procurement opportunity options particularly relating to prosthetic use alignment are being worked up.
  - Current Clinician workforce and skills outline completed.
  - Service/business proposal development case has commenced.

- **Ophthalmology:**
  - Re-engagement workshop scheduled for 21 October has been paused with a second workshop arranged for 17 November.
  - High level vision clarification and modelling meeting undertaken and draft model options compiled from this meeting.
  - Collaborative service model proposal paper drafted for review by Service Clinical Leads.

- **Radiology:**
  - Work stream meetings have gained momentum, next meeting scheduled for 22 October.
  - GP clinical engagement forums scheduled for 10 February 2016.
  - Task and finish work to confirm revised countywide ultrasound referral criteria, now completed. Final formatting being completed with aim for distribution to partner clinicians/primary care before 1 December 2015.
  - Timeline being compiled for completion of revised guidance for further identified low outcome tests.
  - EMRAD go live rollout at both sites planning continues. Now confirmed January 2016 at NGH and by the end March 2016 for KGH.

- **Cardiology:**
  - Two areas for collaboration agreed are Heart Failure and Cardiac Rehabilitation.
  - Standardised countywide heart failure service alignment agreement. Awaiting approval of KGH/north of county business case by commissioners to increase opportunities for collaborative approach to service establishment.
  - Agreement to plan countywide cardiac rehabilitation pathway, currently being mapped by the management leads at either Trust.
  - Workshop for wider team involvement being scheduled for the 2 December 2015.

- **Dermatology:**
  - 1 October meeting attended by both acute Trust representatives with commissioner and primary care representatives. Commissioner intentions stated for collaborative model, final commissioner confirmation awaited.
  - Business/service proposal being commenced.

2.1 Finance

Following the Board to Board meeting between the Acute Trusts, the Directors of Finance have agreed the principles of the financial model that will support the development of new service models. Worked examples are now being prepared that will enable the model to be initially used for the Countywide Rheumatology Service.

2.2 Key Risks

The following risks to the project remain:

- Resource/capacity to support change management process.
- Strategic IT infrastructure alignment, will there be affordable/workable solutions for IT system connectivity that can be implemented within a required timeframe.
- Financial information on Trusts costs format/assumptions differences, making savings identification difficult and risk of potential increased cost from format alignment.
- Challenges continue with engagement and team members' capacity to contribute due to competing operational demands upon key clinical and operational staff.
- Growth in referral activity may put a strain on the system and limit capacity to implement transformational change.

3. Integrated Care Closer to Home

Appendix 1 contains the full update that was provided to the ISG on 3 November. Headlines from this are that the following schemes are underway to deliver change:

Active Community Management:

- Collaborative Care Teams – commenced October 2014 now all areas live.
- Integrated (with care homes) approach to Corby CCG.
- Care Home Scheme – new specification launched by Nene 1 October 2015.
- Community nursing review to inform future commissioning plan.

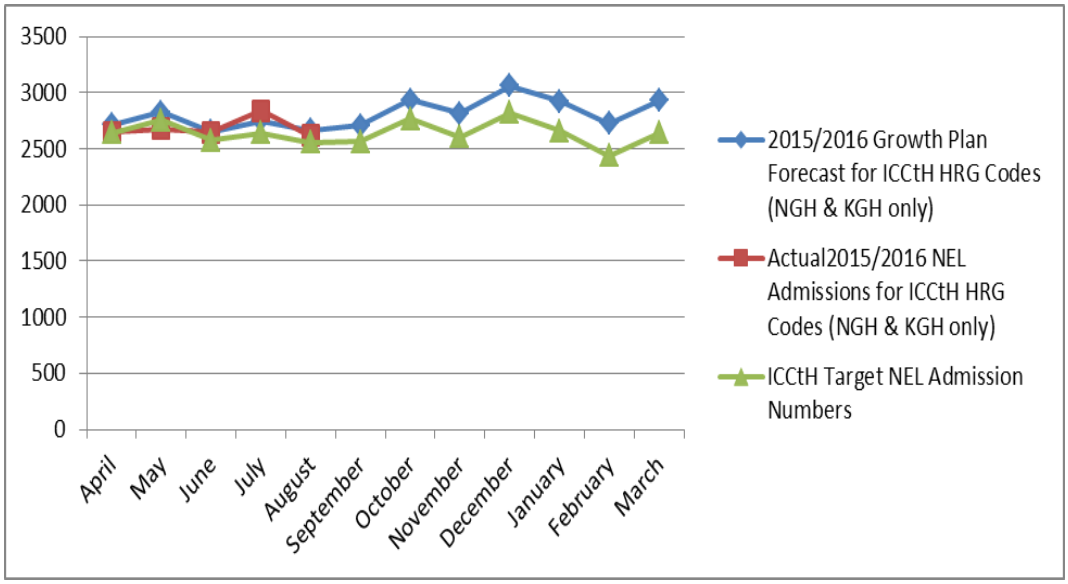
Crisis & Escalation:

- Intermediate care review to inform future commissioning plan.
- Maintenance of 2014/15 winter funding level to support flow.
- Acute Hospital Liaison Psychiatry.

Safe Discharge:

- Discharge to Assess launched in October 2015 (NGH).
- Reconfiguration of Twywell & Lamport to support new facilitated discharge (KGH).

The performance of these schemes is reported to the Implementation Steering Group through ICCtH Board and to the System Resilience Board through the Urgent Care Working Group.



4. Collaborative Resource Management

Appendix 2 contains the latest update for this workstream which was also provided to the ISG on 3 November. The CRM workstream has identified seven key areas of work which are being taken forward by the three Trusts sharing best practice, knowledge and resources where appropriate.

Appendix 1
Integrated Care Closer to Home (ICCtH)

Healthier Northamptonshire
Implementation Steering Group
3rd November 2015

Healthier Northamptonshire
Better Health, Better Care, Better Value

Introduction

* The ICCtH programme, which commenced in 2014, is one of three commissioned through the Healthier Northamptonshire partnership approach
* Three workstreams within the programme
  * Active Community Management
  * Crisis & Escalation
  * Safe & Effective Discharge and Support
* "Transformation across all parts of the pathway, simultaneously and at scale, to deliver improved outcomes, safe urgent care flow and financial sustainability"
* 23 'projects' identified within workstreams (Appendix A)

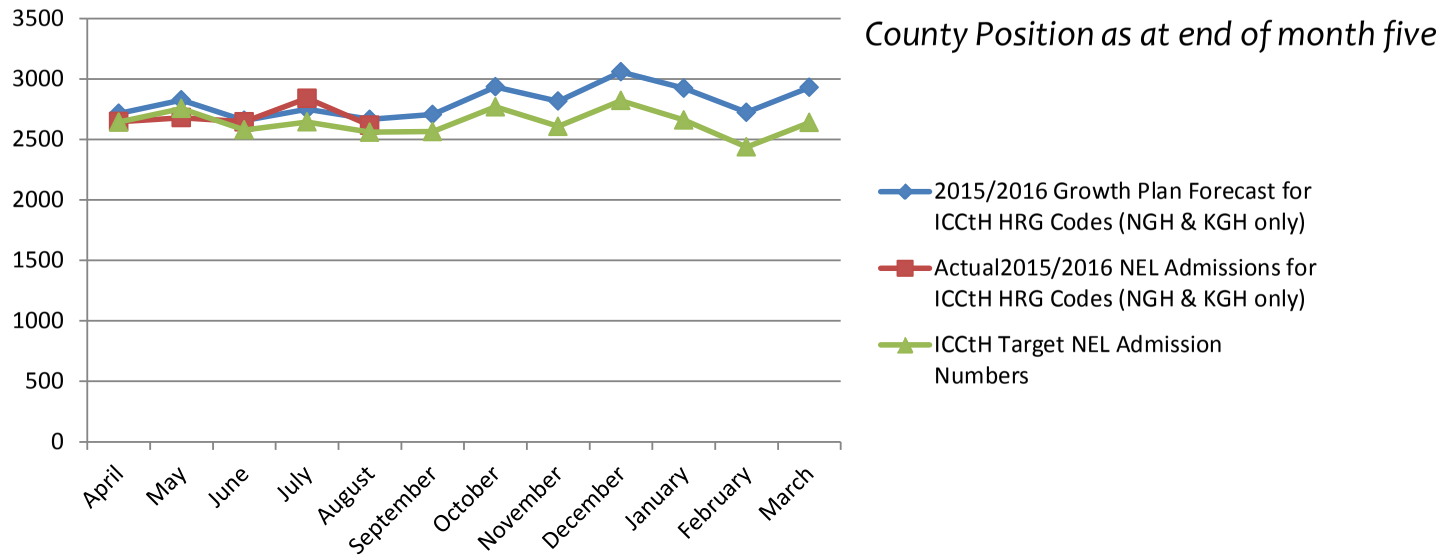
Healthier Northamptonshire
Better Health, Better Care, Better Value

Current Position

* Schemes underway to deliver change
  * Active Community Management
    * Collaborative Care Teams – Commenced October 2014 now all areas live. Integrated (with care homes) approach for Corby CCG
    * Care Home Scheme - new specification launched by Nene 1st October 2015
    * Community Nursing review to inform future commissioning plan
  * Crisis & Escalation
    * Intermediate Care review to inform future commissioning plan
    * Maintenance of 2014/2015 winter funding level to support flow
    * Acute Hospital Liaison Psychiatry
  * Safe Discharge
    * Discharge to Assess approach launched October 2015 (NGH)
    * Reconfiguration of Twywell & Lamport to support new facilitated discharge (KGH)

Performance Year to Date

* Performance reported to Implementation Steering Group through ICCtH Board and to System Resilience Board through Urgent Care Working Groups
* Performance monitored by ICCtH Delivery Group



Healthier Northamptonshire
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Performance by Acute and against ICCtH plan

	April	May	June	July	August	September	October	November	December	January	February	March	Total / Year to Date performance
2015/2016 Growth Plan Forecast for ICCtH HRG Codes (NGH & KGH only)	2715	2826	2656	2749	2665	2706	2934	2816	3058	2923	2723	2929	33700
Actual2015/2016 NEL Admissions for ICCtH HRG Codes (NGH & KGH only)	2647	2679	2645	2840	2616								13427
ICCtH Target NEL Admission Numbers	2643	2755	2578	2644	2560	2565	2769	2608	2820	2660	2437	2639	31678
KGH Actual performance against growth plan for ICCtH HRG Codes	-32	115	8	-70	178								199
NGH Actual performance against growth plan for ICCtH HRG Codes	99	29	3	-21	-128								-18
ICCtH Target NEL Reduction Below CCG Growth Plan	72	71	78	105	105	141	165	208	238	263	286	290	2022
Combined performance against growth plan for ICCtH HRG Codes	67	144	11	-91	50								181
Performance to ICCtH Plan	-5	73	-67	-196	-55								-250

Healthier Northamptonshire
Better Health, Better Care, Better Value

Note negative number is worse performance against plan in table above

Performance by CCGs and Localities

By Geographical Area	Apr	May	June	July	August	Variance	5 Mth CCG Plan	5 Mth Actual
Corby	-22	-40	-9	41	-9	-39	1462	1424
Daventry	-27	14	33	21	-3	38	1021	1060
East Northants	5	-31	-7	1	-45	-77	1508	1431
Kettering	20	-37	-6	6	-120	-137	2220	2083
Northampton Central	-38	-21	-7	37	7	-22	1912	1891
Northampton South & East	-24	-39	-10	36	0	-37	1456	1420
Northampton West	-33	19	-21	-64	75	-24	1829	1805
South Northants	36	11	-18	-14	15	30	780	810
Wellingborough	15	-22	34	26	31	84	1421	1506
Null	1	1	0	1	0	3	0	3
	-67	-145	-11	91	-49	-181	13609	13433
					5% below plan or more	0 to 5% below plan	0 to 5% above plan	5% above plan or more

Healthier Northamptonshire
Better Health, Better Care, Better Value

Heat Map by Age

Cumulative Mth 5

Age Band	Corby	Daventry	East Northants	Kettering	Nton Cent	Nton S&E	Nton West	Sth Northants	W'boro	**Total**	**Change in Mth**	NEL +10 above plan	NEL 1 - 9 above plan	Nel 0 - 9 below plan	Nel 10+ below plan
18-24	11	8	-27	-4	16	-20	-15	0	-21	-52	-19	2	1	2	4
25-34	13	3	-9	-17	-20	17	1	14	8	10	-20	3	3	1	2
35-44	-8	31	-5	-22	-33	-14	6	-9	41	-13	22	2	1	3	3
45-54	-27	-21	20	17	-11	-16	42	16	1	21	-29	4	1	0	4
55-64	9	40	-11	-21	43	-15	13	-14	17	61	35	4	1	0	4
65-74	-2	20	-24	45	-15	6	10	-35	13	18	8	4	0	2	3
75-84	7	14	52	-30	8	13	-92	24	42	38	27	5	2	0	2
85+	-41	-56	-72	-105	-9	-6	11	34	-16	-260	-69	2	0	2	5
Total	-38	39	-76	-137	-21	-35	-24	30	85	-177	**-45**	26	9	10	27
											Change in Mth	7	-9	1	1

Healthier Northamptonshire
Better Health, Better Care, Better Value

HRG Activity – Year-to-Date

(adverse variance to plan)
(ages 18+)

ICCtH NEL - HRG where admissions are more than 15 above growth plan - Year to date	COPD	Non-Int Acq Cardiac	Arrhythmia	Non Malignent Abdominal	Fluid & Electrolyte	Lobar Pneumonia	Unspec Respiratory	UTI	Adult MH	Poisoning	MSK	AA26 M
Corby	24	17	14									
Daventry		41		27								
East Northants					19							
Kettering		52	17			40						
Nton Central				21		23	21	15	16			
Nton S&E										15		
Nton West		24							33		20	
Sth Northants		28										17
Wellingborough		46				31	24					
August admissions above plan		51				34						

Healthier Northamptonshire
Better Health, Better Care, Better Value

Challenges/Opportunities/Actions

* System alignment:
  * 2015 BCF v ICCtH Gap (circa 2,000 NEL variance)
  * 2016 BCF Planning – align BCF/ICCtH targets
  * Nene/Corby/NCC Commissioning intentions
  * 'Integrated Care' Model/s
* Governance:
  * System-wide review of governance – ICCtH 'mandate'
  * ICCtH Delivery restructure/refocus/reprioritisation (23 schemes)
  * Assurance Framework
  * Single 'dashboard' across ICCtH schemes
  * KPI/Metric clarity/focus – raise the aspiration!
  * UCWGs – focussed inquiry informed/directed by ICCtH data
* Transformation Capacity
  * PMO/Operational capacity
  * Funding/'head room' support

Healthier Northamptonshire
Better Health, Better Care, Better Value

Appendix A: ICCtH Schemes

Community Case Management

* 1 Collaborative Care Teams (Nene)
* 2 Care Homes Support (Nene)
* 3 Collaborative Care Team & Care Home (Corby)
* 4 Telehealth
* 5 Carers Support
* 6 Risk Stratification
* 7 End of Life
* 8 COPD Community Support
* 9 GP Extended Hours
* 10 Community Nursing

Crisis Intervention & Admission Avoidance

* 11 Acute Psychiatric Liaison
* 12 Falls service
* 13 Primary Care Streaming
* 14 Ambulatory Care
* 15 Dementia
* 16 Alcohol

Discharge & Intermediate Care

* 17 Domiciliary care capacity to support discharge
* 18 Stepping Stones
* 19 Discharge to Assess
* 20 Intermediate Care
* 21 Community Beds
* 22 Community Equipment
* 23 Facilitated Early Discharge

Appendix 2

Implementation Steering Group – 3rd November 2015

Agenda Item: 6

Title: Collaborative Resource Management update

Presented by: David Sissling, Sonia Swart and Angela Hillery

Purpose of Paper

This paper is to provide an update the CRM ISG as to progress and actions currently being undertaken at KGH, NHFT and NGH in support of the wider CRM programme.

Key Points to note:

- The CRM workstream has identified seven key areas of work which are being taken forward by the 3 Trusts sharing best practice, knowledge and resources where appropriate. Reports included fromNHFT.
- No update received from KGH and NGH
- For December meeting updates required on the 3 Strategic areas which include: IM&T, Estates and HR/Training

Key Risks

There are no unmitigated risks arising from the workstreams above.

Key Decisions Required

ISG members are invited to receive and note the progress.

Enclosure I

VAT	**Our liability for VAT (and exemption where appropriate) is in line with best practice and seeks external expert advice when necessary.**
Leasing	Previous reviews have determined an absence of significant assets (due in part to previous CIP programmes). Smaller assets are managed through rental schemes which have cost controls in place.
Fixed Assets	Engagement of new valuers continues to be work in progress.
Procurement	Ongoing work in progress (including tenders and negotiations) within our cost improvement plans in order to deliver savings from multiple 'non-pay' and procurement areas.
Energy Prices	Work undertaken locally to improve use of energy as directed by NHFT's Sustainability Committee. Note: There is a limitation to cost improvements in the event that the responsibility for a premise passes to PropCo.
Statutory Mandatory Training	A review of mandatory training (clinical and non clinical) is underway with the aim of improving efficiency and cost savings.
Occupational Health	External review to be undertaken by OH Consultant to put forward recommendations for collaboration across the NHS organisations in county.
Corporate Services	Work is in progress to evaluate corporate services departments to identify opportunities for cost savings whilst maintaining quality of internal service.

KGH CRM Position as of October 2015

No Update received for November 2015

VAT	KGH will be looking to deploy the learning from NGH once out of existing contract tensure.
Leasing	KGH have looked at managed service contracts as part of leasing arrangements and adopted them in one area,rejected in pharmacy because of VFM and are currently looking at cardiology.
Fixed Assets	KGH have implemented and made available learning.
Procurement	Incorporated in our cost improvement planning as specific projects in order to deliver savings from multiple 'non-pay' and procurement areas.
Energy Prices	KGH will need to examine this areas further when contract comes up for renewal.
Statutory Mandatory Training	The Trust has reviewed provisions and scope with a view to streamlining, the aim will be for this impact on agency.
Occupational Health	External review is still to be undertaken by OH Consultant to put forward recommendations for collaboration across the NHS organisations in county.

NGH CRM Position as of 1st September 2015

No Update received for November 2015

VAT	Recent tender and award of new VAT advisors (CRS) with benefits already identified in terms of enhanced VAT recovery in July. Future work will focus on compliance, capital expenditure and contracted out services. The Trust has also recently Commissioned 3rd party pharmacy dispensing which over time is expected to yield significant savings in relation to outpatient drugs dispensing.
Leasing	Recent award of lease advisory services contract to Capita Leasing with successful tender of Car Park decking and Cardiac Cath Lab achieving attractive finance rates. Further work now underway to consolidate lease arrangements and ensure secondary lease periods represent value for money. Capita have provided in house training for finance staff at no cost.
Fixed Assets	The Trust has engaged DTZ Ltd to undertake a full modern equivalent valuation of its land and buildings. (This exercise has previously been undertaken at KGH). Work is expected to commence in September with an early view on outputs due within 10-12 weeks. The Trust is working with its External auditors to consider the implications of adopting any revised valuation and has also sought advice from KGH in this regard. The expectation is that the Trust will be able to reduce its depreciation charge in year pending the outcome of the review.
Procurement	The Trust has recently updated its Procurement Strategy to reflect the Carter review and modernisation of stock materials management and adoption of GS1 Standards. The Trust was not successful in securing funding as a Pilot Site for GS1 and as such work in this area will be curtailed until alternative sources of funding can be found.
Energy Prices	No specific progress to date although the Trust has invested jointly with the Carbon Energy Fund to install a new Biomass boiler which subject to final commissioning is scheduled to deliver substantial energy savings from Q3.

Statutory Mandatory Training	No progress although the Trust recognises that collaboration and increased use of e-learning as opportunities to improve efficiency in this area.
Occupational Health	The Trust is seeking to recruit a permanent Consultant to its Occupational Health Service based in Billing House on the NGH site and is currently updating its Occupational Health software. A small investment in equipment will be made in the current financial year with a view to increasing external referrals for drug and alcohol testing and hearing screening. Additional marketing of the services is currently underway to this effect. Further improvements to the Physical environment are also planned to enable additional efficient to be made in terms of reception staff and records storage.
Back Office (Corporate functions)	As part of the ChangingCare@NGH CIP programmed a Back Office review workstream with a target of reducing the cost of back office functions by 5% in FY15-16. This will be acjhieved primaril;y through the management of pay vacancies. Furher options to be worked up for FY16-17 in relation to wider collaboration and stremlinign of cprtae functions is planned. An external review of Facilties costs was undertakn in Q1. The project delivery team is working in partnership with senior nursing colleagues to plan the centralisation of cleaning, food and hydration services. This will ensure delivery of improved team working, cross-cover and co-ordination of these services across our wards and clinical areas. Investment in equipment and technology for our portering team has now been approved to support greater productivity and efficiency through enhanced communication and activity management, as well as better safety for porters when working out of hours.

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Fire Safety Annual Report 2014/15**
Agenda item	**14**
Presenter of Report	Charles Abolins, Director of Facilities and Capital Development
Author(s) of Report	Stuart Finn, Head of Estates and Deputy Director of Facilities David Waddoups, Fire Safety Advisor
Purpose	For assurance and approval
Executive summary The report highlights Fire Safety statistics during the past 12 months and provides assurance regarding progress, investment and measures taken during the year to improve Fire Safety resilience within the Trust	
Related strategic aim and corporate objective	• To be a provider of quality care for all patients • Provide appropriate care for our patients in the most effective way
Risk and assurance	The report highlights areas of risk and proposes measures to mitigate those risks
Related Board Assurance Framework entries	BAF 1.6
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Compliance with the Regulatory Reform (Fire Safety) Order 2005 and compliance with the Department of Health Fire Safety Policy

	contained within HTM 05-01

Actions required by the Trust Board

To note the actions taken to improve Fire Safety within the Trust during the previous year, the Annual Statement of Fire Safety Compliance and to support the ongoing investment and actions to mitigate risks related to Fire Safety on Trust premises.

Public Trust Board
26 November 2015

Fire Safety Annual Report
April 2014-March 2105

1. Introduction
This report has been produced to provide the Trust Board with an overview of the current position of fire safety and to provide assurance that the Trust is meeting its statutory responsibilities.

2. Governance and Assurance
All fire safety arrangements within the Trust are modelled on the recommendations made by the Department of Health's Firecode fire safety guidance documents. These are referenced and supported within the Trust's Fire Safety Policy.

The Department of Health announced in 2013, that an Annual Certificate of Fire Safety Compliance is no longer necessary but Trusts should implement a similar local certificate – see appendix 1 for the Trust's local annual certificate.

To provide assurance to enforcing bodies that the Trust is complying with its statutory obligations and has a plan of action for dealing with gaps in compliance an independent review of fire safety compliance was completed in 2014. The resulting action plan is being monitored through Fire Committee.

A further audit of fire management arrangements was completed by Northants Fire and Rescue Service in 2013. The resulting action plan has been completed and a subsequent visit by Northants Fire and Rescue Service during 2014 resulted in a letter to the Trust confirming that all actions had been addressed and the Trust's fire management arrangements were satisfactory.

Following a Fire Committee recommendation the Fire Safety Advisor had discussions with Governance regarding the inclusion of fire risk assessments on Datix. From these discussions it was agreed that the assessments should be on Datix.

To date common areas, plant rooms, residential areas and some staff areas have been recorded on Datix, leaving patient areas to be completed before the end of 2015. Placing the assessments on Datix will inform department managers of the significant findings that are their responsibility and to ensure remedial actions are actioned.

Individual site wide fire related risks have been entered separately onto Datix, these include fire resisting doors, fire dampers, emergency lighting, compartmentation and cavity barriers in Oxford construction.

3. Fire Risk Assessments
During 2014/15 new fire risk assessments continued to be completed for all areas owned or occupied by the Trust, in addition to reviewing the existing assessments. There are four main areas identified in these risk assessments that impact on the ability of the Trust to provide a safe environment for patients, visitors and staff. These are; buildings/structural, fire alarm, vertical evacuation and staff training.

Findings from these assessments have been used to prioritise fire safety works within the rolling annual capital programme. These works, once completed, will reduce or eliminate the risk but ongoing investment is required to maintain risks at an acceptable level which in turn also demonstrates to the enforcing body that the Trust is satisfactorily managing its fire risk.

3.1 Buildings/Structural
Hospitals are designed and constructed to allow patients to remain inside, within fire safety compartments, should a fire occur in another part of the building. This requires them to be constructed using high levels of fire resistance to divide the building into designated compartments.

The Trust occupies many buildings dating from 1793, some of which have been built using construction methods that no longer satisfy current standards, for example the “Oxford method”. The affected buildings using “Oxford” were built in the late 1970s and currently house: Main Theatres, A&E, Fracture Clinic, Radiology, ITU/HDU and neighbouring wards. This construction method relied on the fire integrity of a suspended asbestos ceiling to provide fire resistance to the floor above and the steel frame of the building. The void created by the suspended ceiling was not provided with cavity barriers, allowing a very large uncompartmented area through which fire, smoke and heat could spread unchecked.

The Trust has carried out remedial work, on a phased basis, by installing cavity barriers in the voids during capital upgrading works. Asbestos ceiling tiles require specialist removal that would require lengthy closure of areas during the work, it is therefore operationally impractical to check the extent to which further fire compartmentation is required however it is considered that the areas still requiring work include: Benham ward, Eleanor ward, parts of ITU/HDU, parts of Radiology and part of Main Theatres.

The risk has been mitigated by the installation of an automatic fire suppression system throughout the basement and other high-risk areas such as kitchens, stores and medical records, an automatic fire detection system, staff training, emergency plans and an on-site Fire Response Team.

When the opportunity arises through capital refurbishment or emergency repair works fire safety improvements are always included wherever practicable. Over the past number of years there have been substantial works to upgrade the fire alarm system by the installation of additional automatic fire detection and the upgrade of the systems control panels.

Building works incorporating Fire Safety completed during 2014/15 include:

- Completion of alterations to form new A & E resuscitation area including new and improved fire barriers, fire and smoke dampers, fire alarm and automatic fire detection system, emergency lighting system and extension of the automatic fire suppression system
- Completion of extension to A & E to form new GP Assessment Unit including new fire barriers, new fire and smoke dampers, new fire alarm and automatic fire detection system and new emergency lighting system
- Completion of alterations to form new Discharge Suite including new fire alarm and automatic fire detection system, new emergency lighting system and a new external ramped bed fire escape route
- Completion of alterations to form a new Blood Taking Unit including extension to the existing fire alarm and automatic fire detection system and new emergency lighting system
- Completion of works to form new Fracture and Orthopaedic clinic including cavity barriers and fire dampers

Consultation has taken place with architects regarding fire safety recommendations on further works in A and E, the relocation of Orthopaedic Outpatients and third party pharmacy on Hospital Street for 15/16 capital works.

3.2 Fire Alarm System
The Trust’s fire alarm and automatic fire detection system continues to function correctly and has been extended and improved as building works and alterations take place to ensure that it complies with the relevant British Standards, HTM’s and codes of practice.

A verification survey of the systems sounder circuits has been completed which will assist in the ‘cause and effect’ of detector circuits to be set and refined. Investment to improve and upgrade the system will need to extend into future years as part of a continued phased improvement and as components become unavailable.

These risks are being monitored and plans are in place to maintain them at an acceptable level which in turn also demonstrates to the enforcing body that the Trust is satisfactorily managing its fire risks.

3.3 Staff Training
It is a statutory requirement of the Regulatory Reform (Fire Safety) Order and a mandatory requirement of Firecode that all members of staff undertake annual fire training and take part in a fire drill. Annual fire training forms part of the Trust's core mandatory training requirements. Where patients are dependent on the staff for their safe evacuation this training is vital.

3.3.1 Training Sessions
Training is delivered by the Trust Fire Safety Advisor but is organised through Learning and Development cluster and mandatory training days and the Review of Knowledge sessions. In addition, training within a number of departments across the Trust has also been provided by the Trust Fire Safety Adviser as requested by those areas.

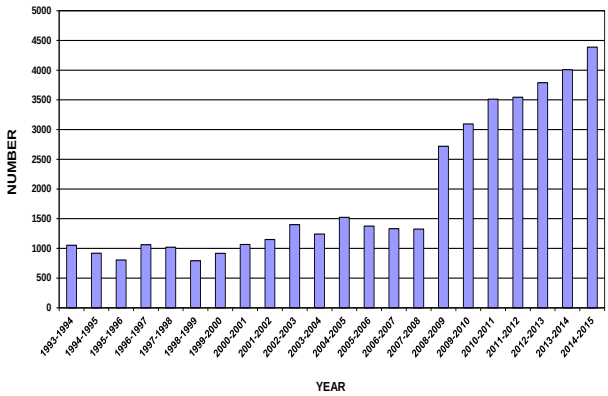
E learning through the NHS Core-learning unit is approved as a means of providing fire training without attending a formal session. However it is only appropriate for staff not expected to evacuate patients and only when used every other year between face to face fire training. There is sufficient training capacity available to staff to enable the Trust's target to be met.

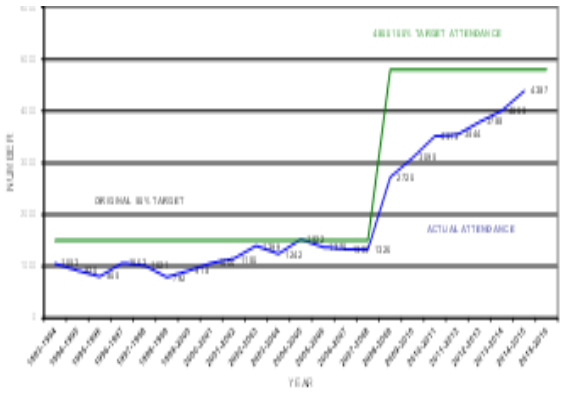
3.3.2 Attendance
From the records of attendance during 2014/15, 4387 members of staff received training which equates to 91% (based on 4800 staff), an increase of 379 (9.5%) over the previous year's attendance.

Training at Danetre has been undertaken to ensure that NGH staff working there are up to date with their training.

The Trust Fire Safety Advisor reports attendance compliance to the Trust Fire Committee and 6 monthly reports to the Trusts Health and Safety Committee.

The Trust Fire Safety Advisor has continued regular contact with Directorate Managers reminding them of the requirement for all staff to attend fire training and advising them on how to achieve compliance. This is also being monitored by the Trust Fire Committee and reported through the Trust Health and Safety Committee and the Assurance, Risk and Compliance Group.





Total staff fire training attendance by year
Actual staff fire training attendance Vs target

3.3.3 Fire Drills

Fire drills have continued during 2014/15 and although there has been an increase in the number of areas where a drill has taken place there is still a shortfall against the 100% target. Areas with a current drill have continually increased year on year; 2011 – 17%, 2012 – 26%, 2013 – 44% and 2014 – 45%.

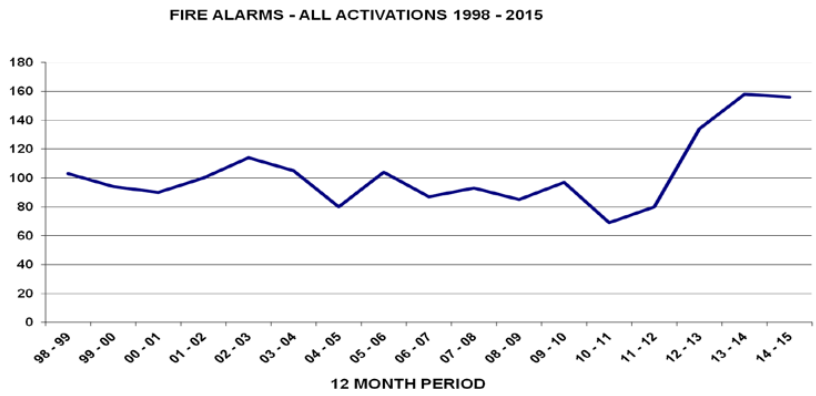
Without effecting service delivery and patient care, further increases in fire drills will prove challenging. The current method of conducting a drill has been reviewed by the Trust's Fire Manager and Fire Safety Advisor and a training session has been delivered to remind managers of their responsibilities under the Fire policy and make them aware of the support available.

Fire evacuation/drill sessions are being arranged for 2015 with the intention of training staff on the process of using fire plans, carrying out actual evacuations and providing assurance without effecting patient care.

In the meantime the Trust Fire Safety Advisor is continuing regular contact with Directorate managers reminding them of the requirement to have a current emergency/evacuation plan. This is also being monitored by the Trust Fire Committee and reported through the Trust Health and Safety committee and the Assurance, Risk and Compliance Group.

4. Fire Alarms Activations

There were a total of 156 actuations of the fire alarm during the reporting period, a decrease of 3 from the last report.



Fires
Five fire incidents occurred on site (5 recorded for 2013/14), 2 were caused by smoking materials, 1 occurred in A & E, 1 occurred in Cripps Recreation and the last was a fire in Sturtridge bin store.

Good Intents (GI)
The 20 (20 recorded for 2013/14) good intents were caused by members of staff operating a call point suspecting a fire after smelling smoke/burning.

Pre Warnings (2F)
There were 78 pre-warnings (93 for 2013/14) recorded of which 37 (51–13/14) were unknown causes, 9 (16-13/14) were caused by high temperature, 6 by contractors, 5 by cooking, 3 by oil mist, 2 by salt dust, 2 by dust, 2 by fumes, 2 by toast and the remainder were steam, aerosol, nebuliser, pollution, smoking and lastly shake and vac.

Detector Actuations
50 actuations (39 for 2013/14) of detectors can be summarised as follows –
12 unknown, 7 cooking, 7 contractor, 5 toast, 4 steam leak, 3 steam, 2 faults and then dust, drug taking, oil mist, burnt towel, overheated plastics, salt dust, electric kettle, water leak, aerosol and electric motor.

Northamptonshire Fire and Rescue Service (FRS) Response to Emergency Calls
Northamptonshire Fire and Rescue Service had previously informed the Trust that as from 1st April 2014 they would not mobilise their resources to any Automatic Fire Alarm (AFA) from any county hospital between the hours of 8am-8pm. During this time they expect Hospital staff to investigate the alarm activation and only call them if the activation has been caused by a confirmed fire.

As an immediate response the Trust reviewed its operational fire policy, fire procedures and risk assessments to ensure that the FRS change in policy did not increase risk to patients, staff, visitors and premises. It was decided that the procedures already in place for dealing with fires and fire alarms were substantive and would remain without exception.

Since the 1 April 2014 there have been 58 activations of the fire alarm system between 0800 and 2000h which would previously have had an FRS response but which were successfully dealt with by the Trusts Fire Response Team. The FRS did attend on 3 occasions during this time. There were 22 actuations of the fire alarm between 2000 and 0800h resulting in 18 attendances of the FRS.

5. Conclusion

Continued investment in fire safety through the annual capital plan has allowed the Trust to ensure that building/structural fire risks are eliminated or mitigated as much as practicable.

The external audit of the Trusts fire safety management for compliance with HTM 05-01 completed in 14/15 and, subsequent action plan, has provided further assurance that the existing systems are sufficient. It highlighted minor improvements and focused on the need to improve on annual fire drill compliance. Actions to address the recommendations are underway and on target to meet the agreed target dates.

The fire alarm and automatic fire detection system is a fully functioning part of the fire safety measures in the hospital. It has received substantial investment in it to reach the standard it is now however there is still more that needs to be done to ensure that it continues to maintain this high standard.

There has been an increase in alarm activations over the previous 2 years and although the causes have been minor, the responses to these have been timely and effective. Continued analysis of these activations has identified causes and lessons learnt have been used for new works.
Training all Trust staff on an annual basis continues to be a challenge but training places are available to enable this to be completed. Attendance figures have continued to improved year on year but further work is still required.

Appendix 1

Northampton General Hospital NHS
NHS Trust

ANNUAL STATEMENT of FIRE SAFETY COMPLIANCE

NHS Organisation Code:	NHS Organisation Name: Northampton General Hospital NHS Trust	
I confirm that for the period 1st January 2014 to 31st December 2014, all premises which the Trust owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and:		
1	There are no significant risks arising from the fire risk assessments.	
OR 2	The Trust has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	Yes
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? If Yes outline the details of the enforcement action in Annex A – Part 1.	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes outline the details of unresolved enforcement action in Annex A – Part 2.	No
6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	Yes
7	There is a current fire safety policy in place.	Yes

Fire Safety Manager	Name: Stuart Finn
	E-mail: stuart.finn@ngh.nhs.uk
Contact details:	Telephone: 01604 - 545903
	Mobile:
Chief Executive Name:	Dr. Sonia Swart
Signature of Chief Executive:	
Date:	11.8.15
Statement to be completed and forwarded to – the chief Executive, Director responsible for fire safety and the Fire Safety Manager.	

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Communications and Engagement Strategies – Progress Report**
Agenda item	**15**
Presenter of Report	Sally-Anne Watts, Head of Communications
Author(s) of Report	Sally-Anne Watts, Head of Communications
Purpose	For information

Executive summary

The report provides an update on progress against the strategic objectives set out in the communications and engagement strategies 2014-2017 agreed by the Board in September 2014.

Good progress has been made in many areas, particularly in relation to developing the trust brand, promoting ownership of the trust's vision, values and strategy, our use of social media to reach a wider audience and communications support to recruitment campaigns. However, there is more work needed to refresh the trust website and intranet, and also in relation to engagement with our members and stakeholders; these aspects are reflected in our challenges for 2016-2017

Related strategic aim and corporate objective	All
Risk and assurance	Reputational risk if the trust does not communicate and engage effectively, managed through proactive and consistent communications and engagement activity.
Related Board Assurance Framework entries	BAF – 2.1, 3.2, 4.3,5.2
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N)

Enclosure K

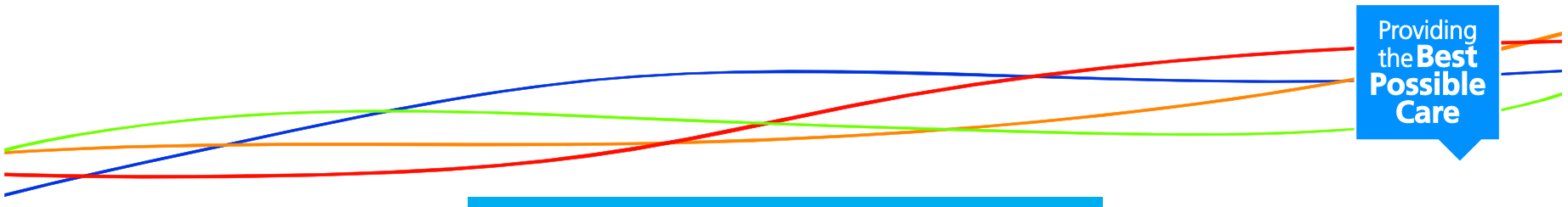
	Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? /N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper

Actions required by the Trust Board

The Board is asked to note progress to date.

Northampton General Hospital NHS
NHS Trust

Communications and Engagement Strategies 2014 – 2017 Progress report



Enclosure K

Introduction

The communications and engagement strategies were approved by the board in September 2014. Both strategies are inextricably linked; we cannot have effective engagement without effective communication. This presentation provides an overview of progress to date against six key areas:

- Developing the NGH brand
- Promoting ownership and understanding of the trust's vision, values and strategy
- Strengthening staff communications and engagement
- Improving our communication and engagement with patients and the public
- Improving our communication and engagement with external stakeholders
- Developing our communications and engagement infrastructure and tools/techniques

Whilst good progress has been made in many areas, we know that there is more to do, and this is reflected in our challenges for 2016-2017.

Context

Our communications are informed by local, regional and national issues and challenges. The trust is located in a county that is growing faster than other parts of the country and has more older people with complex health and social care needs. This changing demographic impacts on our services and the way we meet these challenges will be reflected in our communications and messaging.

In addition there are challenges in relation to staff recruitment and retention, a move to 7 day working across the NHS, quality standards that must be met and health and social care budgets that are increasingly stretched.

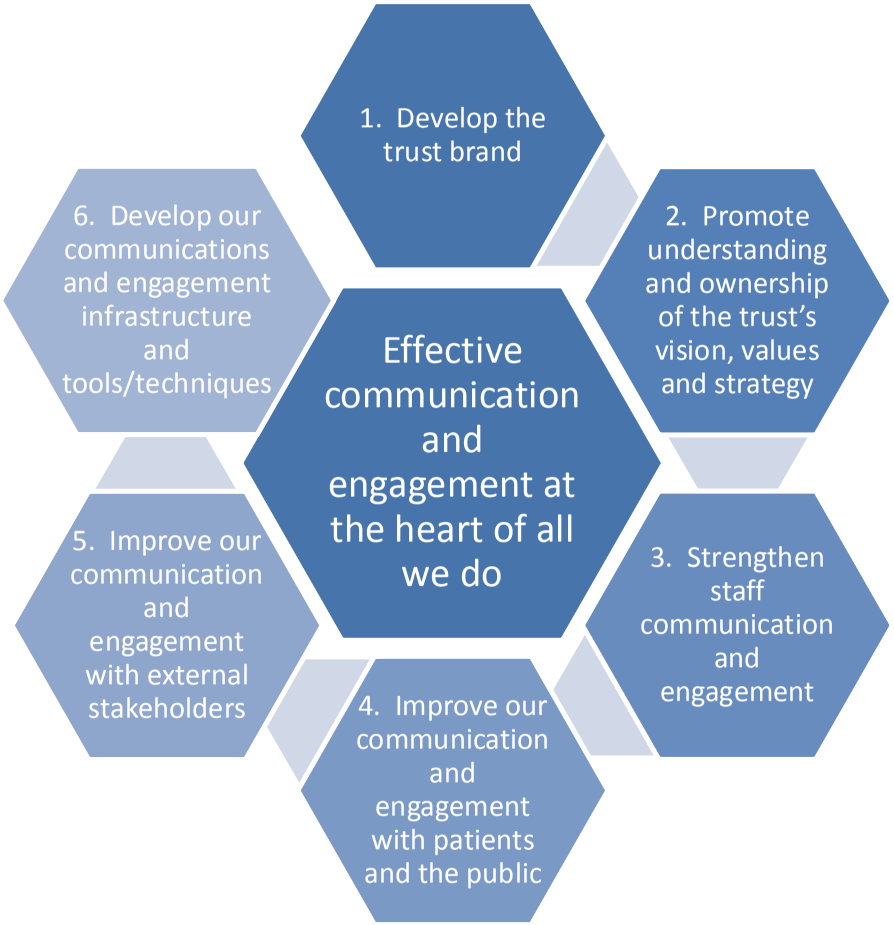
Our patients and the public have rising expectations of the services we provide. The NHS is highly valued, by there are concerns about its future. People's attitudes are changing, not only in relation to health and social care but also to the ways in which we communicate. This is particularly marked across the generations.

Our communications challenge is to ensure we deliver our messages (communicate) in ways that are accessible, understandable and meaningful. To do this we must work and engage with our stakeholders to ensure we provide a service that is valued, trusted and respected.

Components of the communications and engagement strategies

The shared vision of the communications and engagement strategies is:
'Effective communication and engagement at the heart of all we do'

There are six key components to the strategies.



1. Develop the trust brand

We said we will do this by:

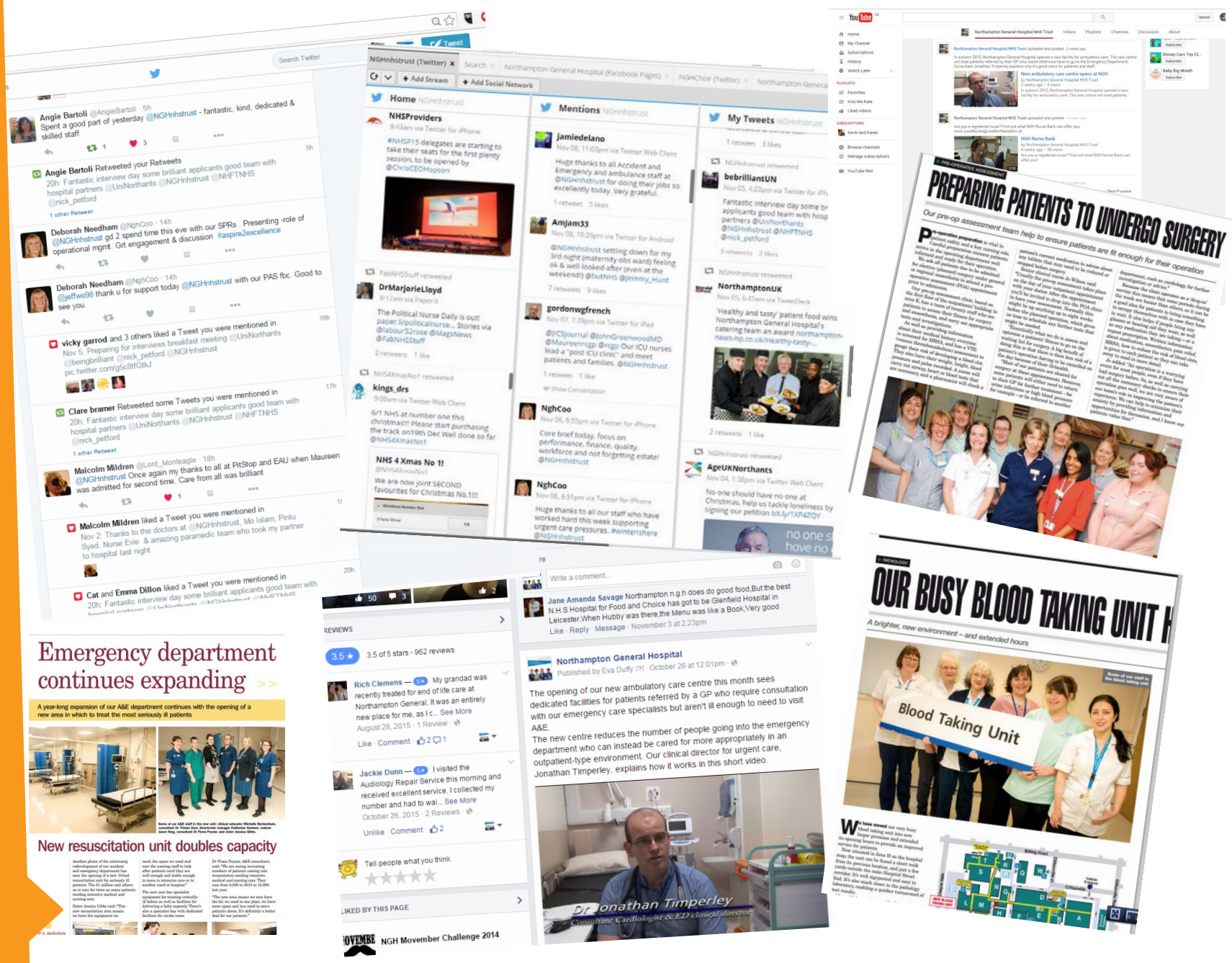
- **Developing a core script for the organisation to enable consistent use of key messages for all audiences**
- **Promoting a 'house style' for the trust**
- **Maximising our reputation, making us the hospital of choice**
- **Ensuring our audiences understand our role as a provider of specialist services**
- **Increasing the profile of specific services**

Progress

- The strapline 'Best Possible Care' is incorporated into all our media releases. Where possible and appropriate we also make reference to our core values in our media statements and social media postings. Our values are our core script.
- Weekly screensavers now produced within communications and to a consistent corporate style
- Our social media postings (Facebook and Twitter) use the hashtags #bestpossiblecare and, where appropriate, also signpost our other values #reflect/learn/improve; #patientsafety; #aspiretoexcellence; #respectandsupport
- Straplines developed to support recruitment campaigns:
  - Love Nursing, Love Northamptonshire
  - Join our Bank and we'll invest in you
- NGH brand used on all recruitment campaigns
- 100% response rate to messages posted on our social media sites
- Work begun with specialties to highlight their services , for example a recent feature in Insight on care of the elderly which included an overview of the care provided; interviews with our specialist nurses; feature on Age UK volunteers in A&E; advice on discharge; feature on our dementia liaison nurse. Other areas/services covered in recent issues include: cardiology; pathology; emergency department; pharmacy; R&D; Gosset NICU; ophthalmology, screening services, catering; pre-op assessment and clinical support services

Our challenges in 2016-17

- Maintaining confidence in our services; enabling understanding and support for service developments and collaborative working
- Redevelopment of our trust website
- Building on what we have already achieved


Emergency department continues expanding
New resuscitation unit doubles capacity
PREPARING PATIENTS TO UNDERGO SURGERY
Our pre-op assessment team help to ensure patients are fit enough for their operation
OUR BUSY BLOOD TAKING UNIT
A brighter, new environment – and extended hours
Blood Taking Unit
Dr Jonathan Timperley
Consultant Cardiologist & ED clinical director
NGH Movember Challenge 2014

2. Promote ownership and understanding of the trust's vision, values and strategy

We said we will do this by:

- **Consistently communicating the vision, values and strategic aims/objectives through communications with staff, stakeholders and the media**
- **Ensuring easy access to quality, safety and performance information to support informed patient choice**
- **Widely celebrating success to increase the positive profile of individuals, departments and the trust as a whole**

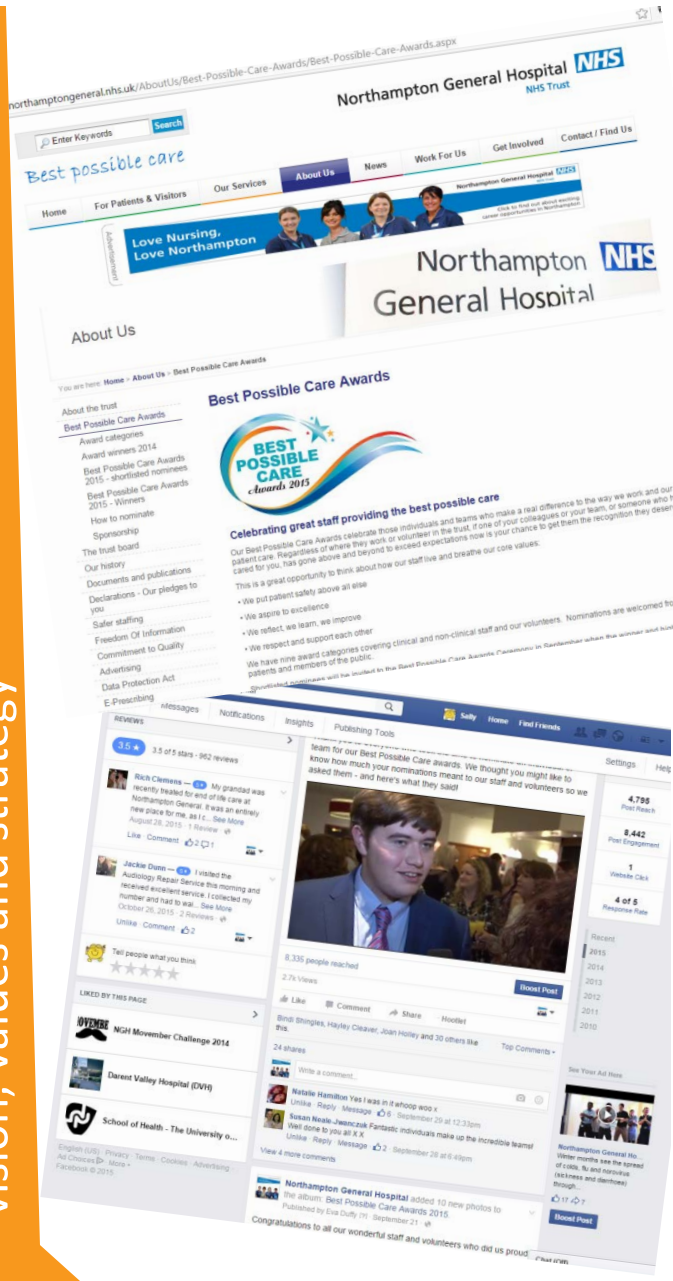
Progress

- The strapline 'Best Possible Care' is incorporated into all our media releases. Where possible and appropriate we also make reference to our core values in our media statements and social media postings.
- We use our own staff in our campaigns and proactive media coverage rather than relying on stock photography
- Our social media postings (Facebook and Twitter) use the hashtags #bestpossiblecare and, where appropriate, also signpost our other values #reflect/learn/improve; #patientsafety; #aspiretoexcellence; #respectandsupport
- NGH strategy on a page
- Our year in numbers – Insight feature and posters
- Service improvements and performance highlighted in Insight, local media and via our social media channels
- Long service awards – July 2015
- Best Possible Care awards – September 2015 – reflecting our vision and values
- Proud to Work at NGH cards

Our challenges in 2016-17

- Continue to find ways of ensuring the vision, values and strategic aims and objectives are shared and understood by our staff
- Working with external stakeholders to ensure our staff, service users and the public are aware of and have opportunities to influence our strategy and service developments
- Building on the success of this year's annual awards
- Ensuring Divisions continue to celebrate and recognise long service as part of our values #respectandsupport

Promote ownership and understanding of the trust's vision, values and strategy



PROUD TO WORK at NGH

Providing the Best Possible Care

thank you

We put patient safety above all else

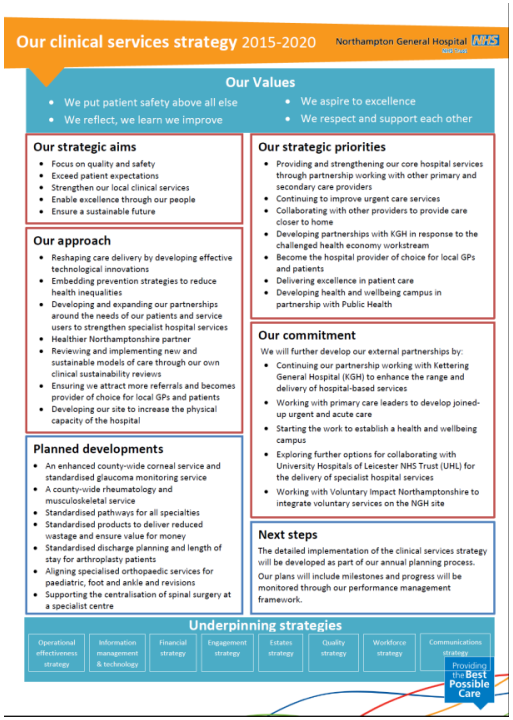
We aspire to excellence

We reflect, we learn, we improve

We respect and support each other

@soniaswartCEO

Dr Sonia Swart
Chief Executive



Enclosure K

3. Strengthen staff communication and engagement

We said we will do this by:

- **Sourcing and sharing good news stories from across the organisations that demonstrate the achievements of our staff**
- **Reviewing methods of staff communication, including their purpose and effectiveness, and developing an overall framework for staff communication, including an effective team briefing system with feedback mechanisms**
- **Promoting and reinforcing our vision and values and strategic aims/objectives in all communications to ensure staff ownership of our shared goals**
- **Showing support for cultural behaviours from the top by increasing the profile of senior staff living the trust values**

Progress

- Regular CEO's blog
- Staff achievements regularly featured in Insight and the weekly bulletin; also on our Facebook and Twitter feeds
- Monthly core briefing process now well established; attendance now monitored. Feedback systems under review
- Core values reflected in weekly screensavers
- Our social media postings (Facebook and Twitter) use the hashtags #bestpossiblecare and, where appropriate, also signpost our other values #reflect/learn/improve; #patientsafety; #aspiretoexcellence; #respectandsupport. These are now being shared by members of staff who also use Twitter
- Team NGH video
- Videos featuring other hospital staff
- Features being planned with senior managers 'How do you live the values'

Our challenges in 2016-17

- Enabling staff to access trust social media channels from within the workplace.
- Working with OD to bring our values to life
- Improving the core brief process by working with Divisions and departments to support them in developing a meaningful and effective cascade and feedback process
- Redevelopment of the trust intranet

Strengthen staff communication and engagement


Core brief – November 2015

Northampton General Hospital NHS

Core brief should be delivered verbally, where possible, to all staff. It should be part of monthly meetings, collectively or individually in face-to-face contact. Core brief will be distributed to managers monthly and teams should be briefed at the earliest possible opportunity. Where face-to-face briefings are not possible every effort should be made to ensure everyone receives their own copy. A feedback form should be completed by the person delivering the core brief and returned to communications.

●●● Important news, must be discussed as a team ●● Should be discussed if relevant to the team ● Could be discussed if of interest to the team

●●● Our performance - October

Cancer standards - The 62 day position for October is 83.3% (68 treatments and 10 breaches). Every effort is needed to limit breaches for November. The cancer team are working on a breaking the cycle rapid improvement event focusing on 4 key areas in order to ensure waiting times are reduced and robust processes are in place.

A&E 4-hour target – performance was 90.32% due to a continued increase in acuity seen since the end of August. reduced flow and a significant increase in demand. Discharge to assess is now in place and working well.

Cancelled operations not rebooked and undertaken within 28 days – 1 breach in October

Delayed transfers of care – during October, the number of patients who were safe for discharge but required ongoing care was on average 60 patients

Mixed sex accommodation – Achieved

●●● Our people

Nursing recruitment and retention – We are co-ordinating a collaborative recruitment event with NHFT & KGH at the RCN Head Quarters on 28 November to recruit key staff groups to the county. This is the first time we have undertaken this type of event but, if successful we will plan another event in the New Year. We have written to all our student nurses to provide ongoing career development opportunities during their training and support an offer of employment when they have qualified. Nurses are now on the 'shortage occupation list' thus supporting our European & non-European recruitment. We are also focusing on 'Return to Practice' staff who may have left the profession but want to return linking training with clinically based experience.

The National Staff Survey - Final reminders for the national staff survey were sent out last week and the electronic version was lifted – 'Survey, Northampton General Hospital'. So far 110 people have completed the survey. If you haven't yet completed your survey online, it takes just 10 to 15 minutes to complete and all of your feedback is completely confidential. You can also forward the link to your personal email address, if you'd prefer to complete it at home. If you don't have access to NGH email address, you will receive a paper copy to your home address by the end of the week. For all queries, contact the OD team on Ext 3711.

Agency cap - As from 23 November trusts are required to pay a rate cap for all agency staff that they use. This will mean that agency staff cannot be paid between 55 & more than a substantive member of staff would for the same banded position. The percentage depends upon whether it is a clinical or non-clinical role and will reduce further from April 2016. This will require all trusts to consider, when booking agency staff, what choices are changing. Further updates will be shared as these are made available.

●●● Our patients

Patient Safety, Clinical Quality & Governance Progress report – provides Management Teams with an opportunity to review and compare relevant data and reflects on- going quality improvement work, and divisional and corporate progress and learning. Q2 available on the intranet.

Health Record Documentation – there are a set of requirements that apply to all clinical note keeping. Divisional leads have been identified and are developing improvement action plans on a granular basis to drive through improvements. The dataset has been revised, new process established, reporting tools re-worked. Data set was rolled out to medics from Q2 and to be Trust-wide from Q3. Remember: always – date, time, sign and stamp – every notes entry.

NGH - Quality Improvement Day 27 November 2015 - The Quality Improvement Day is an amalgamation of Aspiring to Excellence, Clinical Audit, Junior Doctors Safety Board and nursing quality improvement projects all of which provide a platform for in house development programmes and future quality improvement initiatives. Multidisciplinary teams will be presenting project outcomes and improvement recommendations.

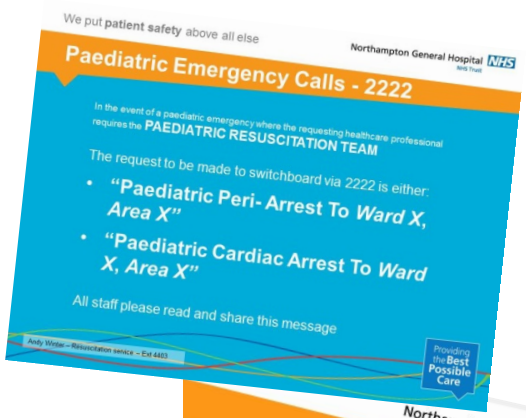
Maternity Services National Survey – Local results - The Trust has just received our local results from the national Maternity Services survey. There has been a large increase in satisfaction from last year with 37 questions, out of 57 questions, showing an improvement. with 5 questions being statistically significant. There was only a 'worsened' performance in 3 questions; however, none of these were statistically significant. Final COC national results where we will be compared against our peers will be available early next year.

BFI Stage 3 Assessment – The UNICEF Baby Friendly Initiative Stage 3 assessment was conducted on 28/29 October. It was extremely positive and the assessors were very complementary of the services provided to mums and babies. We exceeded the pass scores for most of the standards and these have been stored and will not be assessed again. The assessors wanted more assurance around two elements of our case for mothers which we will assess for full accreditation in six months. The assessment relied on feedback from the mums so we can say with certainty that the messages are becoming consistent and are being heard and understood. A big thank you to our Infant Feeding Team who have kept driving this over the years to reach this position. Stage 3 accreditation is the highest award for infant feeding that maternity services can obtain, so great news.

●●● Next core and local team brief

Core brief - 11 December in the boardroom at 9.00am

Local team brief



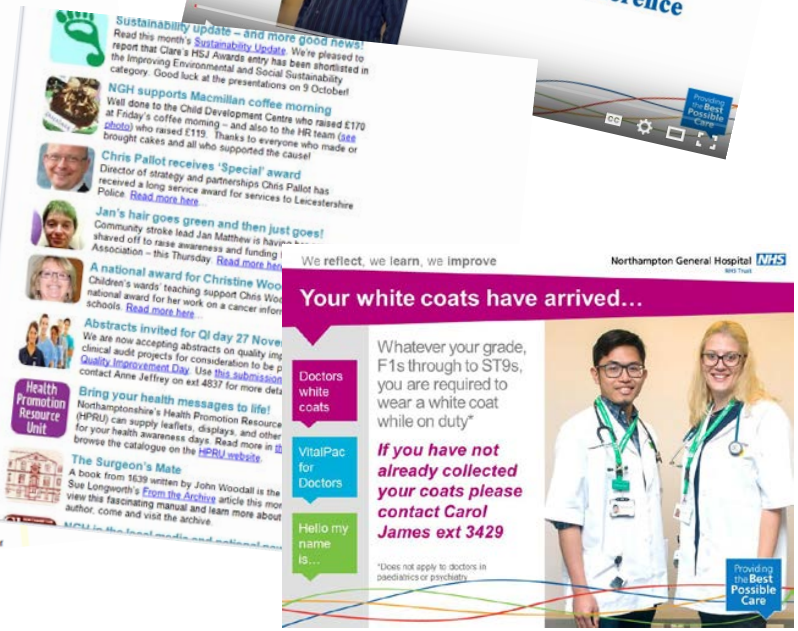
Core brief – November 2015 Feedback

Northampton General Hospital NHS

To be completed by ALL managers responsible for providing team brief and returned to communications@ngh.nhs.uk by no later than Friday 27 November 2015

Name of Directorate/Department/Ward/Team	
Name of person providing briefing	
Date of Team Brief	
It's really important we know how many staff have been briefed, so please tell us the TOTAL number of staff you have briefed this month:	
Are there any issues or unanswered questions following your briefing? (Remember, it's your responsibility to try and get an answer within 48 hours.)	
Do you have any other comments or views on this Team Brief or the briefing process in general?	
Is there any content your team would like to see included in future core briefs?	

Sent to all staff on email – please brief to those not on email
Please do not forward to anyone outside of NGH
wnload a printer-friendly copy



Enclosure K

4. Improve our communication and engagement with patients and the public

We said we will do this by:

- **Promoting and reinforcing the value the trust places on patient and public engagement and communication**
- **Recruiting and maintaining a vibrant and engaged membership**

Progress

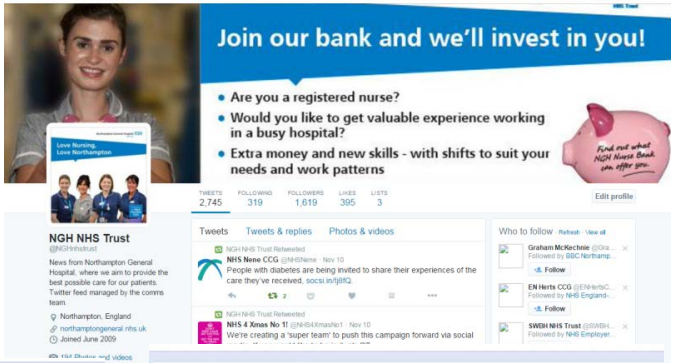
- Building the number of engaged followers on our social media channels, measured by the number of likes, shares, favourites and re-tweets
- Increased use of video and filmed interviews with staff to 'tell the story'
- All direct messages on Facebook and Twitter receive a response
- NGHPlus app launched in September 2015
- Branded communications campaigns to support nurse recruitment – 'Love Nursing, Love Northampton' and 'Join our bank and we'll invest in you'
- Video to support apprentice recruitment; overseas nurse recruitment; staff recruitment; nurse bank
- Social media campaign to encourage attendance at our job fair in October – 2,000 attendees

Our challenges in 2016-17

- Revisit our membership strategy; secure support to clean, refresh and recruit to our existing database so that we have a community of members who are representative of the population we serve; who are offered opportunities to engage with the trust at a level they have chosen and are able to act as ambassadors for the trust and our services
- Push use of NGHPlus app to bring stories to life and add value to our communications by building context, relevance and efficiency of our messaging, and helping to build relationships
- Utilise information screens in patient/public areas of the trust to increase spread and reach of messages
- Refresh trust website to ensure information is easily accessible
- Revisit our membership strategy
- Ensuring our communications are automated, snackable, connected, integrated and empowering

Some facts and figures

- More than half our more than 6,000 followers (50% increase on last year) on Facebook are aged 18-44
- The majority are women
- Our post about the daisy badges for newly qualified nurses reached more than 103k people, and had an engagement rate of 16% based on the number of people who liked, shared, commented or clicked on the post, which received more than 3k comments
- We have 1,619 followers on Twitter (100% increase on last year)



Facebook - our fans

Facebook - people reached

Facebook - people engaged

Enclosure K

5. Improve our communication and engagement with external stakeholders

We said we will do this by:

- **Developing effective relationships with key influencers, overseers and scrutineers, providing them with key points of contact and a formal briefing system**
- **Supporting partnership working**
- **Develop the ability to segment and target key stakeholders and record activity**

Progress

- Briefings with parliamentary candidates pre-General Election and subsequent briefing with MPs. Agreement that further briefings should be arranged on a quarterly basis
- Executive meetings with key influencers locally, regionally and nationally
- Leading on communications and engagement for Healthier Northamptonshire
- Developing relationships with Healthwatch, Voluntary Impact Northamptonshire and Age Concern
- Survey undertaken with GPs to ascertain their preferred method of communication with NGH and the type of messages they wish to receive
- Developing relationships with University of Northampton

Our challenges in 2016-17

- Implement bi-monthly briefing for MPs and key influencers
- Re-launch NGH GP news
- Identify opportunities to work with third year media students from the University of Northampton
- Develop a stakeholder management database to bring structure to our stakeholder management, record activity and measure the impact
- Revisit our membership strategy and identify effective mechanisms to manage our member database and support effective engagement

6. Develop our communications and engagement tools/techniques

We said we will do this by:

- **Developing and disseminating a toolkit of branded documentation templates and advice for staff to use in developing their own communications, and roll out media training to senior clinicians**
- **Continuing development that has already begun in using social media and explore further opportunities to use social media to enhance our communications and the patient experience**
- **Redeveloping the trust website and intranet and to better use our estate for communication**
- **Developing closer relations with the media and with communication functions within the local healthcare community so that we can better reflect the trust's views, as well as raise the profile of the trust**

Progress

- Targeted campaigns to support staff recruitment, with particular emphasis on nurse recruitment
- Growth of engaged supporters and followers on our social media sites
- Development of trust LinkedIn site to support staff recruitment
- Job of the week feature
- Working with partners and building relationships to share messaging around Healthier Northamptonshire; safeguarding and health and wellbeing

Our challenges in 2016-17

- Redevelopment of the trust website and intranet to include design and content
- Refresh communications area of trust intranet to act as a portal of good practice, advice and guidance
- Utilisation of screens in outpatient waiting areas to extend reach of messaging and increase opportunities to view
- Identify effective mechanism to manage our member database

Communications – progres to date

Communications - progress to date

The tables below summarise our communications in 2014, how we would like them to be by 2017 and progress to date.

2014	Now	2017
• Reactive communications • Digitally immature organisation • Unsystematic and mostly one-way staff communications throughout the organisation • Weak brand and corporate image • Publication of outcomes and performance data not easily accessible/understood • Some patient and public engagement/ involvement in service improvement and development • Variable relationships with stakeholders • Limited involvement in public health messaging • Unsystematic involvement with key stakeholders • Limited campaign planning	• Proactive, planned communications activity • Digital maturity inconsistent across organisation • Mechanisms for two-say staff communication being developed. • Strong brand and corporate image • Outcome information available, but more work needed to make it easily understood • Wider awareness of importance of patient/public involvement in service improvement and development. • Developing relationships with stakeholders • Emerging role in public health/health promotion messaging, particularly in relation to trust health and wellbeing strategy • Planned, targeted communications campaigns developed but more work needed to ensure measurable outcomes	• Proactive, planned communications activity • Digitally mature organisation • Robust, systematic and effective two-way staff communication • Strong brand and corporate image • Transparency regarding all clinical outcomes which are published in a way that is easily understood • Robust patient and public involvement/engagement in service improvement and development supported by an active and engaged membership • Strong and effective relationships with stakeholders • Proactive role in public health/health and wellbeing messaging • Planned, targeted communications campaigns with measurable outcomes

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Health and Safety Annual Report 2014/15**
Agenda item	**16**
Presenter of Report	Charles Abolins, Director of Facilities and Capital Development
Author(s) of Report	Diana Salvio, Health and Safety Manager Emily Fleming, Interim Health and Safety manager
Purpose	Assurance

Executive summary

This report provides an analysis of the Trust's Health and Safety (H&S) performance during the financial year 2014 – 2015 and highlights relevant issues pertaining to the Management of Health and Safety in the Trust.

The report also includes some updates for 15/16.

The report concludes with a forward look, which gives an outline of the key performance Indicators proposed for the financial year 2015/16.

Related strategic aim and corporate objective	• To be a provider of quality care for all patients • Provide appropriate care for our patients in the most effective way • Foster a culture where staff can give their best and thrive
Risk and assurance	Failure to meet statutory Health and Safety obligations and potentially increased costs of litigation
Related Board Assurance Framework entries	BAF 1.6
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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

Enclosure L

	decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Failure to meet statutory obligations under Health and Safety legislation

Actions required by the Trust Board

The Board is asked to consider the report and note the issues highlighted together with the actions proposed to address the areas of concern.

Public Trust Board
26 November 2015

Health & Safety Annual Report 2014-2015

1. Introduction

Health and Safety at Work Act 1974 and associated regulations place duties on the Trust, to safeguard as far as reasonably practicable the health, safety and welfare of employees and others who can be affected such as patients, visitors and contractors by their undertaking.

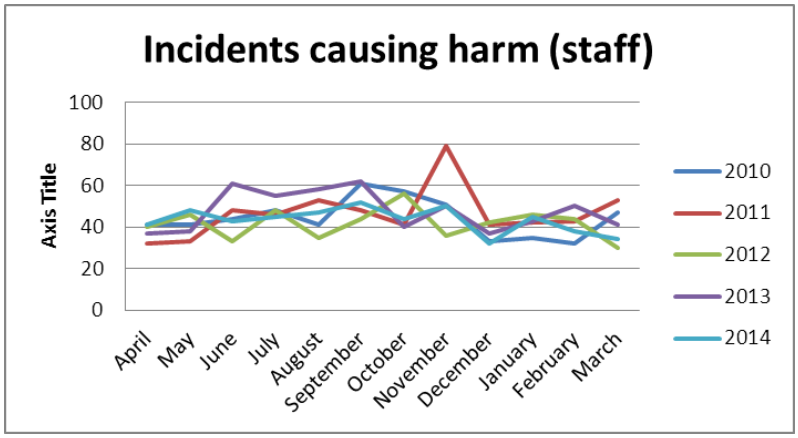
A number of different process and systems such as incident reporting, investigation and data analysis; risk assessment, mitigation and management; policies, procedures, safe systems of work, protocols; training, instruction and information; communication; consultation; inspections and audits are in place to help ensure effective health and safety management within the Trust.

This report provides an analysis of the Trust's Health and Safety (H&S) performance during the financial year 2014 – 2015 and highlights relevant issues pertaining to the management of health and safety in the Trust.

The report concludes with a forward look, which gives a outline of the key performance Indicators for the financial year 2015/16.

2. Incident Analysis

Datix continues to be used within the Trust for reporting of incidents. A total of 1422 incidents affecting staff were reported, out of which 519 were incidents causing harm in 2014/15. Though there has been a reduction in the number of incidents affecting staff reported compared to last year, there has also been a slight 1 % increase in the number of staff incidents causing harm compared to last year (ref graph 1).

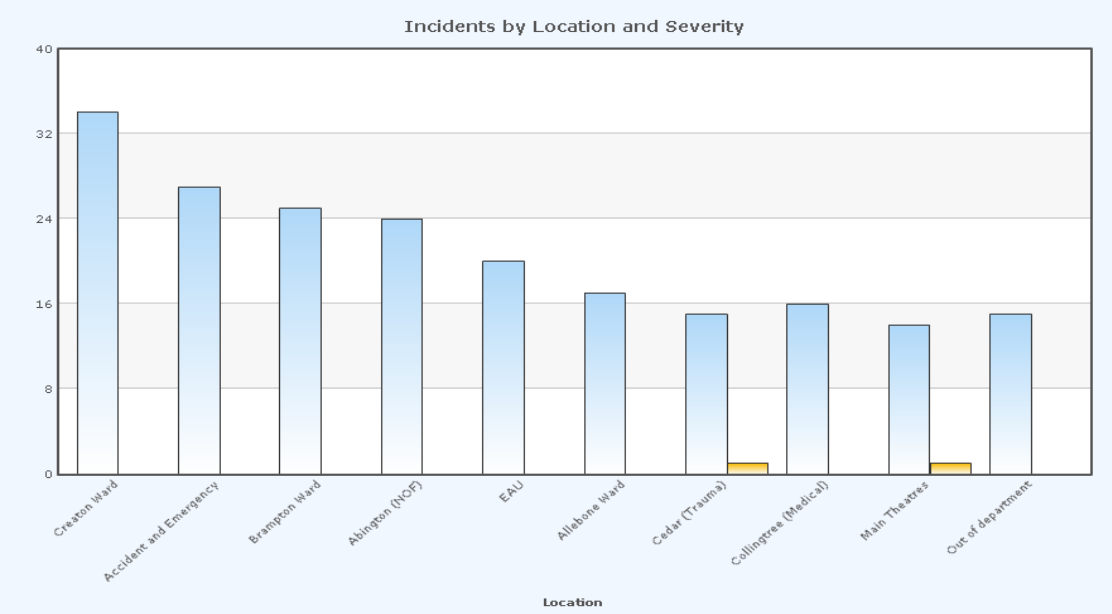


Graph No 1

Enclosure L

The breakdown analysis of the incidents causing harm to staff by locations and severity is shown in graph no 2 below.

Graph No 2



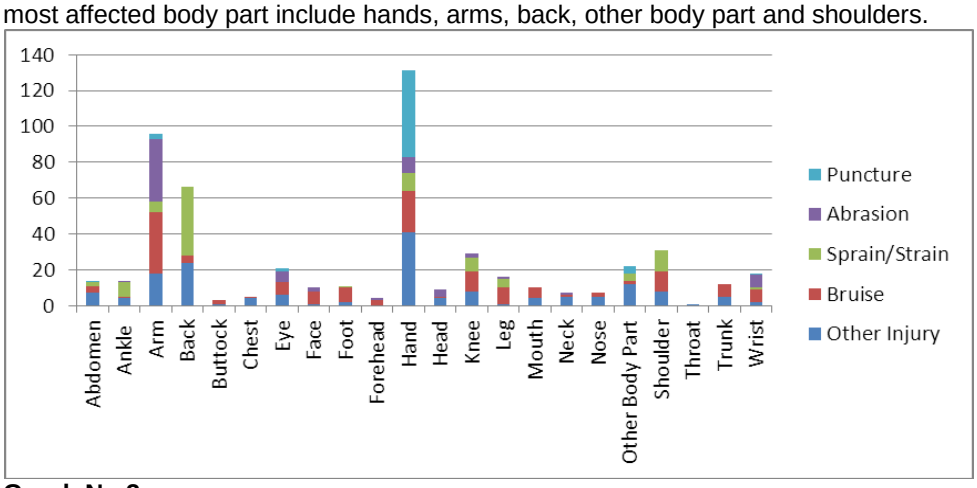
The top five locations with highest number of incidents with harm to staff were:

- Creaton ward (34)
- A&E (27)
- Brampton ward (25)
- Abington ward (24)
- EAU (20)

A total of 18 moderate severity and one severe harm incident were reported. **The top three locations with the highest severity incidents are**:

- Dispensary / Pharmacy (1 severe harm incident)
- Medical Records and Main Theatres (2 moderate severity incidents each)
- Cedar, Holcot, Knightly, Public Place, Sterile Services, Catering, Talbot Butler, Disney, Dispensary, Gosset, Spencer, Manfield DSU, Creaton, Opthalmology Administration Department (1 moderate severity incident each)

Graph 3 below shows the **injury types and the body part affected**. The top 5 most common injuries reported were other injury, bruises, sprains /strains, abrasions and puncture. The top 5 most affected body part include hands, arms, back, other body part and shoulders.



Graph No 3

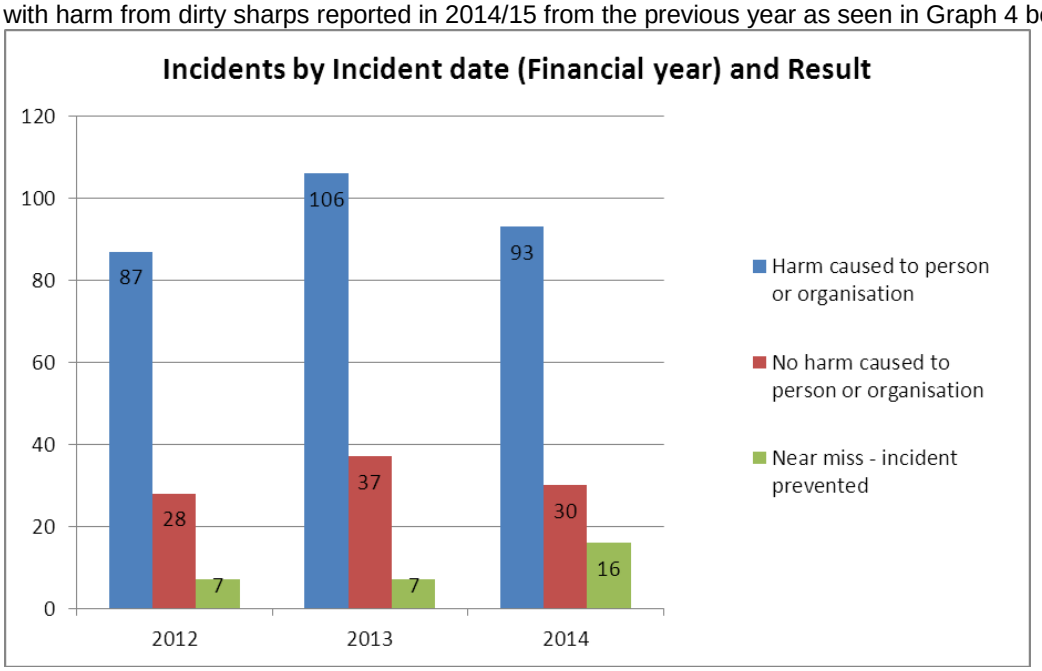
The table below shows the **highest type of Adverse Events and the locations** with the highest numbers of these:

Top 5 Adverse events (Datix categories)	Top three Locations with highest numbers
Accident of some other type or cause (150)	A&E (7) Brampton ward, Collingtree Ward, Main Theatres (6) EAU, Catering and Benham (5)
Physical abuse, assault or violence (105)	Creaton (21) A&E, Allebone ward, Brampton ward, EAU, Dryden ward (6) HDU, Abington (5)
Injury from dirty sharps (74)	A&E and Willow ward(6) Allebone ward (4) EAU, Finedon ward , Gynae Theatres, Gosset ward , Abington ward(3)
Disruptive, aggressive behaviour – other (26)	Brampton (6) Creaton(4) A&E (3) Abington and Allebone (2)
Lifting or moving a patient or other person (19)	Abington ward, Cedar Ward , Gynae theatres (2) Allebone ward , Childrens Community, EAU , Hawthorn ward , Main theatres, Manfield DSU, Occupational therapy ,Out of department , Physiotherapy ward areas, Radiotherapy, Rowan ward and Willow ward, (1 each)

The incidents related to adverse events of violence, assault, abuse, aggressive behaviour are covered in detail in the security report and therefore not covered further in this report.

2.1 Sharp Incidents:

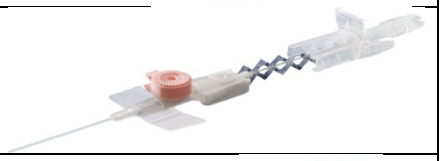
There was a decrease in the total number of staff sharp incidents and the number of staff injuries with harm from dirty sharps reported in 2014/15 from the previous year as seen in Graph 4 below.



Graph No 4

A number of actions have been implemented within the Trust including policies, training and awareness, introduction of more safer sharp devices and better disposal systems to reduce sharp injuries.

Some of the safer sharp devices and already implemented in the Trust are shown in Table below:

BD Blood LOK System With Vacutainer Uses safer butterfly needle a self-activating safety shield that automatically shields the needles' sharp bevel when the needle is retracted, preventing needle stick injuries	
Medicina Blunt Fill Needle This is to be used when drawing up fluid via rubber topped vial.	
Medicina Blunt Fill Needle with Filter This product contains a 5 micron filter and should be used when drawing up fluid from a glass vial	
BD Autoshield Duo To be used with insulin pens when insulin administered by healthcare professional	
Retractable Lancets The auto retracting needle reduces the risk of needlestick when taking capillary blood samples.	
BD Venflon Pro Safety Robust needle tip protection – fully encapsulates needle tip	
Swann Morton Blade Removers Allows for safe and easy removal of all sizes of scalpel blade	
BD Eclipse Needles The BD Eclipse Needles for use when administering injections. After injection, immediately activate safety cover using the same hand	

Further safer sharp devices are being selected for clinical trials as they are made available on the market.

Current position

The Trust Safer Sharps Group report to the Health and Safety committee on progress and compliance with the implementation of safer sharps devices to ensure compliance to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

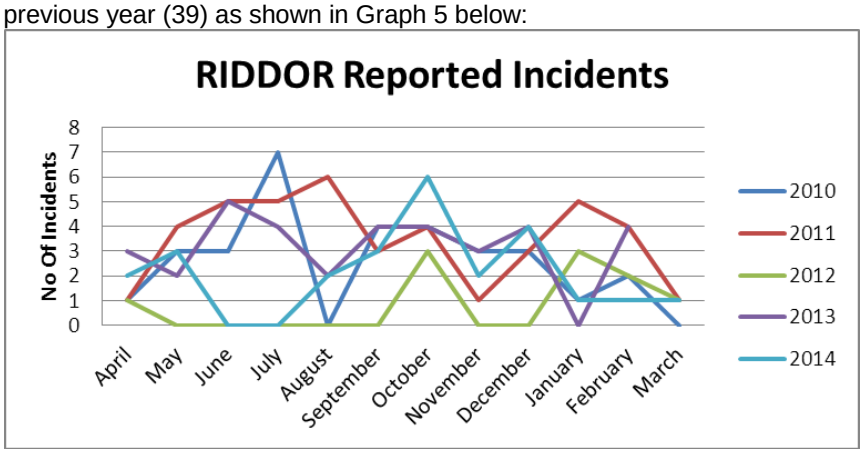
2.2 Manual handling Incidents:
The Trust has a large workforce who is involved in significant manual handling operations frequently thereby ergonomic and manual handling issues

Adverse event	2014/15	2013/14	2012/13
Stretching or bending injury, other than lifting' incidents	17	26	34
Lifting in the course of moving loads	6	2	4
Lifting or moving a patient or other person	19	19	13
Lifting or moving an object other than a load	7	1	4
Total manual handling incidents with harm	49	48	55

A total of 19 'Lifting or moving a patient or other person' incidents with harm were reported in 2014/15 which is the same as the previous year. There was a very slight increase in the overall reported manual handling incidents causing harm to staff in 2014/15 compared to previous year; however this is still below compared to 2012/13 as seen in table above.
The top two locations with the highest overall manual handling incidents with harm were Abington (4) and Brampton (3).

Current position
Mandatory manual handling training is in place and the manual handling team provide the training, expert guidance and specialist advice for all manual handling and ergonomic issues.
Additionally there are physio services and self-referral systems and ergonomic aids that are available to reduce the risk.

2.3 RIDDOR Incidents
There were 25 incidents reported under RIDDOR in 2014/15 which is a decrease compared to the previous year (39) as shown in Graph 5 below:



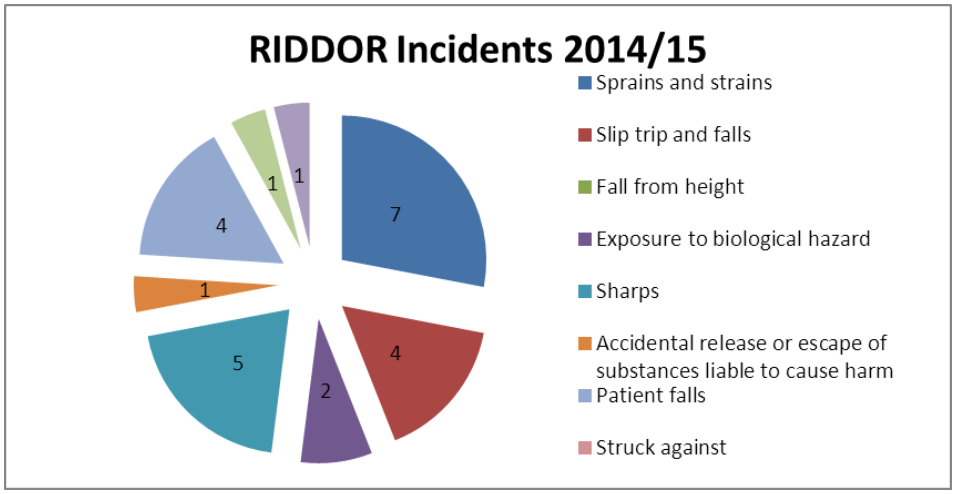
Graph No 5

In the last annual report a key performance indicator (KPI) for 2014 / 15 was set for reduction in incident data, and this has been successfully met as seen below:

No	KPI 2014/15	Status	Details

1	10% reduction in staff RIDDOR reportable incidents compared to last year. It includes major injuries, dangerous occurrences, and ill health and > 7 day absences.	KPI Achieved	In the year 2013/14 there was 30 staff reportable RIDDOR incidents (excluding patient falls). In 2014/ 15 there were only 21 staff reportable RIDDOR incidents (excluding patient falls) thereby achieving a 30 % reduction and exceeding the 10% target.

Graph no 6 shows the breakdown of the type of incidents that were reported under RIDDOR in 2014/15



Graph No 6

The top five RIDDOR reported Incident types in 2014/15:

Sprains and Strains (7)	Slips trips and falls (4)	Patient falls (4)	Sharps (5)	Exposure to biological hazard (2)

There were **no trends** identified for the incidents reported under RIDDOR

Current position
Currently in 2015/16 we have had 6 RIDDOR incidents
Themes for the RIDDOR incidents in 2015/16 :
Slip trip and fall (4)
Struck by trolley (1)
Patient fall (1)

3. Policies

The following policies and procedures were developed and / or updated in the reporting period:

No	KPI 2014/15	Status	Details
1	100 % H&S Policies in date (none outstanding out of date)	KPI Achieved	All policies were in date at the end of the year 2014/15 and none were outstanding out of date.

- First Aid at Work Policy
- Slips trips and falls (including fall from height) for staff and visitors
- Risk Assessment for New & Expectant Mothers at Work
- Transport Safety In the Workplace

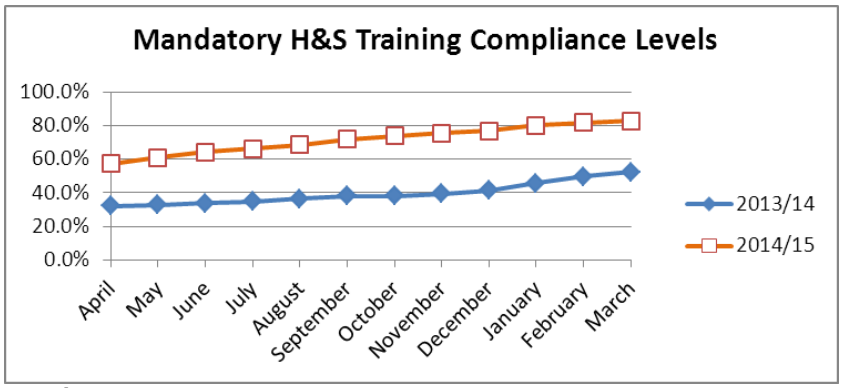
No H&S policies were outstanding in 2014/15 and thus the KPI related to this for has also been successfully met.

Current position

Policies that are in the process of being updated are COSHH and Lone Working, also Assessment and Management of Risk is planned for review

4. H&S Training

All employees are required to have Health and Safety awareness training and this is part of the Trust mandatory training program. As compliance rate with mandatory H&S training was very low and only 32 % in April 2013 (red), number of actions including providing various formats of training such as face to face in induction, cluster sessions, E-learning, workbook etc. were made available. There was a marked increase in the overall mandatory training compliance level with 82.3 % achieved at the end of March 2015 (amber).



Graph 6

H&S Mandatory training was also a KPI for 2014/15, and the status is as follows:
In addition to mandatory H&S training additional specific training courses such as risk assessment,

No	KPI 2014/15	Status	Details
2	85% staff are up to date with their mandatory health and safety training in line Trust target.		82.3 % achieved at the end of march 2015 thereby narrowly missing the target, however the trajectory is that the target should be achieved early on in 2015/16. We have achieved 84.5 % at the end of May 2015

COSHH assessment were also delivered in the reporting period.

Current position
Trust induction has been updated for 2015 and the refresher workbook has been updated and the assessment tightened up
As KPI compliance was almost met at May 2015, we have also now decided to tighten the reporting for the mandatory training. Previous reporting was based on a 100 year refresher, we are now ensuring our reporting is based on all staff having a refresher within *3 years* to meet the NHS Skills for Health Framework – this has meant that our compliance dropped slightly and is currently at 80.2%

5. Communication

Health and Safety communications via the intranet page on The Street, where we publish forms, updates to training and links to useful information and policies. Also, key articles are communicated through the Bulletin, and the Quality Street newsletter to raise awareness and communicate key H&S issues to the Trust. The Health and safety team also attend Divisional health and safety meetings to encourage discussion on safety matters.

6. Health and Safety Governance

The Trust H&S Committee structure is being revised to ensure effective governance and assurance and to align it to the new divisional structure. Health and Safety reports are currently submitted to the Assurance Risk and Compliance group.

7. Legal Requirement

No major relevant legislation changes occurred in 2014 / 15, effecting the Trust however in 2015, legislation updates require action, they are as follows:

Legislation	Implications	Current position
European CLP (Chemical Labelling and Packaging) Regulations	The CLP regulations would revoke and replace The Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 or CHIP Regulations from 1st June 2015. The main changes are in hazard symbols and pictograms used for chemical labelling and on packaging. There are changes to the classification systems as well. Affects Trust wide.	Legal awareness sheets prepared and communicated. COSHH Training updated procedure review and project underway
Construction (Design and Management) Regulations 2015	These Regulations govern the management of health, safety and welfare when undertaking construction projects. There are changes to the regulations that need to be taken into account during future construction and design projects within the Trust	Legal awareness sheets prepared and communicated.

7.1 H&S Audits & Inspections: in the period, an internal health and safety compliance audit process was implemented to proactively check compliance with legal and other health and safety requirements. Compliance audits were conducted for Radiation Safety, Lifting Operations and Lifting Equipment Regulations (LOLER), Dermatitis and Latix, Safer Sharp Compliance Checks thereby achieving the KPI. Reports have been submitted to responsible managers and action plans are monitored via the Trust H&S Committee.

No	KPI 2014/15	Status	Details
3	At least 2 Compliance Audits Completed	KPI Achieved	4 compliance audits completed, Radiation safety, LOLER, safer sharps and Dermatitis and Latix in 2014/15.

Additionally an Internal H&S Improvement notice and process was developed and introduced to highlight any health and safety shortcomings or breaches or where there is a high risk of personal injury / harm and drive improvements within targeted timeframe.

The Trust has a quarterly departmental H&S Inspection process that should be completed in all areas by the local H&S representatives. This process was not being completed in all areas with an average compliance rate of 36% in 2013/14.

The H&S inspection process was reviewed and new inspection template and guidance developed and introduced. There has been a marked improvement with an average 80 % compliance being achieved in 2014/15, thereby achieving the set KPI.

No	KPI 2014/15	Status	Details
4	70 % compliance rate	KPI	80 % average compliance achieved.

	achieved for quarterly H&S inspections	Achieved	

Current position
In 2015 we continue to monitor and improve compliance to the quarterly departmental H&S Inspection process – it is reported bi monthly at the Trust Health and Safety Committee and currently stands at 61% compliance – a much improved performance
An assurance audit has been undertaken for Water hygiene, asbestos, PPM compliance and LOLER and an action plan is to be agreed.

8. H&S Resource

Additional resource in the form of the Health and Safety officer joined the team which was hoped would help drive the H&S performance and improvement projects further. The previous Health and Safety Manager left the Trust on 5 June 2015 after over two years in service.

Current position
A part time interim Health and Safety Manager is in place until recruitment for a full time permanent replacement is completed to ensure we meet our statutory obligations.
The Health and Safety Officer leaves the Trust in November 2015 and recruitment for this role is also underway

9. Next Steps

Proposed Key Performance Indicators for 2015/16:

85% staff are up to date with their mandatory health and safety training

75 % compliance rate achieved for quarterly local departmental inspections

100 % H&S policies are up-to-date

At least two compliance audits completed

To continue with the good work that has started across the Trust and build on the division structures the KPIs are set and in place to ensure actions are completed resulting in improved Health and Safety compliance and performance within the Trust.

Enclosure L

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**TDA Self-Certifications**
Agenda item	**17**
Presenter of Report	Catherine Thorne Director of Corporate Development, Governance and Assurance
Author(s) of Report	Catherine Thorne Director of Corporate Development, Governance and Assurance
Purpose	Decision

Executive summary

From 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'.

In accordance with the refreshed 2015/16 Accountability Framework, the Trust is required to complete two self-certifications for Board Governance and Monitor licence conditions.
The attached report details for the month of October 2015 the proposed submission.

The Board will declare compliance with all Monitor licence conditions

The Board will declare:

- compliance with 11 out of the 14 board governance statements
- 2 are rated as at risk
  - 4 - Financial position/Going Concern
  - 10 - Compliance with targets
- 1 is rated non-compliant
  - 5 – compliance with framework

Related strategic aim and corporate objective	All
Risk and assurance	Compliance with performance targets and financial statutory duties
Related Board Assurance Framework entries	All

Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/**N**)
Legal implications / regulatory requirements	Meeting financial statutory duties
Actions required by the Trust Board The Board is asked to: • Discuss and approve the Monitor Licensing Requirements and Trust Board Statements self-certifications for October 2015	

NHS Trust Development Authority: Oversight and monthly self-certification

Year: 2015/16 Month: October 2015

Compliance Statement : Compliance with Monitor License requirements for NHS Trusts

	Compliance with monitor license requirements for NHS Trusts: License Condition	Compliant	Comments
1	**Condition G4** – Fit and proper persons as governors and Directors	Y	This licence condition prevents licensees from allowing unfit persons to become or continue as governors or directors (or those performing similar or equivalent functions). In exceptional circumstances and at Monitor's discretion we may issue a licence without the licensee having met this requirement.
2	**Condition G5** - Having regard to Monitor guidance	Y	This licence condition requires licensees to have regard to any guidance that Monitor issues.
3	**Condition G7** – Registration with the Care Quality Commission	Y	This licence condition requires providers to be registered with the CQC (if required to do so by law) and to notify us if their registration is cancelled.
4	**Condition G8 –** Patient Eligibility and selection criteria	Y	This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner
5	**Condition P1 -** Recording of information	Y	Under this licence condition, Monitor may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by Monitor.
6	**Condition P2 -** Provision of information	Y	Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to Monitor
7	**Condition P3 -** Assurance report on submissions to monitor	Y	When collecting information for price setting, it will be important that the information submitted is accurate. This condition allows Monitor to oblige licensees to submit an assurance report confirming that the information they have provided is accurate.
8	**Condition P4 -** Compliance with the National Tariff	Y	The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.
9	**Condition P5 -** Constructive engagement concerning local tariff indicators	Y	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to Monitor for a modification.

	Compliance with monitor license requirements for NHS Trusts: License Condition	Compliant	Comments
10	**Condition C1 -** The right of patients to make choices	Y	This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice of provider under the NHS Constitution, or where a choice has been conferred locally by commissioners.
11	**Condition C2 -** Competition oversight	Y	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.
12	**Condition IC1 –** Provision of integrated care	Y	The Integrated Care Condition applies to all licence holders. The Integrated Care Condition is a broadly defined prohibition: the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. It also includes a patient interest test. The patient interest test means that the obligations only apply to the extent that they are in the interests of people who use health care services.

Board Statements: For each statement, the Board is asked to confirm:

	For Clinical Quality that,	Response	Comment	Timescale for Compliance
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 regime (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.	Yes		
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements	Yes		
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.	Yes		
	For Finance that,			
4	The board is satisfied that the trust shall at all times remain a	Risk	The 2015/16 operating plan is a deficit plan	March 2016

	For Clinical Quality that,	Response	Comment	Timescale for Compliance
	going concern, as defined by relevant accounting standards in force from time to time.			
	For Governance that,			
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	No	The Trust is failing to meet all performance targets as described in statement 10 below	
6	All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes		
7	The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes		
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.	Yes		
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.hmtreasury.gov.uk).	Yes		
10	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all commissioned targets going forward.	Risk	During October 2015 the Trust did not meet targets for: • 4 hour A&E transit time • Operations cancelled and not rebooked within 28 days	A&E 4hr and 28 day cancelled ops - November
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes		
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.	Yes		
13	The board is satisfied that all executive and Non- Executive directors have the appropriate qualifications, experience and skills	Yes		

	For Clinical Quality that,	Response	Comment	Timescale for Compliance
	to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability			
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.	Yes		

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Integrated Performance Report and Corporate Scorecard**
Agenda item	**18**
Presenter(s) of Report	Rebecca Brown, Deputy Chief Operating Officer Dr Michael Cusack, Medical Director Carolyn Fox, Director of Nursing, Midwifery and Patient Services Janine Brennan, Director of Workforce and Transformation
Author(s) of Report	Deborah Needham, Chief Operating Officer/Deputy CEO Dr Michael Cusack, Medical Director Carolyn Fox, Director of Nursing, Midwifery and Patient Services Janine Brennan, Director of Workforce and Transformation
Purpose	The paper is presented for discussion and assurance

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. The Scorecard and Exception reports have been discussed in detail at the Finance Investment and Performance Committee, Workforce Committee and Quality Governance Committee.

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.

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.

Enclosure N

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 - All
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) No Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N) No
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper (Y/**N**)

Actions required by the Trust Board

The Trust Board is asked to review and scrutinise the exception report and note the positive achievements presented in the report.

Northampton General Hospital NHS Trust Quality Scorecard 2015-16

Caring

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
C.1	Written complaints rate	None	↓	48	38	55
C.2	Complaints responded to within agreed timescales	90%	↑	100%	98%	100%
C.7	Mixed Sex Accommodation	0	→	0	0	0
C.8	Total deaths where a care plan is in place	50%	↑	35.0%	46.0%	43.0%
C.9	Transfers: Patients moved with a risk assessment completed	100%	↓	98.6%	99.0%	94.1%

Effective

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
E.1	Emergency re-admissions within 30 days (adult elective)	None	↑	3.9%	2.7%	2.7%
E.2	Emergency re-admissions within 30 days (adult non - elective)	None	↑	14.1%	15.1%	14.5%
E.3	Length of stay - All	4.2	↓	5.5	3.1	5.6
E.4	Length of stay - Elective	2.7	↑	2.8	3.6	2.3
E.5	Length of stay - Non Elective	4.7	↓	6.7	3.6	6.8
E.6	Maternity: C Section Rates - Total	<26.2%	↓	25.8% (98)	25.8% (113)	28.3% (110)
E.7	Maternity: C Section Rates - Emergency	<13.0%	↓	14.8% (57)	13.0% (57)	17% (66)
E.8	Maternity: C Section Rates - Elective	<13.2%	↑	10.7% (41)	12.8% (56)	11.3% (44)
E.10	Mortality: SHMI	Within expected range	↓	101	101	102
E.11	Mortality: HSMR		→	102	102	102
E.12	Mortality: HSMR - Weekend		↓	100	99	100
E.13	Mortality: HSMR - Week day		→	103	103	103
E.14	Mortality: Low risk conditions		↑	88	96	79
E.15	Mortality: Maternal Deaths	0	→	0	0	0
E.16	NICE Technology Appraisal Guidance compliance	80%	↑	99.4%	100%	N / Avail
E.17	Patients cared for in an escalation area (occ bed days)	0	↓	237	446	477
E.18	# NoF - Fit patients operated on within 36 hours	80%	↑	75.0%	77.7%	88.9%
E.19	Stroke patients spending at least 90% of their time on the stroke unit	80%	↑	73.7%	48.0%	68.6%
E.20	Suspected stroke patients given a CT within 1 hour of arrival	50%	↑	57.7%	70.1%	72.2%

Safe

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
S.1	C-Diff	Ave. 1.75 per mth	→	3	1	2
S.38	C-Diff incidents apportioned to NGH care			1	Awaiting review	
S.2	Dementia: Case finding	90%	↑	92.2%	96.9%	98.6%
S.3	Dementia: Initial diagnostic assessment	90%	→	100%	100%	100%
S.4	Dementia: Referral for specialist diagnosis/follow-up	90%	↑	100%	95.7%	100%
S.36	Falls per 1,000 occupied bed days	5.5	↓	4.0	4.8	4.7
S.6	Harm Free Care (Safety Thermometer)	93%	↓	92.7%	92.3%	92.2%
S.7	Medical Notes: Availability for clinics	99%	↓	99.6%	99.0%	97.4%
S.8	Medical notes: Documentation - Doctors	90%	↓	71.3%	73.4%	66.6%
S.9	Medical notes: Documentation - Nurses	90%	↑	67.6%	66.6%	80.4%
S.10	Medical notes: Documentation - Allied Health	90%	↓	86.8%	80.4%	72.1%
S.11	Medication incidents that cause significant harm	0	↓	0	0	1
S.12	MRSA	0	↑	1	0	0
S.13	Never event incidence	0	→	0	0	0
S.14	Pressure Ulcers: Avoidable grade 4	0	→	0	0	0
S.15	Pressure Ulcers: Avoidable grade 3	Max 3.4 p/mth	↓	4	5	5
S.16	Pressure Ulcers: Avoidable grade 2	Max 12.3 p/mth	↓	5	12	12
S.17	Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	0	↓	1	0	3
S.18	Open CAS alerts	0	→	0	0	0
S.19	UTI with Catheters (Safety Thermometer-Percentage new)	0.4%	→	0.3%	0.0%	0.2%
S.20	VTE Risk Assessment	95%	↑	95.0%	96.4%	97.1%
S.21	Transfers: Patients transferred out of hours	0	↓	69	99	119
S.22	Percentage of patients cared for outside of specialty	<10%	↓	13.0%	15.0%	18.0%
S.23	Percentage of discharges before midday.	>25%	↓	21.2%	20.6%	20.5%
S.24	Number of cancelled operations due to bed availability	0	↓	14	49	70
S.32	TTO's sent by Taxi	0	→	0	0	0

Responsive

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
R.1	A&E: Proportion of patients spending less than 4 hours in A&E	95%	↓	95.4%	90.7%	90.4%
R.2	A&E: 4hr SitRep reporting	95%	↓	95.8%	91.0%	90.1%
R.3	A&E: 12 hour trolley waits	0	→	0	0	0
R.4	Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	99%	→	100%	100%	100%
R.5	Discharge: Number of medically fit patients awaiting discharge (average daily)	50	↓	85.6	98.6	102.8
R.6	Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	93%	↑	96.2%	95.1%	96.8%
R.7	Cancer: Percentage of 2 week GP referral to 1st outpatient - breast symptoms	93%	↑	98.2%	100.0%	100%
R.8	Cancer: Percentage of patients treated within 62 days of referral from screening	90%	↓	100%	97.4%	85.0%
R.9	Cancer: Percentage of patients treated within 62 days of referral from hospital specialist	80%	↑	50%	0%	68%
R.10	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	85%	↑	78.5%	73.0%	85.7%
R.11	Cancer: Percentage of patients treated within 31 days	96%	↓	97.2%	96.6%	95.8%
R.12	Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	94%	↓	100%	100.0%	90.0%
R.13	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - drug	98%	↑	100%	97.2%	100%
R.14	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	94%	↑	96.4%	96.9%	100%
R.15	Operations: Urgent Operations cancelled for a second time	0	→	0	0	0
R.16	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0	↓	0	1	1
R.17	RTT for admitted pathways: Percentage within 18 weeks	90%	↓	85.1%	84.2%	75.4%
R.18	RTT for non- admitted pathways: Percentage within 18 weeks	95%	↓	95.8%	95.6%	94.7%
R.19	RTT waiting times incomplete pathways	92%	↑	95.0%	95.6%	96.1%
R.20	RTT over 52 weeks	0	→	0	0	0
R.21	Delayed transfer of care	0	↓	43	46	54

Well Led

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
W.1	Friends & Family: % of staff that would recommend the trust as a place of work	N/Applic	N/Applic	57.6%		Not applic.
W.2	Data quality of Trust returns to HSCIC (SUS)	90%	↑	86.7%	88.9%	88.9%
W.3	Turnover Rate	8%	↑	11.6%	11.48%	11.33%
W.4	Sickness rate	3.8%	↓	3.9%	4.03%	4.28%
W.5	Staff: Trust level vacancy rate - All	7.0%	↑	10.9%	10.3%	9.7%
W.5	Staff: Trust level vacancy rate - Medical Staff	7.0%	↑	9.4%	10.14%	9.18%
W.5	Staff: Trust level vacancy rate - Registered Nursing Staff	7.0%	↑	18.1%	17.58%	14.82%
W.5	Staff: Trust level vacancy rate - Other Staff	7.0%	↓	12.6%	11.69%	12.41%
W.9	Staff: Temporary costs & overtime as a % of total pay bill	None	↑	16.0%	15.2%	14.4%
W.10	Percentage of staff with annual appraisal	85%	↑	74.8%	76.7%	76.1%
W.11	Percentage of all trust staff with mandatory training compliance	85%	↑	83.7%	83.9%	84.7%
W.12	Percentage of all trust staff with role specific training compliance	85%	↑	70.1%	70.5%	71.2%
W.15	Medical Job Planning	100%	↑	26.0%	45.0%	55.0%

Finance

	Indicator	Target	Trend	Aug-15	Sep-15	Oct-15
F.1	Surplus / Deficit	0 Fav		518 Fav	(669) Adv	(108) Adv
F.2	Income	0 Fav		376 Fav	814 Fav	(542) Adv
F.3	Pay	0 Fav		(238) Adv	(397) Adv	620 Fav
F.4	Non Pay	0 Fav		256 Fav	(990) Adv	(1,085) Adv
F.5	Bank & Agency / Pay %	7.5%		11.2%	9.2%	8.6%
F.6	CIP Performance	0 Fav		(158) Adv	(8) Adv	189 Fav
F.7	Waivers			6	6	9
F.8	Waivers which have breached			3	1	6

Section	Red Rated	Amber Rated	Green Rated	None	Total
Caring	2	0	2	0	4
Effective	7	0	9	3	19
Safe	9	4	12	1	26
Responsive	11	0	10	0	21
Well-Led	8	3	0	2	13
Finance	5	0	2	1	8
Total	42	7	35	7	91

KEY	
↑	Improving performance over 3 month period
↓	Reducing performance over 3 month period
→	Stable performance delivery over 3 month period

Targets marked with * are local targets

Northampton General Hospital NHS Trust

Trust Board Corporate Scorecard

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

Delivering for patients:
2015/16 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, Responsiveness, Effective, Well Led, Safe and Finance, many items within each area were provided within the TDA Framework with a further number of in-house metrics identified from our previous quality scorecard which were considered important to continue monitoring.

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.

Each indicator which is highlighted as red has an accompanying exception report highlighting the reasons for underperformance, actions to improve performance and forecast data for recovery.

Northampton General Hospital NHS
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Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Total deaths where a care plan is in place	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Both Emergency Assessment Units have lower percentages of patients who had a dying persons care plan • Dryden ward also had four deaths and none of the patients were known to the SPCT and therefore it is not known whether there was a dying person care plan in place • Becket had a low percentage of patients with a care plan although there is a significant improvement from last month figures	• A retrospective case note review will be completed by the SPCT and three junior Doctors. • This is to gain insight into the timescales between admission, recognition of dying and a patient death to determine what proportion of the patient's deaths were expected/unexpected for all patients who died on the assessment and Becket ward in Oct 2015. • Following on from this, a plan of action plan will be developed to identify ways to improve care planning in the last days of life.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
November 2015	50%
Lead for recovery:	**Lead Director:**
Dr C Elwell	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
C.8	Total deaths where a care plan is in place	50%	↑	35.0%	46.0%	43.0%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Transfers: Patients moved with a risk assessment completed	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Improved validation over last 2 months in line with internal audit • Trust wide team not always completing or returning them to the Site team • New member of the team has been identified as requiring further training	• Reiterating message to all teams required to complete risk assessment • Site manager and all site team members have been remained they are ultimately accountable for ensuring that all risk assessments are collected prior to patient move. • Quality of completed risk assessments being monitored on a daily basis.
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
December	98.5%
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
C.9	Transfers: Patients moved with a risk assessment completed	100%	↓	98.6%	99.0%	94.1%

Enclosure N

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Proportion of patients spending less than 4 hours in A&E	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Acuity has continued to increase leading to a rise in the number of attendances to ED, and an increase in NEL LOS. • Flow through the Emergency Care Pathway has been challenging • There were a high number of 1st Assessment Breaches due to ED capacity, speciality review breaches, especially for the medical teams, and bed breaches. • **Full report is being submitted to F&P**	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • The new Ambulatory Care Centre has been open one month and total patient activity was the highest since ACC first launched in September 2013. • The expansion of the Emergency Observation Area development is underway.
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Target measure will be reviewed in the next month	Target measure will be reviewed in the next month
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
R.1	A&E: Proportion of patients spending less than 4 hours in A&E	95%	↓	95.4%	90.7%	90.4%

Exception Report

Target underperformed:	Discharge: Number of medically fit patients awaiting discharge (average daily)	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Increase in attendances and admissions and throughput in the hospital	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • The Trust held a deep dive on Friday 30 October and 48hr challenge the 2/3 Nov. • The Discharge to assess project has launched • Additional support from OCS/CRT • 2nd Tier Dom Care providers coming on board to help relieve START, who in turn can relieve CRT • Improved Board rounds with input from ECIST • Greater focus on the 'simple' discharges process
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
December 15	70
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
R.5	Discharge: Number of medically fit patients awaiting discharge (average daily)	50	↓	85.6	98.6	102.8

Trust Board Corporate Scorecard

Enclosure N

Northampton General Hospital NHS
NHS Trust

Exception Report

Target underperformed:	Cancer Access Targets	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• **Reporting on September data** • Patient choice to delay • Delay to diagnostics / capacity issues • Late referrals • Complex pathways • **Full report is being submitted to F&P**	• Breaking the Cycle weekly meetings with feedback from individuals working with the 2ww capacity, radiology, pathology and H&N teams • Meeting with KGH to discuss and agree actions to develop a sustainable N&N cancer service • HMG workshop presentation • Received approval from the TDA on our recovery plan • Discussion of the last ten RCAs for H&N and colorectal at the Cancer Board and the Cancer Improvement Working Group
Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
62 day	October
Lead for recovery:	Lead Director:
Directorate Managers/Tracey Harris	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
R.10	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	85%	↑	78.5%	73.0%	85.7%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Originally a Mr Hunter patient • TCI on Mr Ihedioha's list 29/09/15 but cancelled on the day as no HDU bed. • Re dated with Mr Hunter 27/10/15 (actual 28 day breach date as patient wished to stay with Mr Hunter) but again cancelled on the day as no HDU bed. • New TCI date 24/11/15	• Despite instruction for this patient to be operated on to prevent this 28 day breach and ensure quality and timely care for this patient, it was a clinical decision by Clinical Director and the Critical Care Doctor not to proceed. • This decision was challenged but it was felt that if we did proceed then there would not be any critical care capacity in the Trust and that it is not deemed clinically acceptable to nurse the patient overnight in PAR.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
December	1
Lead for recovery:	**Lead Director:**
Lorraine Warden/Rob Hicks	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
R.16	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0	↓	0	1	1

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Delayed transfer of care	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Capacity of external Health and Social teams remains challenging • Larger number of patient being admitted with complex discharge needs	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • The Discharge to assess project has launched • Additional support from OCS/CRT to manage capacity • 2nd Tier Dom Care providers coming on board to help relieve START, who in turn can relieve CRT • Improved Board rounds with input from ECIST • Greater focus on the 'simple' discharges process
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Target measure will be reviewed in the next month. Target should be 3.5% of bed base	50
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
R.21	Delayed transfer of care	0	↓	43	46	54

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Length of Stay, Non-Elective	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• The numbers of attendances to front line services and subsequent admissions have increased. • The acuity within the Trust has risen since the start on September to the levels seen in December 14 which has lengthened NEL LOS	• LOS work stream refocussed on 4 key areas:- 1. Criteria Led Discharge 2. Diagnostic Support 3. Ward Dashboard & Performance Management Meetings (RAP) 4. Effective Board Rounds • The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused supporting the LOS project to reduce bed occupancy. • Greater utilisation of the new Ambulatory Care Centre to reduce admissions
Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
December – Subject to validation	6 days
Lead for recovery:	Lead Director:
Lyndsey Brawn/Mike Wilkinson	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
E.5	Length of stay - Non Elective	4.7	↓	6.7	3.6	6.8

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Maternity: C Section Rates	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Emergency C Section rate significantly increased within month resulting in an 28.3% overall rate	• Elective C-Section rate reduced from the previous month. • All Emergency C-Sections are being reviewed and audited against NICE guidance, and report will be reviewed through the Obstetrics governance process. • Overall, the C-Section rate is stabilising compared to national rates which are increasing. However, month on month performance, there will be variability.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
November	To expected levels
Lead for recovery:	**Lead Director:**
Mr Owen Cooper	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
E.6	Maternity: C Section Rates - Total	<26.2%	↓	25.8% (98)	25.8% (113)	28.3% (110)
E.7	Maternity: C Section Rates - Emergency	<13.0%	↓	14.8% (57)	13.0% (57)	17% (66)
E.8	Maternity: C Section Rates - Elective	<13.2%	↑	10.7% (41)	12.8% (56)	11.3% (44)

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Patients cared for in Escalation Area	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• October saw reduced flow through the Emergency Care Pathway, and the inability to move patients in a timely manner to an appropriate ward. • Subsequently, escalation areas were utilised when necessary to ensure the safe care of patients. • **Full report is being submitted to Quality Committee**	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • Greater utilisation of the new Ambulatory Care Centre to reduce admissions and the discharge suite to create flow earlier in the day • Development of a larger Emergency Observation Area
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Target measure will be reviewed in the next month	Target measure will be reviewed in the next month
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
E.17	Patients cared for in an escalation area (occ bed days)	0	↓	237	446	477

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Stroke patients spending at least 90% of their time on the stroke unit	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Please recognise significant improvement this month, despite an increased number of stroke admissions (91 vs 80). • The drivers for underperformance remain the same. 1. Patients with a short LOS (1-2 days) not accessing a stroke bed during their stay. However this has improved from 28% last month to 10% (9/91) this month. 2. Medical patients in stroke beds on Holcot and Eleanor. We lost 60 bed days on Eleanor and 31 bed days on Holcot. This is an improvement on last September figures (91 vs 121)	• The Stroke Assessment Area in ACC is now open and ambulatory stroke patients who can be discharged without needing admission to Eleanor are assessed and treated by the Stroke Team in this area. • We have revised and improved our consultant input to Holcot ward to drive discharges from this area • We are submitting a business case to move Holcot to Allebone to create a single Stroke Area. This will lead to significant efficiencies in the use of our beds
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
December 2015	75%
Lead for recovery:	**Lead Director:**
Dr M Blake/ Dr L Brawn	Dr M Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
E.19	Stroke patients spending at least 90% of their time on the stroke unit	80%	↑	73.7%	48.0%	68.6%

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Turnover Rate	Report period:	October 2015

Driver for underperformance:

Staff Group	Sep-15	Oct-15
Add Prof Sci & Tech	8.38%	8.25%
Additional Clinical Services	10.71%	10.44%
Admin & Clerical	12.49%	12.85%
Allied Health Professionals	13.57%	14.71%
Estates & Ancillary	9.77%	9.31%
Healthcare Scientists	19.74%	16.31%
Medical & Dental	5.34%	5.36%
Nursing & Midwifery	12.06%	11.79%

- Annual Trust turnover fell to 11.33% in October which is above the Trust target of 8%. Turnover within Nursing & Midwifery also decreased by 0.27% to 11.79%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust.
- Turnover also fell in all other staff groups with the exception of Admin & Clerical, Allied Health Professional, and Medical & Dental Staff.
- Medical Division; turnover decreased by 0**.16**% to 13.63%.
- Surgical Division: turnover decreased slightly by 0.04% to 10.09%.
- Women, Children's & Oncology Division; turnover decreased by 0.30% to 9.44%.
- Clinical Support Services Division; turnover decreased by 0.33% to 11.54% for the year ending October 2015.

Actions to address the underperformance:

- The majority of reasons for turnover are recorded as voluntary resignations so the HR Business Partners continue to raise this at their DMBs together with explaining the importance of completing the Trust wide exit interview process
- Retirement continues to be a reason for individuals leaving so consideration is being made to alternatives to full retirement i.e. wind down, step down and a flexible retirement policy is out for consultation at present.
- Engagement and development programmes via OD continue
- Implementation of Retention Strategy within Nursing. Focussed work is being done within nursing to provide additional support to new recruits and elicit why nurses are leaving the Trust

Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
March 2016	11.10%
Lead for recovery:	**Lead Director:**
Andrea Chown	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
W.3	Turnover Rate	8%	↑	11.6%	11.48%	11.33%

Enclosure N

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Vacancy Rates	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:

Staff Group	Sep-15	Oct-15
Add Prof Sci & Tech	10.77%	9.89%
Additional Clinical Services	8.61%	11.94%
Admin & Clerical	11.96%	11.85%
Allied Health Professionals	3.40%	3.41%
Estates & Ancillary	18.11%	17.64%
Healthcare Scientists	20.00%	17.89%
Medical & Dental	10.14%	9.18%
Nursing & Midwifery	17.58%	14.82%

- The vacancy rate within Estates and Ancillary staff group decreased further in October to 17.64% but still remains significantly above the Trust vacancy target of 7%, as does the rate for Healthcare Scientists which has fallen from 20% in September to just under 18% in October. The Registered Nursing & Midwifery vacancy rate fell to 14.82%, a drop of 2.76% since September.

- Proactive Recruitment campaign within nursing – this includes overseas recruitment and local specific recruitment events.
- 83 International nurses have commenced employment between January and October 2015 with a number still to commence from the overseas recruitment programme.
- A pilot of 3 Clinical Apprentices commenced in September. This position has gone out to advert again
- Some vacancies within Additional Prof Scientific & Technical are being held pending new equipment which may necessitate a skill mix review.
- New roles are being developed within Estates & Ancillary including Technical Apprentices

Forecast date (month) for meeting the standard	Forecast performance for next reporting period:
March 2016	13.5% in nursing 10% in other staff groups
Lead for recovery:	**Lead Director:**
Andrea Chown	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
W.5	Staff: Trust level vacancy rate - All	7.0%	↑	10.9%	10.3%	9.7%
W.5	Staff: Trust level vacancy rate - Medical Staff	7.0%	↑	9.4%	10.14%	9.18%
W.5	Staff: Trust level vacancy rate - Registered Nursing Staff	7.0%	↑	18.1%	17.58%	14.82%
W.5	Staff: Trust level vacancy rate - Other Staff	7.0%	↓	12.6%	11.69%	12.41%

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Annual Appraisal Rates	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• The Trust set a target of 85% compliance for appraisals in line with the CCG's expectation. • The CQC requirement was for an improvement, which we have made with compliance ratings increasing from 41% in March 2014 to 70.85% in March 2015. • Whilst we have not achieved our target we have undoubtedly improved. • There is no national target; the only benchmark data available is that contained within the national staff survey whereby the trust achieved 87% against a national average of 85%.	• Continue to embed appraisal process into all areas, providing 1:1 support through regular monthly meetings with some directorates or as requested. Refinements are being made to the process; these include modifying the paperwork and increased communication on processes. • 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.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
March 2016	77%
Lead for recovery:	**Lead Director:**
Sandra Wright	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
W.10	Percentage of staff with annual appraisal	85%	↑	74.8%	76.7%	76.1%

Enclosure N

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Training – Role Specific	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• 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 set by the CCG; however this is not a national mandate	• 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. • 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. • L&D continue to focus on areas of low % of compliance and provide awareness to relevant Directors, Divisional Managers, Service Managers, Matrons and Ward Sisters. • New Appraisal process encouraging uptake of Mandatory training & RSET by requiring staff to have in-date training in order to incrementally progress.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
March 2016	71.7%
Lead for recovery:	**Lead Director:**
Sandra Wright	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
W.12	Percentage of all trust staff with role specific training compliance	85%	↑	70.1%	70.5%	71.2%

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Medical Job Planning	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• 100% increase in completion since August, however job planning not performing against agreed trajectory. • Proportion of further job plans completed with 28% awaiting either consultant or management sign off.	• Process is documented and reiterated to teams to ensure rapid completion. • Divisional Directors held to account by Exec leads to ensure 28% sign off progression with immediate action. • 13% remain in discussion and divisional action plans are being agreed and implemented.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
As per divisional plans	90%
Lead for recovery:	**Lead Director:**
Sue Jacobs	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
W.15	Medical Job Planning	100%	↑	26.0%	45.0%	55.0%

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	C-DIFF	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• 2 Trust apportioned Clostridium difficile infection cases identified for October 2015	• Root Cause Analysis has been undertaken with both cases. In line with national guidance. These reports are forwarded to the CCG to review and they identify if there has been a lapse in care.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
January	1
Lead for recovery:	**Lead Director:**
Wendy Foster	Carolyn Fox

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.1	C-Diff	Ave. 1.75 per mth	→	3	1	2

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Medication incidents that cause significant harm	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• 1 in Outpatient, Elderly & Stroke Medicine (Rheumatology)	• The incident has been reviewed by the Serious Incident Group • Incident has been allocated to the appropriate team for investigation
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
November	0
Lead for recovery:	**Lead Director:**
Dr Lyndsey Brawn	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.11	Medication incidents that cause significant harm	0	↓	0	0	1

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Pressure Ulcers - Avoidable	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• **Reporting on September data** • Increase in number of Hospital Acquired Avoidable Grade 3 Pressure damage for month of August.	• Under the direction of the Director of Nursing, supported by the Medical Director, a breakthrough series collaborative model for quality improvement will take place from November to address/reduce the number of pressure ulcers occurring within the organisation. • This will provide a framework to optimise the likelihood of success for the organisation.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
December 2015	6 Grade 3 hospital acquired pressure ulcers for September identified, awaiting outcome of Confirm & Challenge meeting(s)
Lead for recovery:	**Lead Director:**
S. Woods	Carolyn Fox

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.14	Pressure Ulcers: Avoidable grade 4	0	→	0	0	0
S.15	Pressure Ulcers: Avoidable grade 3	Max 3.4 p/mth	↓	4	5	5
S.16	Pressure Ulcers: Avoidable grade 2	Max 12.3 p/mth	↓	5	12	12

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Number of serious incidents requiring investigation (SIRI) declared during the period	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• 1 in Outpatient, Elderly & Stroke Medicine (Rheumatology) • 1 in Inpatient Specialities (General Medicine) • 1 in Women's (Obstetrics)	• The SI have been allocated out to investigating officers in the Directorates. • Directorates indicate that they will meet the required deadlines of the required reporting deadlines.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
November	0
Lead for recovery:	**Lead Director:**
Relevant Directorates	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.17	Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	0	↓	1	0	3

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Transfers: Patients transferred out of hours	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• October saw reduced bed flow through the Trust and high use of escalation areas to maintain patient safety • With bed occupancy levels remaining high, moves OOH are required. Once occupancy reduces, moves OOH will reduce further	• The Trust is making changes throughout the Emergency Care Pathway to improve flow earlier in the day, including: o Greater utilisation of the Discharge Suite o Reduced admissions due to the new Ambulatory Care Centre, which opened in October o Revised focus of the Length of Stay and Optimised Emergency Care themes o The Discharge-to-assess project has now launched
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Target measure will be reviewed in the next month	Target measure will be reviewed in the next month
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.21	Transfers: Patients transferred out of hours	0	↓	69	99	119

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Percentage of patients cared for outside of specialty	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• The demand on the medical team has increased again in October • Flow through the Trust has been compromised and to ensure safety, patients are moved to an available bed.	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • Greater utilisation of the new Ambulatory Care Centre to reduce admissions and the discharge suite to create flow earlier in the day • Improving the clinical review for outlying patients
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
December 15	12%
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.22	Percentage of patients cared for outside of specialty	<10%	↓	13.0%	15.0%	18.0%

Enclosure N

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Percentage of discharges before midday	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Performance has remained static the past three months but requires improvement. • Discharge actions not being completed early enough in the day	• The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • Enhanced performance metrics have been developed to support and challenge the ward on such data. • Greater Utilisation of the Discharge Suite earlier in the day • Improved Board/Ward rounds • The Discharge-to-assess project has now launched • Deep dive held on 30th October • 48hr Challenge held on 2nd /3rd November
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
December 15	22%
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.23	Percentage of discharges before midday.	>25%	↓	21.2%	20.6%	20.5%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Number of cancelled operations due to bed availability	Report period:	October 2015

Driver for underperformance:	Actions to address the underperformance:
• Operations have been cancelled due to greater use of escalation areas throughout October • In severe escalation (RED) all non-urgent patients are cancelled to ensure safety for emergency patients	• The Trust is making changes throughout the Emergency Care Pathway to improve flow earlier in the day, high level actions include: • Greater utilisation of the Discharge Suite • Reduced admissions due to the new Ambulatory Care Centre, which opened in October • The Clinical Pathway Management work stream of the changing care programme is under evaluation, to establish which completed actions can be transitioned into Business as usual and how extra attention can be focused on reducing LOS and bed occupancy. • The Discharge-to-assess project has now launched
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Target measure will be reviewed in the next month	10
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Aug-15	Sep-15	Oct-15
S.24	Number of cancelled operations due to bed availability	0	↓	14	49	70

Enclosure N

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Report from the Finance Investment and Performance Committee**
Agenda item	**19**
Presenter of Report	Paul Farenden, Chairman
Author(s) of Report	Paul 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 October.	
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 1.2, 5.1, 5.2 and 6.3
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/**N**)
Legal implications / regulatory requirements	Statutory and governance duties

Enclosure O

Actions required by the Trust Board

The Trust Board is asked to note the report.

Public Trust Board
26 November 2015

Report from the Finance Investment and Performance Committee meeting 21 October 2015

1. The Purpose of the Report

This report from the Finance Investment and Performance Committee provides an update on activities undertaken since the last meeting and also draws the Board's attention to any other issues of significance, interest and associated actions required.

2. Key points to be raised in the report

Finance Report

The I&E position for the period ended September month 6 was a deficit of £11.7m, £0.2m favourable to the revised plan. The Trust Development Authority (TDA) had accepted the Trust's appeal and agreed an 8% ceiling on registered nursing (RN) agency expenditure in Q3 & Q4 and that approved framework would be used. The Trust submitted a draft Independent Trust Financing Facility (ITFF) application to the TDA in October. The Committee noted that in year reductions to the capital plan had been agreed by the Capital Committee and Operating expenditure was adverse to plan.

Operational Performance

Mrs Brown reported that the Trust met seven of the nine Cancer Standards in August (validated) missing the 62 day and Consultant Upgrade targets. The reasons for breaching were patient choice, complex pathways, late referrals and delay to diagnostics / capacity. The recovery plan had been supported by the TDA and the team were working hard to improve the 62 day target. With regard to Delayed Transfer of Care (DTOC) she reported that the figure remained low but still above target. The new Ambulatory Care Centre was launched in October and it was noted that there was an immediate increase in the number of patients seen and discharged with follow up appointments rather than admitted to the assessment areas. The Committee were informed that there would be a series of Urgent Care 48 hour challenges throughout the winter. Mr Tucker reported that the Cancer Team were working on a Breaking the Cycle rapid improvement event focusing on 4 key areas in order to ensure waiting times were reduced and robust processes were in place. This would commence on the 26 October and he advised that this would be similar to the Urgent Care Breaking the Cycle in that it would be introduced to make changes and improvement. He gave the Committee an update on actions required to recover the performance.

Capital Equipment Leasing

The Committee discussed the finance options available in funding the replacement linear accelerators which were based on a capital purchase price. The preferred option would be the capital loan option but there was no significant variance between the lease options if the capital loan was not approved and these would allow the Trust to continue with the replacements on current timescales. However this would allow the Trust to obtain the lease costs based on the initial procurement saving. At the next meeting the lease option would be pursued with costs confirmed for the Committee to review.

Reference Costs 2014/15

The overall Reference Cost Index (RCI) for FY2014-15 was 95.96 (95.72 in FY2013-14). RCI was a measure of relative efficiency and organisations with lower RCIs were estimated to be more efficient than organisations with higher RCIs. The Committee noted the RCI achieved for FY2014-15 and the forthcoming audit of the Trust's Reference Cost submission.

Carbon Management and Sustainability Annual Report

Mr Abolins reported that overall this was a good news story and that the Trust had met the government target of a 10% reduction in carbon emissions by 2015 and ended the year just 3.8% above its stretch target of 25% reduction in carbon emissions. The Catering Department had received a successful Food for Life audit for their patient meals. The Trust had been shortlisted for the HSJ Improving Environmental and Social Sustainability Award and achieved a Silver Gilt award in the Northampton in Bloom competition for the Willow Garden. He reported that the Health and Wellbeing Steering Group had been established and an initial staff survey had been completed to determine current staff attitudes to health, diet and exercise. The first Health and Wellbeing Strategy was being developed.

Policy for Naming of Buildings and Open Spaces

Ms Thorne reported that the policy described the criteria and steps services would need to take when considering the naming of facilities and/or open spaces. The naming of hospital buildings and physical space provided opportunities for the recognition of outstanding contributions to the work of Northampton General Hospital. The Trust Board would be required to ultimately sanction any naming of facilities within the Trust. The Committee approved the Policy for the Naming of Buildings and Open Spaces which was ratified at the Board of Director's meeting on 29 October 2015.

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Report from the Quality Governance Committee**
Agenda item	**20**
Presenter of Report	Liz Searle, Non-Executive Director and Chair of Quality Governance Committee
Author(s) of Report	Liz 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 October.	
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 1.1, 1.3, 1.4, 1.6 and 2.1
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (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
26 November 2015

Report from the Quality Governance Committee meeting held on 23 October 2015

1. The Purpose of the Report

This report from the Quality Governance Committee provides an update on activities undertaken since the last meeting and also draws the Board's attention to any other issues of significance, interest and associated actions required.

2. Key points to be raised in the report

The Committee received a verbal update on the water testing and contamination issues and were given assurance that no patients were at risk.

Quality Impact Assessment Scorecard was presented and discussed. QuEST/ECCLIPSS report was discussed. A Question was raised about not forgetting to include the paediatric areas in all the reviews and assessments.

The Committee received an update on Ophthalmology and whilst there were improvements in numbers on the backlog list (down to 190) the Committee remained concerned and unassured that this progress would continue and asked for this to be reported back monthly.

A report was received on Patient Moves and the Committee were pleased to note that risk assessments were taking place. The Committee agreed that it should continue to monitor this but perhaps as a wider measure on how the Trust monitors the impact of operational pressures on patient safety and quality.

Corporate Scorecard for Quality was received and exceptions were discussed End of Life care plans were improving and numbers of patients with a plan were approaching the target of 50%. C-Section elective patients have improved. Stroke patient's appropriate beds were still red at 48% against a target of 80%. Pressure ulcers had deteriorated with 5 avoidable grade 3 ulcers in the month. The Committee challenged the target of 3.4 and agreed that it was unacceptable to have a target of more than zero for this harm. Medical Records were improving.

Nursing and midwifery report highlighted that Allebone had for a second month amber and red ratings and Willow showed a higher than expected amount of reds. It was explained to the Committee that Willow scores were part of a peer review. A long discussion was had about the accuracy and bias in the scorecard when areas were self-assessing. Director of Nursing would be reviewing the data in order to provide assurance to the Committee. An admitted patient harm index and an acquired patient harm index were being considered for future meetings. An update on Cedar and Allebone Wards was received.

A report on CQC Inspection Children looked after and safeguarding was presented. It was asked about how a Multi-agency pathway was progressing (rated amber) this is ongoing challenging work. Kirkup Report gap analysis was received and two items outstanding would completed by November.

Corporate Risk Register was received and discussed. It was noted that 1 new risk was added which came under the Committee.

Medical Director's report highlighted that coding of specialist palliative care was low and an outlier and was discussed. A CCG enquiry had been received on a broad group of conditions called Rest of Respiratory which was being looked into. 2 serious incidents had been reported. 1 coroner's inquest and actions and learning had been long underway.

The Governance team has won the Allocate Award for using information to improve assurance and congratulations were noted.

The Committee were informed that a new style quarter 2 Patient Safety Clinical Quality Governance Report would be issued next month and the report would be considerably smaller. An update was received on Medicines management.

Highlight reports were received from the Assurance Risk and Compliance Group and the Clinical Quality and Effectiveness Group.

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Report from the Workforce Committee**
Agenda item	**21**
Presenter of Report	Graham Kershaw, Non-Executive Director and Chair of Workforce Committee
Author(s) of Report	Graham 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 October.

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 4.1, 4.2, 4.3
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y/N)

Enclosure Q

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
26 November 2015

Report from the Workforce Committee meeting held on 21 October 2015

The Purpose of the Report

This report from the Workforce Committee provides an update on activities undertaken since the last meeting and also draws the Board's attention to any other issues of significance, interest and associated actions required.

Key points to be raised

The Director of Workforce and Transformation, Mrs Brennan, presented the Nurse Recruitment Strategy Report and informed the Committee that the Trust would be conducting Skype interviews for Romanian nurses at the end of the month. She advised that the Nursing Midwifery Council (NMC) announced on 12 October that from January all nurses from the EU would have to pass an International English Language Test (IELTS) at Level 7 before they could apply for NMC registration; this was likely to have a significant effect on all EU recruitment of registered nurses. As a result of this the Trust had asked the agency it was currently working with to source as many European nurses probably mainly from Portugal, Spain and Italy as possible for interview and offer before the deadline of 18 January 2016. Following that date focus would then return on the recruitment of nurses from the Philippines and India. Mr Kershaw commented that overseas recruitment continued to be a challenge.

The Director of Nursing and Midwifery, Ms Fox, commented that a new process had been developed in order to retain student nurses from the University of Northampton on their final placement within NGH; this would be implemented with the cohort due to qualify in February 2016 and would include offering all student nurses a position, asking them for a preference of ward which would be honoured. Mrs Brennan informed the Committee that in March this year it was planned to provide Broadband in the Nurses home. Unfortunately this has been a long protracted process and a site survey had still not been conducted. Therefore IT were now considering alternative solutions to progress this which included extending the Wi-Fi Spark option, which was the current provision for the Junior Doctors rooms. This was currently being scoped and a plan was being developed. The Committee were also informed that monies had been secured from charitable funds to improve the furniture and appearance of the nurses' accommodation. This was currently on order and should be delivered within the next few weeks.

Ms Fox presented the Revalidation of Nurses & Midwives with the Nursing & Midwifery Council Report and stated that the final decision regarding the implementation of the proposed new revalidation had been made since writing her report and was to progress as planned in April. The preparation for this had commenced and focused primarily on the Communication Strategy. She reported that the Trust was in a good position however there was a certain amount of risk if nurses forgot to re-register before March 2016, as the process thereafter could take 2-6 weeks. As a consequence the policy had been amended to include disciplinary measures if a nurse failed to register.

Mrs Brennan gave a presentation on Values into Practice Pilot giving a detailed overview on pilots undertaken in Dryden Ward and Pathology. In Dryden Ward 30 members of staff had attended 2 sessions on teamwork. In Pathology 151 were invited and 100 took part in individual interviews. Mrs Brennan gave an overview of the key findings and responses from staff in relation to the process. She advised that next steps would be to adopt the methodology, albeit selectively because it was very resource intensive.

Mrs Brennan reported that the key performance indicators showed that the substantive workforce capacity increased by 37.48 FTE in September 2015 to 4165.88 FTE. She reported that the annual Trust turnover decreased very slightly to 11.48% in September, which was above the Trust target of 8%. The Committee noted that in month sickness absence increased by 0.11% to 4.03%, which was just above the Trust target of 3.8%. She reported on further improvement in the current rate of Appraisals recorded for September 2015 which was 76.67%; last month's figure was 74.81%. Mandatory Training compliance also increased slightly in September to 83.92% and was approaching the Trust target of 85%.

Ms Fox reported that the overall nurse fill rate had increased in September with an average fill rate of 97% throughout the month, a 7% increase from the previous month and temporary staffing usage had decreased in month. She reported that it was planned that the presentation of this data would change over the next two months. This month there was an update from the Divisions for each ward that was below 80% 'fill-rate' explaining the actions to maintain patient safety. In November the narrative from the Divisional teams would include any 'harm events' that had been recorded through the incident system (Datix) against wards below 80% 'fill-rate'.

The Committee noted that an initial data quality review of the monthly safe nurse staffing data had been undertaken to ensure that recently updated establishments were accurately presented. Initial work had led to some improvement in the overall fill rate percentage for September. However additional work was planned to focus upon compliance with annual leave guidance, professional scrutiny and cleansing of the 'unused hours' from the ward rosters. A further more extensive review had been requested and would be reported back to the Committee in December. Ms Fox commented the report would track where nurses were moved to demonstrating that the right nurses with the right skills were in the right place.

She reported that in July 2014 the National Institute for Health and Care Excellence published guidance on safe staffing within the acute hospital. There were 39 recommendations for acute trusts to consider. A detailed gaps analysis had now been completed for the Trust and was available upon request. There were currently 12 outstanding standards therefore the Trust had declared partial compliance. 11 of the recommendations would be addressed through the development and implementation of an Establishment Review Standard Operating procedure (SOP), which would be in place by December 2015, supported by the bi-annual Safer Nursing Care Tool (SNCT), as recommended by NHS England.

Mrs Brennan reported on **Staff Vacancy Rates** and informed the Committee that a successful Recruitment Open Day took place in early October wherein significant numbers had attended with over 1700 people registered at the event. She reported that 444 applications had been received to date from that event, covering a wide range of occupational groups.

Dr Cusack reported that there were currently 216 nationally recognised medical training posts in NGH. The majority of these were supported financially by the Local Development Agreement (LDA) contract that the Trust held with Health Education East Midlands. The Committee noted that the maxillo-facial department had 4 core trainees who were qualified as dentists only.

Mrs Williams presented the Organisational Effectiveness Strategy one year on Report. She provided an overview of progress against the Organisational effectiveness Strategy. She commented that the Rainbow Risk had 1078 participants across 48 teams. There had been 3 Trust wide Street Talk events and 21 local events. With regard to the Staff Survey as at 12 October the percentage return rate was 19% i.e. 893 out of 4676 had been returned. She reported that results would be shared with Divisional Directors to incorporate into their Divisional plans to increase staff engagement at a local level. The Francis Crick programme had delivered 7 of 15 scheduled dates to the leadership body and attendance had been sustained for the majority of delegates. She reported that a consultant programme had been developed and the first of two sessions delivered.

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**26 November 2015**

Title of the Report	**Report from the Hospital Management Team Workshop Meeting held on 3 November 2015**
Agenda item	**22**
Presenter of Report	Dr Sonia Swart, Chief Executive Officer
Author(s) of Report	Deborah Needham, Chief Operating Officer/Deputy CEO
Purpose	For Information & Assurance
Executive summary This report provides an update to the Trust Board on activities undertaken at the Hospital Management Team meeting held on 3 November 2015.	
Related strategic aim and corporate objective	Strategic Aims - All
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF 1.2, 1.5, 1.7, 2.1, 4.1, 4.2, 5.1,
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document 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/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Statutory and governance duties

Enclosure R

Actions required by the Trust Board

The Trust Board is asked to note the report.

Public Trust Board
26 November 2015

Report from the Hospital Management Team (HMT)
Workshop meeting held on 3 November 2015

Introduction

This report from the Hospital Management Team held on 3 November 2015 provides an update on activities undertaken and also draws the Board's attention to any other issues of significance, interest and associated actions required.

The HMT meets monthly and includes all Executive Directors and Divisional Directors. Divisional Directors share progress, concerns and risks following their monthly performance meetings with the Chief Operating Officer and Executive team.

Every other month the wider management team; Divisional Managers, Directorate Managers, Matrons and Clinical Directors are invited to take part in a facilitated workshop.

The meeting was opened by a general discussion about urgent care pressures and an update from Dr Swart on the recent Board to Board with Kettering General Hospital.

Divisional updates

Each Divisional Director/Manager was invited to update on key areas of focus following their monthly performance meetings specifically addressing:

1. Key challenge at performance meeting and action
2. Any areas where help is required

Dr Minassian presented the exception report for the division of clinical support services. He said the biggest challenge at the performance meeting was the performance against appraisals and mandatory training which had slipped slightly but he expected the performance to increase above target again next month. He asked for help and support with the reconciliation of medicines from the other directorates and asked that TTO's were prescribed early enough for pharmacy to dispense before the day of discharge. The Division are currently working on a plan to reduce waits for MRI and reporting of diagnostics whilst waiting for the new equipment to be installed.

Mrs Gordon presented the exception report for the division of surgery. She said the biggest challenge at the performance meeting was about actions being taken to improve cancer performance. As part of breaking the cycle for cancer Mrs Gordon was able to update on the work being undertaken within colorectal and GI. The Division were also challenged about finance and the deterioration in income which was partly due to the use of escalation areas for inpatients.

Dr Brawn presented the exception report for the division of Medicine, whilst medicine had not yet had their performance meeting; she suggested that the biggest challenge would have been the 4hr target. Dr Brawn said more work was needed to ensure all wards had early board rounds and weekend discharges being planned on Fridays was also a priority to improve performance. A further area of challenge was the nursing levels and use of agency staff.

Mr von Widekind presented the exception report for Women's, Childrens, Cancer, and Oncology & Haematology. Whilst the division had not yet had their performance meeting; he suggested that the biggest challenge would have been Mandatory training and appraisal compliance within the directorate; he outlined plans to improve performance. The second area was cancer performance and whilst breaking the cycle had commenced there was still further help and support being sought from other directorates.

Mr von Widekind asked for help with reducing the outliers and enabling the Gynae day surgery unit to be utilised as a day case area, the division is supporting the urgent care pressures by keeping the Gynaecology emergency unit open for longer periods and the cancer directorate are trailing a consultant of the week model with the aim to reduce length of stay.

Workshop
Recruitment & Retention
Mrs Brennan gave a presentation on recruitment and retention and updated on the national and local position in nursing, the local, national and international strategy for recruitment and the nurse retention strategy.

Planning process & Commissioning Intentions
Mr Pallot updated the team on the planning process and commissioning intentions and discussed how divisions would be included in the clinical discussions.

There were three areas of discussion:
1. Issues where help was required and these included Ophthalmology, the urgent care CQUIN, data challenges and the CCG case note audit.
2. The planning process
3. Commissioning intentions.

Northampton General Hospital NHS
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 26 November 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 Farenden	**Verbal**
	2.	Declarations of Interest	Note	Mr P Farenden	**Verbal**
	3.	Minutes of meeting 24 September 2015	Decision	Mr P Farenden	**A.**
	4.	Matters Arising and Action Log	Note	Mr P Farenden	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chairman's Report	Receive	Mr P Farenden	**Verbal**
	7.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:00	**CLINICAL QUALITY AND SAFETY**				
	8.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	9.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
10:20	**OPERATIONAL ASSURANCE**				
	10.	Finance Report	Assurance	Mr S Lazarus	**F.**
	11.	Workforce Performance Report	Assurance	Mrs J Brennan	**G.**
	12.	Maintaining Quality Over Winter	Assurance	Ms C Fox	**H.**
11:00	**STRATEGY**				
	13.	Clinical Collaboration & Healthier Northants Update	Assurance	Mrs K Spellman	**I.**
11:15	**GOVERNANCE**				
	14.	Fire Safety Annual Report	Assurance	Mr C Abolins	**J.**
	15.	Communications and Stakeholder Engagement Strategies Update	Assurance	Mrs S Watts	**K.**
	16.	Health and Safety Annual Report	Assurance	Mr C Abolins	**L.**
	17.	TDA Self-Certifications	Decision	Ms C Thorne	**M.**

Time		Agenda Item	Action	Presented by	Enclosure
11:45	**FOR INFORMATION**				
	18.	Integrated Performance Report	Assurance	Mrs R Brown	**N.**
11:50	**COMMITTEE REPORTS**				
	19.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**O.**
	20.	Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	**P.**
	21.	Highlight Report from Workforce Committee	Assurance	Mr P Farenden	**Q.**
	22.	Highlight Report from Hospital Management Team	Assurance	Dr S Swart	**R.**
12:15	**23.**	**ANY OTHER BUSINESS**		Mr P Farenden	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 28 January 2016 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).