Northampton General Hospital NHS
NHS Trust

Public Trust Board

Thursday 28 January 2016

09:30

Board Room
Northampton General Hospital

Northampton General Hospital NHS
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 28 January 2016
09:30 in the Board Room at Northampton General Hospital

Time		Agenda Item	Action	Presented by	Enclosure
09:30	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr P Zeidler	**Verbal**
	2.	Declarations of Interest	Note	Mr P Zeidler	**Verbal**
	3.	Minutes of meeting 26 November 2015	Decision	Mr P Zeidler	**A.**
	4.	Matters Arising and Action Log	Note	Mr P Zeidler	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:05	**CLINICAL QUALITY AND SAFETY**				
	7.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	8.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
10:25	**OPERATIONAL ASSURANCE**				
	9.	Finance Report	Assurance	Mr S Lazarus	**F.**
	10.	Workforce Performance Report	Assurance	Mrs J Brennan	**G.**
10:45	**STRATEGY**				
	11.	Clinical Collaboration & Healthier Northants Update	Assurance	Mr C Pallot	**H.**
10:55	**GOVERNANCE**				
	12.	Corporate Governance Quarterly Report	Assurance	Ms C Thorne	**I.**
	13.	TDA Self-Certifications	Decision	Ms C Thorne	**J.**
11:10	**FOR INFORMATION**				
	14.	NHS Preparedness for a Major Incident	Assurance	Mrs D Needham	**K.**
	15.	Integrated Performance Report	Assurance	Mrs D Needham	**L.**
11:35	**COMMITTEE REPORTS**				
	16.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**M.**
	17.	Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	**N.**

Time		Agenda Item	Action	Presented by	Enclosure
	18.	Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	**Verbal**
	19.	Highlight Report from Audit Committee	Assurance	Mr D Noble	**O.**
	20.	Highlight Report from Hospital Management Team	Assurance	Dr S Swart	**Verbal**
12:15	**21.**	**ANY OTHER BUSINESS**		Mr P Zeidler	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 31 March 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).

Minutes of the Public Trust Board

Thursday 26 November 2015 at 09:30 in the Board Room at Northampton General Hospital

Present		
	Mr P Farenden	Chairman (Chair)
	Ms O Clymer	Non-Executive Director
	Dr M Cusack	Medical Director
	Ms C Fox	Director of Nursing, Midwifery & Patient Services
	Mr S Lazarus	Director of Finance
	Mr D Noble	Non-Executive Director
	Mrs L Searle	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
	Mrs K Spellman	Deputy Director of Strategy and Partnerships
	Ms C Thorne	Director of Corporate Development Governance & Assurance
	Mrs S Watts	Head of Communications
Apologies		
	Mr G Kershaw	Non-Executive Director
	Mrs D Needham	Chief Operating Officer and Deputy Chief Executive Officer
	Mr C Pallot	Director of Strategy and Partnerships

TB 15/16 072 Introductions and Apologies

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

Apologies for absence were recorded from Mr Kershaw, Mrs Needham and Mr Pallot.

TB 15/16 073 Declarations of Interest

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

TB 15/16 074 Minutes of the meeting 24 September 2015

The minutes of the Trust Board meeting held on 24 September 2015 were presented for approval.

The Board resolved to **APPROVE** the minutes of the 24 September 2015 as a true and accurate record of proceedings.

TB 15/16 075 Matters Arising and Action Log 24 September 2015

The Matters Arising and Action Log from the 24 September 2015 were considered.

Action Log 50 Freedom to Speak Up Report

Dr Swart provided an update on progress with the volunteers' project. She commented that Ms Fox was progressing the strategy and Ms Thorne was meeting key colleagues to determine a way forward with the Freedom to Speak Up guardian role linked to 'special volunteers'.

The Board **NOTED** the Action Log and Matters Arising from the 24 September 2015.

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

Action: Mrs McKenzie

TB 15/16 076 **Patient Story**

Ms Fox presented the Patient Story.

Ms Fox informed the Board that the Patient Story was drawn from an end of life complaint letter wherein the patient had been admitted through the emergency pathway and the problems that ensued. The patient had been diagnosed with having terminal small cell lung cancer in October 2014 and in August this year the patient's breathing had significantly deteriorated and therefore he had been brought into hospital by ambulance and taken to A&E. He was then moved to a ward and placed in a side room on oxygen. Despite his deterioration he was moved to a bay on another ward. On his family's arrival there was no introduction by the nursing staff and very little interaction and communication. The family requested to see a doctor who they eventually saw but again the communication and understanding was poor.

Ms Fox related that the family had to chase a number of nurses regarding why his medication had not been given. An hour later once the medication had been administered the patient became very distressed and some few minutes later passed away. Nursing staff asked the family to leave the ward in order for the staff to complete their duties. Following this a nurse gave the family brief details and handed them a booklet. The family felt that the lack of compassion and end of life care was very inadequate. Ms Fox informed the Board that the family commented that the whole experience had been horrific for everyone.

Mr Farenden thanked Ms Fox for sharing this story and that it was very important that lessons were learnt.

The Board **NOTED** the Patient Story.

TB 15/16 077 **Chairman's Report**

Mr Farenden presented the Chairman's Report.

Mr Farenden informed the Board that he had attended the East Midlands Chairs Group where the Human Resources lead from the Trust Development Authority (TDA) had given a presentation about senior managers' pay with particular focus on its relationship to the Prime Minister's pay. Dale Bywater gave a presentation which focused on the NHS financial predicament and expectations.

Mr Farenden referred to the Board to Board meeting with Kettering General Hospital (KGH) and the update provided at the meeting regarding progress on Healthier Northamptonshire (HN).

He reported that he attended with Mr Noble, a Chair and Non-Executive Director (NEDs) meeting for Northamptonshire and Mr John Wardell, the new Accountable Officer at Nene Clinical Commissioning Group (CCG), gave a summary of the county position emphasising all key issues objectively and shared his view of the way forward.

Mr Farenden reported on his continued involvement with 'Beat the Bug'. He had visited Willow, Hawthorn and A&E and that he received extremely positive feedback which he found quite uplifting.

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

TB 15/16 078 **Chief Executive's Report**

Dr Swart presented the Chief Executive's Report.

Dr Swart reported that the national picture was becoming an increasing worry for all and the effect of this on hospitals was becoming clearer as more and more hospitals experience difficulties. Tensions between finance and quality had been predominating. Discussions at Board and with the TDA had focused largely on the importance of maintaining patient safety and planning a sustainable future whilst understanding the need to be more efficient. Balancing the quality agenda with finance remained a continual challenge. The Changing Care @NGH programme continued to be the vehicle for combining quality improvement and efficiency in a way that ensured that this was core business.

She commented that she recently had a very helpful meeting with John Wardell, the new Accountable Officer for Nene CCG when they discussed the major issues affecting local health and social care economy and looked forward to working collaboratively and productively.

Dr Swart commented on the potential junior doctors' strike and assured the Board that she was confident that the hospital would be able to continue to provide safe, effective services for its patients. She commented that no doctor would want patients to come to harm and she noted the particular worry about the stressful effect all this would have on the workforce. Mr Zeidler enquired as to what plans were in place and Dr Swart commented that detailed contingency plans were in place and would be run as a major incident. Once the full pack was complete it would be circulated and available on the intranet.

She reported that the Trust continued to concentrate on the biggest areas of challenge. High on the list were urgent care, nurse recruitment and finance. A better solution was need for bed occupancy however supporting staff was very important too. Dr Swart was pleased to inform the Board that 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 the Macmillan team of nurses, the Oncology department and for the hospital.

A Board to Board meeting with KGH had recently taken place to discuss joint working proposals which were badged as Clinical Collaboration as part of the Healthier Northamptonshire programme. Both Boards approved the current direction of travel and agreed that the partnership work between KGH and Northampton General Hospital (NGH) must to be considered a priority and needed to accelerate.

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

TB 15/16 079 **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 November 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 3 new Serious Incidents had been reported during the reporting period 1/09/2015 – 31/10/2015 which remained open and under investigation. Dr Foster data showed overall mortality expressed as the HSMR and SHMI to have remained within the expected range. With respect to crude mortality, activity levels Trust were high in July with 9391 patient spells and this was the highest monthly

activity level in the rolling year to date and acuity had been high. Mr Zeidler commented on the crude mortality in June and July was at a rate of 1% of discharges and Dr Cusack commented that the issue lay with Dr Foster as they were unable to upload the data. Dr Swart commented that the overall risk to quality from urgent care needed to be identified and worthy of note. Nurses and doctors were feeling the pressure and this was the most worrying area from a quality perspective.

Dr Cusack reported that further collaborative working between the Safety Academy and Northampton University had continued and that bi-monthly meetings were well attended by senior medical and nursing staff from NGH and senior academic university colleagues.

He informed the Board that the Quality Improvement Day would take place on 27 November and that attendance during the event from Board members would be appreciated.

Mrs Brennan gave an overview on the present situation with nurse recruitment and commented on a very successful open day which had taken place with over 500 posts offered. The Trust along with Kettering General Hospital and Northamptonshire Healthcare Foundation Trust would be taking part in a target recruitment day in London at the Royal College of Nurses. She confirmed that the Trust were holding skype interviews with Nurses and that a campaign in Italy would take place in December. She also advised that some doctors had been recruited from India.

Dr Swart commented that the risk around the agency cap for medical staff would be brought to the Board next month. Mrs Searle enquired if the new shift pattern being introduced would be more attractive to nurses and Mrs Brennan confirmed that anecdotally it was indicated that it was better life style fit, particularly for younger nurses and that there had been no recruitment issue around this. Ms Fox concurred and commented that it would enable nurses to work bank shifts as well.

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

TB 15/16 080 **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 November Quality Governance Committee.

Ms Fox reported that the October Quality Care Dashboard showed continued improvement. Future plans for the dashboard were to include the trends analysis for each ward and the number of surveys completed against the denominator of five. It was noted that the Trust achieved 92.2% 'harm free care' in October and the number of new harms had improved from the September data with falls back down to the average number of 2 and pressure ulcers remained the same at 14.

Ms Fox reported to the Board that the UNICEF Baby Friendly Initiative Stage 3 assessment had been conducted on 28 and 29 October and had been extremely positive and very complementary of the services provided to mothers and babies. The assessors had awarded a provisional pass and the Trust would be re-assessed for full accreditation in 6 months.

She reported that in October the number of reported pressure ulcers was 29 and 8 of which were reported as grade 3. Ms Fox commented that the planning for the Pressure Ulcer Collaborative had gained momentum and the Pressure Ulcer Collaborative Expert Group was very well attended. Dr Cusack commented that this was a real opportunity for improvement and heartening that a full representation of medical teams attendance the meeting. Mr Farenden extended his congratulations for the work undertaken.

Ms Fox reported that there had been 2 cases of C. Difficile reported in October and 0 MRSA Bacteraemia. She reported that the screening compliance target of 100% had not quite been achieved but the Trust was good in comparison to other organisations. All root cause analysis of C. Diff cases were sent to the CCG for identification of any lapse in care.

From December 2015 all data relating to the percentage of patients that would or would not recommend the services within NGH would be reported against national results as previously internal targets had been established. However the TDA benchmarked the Trust against national performance and moving forward it was good practice to ensure the Trust were doing the same. The Safeguarding Team were currently reviewing the Verita report into the activities of Dr Myles Bradbury and would be preparing a gap analysis against the recommendations. Ms Fox updated the Board on End of Life with progress and the remaining challenges against national directives. Dr Swart commented that more detail was needed to be brought back to the Board as very difficult decisions had to be made regarding this complex care issue and that patients should not have to navigate urgent care.

Ms Fox reported an overall fill rate of 91% for October. For the second consecutive month the Trust had seen an increase in the Registered Nurse (RN) day fill rate. The Board noted that as part of the NICE recommendations maternity services would be implementing the recording and monitoring of 'Midwifery Red Flag Events'.

As reported previously, the Board should be reassured that staffing was reviewed by a senior nurse at the twice daily safety Huddles Monday to Friday, and daily at a weekend. Any wards where staffing was at a minimum level or due to increases in acuity and dependency, there was a need for additional staff above planned numbers, movement of staff was made and risk assessed. A discussion was had on the Child Health and Midwifery staffing and Ms Fox commented that paediatric nurses were difficult to recruit to. She commented that the national template represented a whole month. Mrs Searle commented that there was a risk and Mr Zeidler commented on the information not being very clear. Mr Farenden suggested that further discussions were picked up outside of the Board meeting and therefore how the risk would be managed should be discussed at Workforce Committee. Dr Swart concurred that discussions should take place on how the risk was mitigated.

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

TB 15/16 081 **Finance Report**

Mr Lazarus presented the Finance Report.

Mr Lazarus reported that the Finance Report had been discussed in detail at the November Finance Investment and Performance Committee meeting. The I&E position against the revised year end stretch target of £20.4m remained £0.1m favourable to this trajectory at the end of October. The RN agency Nursing amounted to 10.6% of total RN expenditure in October.

The Finance Committee approved to place the orders of the two replacement linear accelerators before the end of November to achieve the £0.5m price savings but based on having to lease if funding was not forthcoming from the Department of Health. He confirmed that the order was placed yesterday.

Mrs Brennan commented that last Friday the Trust had been notified of the new capped rates for all agency staff. She noted that this would be challenging especially for medical staff, Mr Farenden commented that the risk was not providing safe care. In answer to Mr Zeidler's query Mrs Brennan confirmed that there was no financial penalty for non-compliance with the caps however the Trust would have to report on every shift over the cap. Dr Swart commented that this would impact financially on a raft of things for example elective income.

She commented that a paper on agency caps would be presented to the Board in December. Ms Fox noted that it was reassuring to see that the number of agency nurses was decreasing and that for the second consecutive month there had been an increase in RN fill rate, which meant that the Trust was starting to fill vacancies and thereby able to reduce agency staff. Ms Clymer enquired if conversations had been had with the Agencies to discuss the potential impact. Mrs Brennan responded that it had been proposed jointly with KGH and Milton Keynes to arrange for discussions to take place with the top 6 agencies.

The Board **NOTED** the Finance Report.

TB 15/16 082 Workforce Performance Report

Mrs Brennan presented the Workforce Performance Report.

Mrs Brennan reported that the key performance indicators showed an increase in contracted workforce employed by the Trust, a reduction in turnover but an increase in sickness absence. She commented that there were increases in compliance rates for Mandatory Training and Role Specific Essential Training but that there had been a slight decrease in Appraisal compliance rates despite a good increase last month.

She commented on a presentation on pathology values in practice at the Workforce Committee. 100 staff participated and was very positive. The overwhelming outcome of that process revealed that staff felt that pathology staff practiced safely and put patient care above all else and that staff satisfaction was rated as 7 out of 10 on average.

Mrs Brennan gave the Board an overview of the plans in place for the potential Junior Doctors' strike. She said that the Trust operated this as an internal incident with bronze, silver and gold command control meeting daily. The first day of the strike provided that junior doctors would only participate in providing emergency services and day 2 and 3 would be complete withdrawal of labour by junior doctors. She explained that she had written to all junior doctors to ask if they were going to participate in the strike and that the responses would be in today. She informed the Board that later that afternoon Dr Swart, herself and Dr Cusack would be meeting with the Junior Doctors. Dr Swart commented that hopefully it provided assurance on the approach that the Trust was taking and that perhaps the Trust was slightly over prepared but the Board should be assured of the plans in place to keep patients safe. The key message was safety. Mrs Searle enquired how the Trust would know if any harm had been caused. Mrs Brennan responded that any incident would be investigated.

Mr Farenden asked if the NEDs could assist in anyway and Dr Swart responded that it would be welcoming if there was a presence of NEDs in the hospital on the day of the potential strike as visibility was always useful.

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

TB 15/16 083 Maintaining Quality over Winter Report

Ms Fox presented the Maintaining Quality over Winter l Report.

Ms Fox reported that 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. It must be reminded that quality of care provided was a key responsibility of the Boards of NHS Trusts.

She commented that throughout the last few months there had been many reports through the media that the NHS was facing its worst winter in at least 30 years, due to rising activity, underfunding and poor staff morale. She informed the Board that this report aimed to assure the Board how quality would be maintained throughout winter given the urgent care, financial and workforce pressures faced upon the hospital. She commented that staff morale was key over winter and that the main concerns for the Trust were Escalation Areas and patient experience, quality and running a safe service.

Ms Fox reported that the risks associated with winter had been presented to the Finance Investment and Performance Committee and Quality Governance Committee this month along with ongoing recruitment and retention reports to the Workforce Committees and would be monitored through the normal divisional performance routes and up to Trust Board. Each month through the integrated scorecard would 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

Ms Fox confirmed that the CCG had requested that they would undertake a joint visit, with the Deputy Director of Nursing and Quality Matrons, to the three Escalation Areas in early December. This visit would review the services in line with the CQC's five domains (caring, responsiveness, effectiveness, well-led and safety). She reported that the outcome would be shared with the Quality Governance Committee in the Director Nursing & Midwifery Care report.

Dr Swart commented on the Surge plan and that there was an omission as to the duty of health economy partners and that she had raised this at the System Resilience Group and the CCG's Accountable Officer had agreed that a small group would review the plan. Dr Swart commented that she had asked the CCG to identify more beds. Mr Farenden commented that it was not possible to be assured of patient safety with such a gap in the system. Mr Zeidler commented that he felt assured the Trust was doing everything it could however did not feel assured with regard to capacity. He enquired if the Board needed to be more active. Dr Swart queried what authority the Board had, as assurance was gained at the Board sub Committees. She commented that support was needed with the system plan. Mrs Spellman commented on the transport issues that had been raised with the CCG and Dr Swart responded that she had formally written to NSL and that there had been a slight improvement.

The Board **NOTED** the Maintaining Quality over Winter Report.

TB 15/16 084 **Clinical Collaboration and Healthier Northants Update**

Mrs Spellman presented the Clinical Collaboration and Healthier Northants Update.

Mrs Spellman reported on three main programmes covered by the Programme and was presented to the Integrated Steering Group (ISG) of Healthier Northamptonshire (HN) in November. She reported that with regard to clinical collaboration the programme and work stream updates were discussed at the Implementation Group Meeting on 19 October; a key focus would now be the production of business cases that support the proposed changes in each speciality. Draft proposed models had now been drawn up for all of the workstreams. These had been further reviewed by the service representatives and work had commenced on the service/business development plans. She reported that progress continued to be challenging with operational and support staff struggling with competing demands. Clinical engagement had improved although operational pressures had impacted on some milestone delivery. Scheduled update meetings had been held with commissioner representatives, however further clarity of commissioning intentions was being sought with reference to Acute Clinical Collaboration Proposals.

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

Mrs Spellman reported that under Integrated Care Closer to Home (ICCtH) there were 3 key areas Active Community Management; Crisis & Escalation and Safe Discharge. The performance of these schemes was reported to the Implementation Steering Group through ICCtH Board and to the System Resilience Board through the Urgent Care Working Group.

She reported that the Collaborative Resource Management workstream had identified seven key areas of work which were being taken forward by the three Trusts sharing best practice, knowledge and resources where appropriate.

Mr Zeidler enquired with regard to the collaborative work what was the reporting mechanism in terms of the changing care @NGH programme and Mrs Spellman responded that this would be reported through the Divisions' business plans. Dr Swart commented that a specific report would be available in due course. Mr Noble enquired about the availability of detailed information with regard to the rheumatology work and Dr Swart commented that at this present time the Board should be assured that work was taking place. Mr Farenden commented that the business case would provide all the information. Dr Swart commented that discussions on the collaborative work with KGH had taken place at the Board to Board meeting and that the Board would receive regular updates.

The Board **NOTED** the Clinical Collaboration and Healthier Northants Update.

TB 15/16 085 **Fire Safety Annual Report**

Mr Abolins presented the Fire Safety Annual Report.

Mr Abolins reported that on Fire Safety statistics during the past 12 months and provided assurance regarding progress, investment and measures taken during the year to improve Fire Safety resilience within the Trust. 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.

He reported that continued investment in fire safety through the annual capital plan had allowed the Trust to ensure that building/structural fire risks were eliminated or mitigated as much as practicable.

The Trust's fire alarm and automatic fire detection system continued to function correctly and had been extended and improved as building works and alterations take place to ensure that it complied with the relevant British Standards, HTMs and codes of practice. It was 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 were dependent on the staff for their safe evacuation this training was vital.

Mr Abolins reported that there were a total of 156 actuations of the fire alarm during the reporting period, a decrease of 3 from the last report. Northamptonshire Fire and Rescue Service (FRS) 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 expected Hospital staff to investigate the alarm activation and only call them if the activation had 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 had not increased 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 had attended 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.

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

TB 15/16 086 Communications and Stakeholder Engagement Strategies Update

Mrs Watts presented the Communications and Stakeholder Engagement Strategies Update.

Mrs Watts provided 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. She reported that good progress had been made in many areas, particularly in relation to developing the Trust brand, promoting ownership of the Trust's vision, values and strategy, use of social media to reach a wider audience and communications support to recruitment campaigns. However, there was more work needed to refresh the Trust website and intranet, and also in relation to engagement with members and stakeholders and these aspects were reflected in the Trust's challenges for 2016-2017.

Dr Swart recommended that Board members tried out the NGH Plus app which was launched in September, and that details on how to download the app were available in INSIGHT. Mrs Watts informed the Board that the team who designed the app would be coming in to talk to the Hospital Management Team in March 2016 to demonstrate how the app can be used to improve the patient experience.

Mr Farenden commented on the excellent work undertaken and on a very good report.

The Board **NOTED** the Communications and Stakeholder Engagement Strategies Update.

TB 15/16 087 Health and Safety Annual Report

Mr Abolins presented the Health and Safety Annual Report

Mr Abolins provided an analysis of the Trust's Health and Safety (H&S) performance during the financial year 2014 – 2015 and highlighted relevant issues pertaining to the Management of Health and Safety in the Trust.

He reported that Incident Analysis Datix continued 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 had been a reduction in the number of incidents affecting staff reported compared to last year, there had also been a slight 1 % increase in the number of staff incidents causing harm compared to last year. He commented that this had been discussed at Quality Governance Committee in detail.

Mr Abolins reported that there had been 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. A number of actions had been implemented within the Trust including policies, training and awareness, introduction of more safer sharp devices and better disposal systems to reduce sharp injuries. Ms Thorne commented that it would be expected that 2015 figures would be reduced.

He reported that in the year 2013/14 there had been 30 staff reportable RIDDOR incidents, excluding patient falls and in 2014/15 there had been only 21 staff reportable RIDDOR incidents thereby achieving a 30 % reduction and exceeding the 10% target. Currently in 2015/16 there had been 6 RIDDOR incidents. All policies were in date at the end of the year 2014/15.

Mr Abolins commented that as compliance rate with mandatory H&S training had been very low and only 32 % in April 2013, a number of actions including providing various formats of training such as face to face in induction, cluster sessions, E-learning and workbooks. had been made available. 82.3 % had been achieved at the end of March 2015 thereby narrowly missing the target; however the trajectory was that the target should be achieved early on in 2015/16.

The Board were informed that 4 compliance audits namely, Radiation Safety, LOLER, Safer Sharps and Dermatitis and Latix had been completed in 2014/15. The Trust had quarterly departmental H&S Inspection process that should be completed in all areas by the local H&S representatives. This process had not been completed in all areas with an average compliance rate of 36% in 2013/14. The H&S inspection process had been reviewed and a new inspection template and guidance had been developed and introduced. He was pleased to inform the Board that there had been a marked improvement with an average 80 % compliance achieved in 2014/15, thereby achieving the set KPI.

Mr Abolins commented with regard to H&S resource and informed at present a part time interim Health and Safety Manager was in place however he was pleased to confirm that the Trust had successfully recruited to the full time permanent post. He further commented that recruitment was underway for the Health and Safety Officer post.

The Board **NOTED** the Health and Safety Annual Report

TB 15/16 088 **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 October 2015 were discussed and approved.

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

TB 15/16 089 **Integrated Performance Report and Corporate Scorecard**

Dr Swart 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 15/16 090 **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 October and discussed at the Finance Investment and Performance meeting held on 21 October 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 18 November 2015 and informed the Board that several items had already been discussed under the Finance Report at the meeting today. He informed the Board that the Committee received reports on the Stretch Target, Contract Negotiations and Operational Performance.

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

TB 15/16 091 **Report the Quality Governance Committee**

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

The Board were provided an update on activities undertaken during the month of October and discussed at the QGC meeting held on 23 October 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.

Mrs Searle gave a verbal update from QGC which took place on 20 November 2015 and informed the Board that several items had already been discussed at the meeting today. She reported that the Committee received an assurance report on Ophthalmology and received a very comprehensive report on Complaints. The Committee discussed an error in the reporting of Family and Friends targets as the Non Executives raised concerns about the implications for assurance and governance and Dr Swart commented that Ms Thorne would be tasked to ensure that there were no errors in any other targets. The Committee received the Security Management Annual Report, Clinical Audit Annual Report and a report on quality of care during winter pressures.

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

TB 15/16 092 **Report from the Workforce Committee**

Mr Farenden presented the Report from the Workforce Committee.

The Board were provided an update on the activities undertaken during the month of October and discussed at the Workforce Committee meeting held on 21 October 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 Farenden gave a verbal update from the Workforce Committee which took place on 18 November 2015 and informed the Board that several items had already been discussed at the meeting today. He reported that the Committee received a quarterly report on Medical Appraisal and Revalidation along with Nurse Recruitment and Safe Nurse Staffing. The Committee also received an update on Medical Agency Usage and an improved and assured Board Assurance Framework. The Committee received and approved the Health and Wellbeing Strategy which was making good progress.

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

TB 15/16 093 **Report from the Hospital Management Team**

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

Dr Swart reported that the meeting on 3 November 2015 was a workshop and included the wider management team; Divisional Managers, Directorate Managers, Matrons and Clinical Directors. She reported that the Divisional Directors gave an update on key areas of focus following their monthly performance meetings and specifically addressed the key challenge and any areas where help was required.

She reported that HMT received 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. HMT were updated on the planning process and commissioning intentions and discussed how Divisions would be included in the clinical discussions.

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

TB 15/16 094 **Any Other Business**

There were no items of any other business.

Date of next meeting: Thursday 28 January 2016 at 09:30 in the Board Room at Northampton General Hospital.

Mr Farenden called the meeting to a close at 11:45

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	19/01/2016
Ref	**Date of meeting**	**Minute Number**	**Paper**	**Action Required**	**Responsible**	**Due date**	**Status**	**Updates**
Actions - Slippage								
NONE								
Actions - Current meeting								
NONE								
Actions - Future meetings								
NONE								

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Chief Executive's Report**
Agenda item	**6**
Presenter of Report	Dr Sonia Swart, Chief Executive
Author(s) of Report	Sally-Anne Watts, Head of Communications Dr Sonia Swart , Chief Executive
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)

Enclosure C

Actions required by the Trust Board

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

Public Trust Board
28 January 2016

Chief Executive's Report

1. Five year planning guidance

On 22 December 2015 NHS England released the Planning Guidance for 2016/17-2020/21. The guidance represents a considerable change of direction from previous years and requires health and social care organisations to come together and produce a 'Place' (rather than organisation) based plan. This will be a local health system Sustainability and Transformation Plan (STP) that describes a clear overall vision and plan for our local area.

As part of the plan, local leaders are tasked with setting out clear plans to pursue the 'triple aim' set out in the NHS Five Year Forward View (5YFV) of:

- Improved health and wellbeing
- Transformed quality of care delivery
- Sustainable finances

The planning guidance is clear that all stakeholders, including clinicians, patients, carers, citizens and local community partners, including the voluntary sector, local government and Health & Wellbeing boards are to be involved in the development of the shared vision. It is to cover all areas of both Clinical Commissioning Group (CCG) and NHS England commissioned services and must also cover better integration with local authority services (prevention and social care).

The planning process has significant central monies associated with it; the STP will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. This will be for the spread and adoption of new care models, access, infrastructure, technology roll-out and to drive clinical priorities and ambitions for seven day services.

The guidance sets out nine 'must dos' for every local health system:

- Develop a high quality and agreed STP consistent with the 5YFV
- Return the system to aggregate financial balance
- Develop a plan to address the sustainability and quality of general practice
- Get back on track with access standards for A&E and ambulance waits
- Maintain improved performance against the referral to treatment target
- Deliver the 62 day cancer waiting standard and make progress in improving one year survival rates
- Achieve and maintain the two mental health access standards and continue to meet the dementia diagnosis target
- Deliver actions to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvements in quality and participate in the annual publication of avoidable mortality rates

Northampton General Hospital (NGH) is required to produce an individual operational plan for 2016/17 which should be regarded as year one of the five year STP. The initial draft must be submitted by 8 February 2016.

The implications of the planning guidance for both NGH and the wider health and social care community are being assessed and will be built into the planning and commissioning framework for 2016/17.

We must ensure that NGH plays a key role in the development of the STP with our partners. However, there is a significant level of detailed guidance that is still awaited and required before we can, for example, finalise our own operational plans and budgets.

All trust boards have also received a joint letter from Jim Mackey and Mike Richards asking them to consider finance and quality on an equal footing in their planning decisions and have also now received individual letters from NHS Improvement indicating their proposed share of transformation funding with a number of conditions including a specified control total and a range of improvements in performance, transformation and sustainability. Trusts are required to confirm acceptance of the offer with conditions by 8 February 2016.

Over the coming weeks further guidance will be released to support the planning guidance and a final report from Lord Carter is also expected.

2. Junior doctors' strike action

Our plans for the junior doctors' strike were robust and were implemented effectively by our staff. Regular Silver and Gold command meetings, supported by safety huddles and team meetings, ensured that any issues were identified and addressed without delay.

Following feedback received from patients we adopted a different approach regarding cancellations, and advised patients that, if the strike did not go ahead, then they should attend the hospital. Each division/specialty was able to adopt the approach that was best for them and their patients. Patients received a letter advising them what to do and we were supported by the local media to ensure our key messages were communicated effectively. Additional staff were on hand at switchboard as we anticipated a higher volume of calls from patients, but this did not materialise.

Team NGH rose to the challenge of keeping our patients safe and we are confident the learning from this event will be taken forward to further enhance and develop our resilience plans.

3. Memorandum of understanding with the University of Northampton

We are developing closer links with the University of Northampton to pave the way for academic research to be put into practice and open up new opportunities for research projects to improve health and wellbeing.

On 14 December 2015 we welcomed representatives from the University to the trust when we formally announced our long-term partnership agreement. Professor Carol Phillips, Director of the Institute of Health and Wellbeing at the University, and I signed a Memorandum of Understanding stating that both organisations will work together on biological, medical and health-related research for the benefit of people in Northamptonshire and further afield.

The intention is that we will work collaboratively on a variety of projects, drawing on one another's strengths to improve patient care. The agreement will allow staff and students of both organisations to collaborate across a range of subject areas. The university and hospital will work collaboratively on a variety of projects, drawing on each other's strengths to improve patient care. The agreement will allow staff and students of both organisations to collaborate across a range of subject areas.

Board members will be aware that we have a proactive in-house research and development team and we strive to promote a culture of learning and innovation. There is excellent potential for this partnership to bring about direct improvements in patient care and safety as well as improving the overall wellbeing of our local population. As university academics will have access to real-time clinical environments, equipment, staff and patients to apply their research findings.

We have already started to work on a number of joint projects and ideas with colleagues from the University. Some research students recently spent time in our pathology department and a number of student nurses are involved in 'hand-on' audits that have the potential to lead to improvements in patient care.

4. Visit by Heidi Alexander MP, Shadow Health Minister

In response to a request from BBC Radio Northampton for her to visit the town, Shadow Health Minister Heidi Alexander MP, came to NGH in early December. I was pleased to be able to show her the improvements we had made in A&E and she had the opportunity to speak with both staff and patients.

We spoke about the kind of hospital we are, the pressures we face and the kind of hospital we would like to be. During our discussions it was clear that the messages from this hospital are similar to those the Shadow Minister has heard around the country. The need for NGH to increase its bed capacity was part of our discussions and is something that continues to feature in our discussions with our partners in the local health and social care economy. It is essential that we do all we can to reduce our occupancy of over 100% in our acute bed base to the idea of 85% occupancy if we are to become an efficient high quality hospital

In addition to pressing for short-term increased in bed capacity, board members will be aware that we continue to explore the options for redevelopment of the hospital site and this was something I also discussed with Ms Alexander. We now have a very high level outline of what could be achieved. However, it is clear that there is no central funding for redevelopment and we must work closely with our partners in the development of the STP in line with the new planning guidance to ensure our plans are supported.

There remains no doubt that the high level of urgent care pressures and the high bed occupancy remains problematic and unless this is resolved we will struggle to deliver the care that we would want to give or achieve the efficiency improvements expected. We are committed to working with partners in the health economy to resolve this issue.

5. Charitable donations

Thanks to the generosity of the local community every patient in the hospital at Christmas received some gifts. Local businesses, schools and individuals put a great deal of thought into what someone in hospital over Christmas might need and I know our patients were greatly appreciative of the kindness shown to them by so many people.

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Medical Director's Report**
Agenda item	**7**
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.

Since the last report to the Board (during the reporting period 1/11/2015 – 31/12/2015) two new Serious Incidents have been reported. One of these incidents is a Never Event and relates to the extraction of the wrong tooth. A Root Cause Analysis (RCA) is being undertaken into each of these incidents. There have been eight serious incidents reported since 1/4/2015.

Dr Foster data showed overall mortality expressed as the HSMR, Crude Mortality and SHMI to have remained within the 'as expected' range. The introduction by NHSE of a standardised methodology for reviewing all deaths is described.

An update on the NGH Quality Improvement Day is provided and of the Junior Doctor Safety Board from which six posters have been accepted to the International Forum on Quality & Safety in Healthcare.

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? (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	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
28 January 2016

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 Northampton General Hospital (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 key challenge to the Trust remains the acute pressures on the urgent care pathway. The risks and actions taken in mitigation are reviewed in the Quality Governance and Finance & Performance Committees as described here:

1.1 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

1.2 Difficulties in Securing Sufficient Nursing & Medical Staff

Recruitment of appropriate trained nursing and medical staff is a further on-going risk to the Trust. These risks and mitigating actions are reviewed at the Workforce Committee:

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

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 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	7
Never Events	2	2	1	0	1	1

The Never Event in 2015/16 relates to:

- Wrong site surgery – removal of the incorrect tooth
  This is currently under investigation. Immediate actions have been put in place including the following:

  - Ensure full compliance with WHO Checklist process
  - Introduction of further check during the surgical process
  - Additional checks of content clinical notes

The Never Events which occurred 2010-14 related to wrong-site surgery. All recommendations from the investigations have been implemented and are being monitored.

2.1 New Serious Incidents

Since the last report to the Board (during the reporting period 1/11/2015 – 31/12/2015) 2 new Serious Incidents (one of which is the Never Event above) have been reported:

A Root Cause Analysis (RCA) is being undertaken into each of these incidents. The Trust has a contractual agreement with the Clinical Commissioning Group (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 8 Serious Incidents have been reported year to date under the following categories:

- Slips/Trips/Falls
- Unexpected Deterioration x2
- Death following pulmonary embolism
- Infection Control concern
- Medication incident
- Maternity – baby born with low Apgars
- Wrong site surgery – tooth extraction (as above)

2.2 Open Serious Incidents

The serious incidents at 31 December 2015 which remain open and under investigation are listed below:

Date of Incident	SI Brief Detail	Status	Directorate/Division
22 Sep 2015	Maternity Baby born with low Apgars	Active	Women's
23 Jul 2015	Medication incident	Active	Outpatient & Elderly & Stroke Medicine
21 Oct 2015	Unexpected deterioration	Active	Inpatient Specialities
30 Sep 2015	Tooth Extraction	Active	Surgery Division

2.3 Serious Incidents Submitted for Closure
During the reporting period there was one serious incident report submitted to Nene and Corby Clinical Commissioning Group for closure.

- **Care of deteriorating patient – Inpatient Directorate**
  Recommendations are as follows:
  Review of the authorising process for the use of bridle Nasogastric (NG) tubes

  Further development of the guidelines on medication management for patients who lack capacity to agree to their care and treatment

  Reviewed of the process for the assessment and documentation of mental capacity

  Review of the process surrounding the use of Authorisations under the Deprivation of Liberty Safeguards (DOLS) framework

  Review of the current training content and methodology for Mental Capacity Act (MCA) and DOLS

  Review and support decision making in the application of the MCA and the Mental Health Act (MHA)

2.4 Inquests
H M Coroner convened 5 Inquests during the reporting period which involved Trust staff either preparing statements or giving evidence at the hearing. The conclusions of the Inquests were 12 Accidental Deaths, 1 Natural Causes and 2 Open Verdicts.

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 Hospital Standardised Mortality Ratios (HSMR) for the rolling year measured to the end of September is **103** and for the year 2015/16 is **101.3**. The crude mortality measured for this basket of diagnoses has fallen to 3.1%. For the East Midlands region the median crude mortality is 3.6% [range 2.9% - 4.6%] and the HSMR range for our peers is 86 – 106.

The HSMR 100 data which looks at a broader range of diagnoses was also in the 'as expected' range for the year to September [**104**] and in 2015/16 [**103**]. It was noted that there has been a 5% increase in activity in advance of the anticipated increase associated with the winter months. Trust performance with the crude mortality was also in the 'as expected' range at 1.2%.

The Summary Hospital-level Mortality Indicator (SHMI) for the year from July 2014 to June 2015 remains 'as expected' at **102**.

For the rolling year ending in September 2015 there remains no statistical difference between the standardised mortality rates for weekend [**99**] and weekday admissions [**104**].

3.1 Palliative Care Coding
It has been noted that there has been a fall in the rate of coding for specialist palliative care. In 2014/15 the rate of palliative care coding at NGH was 2.7% compared with a national rate of 3.2%. This has reduced further in 2015/16 and is currently coded in 2.1% of HSMR inpatient spells which is again below the national average of 3.3%. The coding for 2015/16 has been updated and this is expected to increase the local rate.

3.2 Mortality Governance

The Trust has received a letter from NHS England advising of the intention to introduce a standardised methodology for reviewing all deaths occurring in hospital through a structured analysis of patient records with the aim of identifying themes for improvement both nationally and within organisations. NHS England (NHSE) has commissioned Healthcare Quality Improvement Partnership (HQIP) to manage procurement of development of a standardised methodology and training roll out to all NHS trusts in England. It is anticipated that supplier will be in place by January 2016, with a pilot expected to start in Q1 2016/17.

This information will be reviewed at a Mortality Surveillance Group led by a Board level clinician [Medical Director/Director of Nursing] who will provide assurance to Trust Board. The current arrangements broadly fulfil these requirements and are under review to ensure that local processes are fully compliant.

4. Safety Academy Update

4.1 Aspiring to Excellence

Whilst the 2015 Aspiring to Excellence course completed during Q2, the students returned during Q3 to present their work and to be part of the NGH Quality Improvement Day on the 27 November 2015.

The work undertaken by the medical students during their course was related to diabetes and the projects presented were:

- Insulin Prescription Audit
- Diabetes Mellitus: Staff Knowledge of the Hypoglycaemia protocol (Prize Winner)
- The Patient Perspective of In-Patient Diabetes Management

This was the first year this format had been used and the student evaluation acknowledged they had benefitted from the experience of seeing the Registrar presentations.

4.2 Junior Doctor Safety Board

The Junior Doctor Safety Board 2015/2016 (JDSB) was formed following the new intake of Junior Doctors in August 2015. This year the JDSB has been offered to both FY1 & FY2 doctors in training. There are currently 20 members who have chosen a project and are being supported through the process by mentors having received introductory QI & Safety Science taster sessions.

The following project work is currently being supported:

- Confidence and ability of Doctors and Nurses to manage End of Life care.
- Standardisation of clinical equipment rooms (including access codes) on wards across the hospital
- Medical Involvement with the pressure ulcer collaborative project
- Increasing capacity within the Gynae Day Case Unit.
- Appropriate use of Non-invasive Ventilation (NIV)
- Managing and developing Doctor Toolbox (Gatekeeper role)
- Reducing rejection of blood samples for coagulation testing
- Improving and streamlining the process/timeliness for requesting X-rays
- Patient information regarding Acute Kidney Injury (AKI)

Six posters have been accepted to the International Forum on Quality & Safety in Healthcare (April 2016) whilst the project work continues (one is from the previous Aspiring to Excellence course, September 2015).

4.3 Delivering Excellence

The nine week modular NGH course culminated during Q3 with the groups presenting their project outcomes and recommendations to the Quality Improvement Day 27November 2015.

Through a combination of lectures and project work the Registrars were encouraged to challenge and question the safety principles and processes already in place. The projects allowed them to develop and implement a quality improvement initiative in the Trust. The projects undertaken and presented were:

- Patient Insulin Self-Management Sticker Part II (development from Aspiring to Excellence)
- Day Surgery discharge rates: Can we do better?
- Introduction of New Gynaecology Emergency Bags – (Joint Prize Winner)
- Squint surgery information provided to patients/parents
- Reducing Time delays for CT Head & Neck for Trauma patients
- Serious Incidents – How to Cascade and learn from error? – (Joint Prize Winner)

It is expected that the project outputs will lead to sustainable change and course evaluations were strongly positive.

4.4 University of Northampton Collaboration
During December a Memorandum of Understanding was signed with the University of Northampton (UON) which provides a basic framework underlying the principals of the joint working relationship.

The current key areas of focus for the NGH/UON collaborative working are:

- Demand & Capacity Management in Emergency Department
- 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 following two new projects are in the early stages of development:

- Centre for place, Space and Well being
- Tele-health systems and applications

The Safety Academy is supporting final year nursing students and newly qualified registrants to operationalise their QI projects which form part of the final year dissertation.
During Q3 Undergraduates at Northampton University received QI and Safety Science teaching which received an excellent evaluation from students.

5. Next Steps

The Serious Incident Group continues to meet fortnightly to expedite the agreement and external notification of Serious Incidents.

Mortality within the Trust is closely monitored and reported through the Quality Governance Committee. The Mortality Surveillance Group model will be adopted in accordance with NHSE recommendations and will provide assurance to Trust Board.

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	**28 January 2016**

Title of the Report	**Director of Nursing & Midwifery Report**
Agenda item	**8**
Presenter of Report	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
Author(s) of Report	Fiona Barnes, Deputy Director of Nursing Jason King, Associate Director of Nursing Senior Nursing & Midwifery Team
Purpose	Assurance & Information

Executive summary

This report provides an update and progress 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:

- Safety Thermometer – the Trust achieved 91.5% 'harm free care' in December a reduction from Novembers improved position
- In December the number of reported pressure ulcers was 31 – 8 of which were reported as grade 3 or a deep tissue injury.
- There has been 4 C. Difficile case reported in December, 0 MRSA Bacteraemia, 0 MSSA and 4 CRUTI.
- In December there have been 2 in-patient falls that have caused severe harm and are currently under investigation.
- FFT in November – Inpatients 88.4%, OPD 91.8%, Emergency Dept. 86.6% and Maternity 97.9% 'would' recommend
- 50% of Patients at the End of Life this month had an individualised plan of care in place
- Overall fill rate has decreased in December with a combined fill rate of 100% throughout the month, a 5% decrease from the previous month.
- Temporary staffing usage has decreased in month by 831 Unregistered hours and decreased by 2,680 Registered hours. This takes into account the shift standardisation on the general wards which occurred on 14th December 2015.

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.

Northampton General Hospital NHS
NHS Trust

Public Trust Board
Director of Nursing & Midwifery Report

1. Introduction

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

2. Midwifery Update

Antenatal & Newborn Screening Quality Assurance (QA)Visit 14 January 2016

This will be the first QA visit for the Antenatal & Newborn Screening programme in NGH conducted by Midlands and East screening quality assurance service on behalf of Public Health England. QA visits are in progress around the country as a national initiative. Evidence submitted so far has been described as very good particularly for Ultrasound, Newborn Hearing Screen and Child Health Records. The notes audit was described as being of a high standard. A full written report will be available within 8 weeks.

Newborn Blood Spot Screening (NBBS)

The Maternity Unit has been recognised at regional level, for its achievement in Q.3 of having an avoidable repeat sampling rate of 1.8% compared to the national acceptable level which is 2%. Maternity have been asked to share their good practice with other Maternity Units.

Anomaly Screening

As per national guidelines it is anticipated that from March 2016 maternity will be offering increased screening for fetal anomalies. Training sessions continue to be facilitated for all staff involved in anomaly screening.

Barratt Birth Centre 2 year Anniversary

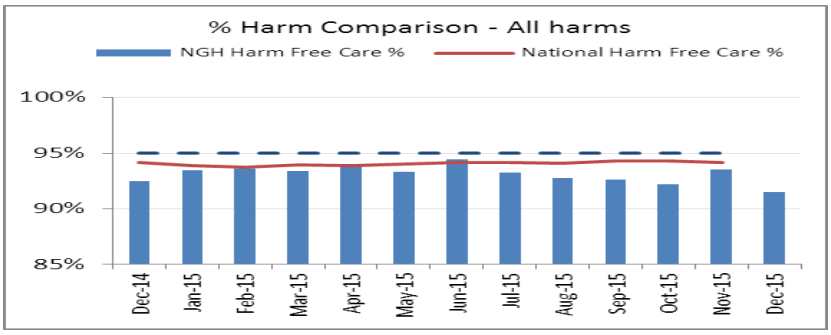
On the 2nd December 2015 the Birth Centre celebrated their 2nd year since opening in 2014. Women needing to be transferred from the Birth Centre to the Labour ward and the associated outcomes for them and their babies are monitored through the Maternity Governance Group. NGH Birth Centre transfer rates remain below national averages:

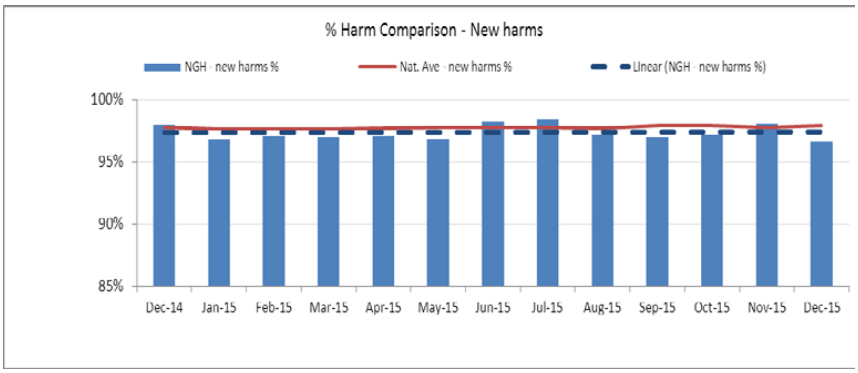
- First time mothers 27.4% (National rate 40%) and mothers who already have children 4.4% (National rate 13%)
- 77% of the women who transferred to labour ward progressed to a vaginal birth and 23% required a Caesarean Section.

There have been a total of 1,162 women delivered on the Birth Centre over the past 2 years. A proactive campaign to encourage women to birth on the Birth Centre is in progress and will be accelerated in 2016/17 now the midwifery staffing on the Birth Centre has reached the required numbers to care for a projected 1000 births a year.

Enclosure E

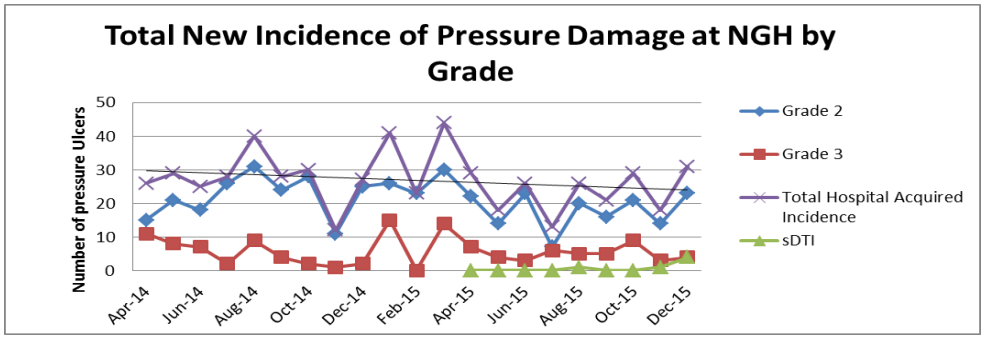
3. Safety Thermometer





In December 91.5% (National target 95%) patients experienced 'harm free care'. The number of new harms was recorded as 22; the new harms related to 14 new pressure ulcers, 4 CRUTI, 4 falls with harm and 0 VTE.

4. Pressure Ulcer Incidence



From October to December 2015 and pre Confirm & Challenge, there have been a total of 31 pressure ulcers which developed whilst the patient was in our care. November saw an overall 38% decline in the number validated pressure ulcers, compared with the previous month, the largest reduction was in Grade 3/sDTI which reduced by 56%.

Classification	Number
Grade 2	23
Grade 3 & unclassified Grade 3	4
sDTI's	4
Grade 4	0

Following Confirm & Challenge meetings the confirmed numbers of hospital acquired pressure ulcers for November was 18 a reduction of 10% from previous report (Nursing & Midwifery Care Report December 2016).

Classification	Number	
Grade 2	14	7 identified lapses in care (Avoidable) & learning. Outcome not determined on 3 ulcers. Remaining 4 unavoidable.
Grade 3 & unclassified Grade 3	4	2 identified lapses in care (Avoidable) 2 under investigation.
Grade 4	0	

From January 2016 the Confirm & Challenge meeting will change its name to Share & Learn as voted by Ward Sisters, this name change reflects the modifications to its focus; sharing best practice; identifying key themes and learning from each other what changes have improved care on the wards.

The table below outlines the common themes identified from November's meeting (lapses in care). These themes are shared with all wards and will formulate discussions at the Collaborative and future Share & Learning meetings.

Themes Identified	
➢ Inaccurate Waterlow Scoring	Non-inclusion of all current and past conditions.
➢ Non-compliance of skin inspection	Regularity of skin inspections especially where devices are present
➢ Delays in use of preventative aids	Lack of documented evidence of when implemented

Pressure Ulcer Collaborative Update.
To support the ongoing 'Tests of Change' that the delegates pledged to take forward a Pressure Ulcer Collaborative Clinic has been organised on 14th January 2016, the purpose of the Clinic is to discuss any issues staff may have come across in preparation for the next Learning Session. Learning Session Two is planned for the 9th February 2016 and will focus on device related pressure ulcers.

5. Health Care Associated Infections (HCAIs)

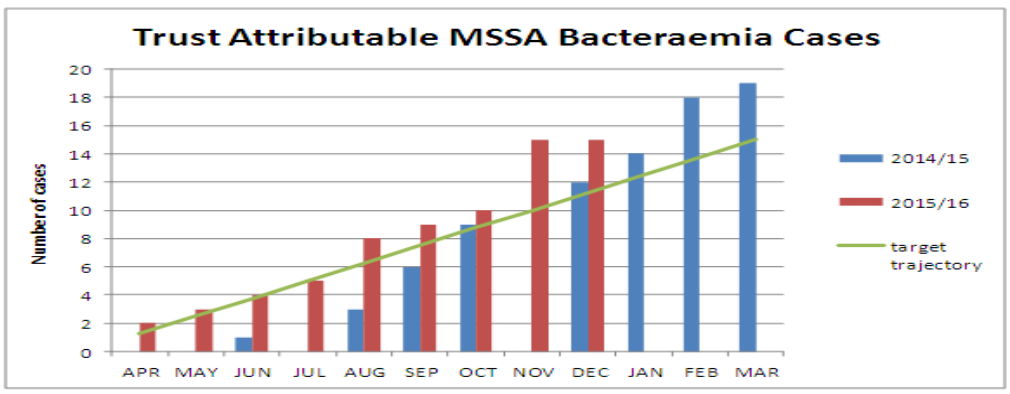
Performance Information

MRSA bacteraemia

0 trust attributable MRSA bacteraemias in December

MSSA Bacteraemia

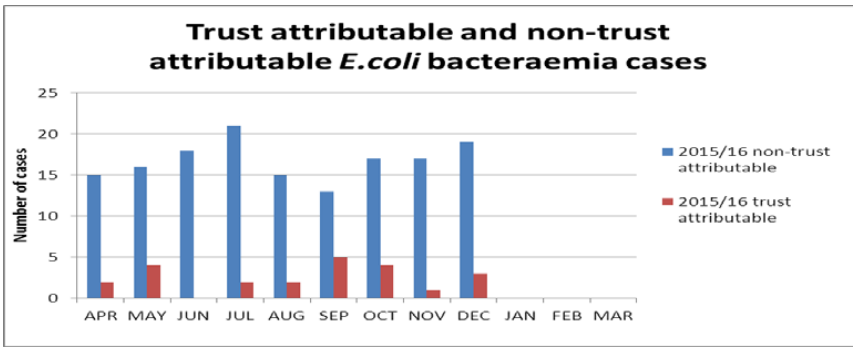
MSSA Bacteraemia (Trust attributable cumulative totals)



Enclosure E

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. To date there have been 15 cases. 0 cases occurred in December.

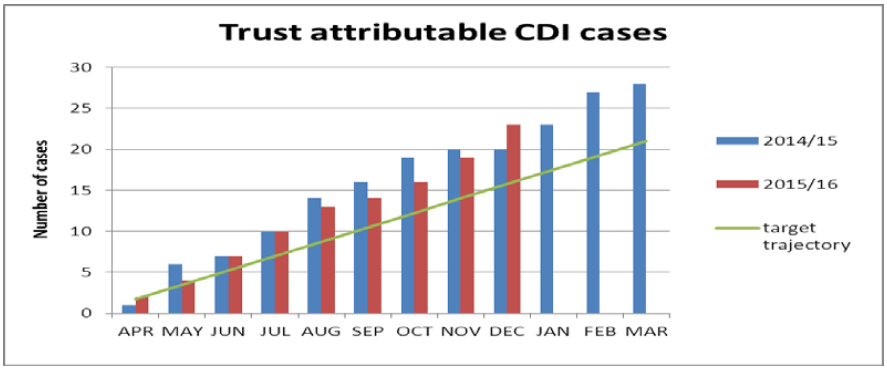
Escherichia coli (*E.coli*) Bacteraemia



There is no national target set for *Ecoli* bacteraemias. For December there was 3 trust attributable cases. To date there have been 23 trust attributable cases for 2015-2016.

Clostridium difficile Infection

Clostridium difficile infection (Trust apportioned)



The graph above shows that there have been 23 cases of C.diff apportioned to the Trust, 4 cases in December.

All Root Cause Analysis (RCA) are sent to the CCG to identify any lapses in care. To date, out of the 23 cases, 17 RCA's have been sent to the CCG. 17 cases have been reviewed and there was 1 lapse in care identified.

CDI patients from April – January 4th 2016

The table below demonstrates the remaining Trust apportioned cases that are awaiting review which is currently 6

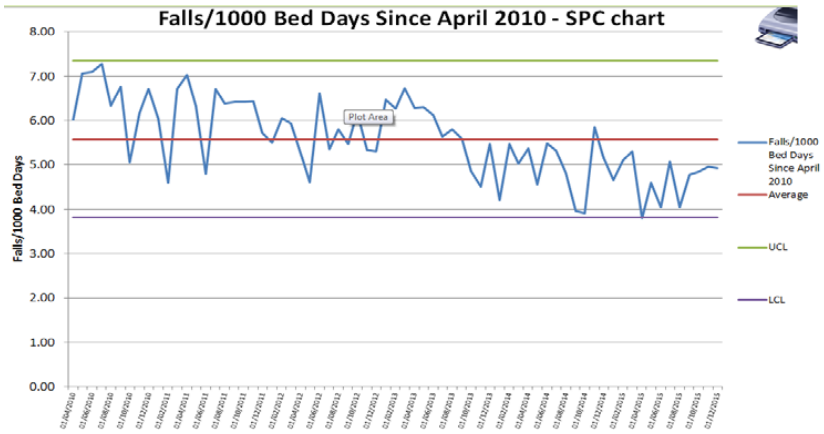
CDI Cases April – January 4th	CDI cases no lapse in care to date	CDI cases lapses in care	CDI cases awaiting review
23	16	1	6

Outbreaks and incidents

No outbreaks of infection were reported in December

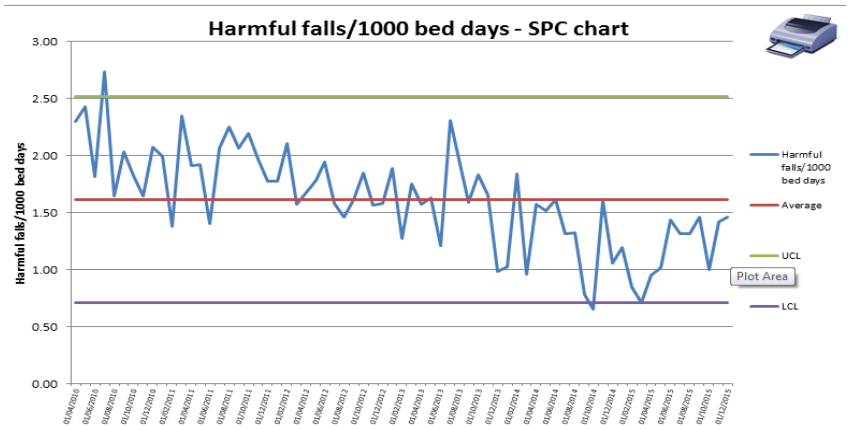
6. Falls Prevention

Maximum of 5.5 falls/1000 bed days (internally set target)



The Statistical Process Chart (SPC) above shows a sustained reduction in falls/1000 bed days. Falls/1000 bed days is below the national average and the (internally set) target.

Maximum of 1.6 harmful falls/1000 bed days (internally set target)



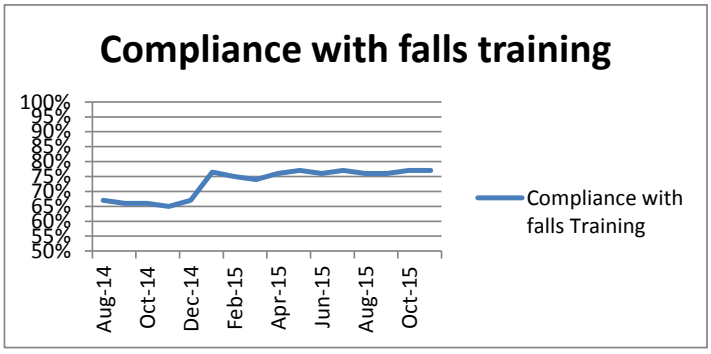
Falls resulting in moderate, severe or catastrophic
Graph above shows the falls/1000 bed days in relation to falls resulting in moderate, severe or catastrophic harm since April 2010. This graph shows an overall ongoing reduction.

Severity of injury	Number of falls last month
Moderate	0
Severe	2
Death	0

This month we reported 2 in-patient falls that caused at least 'moderate' harm. Two patients had a fall resulting in a fractured neck of femur, both are currently under investigation.

Enclosure E

Target: Training 85% compliance

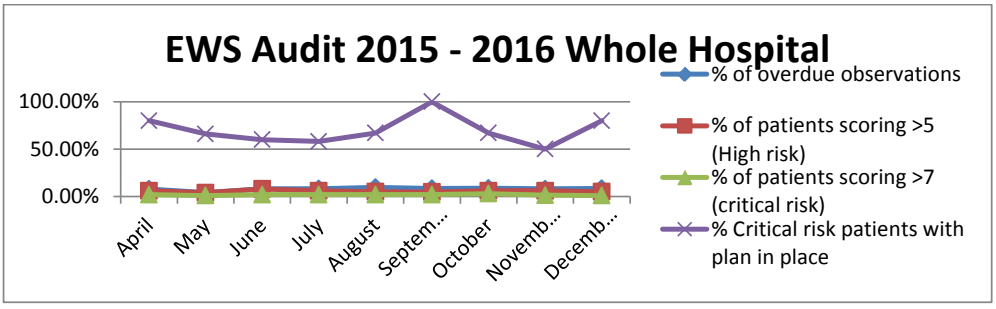


The graph above demonstrates compliance with falls training. Initial improvements have been sustained but there has been little further improvement. Detailed breakdowns are provided to the ward areas and by division, targeted work is implemented if the area is below the compliance level and/or if there has been a fall which resulted in harm

Work is continuing to reduce the falls rate/improve post fall care:

- On-going thematic training as part of cluster days, simulation suite sessions (including neurological observation simulation training sessions for Nurses) and junior doctors training.
- Support/training to wards RAG rated red in completion of the falls risk assessment and/or care plan

7. EWS Compliance



December saw a significant improvement in compliance with the number of patients deemed at risk due to a raised EWS with a plan in place – 80%. Each individual area is identified and asked by the Matron for a progress update on improvement plans, any peri or full arrest situation is reviewed by the Resus team and findings discussed at local and directorate level. This month has seen a deterioration in the number of DNACPR forms not signed by a nurse. This has increased from 8 last month to 14 this month. Overdue observations have seen a deterioration this month at 8.59% 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.

8. Friends and Family Test

Period: November 2015 Department / Ward	Latest Nat. % Recommended (September 15)	NGH % Recommended	Latest Nat. % Not Recommended (September 15)	NGH % Not Recommended	No. of eligibles	Target Response Rate	Response Rate
TRUST TOTAL	**N/A**	**90.6%**	**N/A**	**4.2%**	**42122**	**N/A**	**19.8%**
Inpatient Total	**95.0%**	83.3%	**2.0%**	9.7%	**3109**	**30%**	24.1%
Day Case total	**95.0%**	92.1%	**2.0%**	3.1%	**4036**	**15%**	24.6%
Inpatient & Daycase Total	**95.0%**	88.4%	**2.0%**	6.0%	**7145**	**N/A**	**24.4%**
Maternity Services Total	**95.8%**	97.9%	**1.5%**	0.8%	**1469**	**30%**	25.5%
Accident & Emergency Total	**88.0%**	86.8%	**6.0%**	7.8%	**6917**	**20%**	18.4%
Discharge Lounge	**N/A**	**94.7%**	**N/A**	**0.0%**	**N/A**		
All Outpatient Departments	**92.0%**	91.8%	**3.0%**	2.9%	**26591**	**15%**	18.6%

Comment Themes- November

- From August 2015, when a patient submits a negative free-text opinion, each comment is themed.
- In total, **404** negative comments were themed for November, this is an increase from **346** in October.
- The most prevalent themes for November across the Organisation are Waiting Times, Care (Medical & Nursing) and Communication- these continue to be high.

9. Dementia

Dementia CQUIN

The current compliance against the Dementia CQUIN Indicators is shown below:

Indicator 3a Metrics December 2015

Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
Dementia: Case finding	**90%**		98.6%	98.7%	91.7%
Dementia: Initial diagnostic assessment	**90%**		100.0%	100.0%	100.0%
Dementia: Referral for specialist diagnosis/follow-up	**90%**		100.0%	**88.9%**	**89.5%**

The final quarter-end figures are shown below, against Q1 and Q2 for comparison:

Enclosure E

3a Metrics (quarterly) 2015-16 Year-to-date

Indicator	Target	Q1	Q2	Q3
Dementia: Case finding	**90%**	**90.0%**	**90.0%**	**96.2%**
Dementia: Initial diagnostic assessment	**90%**	**100.0%**	**99.3%**	**100.0%**
Dementia: Referral for specialist diagnosis/follow-up	**90%**	**91.7%**	**97.6%**	**92.1%**

Compliance with the Carer's Survey is shown below:

Indicator 3c Compliance November 2015

Indicator	Target	Trend	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3
% CQUIN Compliance	**90%**		100.0%	100.0%	100.0%	101.3%	100.0%	100.0%
Numerator Value	**25 / month**		25	25	25	76	75	75

In addition to the carers' compliance data, the following narrative responses have been received *(not part of CQUIN monitoring).* The data represents the direct positive / negative response questions.

Indicator 3c Supplementary Data Q3 2015

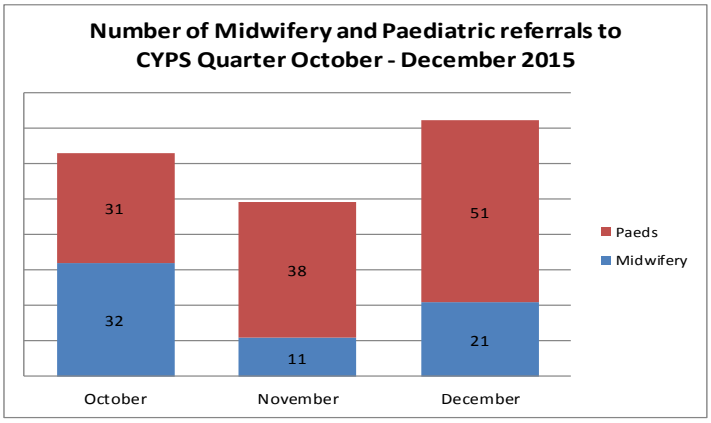
Question		Oct 15	Nov 15	Dec 15
Q1	Do you feel supported?	96%	88%	84%
Q2	Are you involved in assessing the patient's needs?	86%	84%	88%
Q3	Have the specific needs regarding dementia been met?	96%	88%	80%
Q4	Are you involved in ongoing care and treatment planning?	88%	88%	76%
Q5	Are you involved in discharge planning?	86%	82%	80%
Q6	Do you know what will happen next?	88%	78%	78%
Q10	Do you need further support whilst in hospital?	32%	40%	40%
Q11	Have you received the information leaflet?	100%	100%	100%
Q12	Do you know where to get further info and support?	100%	100%	100%

Staff training in dementia continues across the divisions. Owing to fluctuations in the staff groups (leavers and new starters due to recruitment activity); the compliance figure is slightly lower at the end of December at ~70%. A remedial action plan is in place to address this and to end the year >90% compliance. The key approaches included in the plan are:

- Targeted ward-based training;
- Identification of resources to support training (action achieved)
- Accelerated review of training approach to increase sustainability

Safeguarding Children

Safeguarding Children Referrals Q3 2015



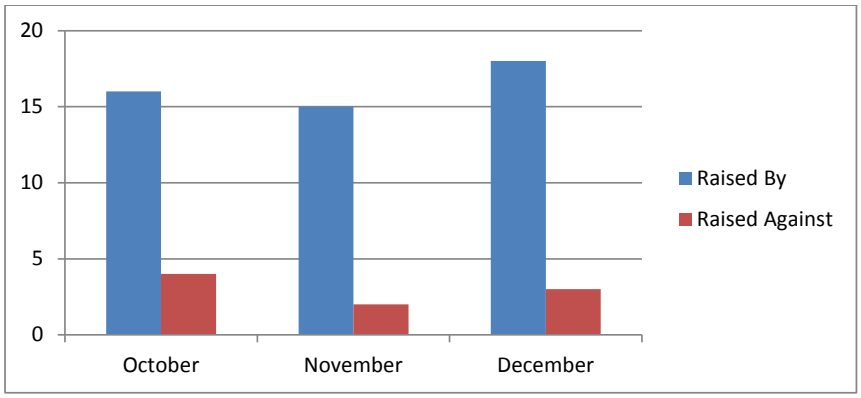
The service continues to monitor the Safeguarding Children referrals. This quarter reflects the National Seasonal Variation.

Children Looked After and Safeguarding CQC Action Plan Progress
Following the CQC visit in March 2015, the Trust has been progressing the resulting recommendations, scrutiny and assurance for which is provided via the Safeguarding Governance Group. All actions for the Trust have been undertaken and the next stage in the process is to quality assure the impact of these actions. A joint peer review is being undertaken in partnership with KGH, NHFT and the CCG in February 2016 to allow us to achieve this. There remains ongoing work across the three providers to address one outstanding action in relation to Speech and Language Therapy.

Serious Case Reviews
There are no further updates to existing Serious Case Reviews, however in forthcoming weeks the Local Safeguarding Children's Board will be receiving two reports that are currently being authored. NGH involvement in each case was limited, and learning from these reviews will be overseen via the Safeguarding Governance Group.

Adult Safeguarding

Adult Safeguarding Referrals Q3 2015



The majority of referrals ***raised by*** NGH in Q.3, 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.

Enclosure E

For the referrals ***raised against*** NGH, these have been, or are currently being investigated in line with the Multi-Agency procedures. Of the completed investigations, in four cases, there were areas for the Trust to improve, or to acknowledge omissions. These referrals were partially substantiated. Two referrals were not substantiated, and three are ongoing.

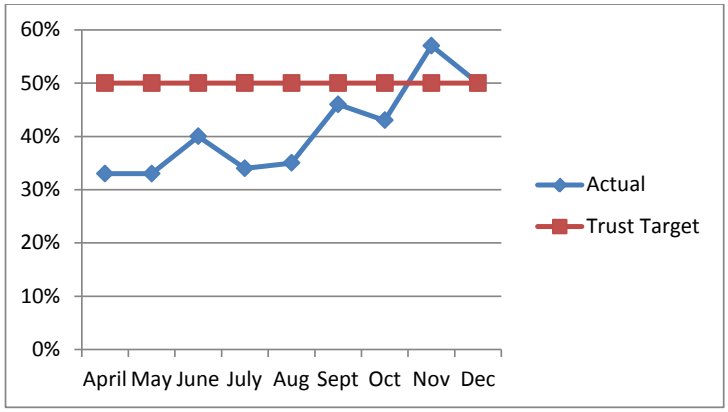
Deprivation of Liberty Safeguards
The Trust granted **72 urgent authorisations** under DOLS in the period October - December 2015. The bias between the Divisions remains, as expected, towards Medicine, with only three of the DOLS required in Surgery.

National / Local Multi-Agency Activity
Local Activity
The review Ofsted inspection of the Local Safeguarding Children's Board (LSCB) partnership is anticipated at the end of January 2016. All divisions are preparing for inspection, which will include site visits / case reviews by the inspectors.

10. End of Life Care

In the month of December, 50% of patients who died at NGH had an individualised plan of care. Although the target of 50% has been achieved, the figure has fallen from last month (see graph below). The Specialist Palliative and End of Life Care Team will continue to support teams in care planning for patients and their family once the patient's details are brought to the daily patient safety huddle. This does rely on teams recognising when a patient is likely to die in the next few days. Recognition of a dying person is now a larger part of the internal End of Life Care training at NGH

Percentage of patients with a Dying Person Care Plan



The AMBER Care Bundle (term used for those patients who are nearing the end of their life) has now been introduced on the following wards:

- Knightley
- Holcot
- Eleanor
- Talbot Butler
- Becket
- Creaton

AMBER Care will be introduced on Dryden Ward on January 18th following a baseline audit and two weeks of ward based training facilitated by the End of Life Care Team. There are 3 AMBER Care Champions identified and supported by Ward Manager and the End of Life Care Team.

11. Safe Nurse Staffing

It is an ongoing requirement of NHS England that all NHS Trust Boards receive a monthly report relating to nurse staffing levels. This report provides an overview of the staffing levels in December 2015 and highlights the mitigation put in place to address any gaps in fill rate and addresses the rationale for the gaps that have been identified.

Overall fill rate for December 2015 was 100%, compared to 105% in November and 97% in October. Combined fill rate during the day was 97% compared with 105% in November and 92% in October. For the night 106% compared with 107% in November and 106% in October. RN fill rate during the day was 91% and for the night 94%.

12. December 2015 safe staffing

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.

13. Safe Midwifery Staffing for Maternity Settings (NICE 2015)

In November 2015, a retrospective review of midwifery establishments using the NICE guidance (Safe Midwifery Staffing for Maternity Settings, February 2015) was undertaken.

Retrospective data was collected between October 2014 – October 2015 from the Maternity Clinical System (Medway) to determine the activity, acuity and numbers of interventions undertaken. Improvements in service provision over the last year were considered to identify alterations in staff requirements and skill mix. The 'sense check' included professional judgement; gauging the overall position of the Maternity Services, dashboard data regarding outcomes and target standards including any known gaps in service or significant shortfalls.

Overall the midwifery and maternity support worker establishment met the needs of the service. A shortfall of 2wte midwives was identified within the Maternity Day Unit. This is as a result of the Midwife led scan clinics that were implemented in 2015. This initiative supports the use of the Personalised foetal growth charts and the increase in the requirement for timely scans within the pathway. A formal review of antenatal outpatient resources will be undertaken to explore the potential to work differently and utilise our midwifery establishment within these areas more effectively, alternatively the midwifery establishment would need an increase by 2wte.

The next steps are to undertake a prospective review of services in February 2016, which will align with the General Hospital Safer Nursing Care Tool. At the same time, the projected births will be calculated to predict the maternity care hours required for the next 6 months. This will complete the review of Maternity Services establishment; the exercise will be repeated in 6 months by which time the Maternity Red Flag events will be recorded on the Datix system allowing further scrutiny of the impact of staff allocation. The Committee will be updated in October 2016.

14. Update on Womens, Childrens & Oncology division safe staffing data

Following the Trust Board meeting in December further scrutiny was requested from Womens, Childrens & Oncology division regarding the Safe Staffing data for November. In November 2015 the Womens & Childrens' Services demonstrated a fill rate less than 80% for unregistered care workers in Maternity and Child Health.

In Maternity the reduction to 78.4% was on night duty. Maternity have 5wte vacancy for Maternity Support Workers (MSW), but the shortfall also includes maternity leave and sickness. There is a continuous recruitment campaign for MSWs and a robust training package for them once new staff arrive including both Trust and Maternity Induction. In December an improvement was seen with a fill rate of 84.2% in the day and 80.6% at night.

In Child Health, the picture is similar with 64.7% of unregistered Health Care Workers on day duty. Ongoing recruitment and management of sickness continues. An improvement was seen on night duty to 87.9% in November.

There were 2 red flag events reported associated with staffing levels in November 2015. Paddington Ward reported a red flag in relation to a missed medication and Talbot Butler in relation to a delay in regular check, positioning a patient. Both were no harm events.

15. Data Quality Review

Allocate-Insight – Review of Baseline Roster Assessment Report

In September 2015 Allocate Software presented an overview of their Insight Service which combines data analysis, national comparisons and detailed narrative to reveal opportunities that improve workforce utilisation and planning.

The Baseline Rostering Assessment for the roster period 29th June to 26th July 2015 provided a detailed breakdown of 6 key rostering indicators to give an understanding of the performance of rostering across the Trust.

As well as providing headline Trust-wide figures for each indicator, the assessment also provided an internal comparison analysis across the Trust to highlight differing levels of performance against each indicator and external comparators to demonstrate possible stretch goals.

However, since this review the majority of the Trust has now moved to a two shift pattern. Therefore some of the original findings are not applicable. There are still areas for improvement which will be monitored through the Divisional weekly E-Roster meetings.

16. Safe Staffing data comparison across the Midlands & East

Safe Staffing fill rate data is collated across the East Midlands by NHS England* (appendix 2). The historical data illustrates the challenges previously faced by Northampton General Hospital in achieving a satisfactory RN Day fill rate %. Hence the data quality review which has been reported previously at this sub committee.

The combined impact of the data quality review, key focussed recruitment strategy and robust staff moves and escalation policy have led to an improvement in the RN day fill rate. The Trust has seen a sustained improvement in the key metric since October 2015.

RN Day Fill Rate %

Month	RN Fill Rate %
October 2015	87.1
November 2015	106
December 2015	91

Furthermore the overall fill rate has also shown a sustained improvement.

Overall Fill Rate %

Month	Overall Fill Rate %
October 2015	96.8
November 2015	105
December 2015	100

17. Bank and Agency usage for month of November & December 2015

Bank and agency usage decreased in December 2015. A total of 120 WTE RN shifts were filled with an overall shift fill rate of 81%. Of the RN shifts that were requested 58% were to cover establishment vacancies. Of the RN temporary staffing workforce 42% was filled by agency staff.

A total of 162 WTE bank and agency HCA shifts were filled, with an overall shift fill rate of 87%. Of the HCA shifts that were requested 46% were to support the care of patients with enhanced care needs and 33% were to cover establishment vacancies.

18. Current recruitment and retention initiatives

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

19. 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.

20. Recommendations

The 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.

*NHS England East Midlands use a variation of the RAG originally launched with the Safe Staffing data

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**
Title of the Report	**Financial Position Month 9**
Agenda item	**9**
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 December 2015/16.

Executive summary

- The I&E position for the period ended December (M9) is a deficit of £16.6m, £0.16m favourable to plan.
- SLA income exceeded forecast in December compensating for higher than anticipated levels of expenditure compared to forecast.
- Pay costs remained at a run rate of £15.7m in December, although enhancements for December will be reported and paid in January.
- The recorded level of RN agency fell to 9% in December but remains above the TDA required ceiling of 8%.
- DH approved an £18.851m Interim Revenue Support Loan and a further £9.3m Capital Loan in January.
- There remains risk in delivering the year end control total deficit which needs to be managed in Q4 through a formal action plan.

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 Impact Assessment	N/A

Legal implications / regulatory requirements	NHS Statutory Financial Duties
Actions required by the Trust Board The Board is asked to note the report and recommendations in support of delivering the required I&E target of £20.4m deficit by the financial year end.	

Northampton General Hospital NHS
NHS Trust

Financial Position
Month 9 FY 2015/16

Report to
Board of Directors
January 2016

Enclosure F

1. Overview

	RAG	This Month Dec 15	Last Month Nov 15	Change
Statutory Financial Duties				
3 year Cumulative I&E Breakeven duty (£000's)	▼	(25,953)	(23,331)	(2,622)
Achieving EFL (£000's)	◆	26,761	26,761	0
Capital Cost Absorption Duty (%)	◆	3.5%	3.5%	0
Achieving the Capital Resource Limit (£000's)	◆	19,057	19,057	0
Financial Sustainability Risk Rating	◆	1.0	1.0	0.0
I&E Position				
Actual in Month Position (£000's)	▼	(2,621)	(1,301)	(1,320)
Forecast in Month Position (£000's)	▼	(2,971)	(979)	(1,992)
Actual Year to Date Position (£000's)	▼	(16,609)	(13,987)	(2,622)
Forecast Year to Date Position (£000's)	▼	(16,770)	(13,799)	(2,971)
Forecast End of Year I&E Position (£000's)	▼	(22,442)	(21,638)	(804)
EBITDA %	▼	-2.9%	-2.4%	-0.5%
Income				
NENE CCG Variance to plan - YTD (£000's)	▲	(469)	(1,284)	814
MRET Penalty - Gross (£000's)	▼	(2,777)	(2,341)	(436)
Readmissions Penalty - Gross (£000's)	▼	(2,102)	(1,827)	(275)
Contract Fines & Data Challenges (£000's)	▼	(480)	(417)	(63)
Elective variance to plan (£000's)	▼	(1,537)	(1,437)	(100)
Daycase variance to plan (£000's)	▲	815	170	645
Non-Elective variance to plan (£000's)	▲	1,269	1,249	20
Outpatients variance to plan (£000's)	▲	1,873	1,036	837
Operating Costs				
Pay Expenditure (£000's)	▲	15,702	15,753	51
Agency Staff Costs (£000's)	▲	1,418	1,508	90
Agency Staff Cost (%)	▲	9.0%	9.6%	0.5%
RN Agency % (Ceiling 8%)	▲	9.1%	10.0%	0.9%
Non-Pay - Clinical (£000's)	▲	5,332	5,459	127
Non-Pay - Other (£000's)	▲	2,601	2,665	64
Cost Improvement Schemes				
Year to Date Actual (£000's)	▲	8,549	7,515	1,034
Year to Date Plan (£0o0's)	▲	7,921	6,676	1,245
Forecast Delivery (£000's)	▼	12,201	12,622	(421)
Annual CIP Target (£'000s)		12,125	12,125	0
Capital				
Year to date expenditure (£'000s)	◆	11,681	10,178	1,503
% of annual plan Committed	◆	79%	76%	2.5%
Annual Capital Expenditure Plan (£000's)		19,352	19,352	0
Cash				
In month movement (£000's)	▲	956	(2,822)	3,778
In Year movement (£000's)	▲	4,646	3,690	956
New PDC / Temporary borrowing (£000's)	▼	16,500	14,800	1,700
Debtors Balance > 90 days (£000's)	◆	441	441	0
Creditors % > 90 days	◆	0%	0%	0%
Cumulative BPPC - by volume (%)	◆	99.2%	99.5%	-0.3%

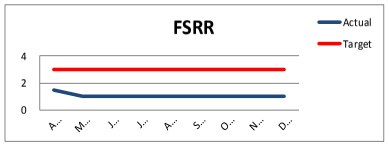
Key issues for this report

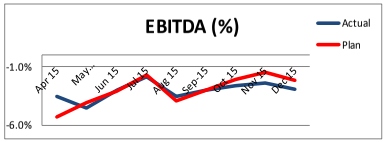
The I&E position for the period ended December (M9) is a deficit of £16.6m, £0.16m favourable to plan. SLA income exceeded forecast in December compensating for higher than anticipated levels of expenditure compared to forecast. Pay costs remained at a run rate of £15.7m in December , although enhancements for December will be reported and paid in January. The recorded level of RN agency fell to 9% in December but remains above the TDA required ceiling of 8%. In January, the Trust has received formal DH approval of £18.851m Interim Revenue Support Loan and a further £9.3m Capital Loan. There remains risk in delivering the year end control total deficit which needs to be managed in Q4.

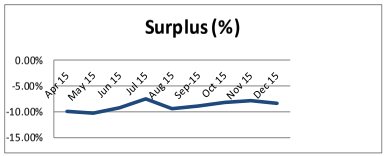
- The I&E position is measured against the revised year end stretch target of £20.4m (improvement of £0.8m to original plan).
- The TDA have issued guidance requiring Trust to implement a range of Financial Recovery actions to ensure FY 15-16 year end targets can be delivered.
- To reduce risk consideration of agreement of a year end settlement with NENE CCG should be considered.
- RN agency costs fell to their lowest level in FY15-16 in December.
- 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 cumulative breakeven duty target for recovery now stands at £25.9m.
- Subject to Board approval in January, the Trust has secured revenue support loans of £18.851m which will be used in part to repay the temporary borrowing facility utilised to date. No further cash support will be made available in FY15-16.
- DH have also formally approved the Trusts ITFF loan application for £9.3m to support Imaging equipment replacement, expansion and the Inventory project (subject to NGH Board approval in January).

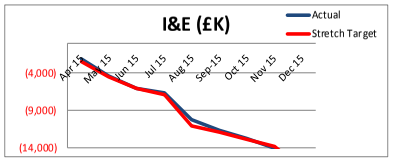
2. Financial Performance KPI Trend Analysis

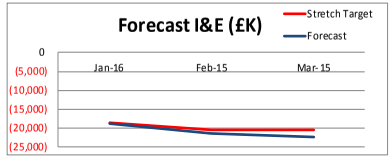
1. Key Metrics

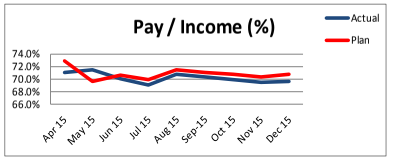




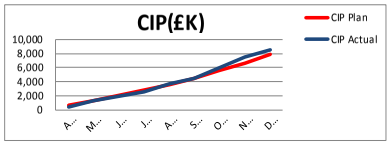


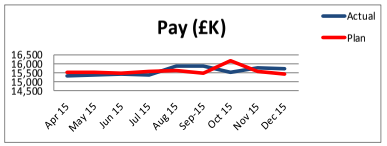


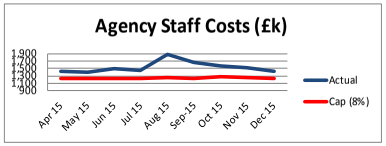


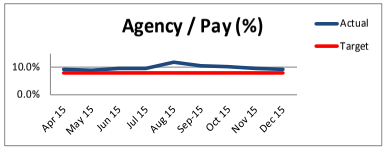


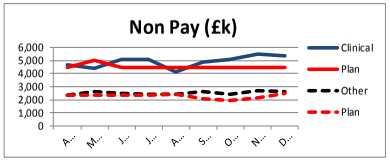
2. I&E Performance

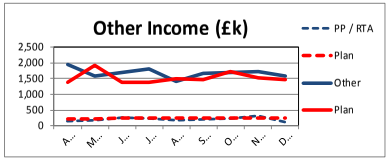




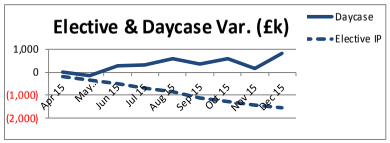


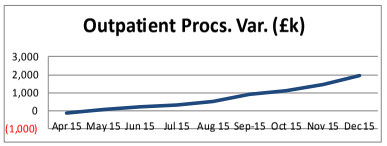


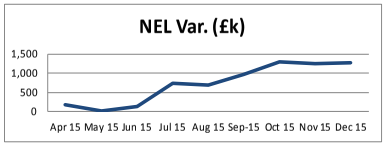


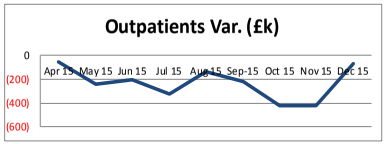


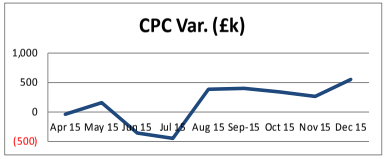
3. SLA Income

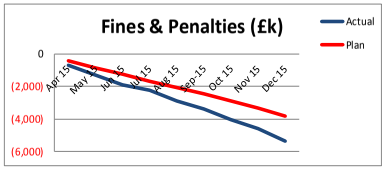




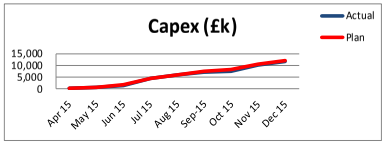


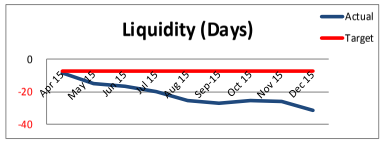


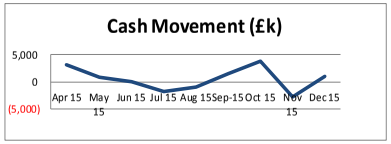


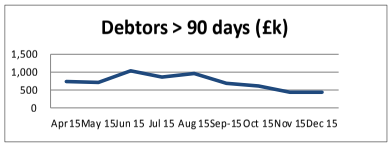


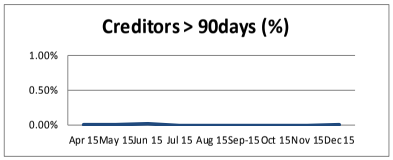
4. Working Capital

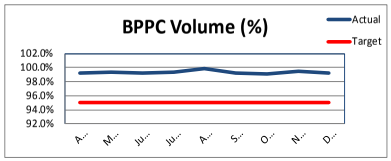












3. Income and Expenditure Position

I&E Summary	Actual FY14-15	Annual Plan	YTD plan	YTD Actual	Variance to Plan	Dec 15	Nov 15
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SLA Clinical Income	239,776	245,555	182,608	184,179	1,571	20,382	21,652
Other Clinical Income	2,422	2,904	2,178	1,876	(302)	129	320
Other Income	23,810	17,998	13,650	15,119	1,469	1,590	1,715
Total Income	266,007	266,457	198,436	201,173	2,737	22,101	23,688
Pay Costs	(180,225)	(186,691)	(140,343)	(140,195)	147	(15,702)	(15,753)
Non-Pay Costs	(86,832)	(81,849)	(61,197)	(66,810)	(5,613)	(7,933)	(8,124)
CIPs		0	0	0	(0)	0	0
Reserves/ Non-Rec		(1,710)	(1,140)	0	1,140	0	0
Total Costs	(267,057)	(270,250)	(202,680)	(207,006)	(4,326)	(23,635)	(23,877)
EBITDA	(1,050)	(3,794)	(4,244)	(5,832)	(1,588)	(1,534)	(189)
Depreciation	(11,407)	(11,947)	(8,885)	(7,750)	1,136	(730)	(730)
Amortisation	(11)	(16)	(12)	(12)	0	(1)	(1)
Impairments	(3,338)	0	0	2,267	2,267	0	0
Net Interest	27	(516)	(470)	(237)	232	(55)	(46)
Dividend	(4,332)	(4,316)	(3,237)	(2,991)	246	(332)	(376)
Surplus / (Deficit)	(20,111)	(20,588)	(16,848)	(14,555)	2,292	(2,653)	(1,343)
NHS Breakeven duty adjs:							
Donated Assets	248	155	78	213	135	32	42
NCA Impairments	3,338	0	0	(2,267)	(2,267)	0	0
I&E Position (breakeven duty)	(16,525)	(20,433)	(16,770)	(16,609)	161	(2,621)	(1,301)

I&E Performance

- Financial performance for the period ended December 2015/16 is a normalised deficit of £16.609m, £161k fav. to the planned deficit of £16.770m for the same period.
- Pay expenditure run rate remained stable at £15.7month on month, despite a reduction in agency staff costs of £90k overall.
- SLA performed strongly in December is now £2.73m fav. to plan overall (last month £1.62m fav). Tariff excluded medicines income £2.194m fav. to plan and excluded devices £598k fav. to plan.
- Pay expenditure is £147k (£418k) fav. to plan with Non-Pay expenditure £5.613m (£4.634m) adv. to plan.
- 9 months of the planned contingency reserve have been allocated for the year to date (£1.1m fav).
- Latest Run Rate forecast (unmitigated) is for a deficit of £22.4m subject to risk (see Stretch Target report).
- The in year deprecation charge is £1.1m fav. to plan reflecting the revised Modern Equivalent Asset basis of asset valuation and asset lives adopted in October.
- Interest charges will start to increase as new loans are drawn down to repay temporary borrowing and fulfil capital commitments.

Key issues

SLA Income

- Underling position is £3.1m fav.to plan offset by requirement to make provision for potential fines and penalties of £5.3m for the YTD.
- EL IP activity £1.537m (12%) below plan for year to date. (Last month £1.437m or 12%)
- Daycase activity £815k (5%) above plan for the year to date. (Last month £170k (1%) above plan).
- NEL activity 2.3% above plan for period to date giving rise to MRET penalty exposure. NEL excess bed day income 20% above plan (Last month 19%).
- 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 £1.3m adv. to plan pending Q2 performance review against new targets and contract variation for Urgent Care CQUIN.

Other Income

- Private Patient income £283k adverse to plan. (Last month £197k adv.).
- RTA income £19k adv. to plan. (Last month £69k adv.).
- Income / Other Generation £1.46m fav. to plan led by external drug sales and recharges to Charitable funds.

Pay

- Total agency staffing costs 11% (£13.7m) of the total pay bill for the period to December (see Appendix 1).
- RN Agency 9% (10.02%) of RN pay in December (ceiling 8%).
- Medical staff ADH costs £131k in December (last month £175k).
- Nursing pay expenditure £1.26m (2.3%) fav. to plan overall (last month £1.164m fav.).

Non-Pay

- Drugs £2.7m adv. to plan due to high level of Excluded medicines offset by additional income from Commissioners and unplanned external drug sales to NHFT earlier in year.
- Prosthesis £361k fav. to plan.
- Energy £555k (was £482k) fav. to plan.
- Consultancy Fees £458k adv. to plan.
- Office equipment £128k adv.to plan.
- Building and engineering £274k adv. to plan.

3.1 Run Rate Income & Expenditure Forecast (M9+3)

	Outturn 2014/15 £000's	Original Plan 2015/16 £000's	Month 1 £000's Apr	Month 2 £000's May	Month 3 £000's Jun	Month 4 £000's Jul	Month 5 £000's Aug	Month 6 £000's Sep	Month 7 £000's Oct	Month 8 £000's Nov	Month 9 £000's Dec	Month 10 £000's Jan	Month 11 £000's Feb	Month 12 £000's Mar	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	21,652	20,382	20,473	19,978	21,354	**245,984**
Other Clinical Income	2,422	2,904	147	185	251	232	170	201	241	320	129	210	200	220	**2,506**
Other Income	23,810	17,998	1,966	1,588	1,682	1,798	1,419	1,662	1,699	1,715	1,590	1,600	1,546	1,700	**19,965**
Total Income	**266,007**	**266,457**	**21,594**	**21,442**	**22,782**	**23,236**	**20,192**	**23,250**	**22,891**	**23,688**	**22,101**	**22,283**	**21,724**	**23,274**	268,456
Pay Costs	(180,225)	(186,691)	(15,343)	(15,395)	(15,414)	(15,369)	(15,850)	(15,849)	(15,520)	(15,753)	(15,702)	(15,800)	(15,700)	(15,700)	**(187,396)**
Non-Pay Costs	(86,832)	(81,849)	(7,012)	(7,024)	(7,614)	(7,495)	(6,591)	(7,511)	(7,506)	(8,124)	(7,933)	(7,600)	(7,500)	(7,600)	**(89,510)**
Reserves		(1,710)													
Total Costs	**(267,057)**	**(270,250)**	**(22,355)**	**(22,419)**	**(23,028)**	**(22,865)**	**(22,440)**	**(23,360)**	**(23,026)**	**(23,877)**	**(23,635)**	**(23,400)**	**(23,200)**	**(23,300)**	(276,906)
EBITDA	**(1,050)**	**(3,794)**	**(762)**	**(978)**	**(246)**	**371**	**(2,249)**	**(110)**	**(135)**	**(189)**	**(1,534)**	**(1,117)**	**(1,476)**	**(26)**	(8,450)
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)	(55)	(55)	(55)	(55)	**(400)**
Dividend	(4,332)	(4,316)	(364)	(356)	(360)	(360)	(360)	(360)	(125)	(377)	(332)	(326)	(326)	(326)	**(3,971)**
Surplus / (Deficit)	**(20,111)**	**(20,588)**	**(2,170)**	**(2,351)**	**(1,642)**	**(621)**	**(3,569)**	**(1,437)**	**(3,303)**	**(1,343)**	**(2,653)**	**(2,229)**	**(2,588)**	**(1,138)**	(25,045)
Breakeven Assessment:															
Donated Asset adjustment	248	268	42	42	42	(12)	(20)	42	2	42	32	42	42	42	337
Impairments	3,338								2,267						2,267
I&E Position (month)			**(2,128)**	**(2,309)**	**(1,600)**	**(633)**	**(3,589)**	**(1,395)**	**(1,035)**	**(1,301)**	**(2,622)**	**(2,187)**	**(2,546)**	**(1,096)**	**(22,442)**
I&E Position (Cum)	**(16,525)**	**(20,320)**	**(2,128)**	**(4,438)**	**(6,038)**	**(6,670)**	**(10,259)**	**(11,654)**	**(12,686)**	**(13,987)**	**(16,609)**	**(18,796)**	**(21,342)**	**(22,442)**	

Key Issues

- Run Rate forecast gives rise to indicative I&E deficit of £22.4m by the financial year end. (£2.0m 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 £194m above (including £665k Tranche 1 Winter Funding).
- Development of Q4 management plan required to be implemented by TDA to ensure control total of £20.4m deficit is delivered.

Key Metrics	YTD £000's	EOY £000's
Run Rate Forecast	(16,609)	(22,442)
Revised Plan (£800k stretch)	(17,669)	(20,433)
Original Plan	(16,963)	(21,217)

Average Run Rates:	YTD	YTG
Income	22,353	22,427
Pay	(15,577)	(15,733)
Non-Pay	(7,423)	(7,567)
I&E	(1,846)	(1,943)

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		86,988	85,467	(1,521)	9,506	9,510	4
Block / CPC		1,922,870	2,036,784	113,914	41,508	42,054	546
CQUIN		-	-		4,188	2,906	(1,281)
Day Cases		27,773	29,462	1,689	16,808	17,623	815
Elective		4,968	4,295	(673)	13,294	11,757	(1,537)
Elective XBDs		1,622	1,728	106	368	411	44
Excluded Devices		68	1,304	1,236	907	1,505	598
Excluded Medicines		-	-		13,083	15,277	2,194
Non-Elective		31,320	32,035	716	50,033	50,271	238
Non-Elective XBDs		22,763	27,373	4,610	4,879	5,910	1,031
Outpatient First		48,160	43,886	(4,274)	7,453	7,201	(253)
Outpatient Follow UP		149,927	150,260	333	13,830	14,014	184
Outpt Procedures		87,233	101,444	14,211	11,463	13,405	1,941
Other Central SLA Income					(1,802)	(2,306)	(503)
CIPs					904		(904)
Total SLA Income (before fines		**2,383,691**	**2,514,038**	**130,347**	**186,420**	**189,538**	**3,118**
Fines & Penatlies							
Contract Penalties	2WW				-	(5)	(5)
Contract Penalties	31 Day				-	-	-
Contract Penalties	62 Day				-	(65)	(65)
Contract Penalties	A&E				-	(280)	(280)
Contract Penalties	Cancelled Operations				-	(24)	(24)
Contract Penalties	CDIFF				-	-	-
Contract Penalties	MRSA				-	(10)	(10)
Contract Penalties	RTT - Incomplete				-	(95)	(95)
MRET	MRET				(1,933)	(2,777)	(844)
Readmissions	Readmissions				(1,878)	(2,102)	(224)
Sub-Total Fines & Penalties					**(3,811)**	**(5,359)**	**(1,548)**
Grand Total SLA Income					**182,608**	**184,179**	**1,571**

Key issues

Summary
£1,571k favourable to plan

Total SLA Income showing £1,571k favourable position to plan; c£2.7m relates to excluded items with a direct cost impact and therefore the underlying position is c£1.1m adverse.

Blocks / CPC
£546k favourable to plan

Pathology (£194k) and Radiology (£306k) direct access over performance against planned levels.

CQUIN
£1,281k adverse to plan

The CQUIN has been reconciled up to the end of Q2. The variance relates to the urgent care CQUIN which doesn't have any partial payments and the achievement will be determined in Q4 and therefore this variance may be significantly reduced.

Day Case & Elective Inpatients
£722k 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
£1,873k ahead of plan

Outpatient procedures are ahead of plan; some of this has been challenged as unauthorised coding and counting changes where improvements in coding have been made outside of the policies and timelines. Ophthalmology is the area with the most over performance.

Fines & Penalties
£1,548k adverse to plan

As non-elective activity and bed days continue to over perform, there is a corresponding increase in MRET and readmissions. There are contractual penalties for missing the A&E 4 hour transit time (£280k) and breaching the 62 day cancer pathway (£65k).

4.1 SLA by Commissioner

Commissioner	Finance £000's Annual Plan	YTD Plan	Actual	Variance	% Var
Nene CCG	192,677	143,271	144,947	1,676	1%
Nene CCG - Not in Contract Value	3,073	2,310	165	(2,145)	
Corby CCG	3,037	2,258	1,957	(300)	-13%
Bedfordshire CCG	443	329	481	152	46%
East Leicestershire & Rutland CCG	527	397	467	71	18%
Leicester City CCG	99	73	36	(36)	-50%
West Leicestershire CCG	62	47	51	3	7%
Milton Keynes CCG	2,680	1,985	1,930	(55)	-3%
SCG	30,089	22,428	24,000	1,572	7%
SCG - Not in Contract Value	150	113	-	(113)	
Herts & South Midlands LAT	6,667	4,981	5,467	486	10%
Cancer Drug Fund	2,810	2,107	2,362	255	
NCA	2,961	2,210	3,020	810	37%
Central (Contingency, Central provisions & adj)	(1,112)	(803)	(704)	98	
CIPs	1,286	904		(904)	
				-	
Total SLA Income	**245,450**	**182,608**	**184,179**	**1,571**	

An underlying level of income is required of c.£245m at the end of the year to enable the Trust to achieve it's control total . The identified income risks of being able to achieve this position are:

- Achievement of the urgent care CQUIN
- The elective activity in Q4 and the impact of winter and use of escalation areas
- The impact on elective and outpatient activity as a result of the junior doctors strike
- The level of challenges from Commissioners; additional coding and counting challenges have been received in Month 9.
- Prior year disputes.

Consideration should be given to the agreement of a year end settlement with key Commissioners which allows the Trust to meet its targets and minimises the risks identified above.

Key issues

Nene Contract £1,676k over performance

Nene CCG's contract continues to show an over performance, the key drivers of this are: QIPP, emergency excess bed days, excluded medicines and outpatient procedures. Offsetting this is under performance on elective and CQUIN (which may improve in Quarter 4 if the urgent care CQUIN is achieved).

Nene Internal Plan Net impact £469k behind plan

The annual internal expected income from Nene CCG is over and above the contract value by c.£3m to include non-delivery of QIPPs and winter into April; the net effect of this at month 9 is £469k under performance driven by CQUIN and elective under performance.

Corby CCG £300k adverse to plan

Corby CCG is underperforming against plan due to non-elective underperformance and excluded medicines being behind plan, which is now being allocated out on a patient level and charged to Nene CCG.

Specialised Commissioner £1,572k favourable to plan

The specialised commissioner's contract is above plan by £1,572k; which is driven by excluded medicines (£1m) and elective activity (£0.3m).

Non Contracted Activity (NCA) £810k ahead of plan

The majority of this relates to charging other maternity providers outside of the pathway payment; however these have not been paid and remain a risk and there is some central provision to account for this. The other element relates to the increased activity being captured and recharged as part of the data completeness changing care theme.

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		6,053	6,052	(1)	5,679	5,679
IN YEAR MOVEMENTS		9,691	11,200	1,509	20,004	20,004
LESS DEPRECIATION		(7,019)	(7,750)	(731)	(9,940)	(9,940)
NET BOOK VALUE	**143,465**	**152,190**	**152,967**	**777**	**159,208**	**15,743**
CURRENT ASSETS						
INVENTORIES	5,961	5,231	5,246	15	6,000	39
RECEIVABLES						
NHS RECEIVABLES	5,036	8,230	8,890	660	7,141	2,105
OTHER TRADE RECEIVABLES	1,437	996	927	(69)	1,500	63
RECEIVABLES IMPAIRMENTS PROVISION	(455)	(206)	(206)		(350)	105
CAPITAL RECEIVABLES						
NON NHS OTHER RECEIVABLES	216	543	781	238	250	34
COMPENSATION RECEIVABLES (RTA)	2,677	2,651	2,599	(52)	2,750	73
SALARY OVERPAYMENTS	499	552	551	(1)	500	1
SALARY SACRIFICE SCHEMES	427	491	505	14	577	150
OTHER RECEIVABLES	474	417	510	93	524	50
IRRECOVERABLE PROVISION	(851)	(851)	(851)		(875)	(24)
PREPAYMENTS	1,666	3,163	3,346	183	1,800	134
SUB TOTAL	11,126	15,986	17,052	1,066	13,817	2,691
NON CURRENT ASSETS FOR SALE		375	375			
CASH	1,114	4,804	5,760	956	1,500	386
CURRENT ASSETS	**18,201**	**26,396**	**28,433**	**2,037**	**21,317**	**3,116**
CURRENT LIABILITIES						
NHS PAYABLES	442	2,510	2,787	277	500	58
TRADE PAYABLES REVENUE	1,289	3,178	2,419	(759)	5,982	4,693
TRADE PAYABLES FIXED ASSETS	2,157	2,807	3,190	383	4,056	1,899
TAX AND NI OWED	3,301	3,423	3,462	39	3,500	199
NHS PENSIONS AGENCY	2,182	2,247	2,266	19	2,300	118
OTHER PAYABLES	407	339	329	(10)	400	(7)
SHORT TERM LOANS - DH	159	14,959	16,659	1,700	19,843	19,684
SHORT TERM LOANS - NON DH	208	188	188		158	(50)
ACCRUALS	6,441	7,599	8,419	820	5,600	(841)
RECEIPTS IN ADVANCE	1,777	1,714	4,375	2,661	1,500	(277)
PDC DIVIDEND DUE		598	988	390		
STAFF BENEFITS ACCRUAL	721	721	721		650	(71)
PROVISIONS	1,396	822	783	(39)	1,359	(37)
CURRENT LIABILITIES	**20,480**	**41,105**	**46,586**	**5,481**	**45,848**	**25,368**
NET CURRENT ASSETS / (LIABILITIES)	**(2,279)**	**(14,709)**	**(18,153)**	**(3,444)**	**(24,531)**	**(22,252)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**141,186**	**137,481**	**134,814**	**(2,667)**	**134,677**	**(6,509)**
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year		1,410	1,395	(15)	1,369	1,369
LOANS over 1 year DH	1,431	4,836	4,836		8,511	7,080
LOANS over 1 year NON DH	248	147	147		181	(67)
PROVISIONS over 1 year	1,072	1,081	1,081		1,237	165
NON CURRENT LIABILITIES	**2,751**	**7,474**	**7,459**	**(15)**	**11,298**	**8,547**
TOTAL ASSETS EMPLOYED	**138,435**	**130,007**	**127,355**	**(2,652)**	**123,379**	**(15,056)**
FINANCED BY						
PDC CAPITAL	119,240	119,240	119,240		119,240	
PDC TEMPORARY BORROWING						
REVALUATION RESERVE	35,879	39,016	39,016		39,016	3,137
I & E ACCOUNT BALANCE	(16,684)	(16,347)	(16,347)		(16,347)	337
I & E CURRENT YEAR		(11,902)	(14,554)	(2,652)	(18,530)	(18,530)
FINANCING TOTAL	**138,435**	**130,007**	**127,355**	**(2,652)**	**123,379**	**(15,056)**

Key Movements

Non Current Assets

•Increase of £0.8m

•EOY position includes the additions related to loans for replacement imaging equipment, NPfIT systems and stock/inventory which are all subject to DH approval. We are currently awaiting confirmation from DH to include in the M9 monitoring return.

Current assets

•Increase in NHS Receivables £0.7m

•Increase in Cash of £1.0m

•Increase in Prepayments of £0.2m

•Increase in Other Receivables of £0.2m

Current Liabilities

•Increase in NHS Payables of £0.3m

•Decrease in Trade Creditors of £0.8m

•Increase in Trade Payables Fixed Assets £0.4m

•Increase in Accruals of £0.8m

•Increase in Receipts in Advance of £2.7m - £2.5m relates to Jan invoices paid in December

•Increase in PDC Dividends Due of £0.4m

•Increase in Short Term Loans of £1.7m

Financing

•Deficit in month of £2.7m

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, the TDA have confirmed we can fully access £18.9m cash in year. The revolving working facility is being replaced by a short term loan with a lower interest rate of 1.5% (was 3.5%).

6. Capital Expenditure

Capital Scheme	Plan 2015/16 £000's	M9 Plan £000's	M9 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	4,150	4,139	-11	92%	4,430	99%
Replacement Imaging Equipment (Approved)	2,527	0	0	0	0%	1,831	72%
Additional Imaging Equipment (Approved)	600	0	0	0	0%	0	0%
Replacement NPfIT Systems (Subject to ITFF Bid)	608	142	142	0	23%	152	25%
Stock / Inventory System (Approved)	100	0	0	0	0%	0	0%
A&E / Orthopaedics	1,100	970	952	-18	87%	1,016	92%
Contingency	0	0	0	0	0%	0	0%
Medical Equipment Sub Committee	2,198	1,413	1,411	-1	64%	1,482	67%
Estates Sub Committee	3,695	1,905	1,580	-325	43%	2,365	64%
IT Sub Committee	2,625	2,039	1,901	-138	72%	2,365	90%
Car Park Decking	1,410	1,410	1,410	0	100%	1,410	100%
Other	629	422	405	-17	64%	405	64%
Total - Capital Plan	**19,987**	**12,451**	**11,941**	**-510**	**60%**	**15,457**	**77%**
Less Charitable Fund Donations	-166	-166	-165	1	100%	-165	100%
Less NBV of Disposals	-469	-94	-94	0	20%	-94	20%
Total - CRL	**19,352**	**12,191**	**11,681**	**-510**	**60%**	**15,198**	**79%**

Funding Resources	
Internally Generated Depreciation	9,940
SALIX	90
Finance Lease - Car Park Decking	1,410
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	-418
Total - Available CRL Resource	**19,352**
Uncommitted Plan	**0**

Key Issues

- Linear Accelerator Corridor works have now completed and linear accelerator machine is now operational.
- The MRI scanner within the approved replacement imaging equipment approved capital loan and is now likely to slip to 2016/17 with revised forecast of £4,495k in year.
- DH loan approval received for second phase Imaging replacement and expansion schemes (subject to NGH Board approval in January).
- 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. The next elements of the works will commence in the new financial year.
- Full year depreciation forecast is currently £9,940k (was £9,940k in M8)
- The car park decking which is subject to a 10 year finance lease is now operational.
- A full review is being undertaken with sub groups to risk assess and RAG rate the uncommitted schemes and identify key dates.
- TDA have requested additional focus in Q3 on Capital expenditure forecast to inform management of overall DH expenditure.

7. Receivables, Payables and BPPC Compliance

Narrative	Total at December £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	927	230	218	180	299
Receivables NHS	7,295	6,574	232	347	142
Total Receivables	**8,222**	**6,804**	**450**	**527**	**441**
Payables Non NHS	(2,788)	(2,780)		(8)	
Payables NHS	(5,609)	(5,609)			
Total Payables	**(8,397)**	**(8,389)**		**(8)**	

Narrative	Total at November £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	996	363	307	97	229
Receivables NHS	6,661	5,879	507	63	212
Total Receivables	**7,657**	**6,242**	**814**	**160**	**441**
Payables Non NHS	(5,984)	(5,970)	(13)	(1)	0
Payables NHS	(2,510)	(2,510)			
Total Payables	**(8,494)**	**(8,480)**	**(13)**	**(1)**	**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 £178k of which £84k are paying in instalments and a high proportion of the balance passed to debt collection agency to recover, Private Patients £34k and BMI 3 Shires £39k.
- NHS over 90 day debt predominantly relates to NCA's £96k and various NHS Trusts £38k.
- 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	June	Sept	Dec	Cumulative 2015/16
NHS Creditors					
No.of Bills Paid Within Target	181	150	263	232	1,619
No.of Bills Paid Within Period	186	156	264	233	1,639
Percentage Paid Within Target	**97.31%**	**96.15%**	**99.62%**	**99.57%**	**98.78%**
Value of Bills Paid Within Target (£000's)	1,486	1,831	2,086	1,909	16,689
Value of Bills Paid Within Period (£000's)	1,491	1,841	2,088	1,909	16,714
Percentage Paid Within Target	**99.61%**	**99.47%**	**99.90%**	**100.01%**	**99.85%**
Non NHS Creditors					
No.of Bills Paid Within Target	7,114	6,581	9,236	9,568	72,531
No.of Bills Paid Within Period	7,168	6,629	9,415	9,589	73,099
Percentage Paid Within Target	**99.25%**	**99.28%**	**98.10%**	**99.78%**	**99.22%**
Value of Bills Paid Within Target (£000's)	7,676	6,507	9,312	10,044	75,414
Value of Bills Paid Within Period (£000's)	7,718	6,529	9,381	10,053	75,774
Percentage Paid Within Target	**99.46%**	**99.67%**	**99.26%**	**99.91%**	**99.52%**
Total					
No.of Bills Paid Within Target	7,295	6,731	9,499	9,800	74,150
No.of Bills Paid Within Period	7,354	6,785	9,679	9,822	74,738
Percentage Paid Within Target	**99.20%**	**99.20%**	**98.14%**	**99.78%**	**99.21%**
Value of Bills Paid Within Target (£000's)	9,162	8,338	11,398	11,953	92,103
Value of Bills Paid Within Period (£000's)	9,209	8,370	11,470	11,962	92,488
Percentage Paid Within Target	**99.48%**	**99.62%**	**99.37%**	**99.93%**	**99.58%**

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 16 invoices (£12k) that were paid late in December, 11 invoices (£10k) related to agency invoices.

8. Cashflow

MONTHLY CASHFLOW	Annual £000s	APR £000s	MAY £000s	JUN £000s	JUL £000s	AUG £000s	SEP £000s	OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s
		ACTUAL									FORECAST		
RECEIPTS													
SLA Base Payments	235,528	19,508	18,956	20,342	19,911	19,586	19,622	19,611	19,557	22,104	17,113	19,609	19,609
SLA Performance/ Other CCG Investment	86							86					
Health Education Payments (SIFT etc)	9,949	759	825	802	793	793	1,878	23	815	815	815	815	815
Other NHS Income	12,592	1,084	731	441	798	612	2,169	888	870	1,638	993	934	1,434
PP / Other (Specific > £250k)	2,806	396			578		353		729	324	426		
PP / Other	12,249	1,104	946	1,011	1,445	978	965	967	709	798	901	1,225	1,200
Salix Capital Loan	90												90
PDC - Capital													
Capital Loan	5,103					660		2,858			397		1,188
Revenue Support Loan	18,851											18,200	651
Temporary Borrowing	16,500	3,500	1,500			1,500	4,500	3,800		1,700			
Interest Receivable	32	6	2	3	2	2	2	3	2	3	2	2	2
Sale of Assets	585											585	
TOTAL RECEIPTS	**314,371**	**26,356**	**22,959**	**22,600**	**23,528**	**24,130**	**29,491**	**28,238**	**22,682**	**27,382**	**20,646**	**41,369**	**24,988**
PAYMENTS													
Salaries and wages	170,630	13,999	14,213	14,194	14,154	14,206	14,136	14,224	14,294	14,442	14,328	14,220	14,220
Trade Creditors	87,453	7,259	6,199	6,122	8,552	8,683	7,874	7,763	7,323	8,899	7,650	7,674	3,456
NHS Creditors	17,925	1,491	1,385	1,841	1,554	1,470	2,088	1,442	1,549	1,909	1,393	1,000	800
Capital Expenditure	16,563	490	313	431	1,053	808	1,567	931	2,344	1,149	1,526	1,975	3,977
PDC Dividend	3,818						1,988						1,830
Repayment of Loans (Principal & Interest)	17,340						219					16,500	621
Repayment of Salix loan	208						111	12					85
TOTAL PAYMENTS	**313,936**	**23,238**	**22,111**	**22,588**	**25,312**	**25,167**	**27,984**	**24,373**	**25,509**	**26,399**	**24,897**	**41,369**	**24,989**
Actual month balance	435	3,118	849	12	-1,785	-1,037	1,508	3,865	-2,827	984	-4,251	0	-1
Cash in transit & Cash in hand adjustment	-49	-20	11	-2	12	31	-38	-13	6	-27	-10		
Balance brought forward	1,114	1,114	4,212	5,072	5,083	3,310	2,304	3,774	7,626	4,804	5,760	1,500	1,500
BALANCE C/FWD	**1,500**	**4,212**	**5,072**	**5,083**	**3,310**	**2,304**	**3,774**	**7,626**	**4,804**	**5,760**	**1,500**	**1,500**	**1,500**

Key Issues

- The Trust has now utilised £16.5m (YTD plan was £19.1m) of Temporary Borrowing as part of the Revolving Working Capital Support Facility (RWCSF) introduced by DH to support Trust's cash flows in 2015/16. This facility will now be transferred to a short term loan (Feb 18) with a lower rate of interest 1.5% (subject to Board approval in January).
- The funding period for the facility is from mid-month to mid-month. The carried forward balance at the end of December was £5.8m.
- A further £1.7m borrowing will be drawn down in February to ensure that creditor demand is met until the monthly SLA income is received.
- 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 hasn't been utilised in 2016/17. The 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 cash flow now incorporates the sale of Harborough Lodge in February following approval by Trust Board to accept £585k.
- 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 may impact the level of creditors that can be paid on time in March.

9. Conclusions and Recommendations

Conclusion:

- The Trust has managed to remain ahead of forecast at Q3 led by higher than anticipated levels of SLA income.
- Progress is now being demonstrated in relation to the reduction of Agency expenditure.
- In line with recent TDA guidance, the latest forecast indicates that the Trust needs to implement a year end management plan which covers emerging risks and winter pressures. This plan will require the support of the host commissioner, particularly in relation to the agreement of a year end forecast and the ongoing application of additional fines and penalties.
- The Trust has made inroads in terms of reducing the overall level of agency expenditure month on month recording the lowest monthly spend for the financial year although achievement of the RN 8% agency cap has yet to be met.
- 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.
- DH have approved the first tranche of capital loan application in support of replacement Imaging equipment, expansion of Imaging capacity and the development of Inventory systems. The terms of the loan are subject to Board approval.
- A further loan application is now requited to fund the replacement PAS system (subject to TDA FBC approval).
- DH have given approval to convert the IRWCSF revenue support loan to a permanent loan (subject to Board approval). This loan is limited to £18.851m (lower than the forecast deficit) in FY15-16 meaning cashflow will need to be carefully managed in Q4.
- Consideration of agreeing a year end settlement with NENE CCG to eliminate any further contractual risk in Q4 should be made.
- The overall I&E position remains tight with clear risks evident in terms of delivery of the £20.4m planned deficit by year end.

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 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% ceiling in Q4 (subject to maintaining safe staffing levels).
4. Review of new CQUIN targets and forecast delivery required based on the Q2 position and CCG contract reconciliation is achieved in accordance with nationally prescribed timescales.
5. Continue to progress ITFF applications and PAS FBC approval with support from TDA.
6. Consider the terms and conditions in relation to approval of both the Interim Revenue support Loan (£18.851m) and the Capital Loan of £9.352m approved by DH and notified in January.

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 9	Total Agency YTD Mth 9	Total Agency YTD Mth 8	Total Agency YTD Mth 7	Total Agency YTD Mth 6	Average Month 2014/15
General Surgery	318	69	443	198	-	7	1	4	-	10%	1,040	969	846	736	91
Anaesthesia & Critical Care	1	21	752	30	-	9	25	13	7	6%	858	786	700	562	78
Trauma & Orthopaedics	10	354	570	118	-	-	-	26	-	16%	1,078	946	838	764	77
Ent & Maxfax	220	179	37	34	-	-	-	83	-	14%	555	479	404	363	28
Ophthalmology	-	89	-	-	52	-	-	2	-	5%	142	115	82	52	6
Surgical Care Management	-	-	-	-	1	-	-	-	-	0%	1	1	1	1	4
Surgical Division	**549**	**712**	**1,802**	**380**	**53**	**16**	**26**	**128**	**7**	**9%**	**3,673**	**3,296**	**2,871**	**2,480**	**284**
Inpatient Specialties	368	221	918	610	-	28	13	85	35	6%	2,278	2,017	1,761	1,421	279
Outpatient & Elderly Medicine	298	70	219	372	-	-	100	-	-	3%	1,060	938	808	663	36
Urgent Care	163	1,363	1,224	263	-	2	-	-	-	8%	3,014	2,709	2,374	2,046	256
Medical Care Management	-	-	-	-	(3)	-	-	-	-	(2%)	(3)	(3)	(3)	(3)	17
General Medicine Division	**829**	**1,654**	**2,361**	**1,244**	**(3)**	**30**	**113**	**85**	**35**	**17%**	**6,349**	**5,660**	**4,939**	**4,127**	**587**
Child Health	(2)	28	330	30	-	0	5	4	-	4%	396	364	319	288	50
Obstetrics & Gynae	-	2	75	74	-	-	-	1	-	1%	151	135	112	84	14
Oncology/Clin Haematology	50	120	106	62	-	-	-	-	-	5%	338	296	231	161	90
WC&O Division	**49**	**150**	**512**	**165**	**-**	**0**	**5**	**5**	**-**	**3%**	**885**	**795**	**662**	**533**	**153**
Pathology	-	-	-	-	-	5	-	689	-	13%	694	642	593	530	19
Imaging	302	-	-	-	-	-	31	-	-	6%	333	313	271	239	23
Research	-	-	-	-	-	-	-	-	-	0%	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	82	-	-	3%	82	59	59	30	35
Therapy Services	-	-	0	-	-	-	125	-	-	6%	125	105	88	69	31
Clinical Support Division	**302**	**-**	**0**	**-**	**-**	**5**	**238**	**689**	**-**	**4%**	**1,234**	**1,120**	**1,011**	**869**	**108**
Clinical Divisions	**1,729**	**2,516**	**4,675**	**1,790**	**49**	**51**	**383**	**906**	**42**	**22%**	**12,142**	**10,871**	**9,483**	**8,009**	**1,133**
Hospital Support	43	-	17	3	274	105	46	-	-	0%	488	454	400	362	53
Facilities	-	-	-	-	-	14	-	1	1,108	13%	1,123	1,009	887	777	92
Support Services	**43**	**-**	**17**	**3**	**274**	**119**	**46**	**1**	**1,108**	**9%**	**1,611**	**1,463**	**1,288**	**1,139**	**145**
Trust Total	**1,772**	**2,516**	**4,693**	**1,792**	**323**	**170**	**429**	**907**	**1,151**	**11%**	**13,753**	**12,334**	**10,827**	**9,260**	**1,278**
										Discrete Monthly Spend	**1,418**	**1,508**	**1,567**	**1,651**	**1,278**

Key Issues Q3

- **At Month 9** £13.8m (£1.53m/mth average) has been spent on agency costs (£1.28m/mth average in 14/15).
- **Medical locum agency costs** continued to reduce in December to £449k in month. In Q3 (Oct-Dec), the Trust has spent £1.5m on agency, against a vacancy of £1.3m on medical staff. This locum spend rate was lower in Q2 (Jul-Sep) at £1.3m, but over the year is 7% higher than 2014/15.
- **Nursing (RN & HCA) agency costs** also continued to reduce, to £668k in December, with roughly 58wte RN and 73wte HCA agency staff employed. This is the lowest level of RN use since Dec-14. However, against the Q3 RN expenditure limit (agency expenditure 8% of the total RN expenditure) the Trust attained a 9.9% figure against this target for Q3.

Appendix 2: Financial Sustainability Risk Rating

Criteria	M9	Score	Weight	Weighted Score
Capital Service capacity (times)	-1.75	1	25.00%	0.25
Liquidity (days)	-31	1	25.00%	0.25
I&E Margin	-8.1%	1	25.00%	0.25
Variance on I&E Margin as % of Income	0.8%	4	25.00%	1.00
Overall Score				1

New Financial Sustainability Rating Issued

Monitor have issued a new Financial Sustainability Risk Rating which came 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.

Monitor Guidance (extract)

	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	**28 January 2016**

Title of the Report	**Workforce Performance Report**
Agenda item	**10**
Presenter of Report	Janine Brennan, Director of Workforce & Transformation
Author(s) of Report	Sandra Wright, Assistant Director of Workforce Development Becky Sansom, Learning & Development manager
Purpose	This report provides an overview of key workforce issues

Executive summary

- The key performance indicators show a decrease in contracted workforce employed by the Trust, and an increase in sickness absence from November, although the December rate is lower than that for October.
- Increases in compliance rates for Mandatory Training, Role Specific Essential Training and Appraisals since November.

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
28 January 2016

Workforce Performance Report

1. Introduction

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

2. Workforce Report

2.1 Capacity

Substantive Workforce Capacity decreased by 35.65 FTE in December 2015 to 4168.57 FTE. The Trust's substantive workforce is at 90.52% of the Budgeted Workforce Establishment of 4605.28 FTE.

Annual Trust turnover increased to 11.70% in December which is above the Trust target of 8%. Turnover within Nursing & Midwifery decreased slightly by 0.04% to 12.32%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover increased in the Additional Clinical Services, Admin & Clerical, Allied Health Professional, Estates & Ancillary, and Medical & Dental staff groups.

In-month sickness absence increased very slightly by 0.02% from November's rate of 4.08%, to 4.10%, which is above the Trust target of 3.8%. However, this was an improvement from the October rate of 4.28%. Both the Surgery Division (3.31%) and the Clinical Support Services Division (3.55%) achieved a level below the Trust's target of 3.8%, as did Support Services with a rate of 3.64%.

2.2 Capability

Appraisals, Mandatory and Role Specific Essential Training

The current rate of Appraisals recorded for December 2015 is 82.52%; this is an increase of more than 2% from last month's figure of 80.37%.

Mandatory Training compliance also increased between November and December from 82.88% to 84.21% and is approaching 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, and Ophthalmology.

Role Specific Essential Training compliance also increased in December to 72.51%; whilst this is still less than the Trust target it continues the improving trend seen each month since March 2015.

A report is attached (see Appendices 1 & 2) providing an overview of mandatory and role specific essential training processes and systems which includes determining what subjects are included, reports provided and future plans.

2.3 Industrial Action

On 12 January 2016 junior doctors participated in a national day of industrial action. This involved junior doctors carrying out emergency work only. Robust plans were put in place before the day of action, which included consultant and other senior medical staff covering both emergency and non-emergency work, although a number of procedures were cancelled in advance, in order to mitigate the risk of compromising patient care. The teams worked extremely hard and as a result there were no major incidents and work progressed smoothly. Two further periods of action are planned:

- 26th – 28th January 2016– emergency care only (24 hours)
- 10 February 2016 – 8 am to 5 pm – full day of action.

Assuming there is no resolution to the dispute prior to these days of action the same plans will be instigated with regard to the next period of action (taking into account lessons learnt from the previous days) and further plans will be developed to address the full day of action in February.

3. Assessment of Risk

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

4. Recommendations/Resolutions Required

The Board is asked to note the report.

5. Next Steps

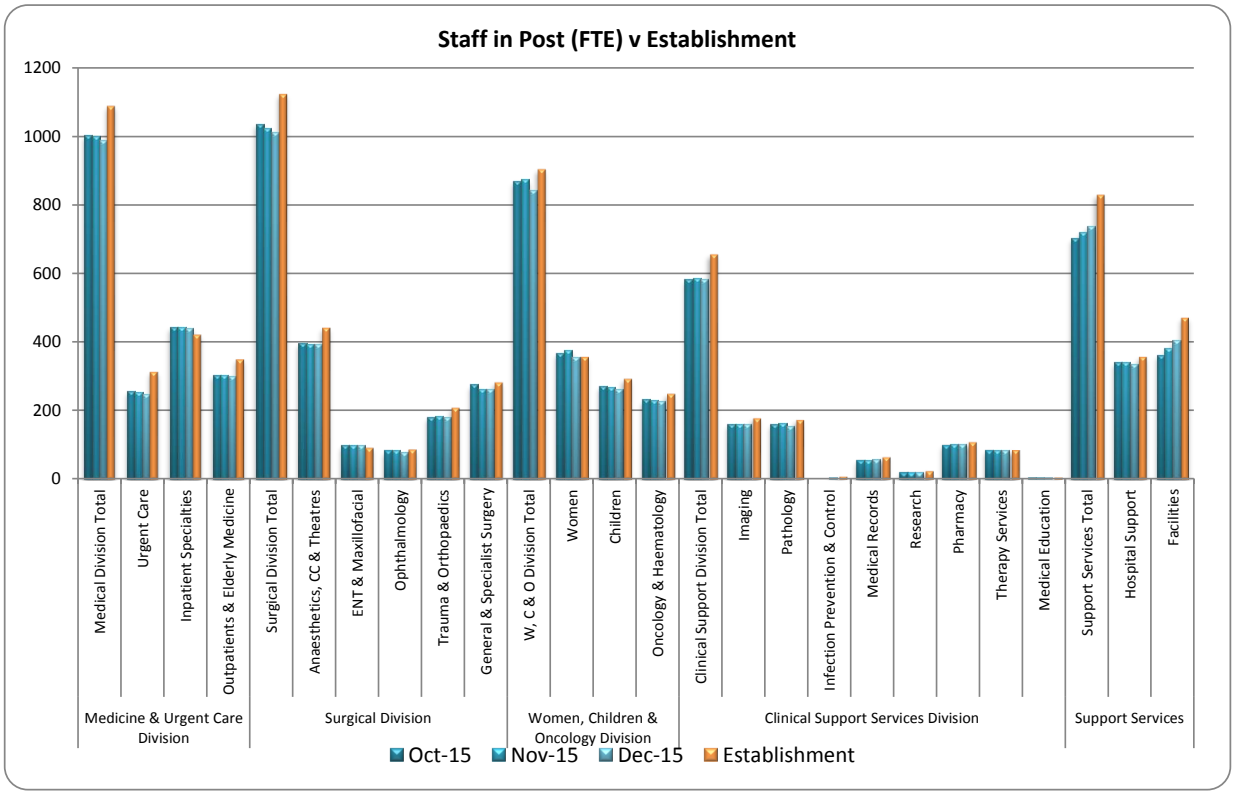
Key workforce performance indicators are subject to regular monitoring and appropriate action is taken as required.

Workforce Capacity and Capability Report - December 2015

CAPACITY
Staff in Post

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

Staff in Post (FTE)		Oct-15	Nov-15	Dec-15	Establishment	
Medicine & Urgent Care Division	Medical Division Total	1003.73	1000.08	989.85	1089.89	90.82%
	Urgent Care	255.86	251.60	248.50	314.24	79.08%
	Inpatient Specialties	443.96	444.23	441.04	422.54	104.38%
	Outpatients & Elderly Medicine	302.90	303.25	299.30	350.73	85.34%
Surgical Division	Surgical Division Total	1037.46	1022.94	1013.58	1123.99	90.18%
	Anaesthetics, CC & Theatres	395.03	393.63	393.84	442.59	88.99%
	ENT & Maxillofacial	98.92	98.31	97.21	93.03	104.49%
	Ophthalmology	82.02	82.13	76.91	88.16	87.24%
	Trauma & Orthopaedics	181.02	181.82	178.36	209.67	85.07%
	General & Specialist Surgery	274.68	261.27	261.45	283.44	92.24%
Women, Children & Oncology Division	W, C & O Division Total	870.67	873.73	843.59	904.57	93.26%
	Women	368.03	374.83	355.31	358.18	99.20%
	Children	270.65	268.79	260.56	293.48	88.78%
	Oncology & Haematology	230.98	229.12	226.72	250.17	90.63%
Clinical Support Services Division	Clinical Support Division Total	583.06	585.98	582.44	656.68	88.69%
	Imaging	160.45	159.64	158.93	179.23	88.67%
	Pathology	159.36	161.56	154.28	173.73	88.80%
	Infection Prevention & Control			5.08	9.00	56.44%
	Medical Records	55.04	55.17	55.37	65.25	84.86%
	Research	19.33	18.14	19.74	25.12	78.58%
	Pharmacy	99.54	101.80	100.68	109.43	92.00%
	Therapy Services	83.15	83.47	82.16	86.93	94.51%
	Medical Education	4.20	4.20	4.20	6.45	65.12%
Support Services	Support Services Total	703.65	721.49	739.12	830.15	89.03%
	Hospital Support	341.14	339.54	335.29	357.96	93.67%
	Facilities	362.51	381.95	403.83	472.19	85.52%
Trust Total		4198.56	4204.22	4168.57	4605.28	90.52%



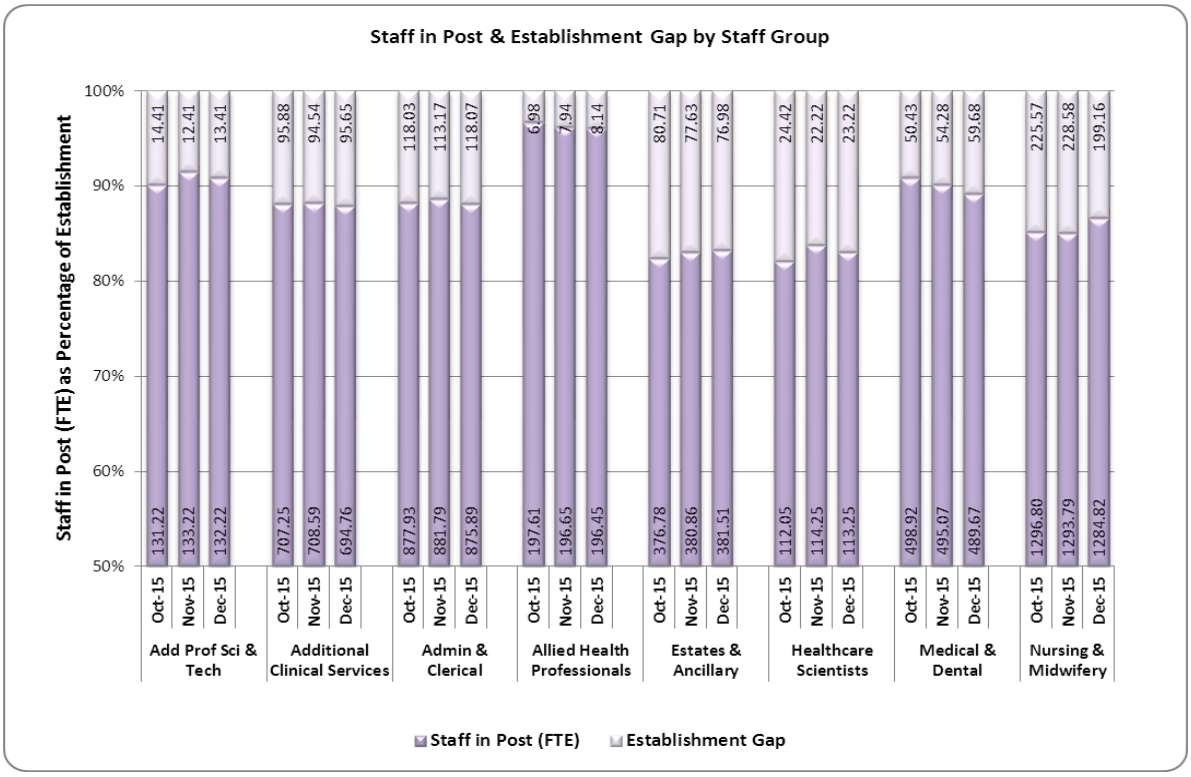
Workforce Capacity and Capability Report - December 2015

CAPACITY
Staff Group (FTE v Est)

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

Staff Group Vacancy Rate (Contracted FTE v Establishment)

Staff Group	Oct-15	Nov-15	Dec-15
Add Prof Sci & Tech	9.89%	8.52%	9.21%
Additional Clinical Services	11.94%	11.77%	12.10%
Admin & Clerical	11.85%	11.37%	11.88%
Allied Health Professionals	3.41%	3.88%	3.98%
Estates & Ancillary	17.64%	16.93%	16.79%
Healthcare Scientists	17.89%	16.28%	17.01%
Medical & Dental	9.18%	9.88%	10.86%
Nursing & Midwifery	14.82%	15.01%	13.42%



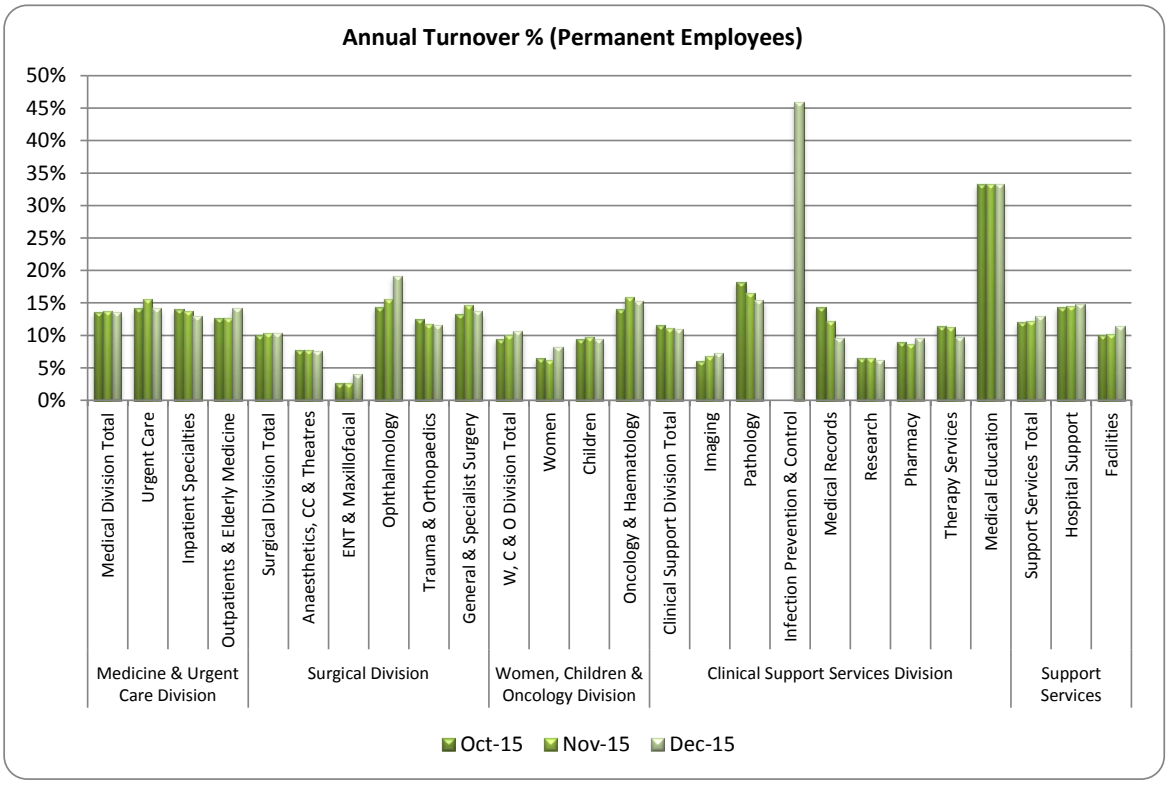
Workforce Capacity and Capability Report - December 2015

CAPACITY
Annual Turnover

Figures refer to the year ending in the month stated

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

Annual Turnover (Permanent Staff)		Oct-15		Nov-15		Dec-15
Medicine & Urgent Care Division	Medical Division Total	13.63%	↗	13.75%	↘	13.58%
	Urgent Care	14.19%	↗	15.49%	↘	14.21%
	Inpatient Specialties	13.99%	↘	13.65%	↘	12.90%
	Outpatients & Elderly Medicine	12.70%	↘	12.62%	↗	14.14%
Surgical Division	Surgical Division Total	10.09%	↗	10.35%	↗	10.37%
	Anaesthetics, CC & Theatres	7.80%	↘	7.75%	↘	7.59%
	ENT & Maxillofacial	2.67%	↗	2.72%	↗	4.09%
	Ophthalmology	14.35%	↗	15.58%	↗	19.16%
	Trauma & Orthopaedics	12.43%	↘	11.81%	↘	11.58%
	General & Specialist Surgery	13.33%	↗	14.61%	↘	13.66%
Women, Children & Oncology Division	W, C & O Division Total	9.44%	↗	9.95%	↗	10.61%
	Women	6.41%	↘	6.26%	↗	8.26%
	Children	9.40%	↗	9.81%	↘	9.45%
	Oncology & Haematology	14.06%	↗	15.79%	↘	15.29%
Clinical Support Services Division	Clinical Support Division Total	11.54%	↘	11.06%	↘	10.97%
	Imaging	6.07%	↗	6.82%	↗	7.33%
	Pathology	18.14%	↘	16.48%	↘	15.44%
	Infection Prevention & Control	N/A		N/A		45.87%
	Medical Records	14.31%	↘	12.22%	↘	9.50%
	Research	6.52%	↗	6.52%	↘	6.15%
	Pharmacy	8.94%	↘	8.67%	↗	9.61%
	Therapy Services	11.38%	↘	11.32%	↘	9.69%
	Medical Education	33.33%	↗	33.33%	↗	33.33%
Support Services	Support Services Total	12.08%	↗	12.16%	↗	12.93%
	Hospital Support	14.35%	↗	14.50%	↗	14.72%
	Facilities	10.06%	↗	10.11%	↗	11.43%
Trust Total		11.33%	↗	11.48%	↗	11.70%



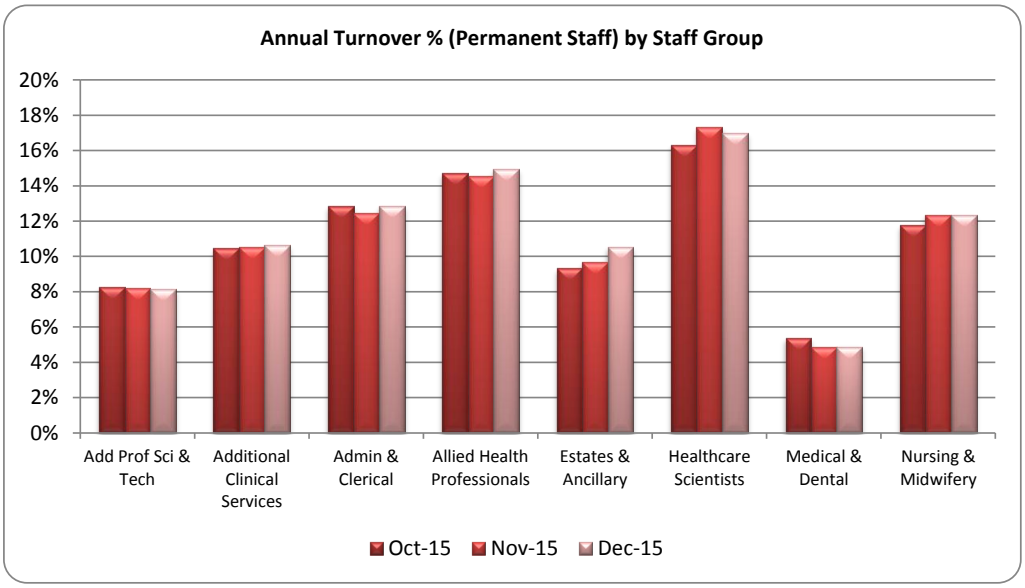
Workforce Capacity and Capability Report - December 2015

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	Oct-15		Nov-15		Dec-15
Add Prof Sci & Tech	8.25%	↘	8.19%	↘	8.16%
Additional Clinical Services	10.44%	↗	10.55%	↗	10.62%
Admin & Clerical	12.85%	↘	12.45%	↗	12.84%
Allied Health Professionals	14.71%	↘	14.54%	↗	14.94%
Estates & Ancillary	9.31%	↗	9.66%	↗	10.55%
Healthcare Scientists	16.31%	↗	17.32%	↘	17.00%
Medical & Dental	5.36%	↘	4.87%	↗	4.89%
Nursing & Midwifery	11.79%	↗	12.36%	↘	12.32%



Capacity: Substantive Workforce Capacity decreased by 35.65 FTE in December 2015 to 4168.57 FTE. The Trust's substantive workforce is at 90.52% of the Budgeted Workforce Establishment of 4605.28 FTE.

Staff Turnover: Annual Trust turnover increased to 11.70% in December which is above the Trust target of 8%. Turnover within Nursing & Midwifery decreased slightly by 0.04% to 12.32%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover increased in the Additional Clinical Services, Admin & Clerical, Allied Health Professional, Estates & Ancillary, and Medical & Dental staff groups.

Medical Division; turnover decreased by 0**.17** to 13.58%.
Surgical Division: turnover increased by 0.02% to 10.37%.
Women, Children's & Oncology Division; turnover increased by 0.66 to 10.65%.
Clinical Support Services Division; turnover decreased by 0.09% to 10.97% for the year ending December 2015.

Staff Vacancies: The vacancy rate within Estates and Ancillary staff group decreased further in December to 16.79% but still remains significantly above the Trust vacancy target of 7%, as does the rate for Healthcare Scientists which has increased from 16.28% in November to 17.01% in December. The Registered Nursing & Midwifery vacancy rate fell from 15.01% to 13.42%, partly as a result of the Shift Standardisation process being adopted in a number of wards.

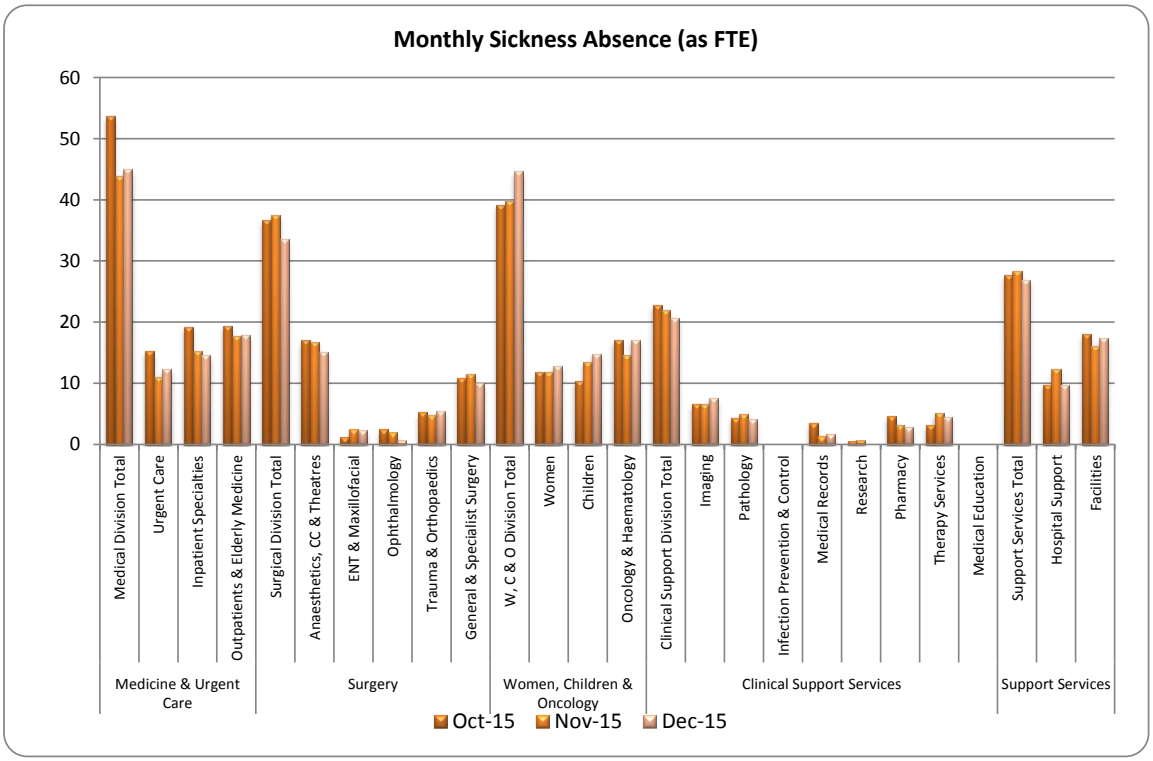
Sickness Absence: In month sickness absence increased very slightly by 0.02% to 4.10% which is above the Trust target of 3.8% . Both the Surgery Division (3.31%) and the Clinical Support Services Division (3.55%) achieved a level below the Trust's target of 3.8%, as did Support Services with a rate of 3.64%.

Workforce Capacity and Capability Report - December 2015

CAPACITY
In-Month Sickness

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

Monthly Sickness (as FTE)		Oct-15	Nov-15	Dec-15	Dec-15	Short Term	Long Term
Medicine & Urgent Care	Medical Division Total	53.70	43.90	44.94	4.54%	2.37%	2.17%
	Urgent Care	15.20	11.02	12.38	4.98%	2.57%	2.41%
	Inpatient Specialties	19.18	15.19	14.55	3.30%	1.81%	1.49%
	Outpatients & Elderly Medicine	19.42	17.77	17.93	5.99%	3.02%	2.97%
Surgery	Surgical Division Total	36.62	37.54	33.55	3.31%	1.61%	1.70%
	Anaesthetics, CC & Theatres	16.99	16.73	15.16	3.85%	1.79%	2.06%
	ENT & Maxillofacial	1.23	2.47	2.29	2.36%	1.04%	1.32%
	Ophthalmology	2.42	1.98	0.67	0.87%	0.33%	0.54%
	Trauma & Orthopaedics	5.21	4.73	5.35	3.00%	1.93%	1.08%
	General & Specialist Surgery	10.77	11.44	10.09	3.86%	2.32%	1.54%
Women, Children & Oncology	W, C & O Division Total	39.09	39.75	44.63	5.29%	2.49%	2.80%
	Women	11.74	11.81	12.83	3.61%	2.41%	1.20%
	Children	10.31	13.39	14.83	5.69%	2.75%	2.93%
	Oncology & Haematology	17.00	14.57	17.07	7.53%	2.30%	5.22%
Clinical Support Services	Clinical Support Division Total	22.74	21.92	20.68	3.55%	1.71%	1.84%
	Imaging	6.61	6.55	7.50	4.72%	1.70%	3.03%
	Pathology	4.30	4.98	4.04	2.62%	1.54%	1.08%
	Infection Prevention & Control	N/A	N/A	0.00	0.00%	0.00%	0.00%
	Medical Records	3.45	1.39	1.76	3.17%	0.52%	2.65%
	Research	0.60	0.69	0.00	0.00%	0.00%	0.00%
	Pharmacy	4.55	3.20	2.85	2.83%	1.98%	0.85%
	Therapy Services	3.19	5.17	4.45	5.42%	3.15%	2.27%
	Medical Education	0.00	0.00	0.00	0.00%	0.00%	0.00%
Support Services	Support Services Total	27.72	28.35	26.90	3.64%	2.61%	1.04%
	Hospital Support	9.76	12.29	9.62	2.87%	2.09%	0.78%
	Facilities	17.98	16.08	17.32	4.29%	3.04%	1.25%
Trust Total	*As FTE*	179.70	171.53	170.91			
	As percentage	4.28%	4.08%		4.10%	2.16%	1.94%



Workforce Capacity and Capability Report - December 2015

CAPABILITY
Training & Appraisal Rates

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

Mandatory Training Compliance Rate	Directorate	Oct-15	Nov-15		Dec-15
Medicine & Urgent Care Division	Medical Division Total	82.97%	↓	81.20%	↑ 81.75%
	Urgent Care	85.45%	↓	83.80%	↑ 84.85%
	Inpatient Specialties	78.74%	↓	77.85%	↑ 78.35%
	Outpatients & Elderly Medicine	87.02%	↓	83.79%	↑ 84.07%
Surgical Division	Surgical Division Total	83.64%	↓	81.48%	↑ 83.67%
	Anaesthetics, CC & Theatres	84.00%	↓	82.44%	↑ 84.16%
	ENT & Maxillofacial	79.74%	↓	76.99%	↓ 76.39%
	Ophthalmology	88.10%	↓	84.42%	↑ 89.13%
	Trauma & Orthopaedics	81.98%	↓	80.68%	↑ 82.31%
	General & Specialist Surgery	84.13%	↓	81.25%	↑ 84.76%
Women, Children & Oncology Division	W, C & O Division Total	84.22%	↓	83.52%	↑ 85.68%
	Women	81.75%	↓	81.41%	↑ 83.63%
	Children	86.59%	↑	87.85%	↑ 89.53%
	Oncology & Haematology	85.63%	↓	81.99%	↑ 84.53%
Clinical Support Services Division	Clinical Support Division Total	90.39%	↓	88.51%	↑ 88.92%
	Imaging	90.49%	↓	89.51%	↓ 88.95%
	Pathology	85.33%	↓	85.27%	↑ 85.88%
	Infection Prevention & Control	N/A		N/A	85.19%
	Medical Records	94.04%	↓	88.89%	↓ 86.15%
	Research	88.48%	↓	84.89%	↑ 87.24%
	Pharmacy	93.91%	↓	89.93%	↑ 93.20%
	Therapy Services	92.55%	↓	90.99%	↑ 91.28%
	Medical Education	100.00%	↑	100.00%	↑ 100.00%
Support Services	Support Services Total	84.67%	↓	81.77%	↑ 82.72%
	Hospital Support	88.03%	↓	86.24%	↑ 86.90%
	Facilities	81.81%	↓	78.23%	↑ 79.66%
Trust Total		**84.72%**	↓	**82.88%**	↑ **84.21%**

Workforce Capacity and Capability Report - December 2015

CAPABILITY
Training & Appraisal Rates

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

Role Specific Training Compliance Rate	Directorate	Oct-15	Nov-15	Dec-15
Medicine & Urgent Care Division	Medical Division Total	68.03%	67.96%	68.90%
	Urgent Care	68.70%	69.72%	70.24%
	Inpatient Specialties	63.26%	63.80%	65.21%
	Outpatients & Elderly Medicine	74.43%	72.43%	73.12%
Surgical Division	Surgical Division Total	70.88%	71.43%	72.43%
	Anaesthetics, CC & Theatres	70.45%	72.17%	72.92%
	ENT & Maxillofacial	68.93%	67.60%	67.17%
	Ophthalmology	71.78%	73.35%	75.43%
	Trauma & Orthopaedics	67.79%	69.52%	70.84%
	General & Specialist Surgery	74.41%	72.52%	73.82%
Women, Children & Oncology Division	W, C & O Division Total	71.24%	71.24%	73.04%
	Women	66.95%	66.74%	68.55%
	Children	75.20%	76.36%	78.02%
	Oncology & Haematology	75.55%	74.47%	76.72%
Clinical Support Services Division	Clinical Support Division Total	85.04%	85.71%	86.17%
	Imaging	85.15%	87.03%	87.17%
	Pathology	73.20%	73.16%	72.61%
	Infection Prevention & Control	N/A	N/A	70.00%
	Medical Records	94.20%	95.65%	95.65%
	Research	78.02%	72.29%	72.94%
	Pharmacy	91.53%	89.33%	89.97%
	Therapy Services	88.28%	89.86%	91.75%
	Medical Education	100.00%	100.00%	100.00%
Support Services	Support Services Total	66.01%	65.42%	68.60%
	Hospital Support	70.69%	69.36%	70.84%
	Facilities	59.51%	60.22%	65.92%
Trust Total		**71.15%**	**71.30%**	**72.51%**

Capability

Appraisals
The current rate of Appraisals recorded for December 2015 is 82.52%; this is an increase of more than 2% from last month's figure of 80.37%.

Mandatory Training and Role Specific Essential Training
Mandatory Training compliance increased in December to 84.21% and is approaching the Trust target of 85%.
Role Specific Essential Training compliance also increased in December to 72.51%.

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.

Workforce Capacity and Capability Report - December 2015

CAPABILITY
Training & Appraisal Rates

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

Appraisal Compliance Rate	Directorate	Oct-15	Nov-15		Dec-15	
Medicine & Urgent Care Division	Medical Division Total	75.24%	↑	79.18%	↑	80.08%
	Urgent Care	88.54%	↑	91.30%	↓	89.07%
	Inpatient Specialties	72.01%	↑	72.99%	↑	74.29%
	Outpatients & Elderly Medicine	68.71%	↑	77.20%	↑	80.39%
Surgical Division	Surgical Division Total	79.92%	↑	84.30%	↑	89.96%
	Anaesthetics, CC & Theatres	72.75%	↑	80.61%	↑	87.50%
	ENT & Maxillofacial	72.94%	↑	76.19%	↑	88.24%
	Ophthalmology	72.97%	↑	73.68%	↑	84.72%
	Trauma & Orthopaedics	87.43%	↑	94.32%	↑	97.66%
	General & Specialist Surgery	88.32%	↑	88.62%	↑	90.16%
Women, Children & Oncology Division	W, C & O Division Total	82.42%	↑	86.46%	↑	86.94%
	Women	79.44%	↑	85.94%	↓	84.65%
	Children	85.66%	↑	86.94%	↑	87.26%
	Oncology & Haematology	84.52%	↑	87.23%	↑	90.95%
Clinical Support Services Division	Clinical Support Division Total	81.53%	↑	84.01%	↑	86.14%
	Imaging	77.11%	↑	83.13%	↑	83.13%
	Pathology	73.94%	↑	78.44%	↑	85.00%
	Infection Prevention & Control	N/A		N/A		66.67%
	Medical Records	95.65%	↓	94.20%	↓	91.30%
	Research	54.17%	↑	56.52%	↑	84.00%
	Pharmacy	93.04%	↓	89.74%	↑	92.24%
	Therapy Services	83.87%	↑	86.32%	↓	84.95%
	Medical Education	100.00%	↑	100.00%	↑	100.00%
Support Services	Support Services Total	60.77%	↑	67.55%	↑	69.76%
	Hospital Support	68.39%	↑	72.02%	↓	70.83%
	Facilities	54.42%	↑	64.12%	↑	68.99%
Trust Total		**76.08%**	↑	**80.37%**	↑	**82.52%**

Mandatory and Role Specific Training Processes and Systems

1.0 Overview

In October 2013 there was a review of the mandatory training within the Trust and as a result the number of subjects included was reduced from 23 to 8, with Mandatory Training being defined as that which all staff members should attend. Much of the remainder of the training that sat under the mandatory training umbrella then became Role Specific Essential Training (RSET), which means that it is specific to the role of the individual member of staff; this is predominantly aimed at patient facing staff.

Each subject has their own regulatory bodies and/or regulations/legislation which in some cases dictate the staff groups that need to be trained, the refresher periods and reporting procedures.

The Trust has signed up to the East Midlands Streamlining Project over the last year part of which is working to align mandatory training courses to the Core Skills Training Framework (CSTF). This would enable staff to move between Trusts without having to repeat training that they are in date with as each Trust 'declares' their alignment to the framework. Also, included in this project is a review of mandatory training subjects including refresher periods and staff groups needing to complete training. This project has enabled us to reflect on target audiences and refresher periods and has resulted in Infection Prevention being reduced from annually to 3 yearly for non-clinical staff. However this may also have a counter-effect in that as a Trust we may have to increase our mandatory training subjects from the current 8 to 10 as the framework deems Conflict Resolution and Resuscitation as mandatory with their definition of mandatory pertaining to the subject matter and not the staff group that should be accessing it. This project has also provided assurance that we are aligned to other Trusts and therefore we are not asking staff to do over and above the recommendations.

1.2 Methods of delivery

There are numerous ways of completing both mandatory and role specific training. Work is continuing towards having four methods of delivery for most subjects being; Review of Knowledge (RoK), face to face training, e-learning and workbook/assessment. The two subjects that this would not be possible for are basic life support and manual handling as they are predominantly practical subjects.

An innovative change that has been successfully implemented was the introduction of the Review of Knowledge (RoK) sessions. It was felt that staff were attending the same course, either annually or 3 yearly, without any acknowledgement of their prior knowledge of the subject. Work with Mandatory Training Leads determined the required level of knowledge for each subject and scenarios were written for different staff groups or different departments, with required answers for each scenario. Staff, in groups of 6, access subject leads within the RoK sessions and answer the scenario –based questions. The Mandatory Training Lead then determines if the individual member of staff has maintained the level of knowledge required to be deemed competent at that time. For those staff who were not able to demonstrate that they had maintained the required level of knowledge they are either offered

a 1:1 training session or asked to attend the face to face group training sessions. For the subjects that have to be refreshed each year, this has proved to be a successful way of assessing prior knowledge.

By providing different methods of training delivery, staff can access one that they feel most comfortable with, with one of the challenges being to try and make the training as interactive and interesting as possible so that staffs enjoy the training whilst seeing the relevance of the training to their role.

1.3 Recording and Reporting Mandatory and Role Specific Training

Appendix 2 shows the system and process in recording the training that staff complete. Currently anything that is mandatory or role specific essential is reported and has a compliance target set at 85%. There are 3 levels of reports that are sent

- 1st level reports give the overall compliance % by Division and go to each Director
- 2nd level reports break down the overall compliance % and gives the compliance % by directorates within each division and are sent to Divisional Directors, Divisional Managers, Clinical Directors, Directorate Managers and Heads of Departments
- 3rd level reports breakdown the compliance % by giving names and details all of the courses individual staff have to complete, the date that they completed the training, the date that they need to refresh the training and then red or green depending on whether they are in-date with the subject or not. These reports go to most managers and team leaders.
- The training records that are held in ESR are downloaded in the middle of each month and uploaded into e-rostering. This has enabled staff that access E-Rostering to have details of when they have completed mandatory and role specific training sessions and the expiry date.
- Reports are also sent to each mandatory training lead as they have to produce evidence for their own governance and awarding bodies that they are meeting the relevant compliance level.
- The monthly reports also include staff who failed to attend any pre-booked training; this alerts the manager to address as necessary.

There are additional reports that are generated at Ward level:

- Ward Summary reports are created to give ward sisters and staff on each ward a visual report detailing the compliance % for each mandatory and role specific training subject
- A ward league is created to be able to compare the compliance % for each ward

In addition to these reports an overall summary by division is sent to the Director of Workforce and Transformation.

Mandatory Training and Role Specific Training are linked to appraisals, with staff having to be 85% compliant with Mandatory Training and RSET to be able to incrementally progress.

A significant piece of work was carried out last year to determine which staff group has to complete relevant Role Specific Essential Training. The mandatory training leads were asked to state which job position has to complete their training, ensuring that they follow their individual regulatory bodies and/or relevant legislation. There were over 2000 positions in the Trust hence this was a sizeable piece of work; templates were then completed and McKesson provided support by deleting previous information in ESR and uploading the updated information. The result of this meant that some subjects improved with the role specific compliance, while others reduced.

This piece of work has enabled the Trust to be able to correctly identify the number of staff who must complete the relevant subject and how many have been trained. The monthly reports detail the names of staff and the training that their position needs to complete.

When any new legislation or updates on current regulatory bodies are issued, this piece of work would have to be repeated. For example, the new intercollegiate document that was issued for Safeguarding Children required the positions that were required to complete the different levels to be updated.

1.4 Internal Audit on Mandatory Training

During January and February 2015 an audit of Learning and Training was carried out by TIAA (Internal Audit). The scope of the audit was to provide assurance on the systems in place for mandatory training and ensure that:

- Approved policies and procedures are in place and complied with
- Staff undertake and complete appropriate mandatory training within expected timescales
- Records of mandatory training are complete and accurate
- Non-attendance is followed-up and required action taken
- Compliance targets are monitored and reported
- Actions are agreed to address underperformance and monitored for timely completion

The TIAA reviewed the systems in place including the DNA procedure, reports and compliance targets. A list of staff who had completed mandatory training was provided and a selection of staff were randomly selected to ensure that all the relevant systems had been updated and processes adhered to including signing in on the registration form; entered onto OLM; transferred to ESR and then the correct information appearing on the mandatory training reports.

The assessment of the audit was issued in March 2015 and the result was ‘substantial assurance’ which is the highest level that can be achieved.

OVERALL ASSURANCE ASSESSMENT	KEY FINDINGS
	• **An approved Mandatory Training Policy is in place and is available**

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<td>to staff via the intranet.
• Systems ensure that staff are made aware of Mandatory Training requirements and a variety of training mediums are on offer.
• Review of sampled training records identified minor discrepancies in consistency of data.
• Compliance reports and performance information is regularly shared with Managers and Governance Committees and actions identified.
• There is scope to develop exception reporting to highlight additional areas of weakness.</td>
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<td>SCOPE

This audit sought to provide assurance on the systems in place for Mandatory Training.</td>
<td>ACTION POINTS

<table>
<tr><th>Urgent</th><th>Important</th><th>Routine</th><th>Operational</th></tr>
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1.5 Future plans

There is an intention that all training should be recorded within the Oracle Learning Management (OLM) system; examples of what could be included are condition specific training such as Dementia, Diabetes and all Learning beyond Registration modules, however this has resource implications

A further piece of work is to introduce a two level induction which may take the shape of

- All new staff who have worked in a previous Trust and are up to date with their mandatory training will attend a half-day session where they are welcomed to the Trust. The Mandatory Training Leads will then introduce themselves and explain the systems and processes at NGH e.g. how to complete a safeguarding children referral.
- All new staff who have never worked in the NHS before or who do not have an up-to-date training record will attend the full 2 day induction.

There is currently some scoping in progress looking at the training that is already provided in the simulation suite to see if this could be linked to some of the mandatory and role specific

aspects e.g. to include infection prevention, information governance and falls. This way staff will understand the relevance of the mandatory/role specific training and if they are able to demonstrate that they have the knowledge in these subjects they can be recorded as being competent.

Appendix 2

Flowchart on process of training

Face to Face training	e-learning	workbook
Dates arranged against number of places required, room availability and trainer availability ↓ Dates are advertised for the year ↓ Staff book onto a course (or attend drop-ins) ↓ Staff attend and sign in on the attendance list ↓ Attendance lists are sent/given to L&D ↓	Staff register with the e-learning provider ↓ Staff complete the e-learning programme and assessment ↓ Weekly report is run by L&D from the e-learning provider which lists all the staff who successfully passed ↓	Staff read workbook and complete assessment ↓ Assessment sheets are sent by staff to the relevant lead ↓ List of all staff who had successfully passed the assessment are sent to L&D ↓
All training for the month is input by L&D into OLM by the last day of the month ↓ Reports are run on the 1st working day of the month ↓ Report are sent to Directors, Divisional Managers, Clinical Directors, Ward and Dept managers in the 1st week of the month		

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Clinical Collaboration & Healthier Northamptonshire Update**
Agenda item	**11**
Presenter of Report	Chris Pallot, Director of Strategy & Partnerships
Author(s) of Report	Chris Pallot, Director of Strategy & Partnerships
Purpose	To provide and update on the Healthier Northamptonshire programme
Executive summary The purpose of this paper is to brief the Board on the current position of the Healthier Northamptonshire programme. This update is at 7 December 2015 and has been presented to both CCG Governing Bodies and Kettering General Hospital Board to ensure the same information is shared.	
Related strategic aim and corporate objective	Corporate Object 3 Strengthen Local Services for a Sustainable Future
Risk and assurance	No
Related Board Assurance Framework entries	BAF 2.2
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)

Enclosure H

Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper: No

Actions required by the Trust Board

The Board is asked to note the update.

Public Trust Board
28 January 2016

Clinical Collaboration & Healthier Northamptonshire Update

1. Introduction
The purpose of this paper is to brief the Board on the current position of the Healthier Northamptonshire programme. This update is at 7 December 2015 and is similar to that presented to both Clinical Commissioning Group (CCGs) Governing Bodies and Kettering General Hospital Board to ensure the same information is shared.

Both the Healthier Northamptonshire Implementation Steering Group and the Integrated Care Closer to Home (ICCtH) Board were cancelled due to low attendance over the festive season in December and hence this update is more brief than usual.

2. Regulator Update on Milestone Plans
Further to the tripartite escalation meeting on 23 September 2015 the Health and Social Care partners have agreed the programme will be refreshed and refocused to ensure that we deliver our Integrated Care Closer to Home strategy, development of primary care at scale, and further integration (physical, social and mental health). They have also agreed to provide a strong focus on acute quality priorities. All of these refinements need to be agreed and embedded to ensure a sustainable system plan.

A workshop was held on Monday 9 November 2015, to start to develop the milestone plan required for the system regulators. There were 3 breakout sessions for each of the programme areas whereby all partner organisations started to develop an outlined milestone plan for Integrated Care Closer to Home, Clinical Collaboration, Collaborative Resource Management and Finance. Since the workshop Health and Social Care partners have further developed the original document. The milestone plan with financial high level modelling has been submitted to the Regulators on 30 November 2015.

At the time of writing formal feedback has not been received from the Regulators.

3. Programme updates
3.1 Integrated Care Closer to Home
This programme of work is currently being aligned to the Better Care Fund (BCF).

The key points to note are:

- Work is underway to align the ICCtH programme and BCF to create a ‘single’ story
- Evaluation is underway of the projects within the programme
- A Health-watch workshop was held on 3 November 2015 to find out people’s experiences (patients/service users and carers) of health and social care in Northamptonshire, specifically of what might prevent an admission and what might get someone home quicker. The findings from the workshop are being written.
- Evaluation of elements of the programme is being undertaken to inform 2016/17 commissioning decisions

Appendix one lists the most recent activity information provided by Northamptonshire Healthcare Foundation Trust (NHfT) in December 2015.

3.2 Clinical Collaboration
Clinical Collaboration currently includes 6 specialties which are Rheumatology, Orthopaedics, Ophthalmology, Radiology, Cardiology and Dermatology. All the specialities are at different stages of implementation; therefore an overarching clinical collaboration implementation 'framework' has been developed and implemented to ensure there is a consistency in both the approach and pace of delivery.

The current position is:

- The Clinical Collaboration Steering Board has been expanded to include GP representation. The key focus is to produce business case's that support the changes in each specialty with rheumatology and orthopaedics being the first.
- Proposed new clinical models for all work-streams have been developed and are being reviewed by clinical service leads
- The financial model to underpin the collaborative pathways has been agreed between the Finance Directors.

3.3 Collaborative Resource Management
Steady progress continues with sharing ideas for the seven work-stream areas although some are further ahead than others.
The current position is:

- The seven project areas and the three strategic areas have now been taken in house by the Trust CEOs.
- Governance and progress now to be driven through the 3 Trusts' PMOs and reported monthly through Healthier Northamptonshire. Time, focus and resourcing remain the key issues affecting pace and success of delivery.

4. Risks
Below are the escalated risks which are presented at the Implementation Steering Group.

HN007 - Urgent care pressures does create distraction and delay the delivery on the portfolios areas if resources are diverted.
HN034 - Each organisation is financially constrained which will impact on resourcing of the programme, with consequences for delivery to schedule.
HN035 - Changes within the programme delivery structure/resources will delay the delivery of the outcomes.
HN036 - The 16/17 plan is insufficient to meet the scale and system challenge.
HN037 - The financial challenges faced by all organisations will negatively impact on the delivery to the Healthier Northamptonshire programme

5. Finance Issues
This is now being progressed through the Finance Modelling Advisory Group (FMAG).

6. Next steps

- To develop detailed plans for the milestones set out in the regulator plan and to align these to the CCG, Northamptonshire County Council and provider planning processes.
- To embed the Healthier Northamptonshire programme within the CCGs and Local Authority planning process for 16/17.
- To produce clear metrics and reporting processes which are aligned with commissioner / system performance monitoring.

7. Recommendation
Board members are invited to receive and note this report.

Integrated Care Closer to Home (ICCtH) Seven Month Performance Summary

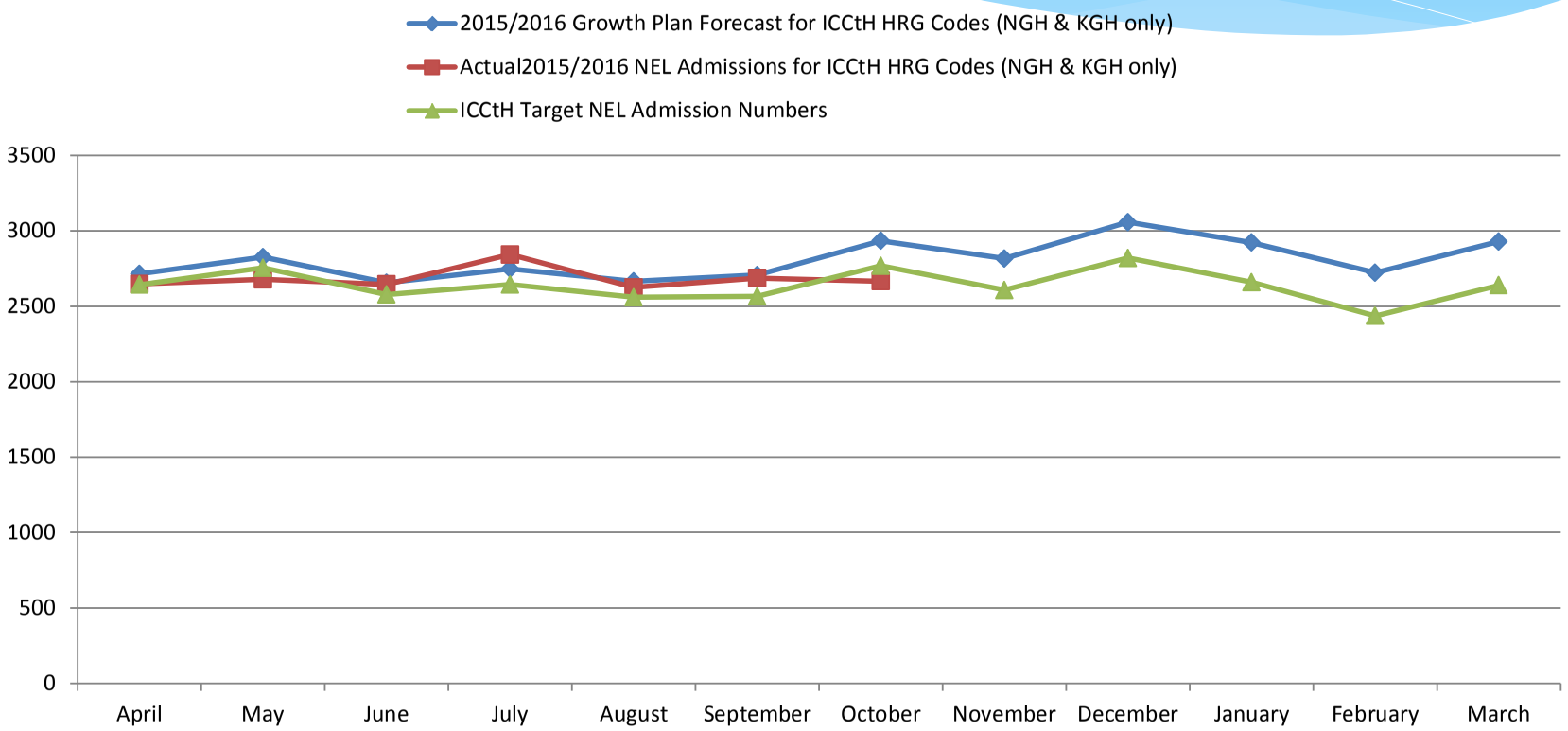
Integrated Care Closer to Home Board

23rd December 2015

Healthier Northamptonshire
Better Health, Better Care, Better Value

Enclosure H

Performance Year to Date



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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	2707	2934	2816	3058	2923	2723	2929	33701
Actual2015/2016 NEL Admissions for ICCtH HRG Codes (NGH & KGH only)	2648	2679	2645	2843	2625	2687	2666						18793
ICCtH Target NEL Admission Numbers	2643	2755	2578	2644	2560	2566	2769	2608	2820	2660	2437	2639	31679
KGH Actual performance against growth plan for ICCtH HRG Codes	-32	115	8	-72	178	37	131						365
NGH Actual performance against growth plan for ICCtH HRG Codes	99	29	3	-22	-137	-18	137						91
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	-94	41	19	268						456
Performance to ICCtH Plan	-5	73	-67	-199	-64	-122	103						-281

Target NEL Reduction after six months = 737

Note negative number is worse performance against plan in table above

Enclosure H

Real Growth Impact for ICCtH Target HRG codes

Year to Date	NEL	NGH All ICCtH	NGH 18 - 74 ICCtH	NGH 75+ ICCtH	NGH 85+ ICCtH	KGH All ICCtH	KGH 18 - 74 ICCtH	KGH 75+ ICCtH	KGH 85+ ICCtH
Growth Plan	19251	10973	7125	3848	1790	8278	4933	3345	1747
Actual Plan	18795	10881	7073	3808	1739	7914	4778	3136	1459
Variance	-456	-92	-52	-40	-51	-364	-155	-209	-288
2014/2015 Comparable Period Baseline	18230	10391	6747	3644	1695	7839	4671	3168	1654
Real Term Increase	565	490	326	164	44	75	107	-32	-195
as %	3	5	5	5	3	1	2	-1	-12

Performance by CCGs and Localities

By Geographical Area	Apr	May	June	July	August	Sept	Oct	Variance	7 Mth CCG Plan	7 Mth Actual
Corby	-23	-39	-9	39	-8	-14	-34	-86	2056	1970
Daventry	-27	14	33	21	0	59	6	107	1418	1525
East Northants	4	-31	-8	1	-43	-16	2	-91	2086	1995
Kettering	21	-37	-6	10	-119	-5	-119	-255	3169	2914
Northampton Central	-37	-21	-6	38	7	-52	-84	-154	2779	2625
Northampton South & East	-25	-39	-9	36	3	-8	-54	-96	2055	1959
Northampton West	-33	19	-22	-64	79	25	19	23	2605	2628
South Northants	36	11	-19	-14	12	-18	-1	7	1100	1107
Wellingborough	16	-22	34	26	29	10	-3	91	1981	2072
Null	0	0	-1	0	0	0	0	1	0	1
	-68	-145	-13	93	-40	-19	-268	-453	19249	18796

5% below plan or more	0 to 5% below plan	0 to 5% above plan	5% above plan or more

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Heat Map by Age

Cumulative Mth 7															
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	10	7	-29	-19	16	-23	-8	-4	-41	**-91**	**-19**	2	1	2	4
25-34	33	8	-15	-23	-49	13	8	14	3	**-8**	**-20**	3	3	0	3
35-44	-18	26	-6	-18	-74	-24	8	-12	59	**-59**	**-47**	2	1	1	5
45-54	-35	-8	19	25	-20	-34	45	3	-9	**-14**	**-58**	3	1	2	3
55-64	18	47	-4	-69	26	-21	26	-30	22	**15**	**-40**	5	0	1	3
65-74	-22	25	-31	43	-38	-23	17	-30	10	**-49**	**-40**	4	0	0	5
75-84	7	40	60	-62	-6	23	-80	35	72	**89**	**-1**	5	1	1	2
85+	-77	-38	-85	-133	-9	-8	6	31	-24	**-337**	**-38**	1	1	2	5
Total	-84	107	-91	-256	-154	-97	22	7	92	**-454**	**-263**	25	8	9	30
											Change in Mth	-1	1	1	-1

Healthier Northamptonshire
Better Health, Better Care, Better Value

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Corporate Governance Report**
Agenda item	**12**
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	Information
Executive summary This report provides the Board with information on a range of corporate governance matters and in particular includes formal reporting on the Use of the Trust Seal pursuant to the Trust's Standing order 12.3.	
Related strategic aim and corporate objective	N/A
Risk and assurance	This report provides assurance to the Board in respect to compliance with Standing Orders and the Trust's Standards of Business Policy
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? (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 I

Legal implications / regulatory requirements	This report provides the Board with information on a range of corporate governance matters and in particular includes formal reporting on the Use of the Trust Seal pursuant to the Trust's Standing order 12.3

Actions required by the Trust Board

The Trust Board is asked to:

- To note the Use of the Seal, numbers of staff declarations and new declarations of interest by Trust Board members

Northampton General Hospital NHS
NHS Trust

Public Trust Board
28 January 2016

Corporate Governance Report
September – December 2015

Introduction
This report provides the Board with information on a range of corporate governance matters and in particular includes formal reporting on the Use of the Trust Seal pursuant to the Trust's Standing order 12.3.

Use of the Trust Seal
The Trust's Standing Orders require that periodic reports are made to the Board detailing the use of the Trust's Seal. The Seal will 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.

There has been no Use of the Trust Seal in the reporting quarter.

Declarations of Hospitality
Staff within the Trust are required by the Standards of Business conduct Policy to declare any hospitality and/or gifts received. Staff are given regular reminders through Trust communication mechanisms regarding their liabilities in respect to the requirements of this policy.

- September – December 2015: 32 declarations received

Declarations of Interest
Olivia Clymer commenced as a newly appointed Non-executive Director on 1 November 2015 and has declared the following interests:

- Non-Executive Director for Dudley and Walsall Mental Health Trust
- Secretary to a Sailing Club

Chris Pallot has made an update to declarations:

- Chairman of Voluntary Impact Northamptonshire

There were no new declarations of interest by any other Trust Board members, in line with good practice an annual form for Board members to complete in respect to declarations has been circulated in January 2016.

Enclosure I

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**TDA Self-Certifications**
Agenda item	**13**
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 *December 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: • Approve the Monitor Licensing Requirements and Trust Board Statements self-certifications for December 2015	

NHS Trust Development Authority: Oversight and monthly self-certification

Year: 2015/16 Month: *December 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.
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

	Compliance with monitor license requirements for NHS Trusts: License Condition	Compliant	Comments
			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 going concern, as defined by relevant accounting standards in force from time to time.	Risk	The *2015/16* operating plan is a deficit plan	March 2016

	For Clinical Quality that,	Response	Comment	Timescale for Compliance
	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 *December 2015* the Trust did not meet targets for: • 4 hour A&E transit time • Operations cancelled and not rebooked within 28 days • Cancer 62 day wait target	A&E 4hr and 28 day cancelled ops – *April 2016*
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 to discharge	Yes		

	For Clinical Quality that,	Response	Comment	Timescale for Compliance
	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	**28 January 2016**

Title of the Report	**NHS Preparedness for a Major Incident**
Agenda item	**14**
Presenter of the Report	Deborah Needham, Chief Operating Officer, Deputy Chief Executive
Author(s) of Report	Jeremy Meadows, Head of Resilience and Business Continuity
Purpose	For assurance
Executive summary Following the recent attacks in Paris, NHS England have requested the support of national agencies in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.	
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
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 1.2
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? (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 K

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 the contents of this paper

Northampton General Hospital NHS
NHS Trust

Public Trust Board
28 January 2016

NHS Preparedness for a Major Incident

1. Introduction

In light of the recent tragic events in Paris, it is important to learn from the incidents that occurred and ensure that this is reflected fully within the Trust's Emergency Preparedness, Resilience and Response procedures. NHS England have requested our support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat. The letter is attached.
APPENDIX 1.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains Severe. Severe means an attack is highly likely.

The Trust is therefore requested to provide assurance surrounding the following 4 key areas:

1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss to the primary communications system;

2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care;

4. You have given due consideration as to how the Trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

2. Assurance

For clarity the report will address each of these requests separately:

1. You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss to the primary communications system;

The Trust has numerous ways of communicating with staff in the event of an incident, however the two main options are via Switchboard or the Internet based messaging system, '360'. In the event of an incident, an automated, personalised message can be sent to staff via '360' in the form of a telephone call to a given telephone number. This has recently been used to advise staff of an Internal Significant Incident due to capacity pressures within the Trust. The system has also been tested following a scheduled update, in order to confirm usability and to ensure that names and contact details contained within the system were correct.

In order to ensure contact details remain up to date, management of the details contained within the system is owned by a divisional representative.

The Trust's communications team is responsible for ensuring that clear and timely messages are made available for staff regarding the Trust's plans and actions in response to an incident.

Enclosure K

2. You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

The Trust is located across one site, within Northampton Town centre. The Trust has a large local workforce, with many staff able to walk or cycle to work, with others relying on public transport. The majority, however, drive.

As per an adverse weather event, staff will be expected to wherever possible make all reasonable efforts to safely make their own way to their place of work. Staff living within the immediate locality of the site are encouraged, where safe to do so, to walk to work.

Where staff are unable to utilise public transport or walk to site, the Trust can call on the 4x4 volunteer service. As this service is provided by a volunteer group and is shared with other local agencies, its availability cannot be guaranteed. Requests for this service is coordinated by the Site Manager.

It is important to ensure that the skills of staff currently on-site are maximised, for example calling on the support of clinical staff within non-clinical roles. Staff may also wish to remain on-site until they are relieved in order to prevent any staff shortages.

In the event that staff are unable to travel home after their shift due to the situation, or they have offered to cover further shifts, there is the provision of Trust-funded emergency accommodation. It is the responsibility of all directorates to establish and maintain Business Continuity Plans. These should identify and plan to maintain the directorate's critical functions. During an incident these plans will allow the directorate to manage its activity with the potentially limited resources available.

All directorates will ensure that the Incident Coordination Centre is kept informed as to its current ability to deliver its critical functions. Should one or more directorates declare an inability to maintain its functions, it is the responsibility of Silver command to arrange Trust-wide distribution of staff and prioritising of functions.

3. Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care;

In order to ensure greater Trust and countywide resilience, a Memorandum of Understanding may be discussed with Kettering General Hospital to allow staff to work from their nearest hospital in the event of transportation issues.

The ITU (Level 3 Care) currently occupies an eight bedded unit including two side rooms. The HDU (Level 2 Care) is situated next to the ITU and provides eight beds, including one side room. All bed spaces in this area have similar equipment to that on ITU and can accommodate Level 3 patients. The Trust Surge and Escalation Plan highlights arrangements in place for creating additional capacity.

NGH maintains close links to its Critical Care and Trauma Networks and will utilise these networks, the CCG and NHS England for advice and guidance. NGH will also monitor possible available beds within other Trusts. The use of mutual aid and cross region/national co-ordination becomes increasingly important.

4. You have given due consideration as to how the Trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

In the event of an incident requiring the management of a significant number of patients with traumatic blast and ballistic injuries, it is inevitable that this will result in the declaration of a major incident with a multi-agency co-ordination structure in place. In the event of requiring specialist advice regarding the management of these patients, the Trust will call upon the expertise of Multi-agency Local Resilience Forum (LRF) colleagues using tried and tested methods.

3. Recommendations

It is recommended that the Chief Operating Officer discusses the overarching, regional response at the Local Resilience Forum (LRF).

It is recommended that the Chief Operating Officer liaises with Kettering General Hospital to discuss potential cross-site working in order to improve resilience, whereby members of staff would go to their nearest hospital in the event of major transport issues within Northamptonshire.

It is also recommended that the Trust undertakes an exercise in order to test the management of a significant number of patients with traumatic blast injuries.

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

Publications Gateway Reference No.04494

Dame Barbara Hakin
National Director: Commissioning Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.eprr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: https://www.england.nhs.uk/ourwork/eprr/gf/. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;

- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and

- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully

Dame Barbara Hakin
National Director: Commissioning Operations

Cc.
Prof. Sir Bruce Keogh – National Medical Director – NHS England
Prof. Keith Willett – NHS England – Director for Acute Care
Dr Bob Winter – NHS England – National Clinical Director EPRR
Richard Barker – NHS England - North
Paul Watson – NHS England – Midlands & East
Anne Rainsberry – NHS England – London
Andrew Ridley– NHS England – South
Hugo Mascie-Taylor - Monitor
Helen Buckingham – Monitor
Dr K McLean – NHS Trust Development Authority
Peter Blythin – NHS Trust Development Authority
National on Call Duty Officers NHS England
NHS England Heads of EPRR
NHS England Medical Directors

High quality care for all, now and for future generations

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Integrated Performance Report and Corporate Scorecard**
Agenda item	**15**
Presenter(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
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 L

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	Oct-15	Nov-15	Dec-15
C.1	Written complaints rate	None	↑	55	56	44
C.2	Complaints responded to within agreed timescales	=>90%	↓	100%	84.2%	76.4%
C.3	Friends & Family Test % of patients who would recommend: Inpatient/Daycase	95.2%	↑	87.9%	88.4%	90.6%
C.4	Friends & Family Test % of patients who would recommend: A&E	87.2%	↓	89.5%	86.8%	86.7%
C.13	Friends & Family Test % of patients who would recommend: Maternity - Antenatal Community	95.0%	↓	93.5%	96.1%	91.2%
C.14	Friends & Family Test % of patients who would recommend: Maternity - Birth	96.5%	↑	94.4%	97.5%	96.4%
C.15	Friends & Family Test % of patients who would recommend: Maternity - Postnatal Ward	93.8%	↓	98.4%	98.6%	97.1%
C.16	Friends & Family Test % of patients who would recommend: Maternity - Postnatal Community	100%	↑	100.0%	98.5%	100%
C.6	Friends & Family Test % of patients who would recommend: Outpatients	91.8%	↑	89.8%	91.7%	92.0%
C.7	Mixed Sex Accommodation	0	→	0	0	0
C.8	Total deaths where a care plan is in place	=>50%	→	43.0%	57.0%	50.0%
C.9	Transfers: Patients moved with a risk assessment completed	100%	↑	94.1%	96.1%	96.2%

Footnote:

C.3 – C.8 FFT: Targets are now set against the latest national performance which is published two months restrospectively. The RAG rating is therefore only applied for the most recently pubished national performance.

Winter Pressures

	Indicators	Target	Trend	Oct-15	Nov-15	Dec-15
WP.1	Escalation Areas Open	0	↑	477	470	399
WP.2	Patient Ward Moves (between 9pm & 8am) - NEL ONLY	To be agreed	↑	76	71	70
WP.3	Cancelled Operation Numbers (Clinical & Non Clinical)	To be agreed	↑	386	485	339
WP.4	Patient who need to be readmitted if transport arrives too late	To be agreed	↓	-	7	22
WP.5	A&E Trolley waits 8hrs 1 min to 12hrs (DTA to admission)	To be agreed	↑	46	78	21

Effective

	Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
E.1	Emergency re-admissions within 30 days (adult elective)	None	↓	2.7%	3.0%	4.4%
E.2	Emergency re-admissions within 30 days (adult non - elective)	None	↓	14.2%	12.5%	14.2%
E.3	Length of stay - All	=<4.2	↑	5.6	8.1	5.78
E.51	Length of stay - All (Excl. Compton, Blenheim & Cliftonville wards)	=<4.2	↑	6.1	3.7	3.82
E.4	Length of stay - Elective	=<2.7	↓	2.3	3.53	3.93
E.52	Length of stay - Elective (Excl. Compton, Blenheim & Cliftonville wards)	=<2.7	↓	3.1	4.4	3.8
E.5	Length of stay - Non Elective	=<4.7	↑	6.8	8.55	6.54
E.53	Length of stay - Non Elective (Excl. Compton, Blenheim & Cliftonville wards)	=<4.7	↑	6.9	3.9	4.3
E.6	Maternity: C Section Rates - Total	<26.2%	↓	28.3% (110)	27.8% (110)	28.5% (107)
E.7	Maternity: C Section Rates - Emergency	<13.0%	↑	17% (66)	18% (71)	13.6% (51)
E.8	Maternity: C Section Rates - Elective	<13.2%	↓	11.3% (44)	9.8% (39)	14.9% (56)
E.10	Mortality: SHMI	Within expected range	→	102	102	102
E.11	Mortality: HSMR		↓	102	101	103
E.12	Mortality: HSMR - Weekend		↑	100	99	99
E.13	Mortality: HSMR - Week day		↑	103	102	102
E.14	Mortality: Low risk conditions		↑	79	74	74
E.15	Mortality: Maternal Deaths	0	→	0	0	0
E.16	NICE Technology Appraisal Guidance compliance	=>80%		Not Avail	Not Avail	Not Avail
E.17	Patients cared for in an escalation area (occ bed days)	0	↑	477	470	399
E.18	# NoF - Fit patients operated on within 36 hours	=>80%	↓	88.9%	93.3%	88.9%
E.19	Stroke patients spending at least 90% of their time on the stroke unit	=>80%	↓	68.6%	70.8%	63.5%
E.20	Suspected stroke patients given a CT within 1 hour of arrival	=>50%	↓	72.2%	71.7%	68.7%
E.47	% Weekend Discharges against Week Day Discharges	=>80%	↓	65.2%	65.5%	54.0%

Safe

	Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
S.1	C-Diff	Ave. 1.75 per mth	↓	2	3	4
S.38	C-Diff incidents apportioned to NGH care			Awaiting review		
S.2	Dementia: Case finding	=>90%	↓	98.6%	98.7%	91.7%
S.3	Dementia: Initial diagnostic assessment	=>90%	→	100%	100%	100%
S.4	Dementia: Referral for specialist diagnosis/follow-up	=>90%	↓	100%	88.9%	89.5%
S.36	Falls per 1,000 occupied bed days	=<5.5	↑	5.0	5.2	4.8
S.6	Harm Free Care (Safety Thermometer)	94.2%	↓	92.2%	93.5%	91.5%
S.7	Medical Notes: Availability for clinics	=>99%	↑	97.4%	98.4%	99.4%
S.11	Medication incidents that cause significant harm	0	↑	1	0	0
S.12	MRSA	0	→	0	0	0
S.13	Never event incidence	0	↓	0	0	2
S.14	Pressure Ulcers: Avoidable grade 4	0	→	0	0	0
S.15	Pressure Ulcers: Avoidable grade 3	Max 3.4 p/mth	↑	5	6	4
S.16	Pressure Ulcers: Avoidable grade 2	Max 12.3 p/mth	→	12	8	10
S.17	Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	0	↑	3	1	0
S.18	Open CAS alerts	0	→	0	0	0
S.19	UTI with Catheters (Safety Thermometer-Percentage new)	0.3%	↓	0.2%	0.5%	0.6%
S.20	VTE Risk Assessment	=>95%	↓	97.1%	95.9%	95.6%
S.21	Transfers: Patients transferred out of hours	0	↑	119	129	106
S.22	Percentage of patients cared for outside of specialty	<10%	↑	18.0%	16.0%	15.0%
S.23	Percentage of discharges before midday.	>25%	↓	20.5%	19.0%	19.7%
S.24	Number of cancelled operations due to bed availability	0	↑	70	87	31
S.32	TTO's sent by Taxi	0	→	0	0	0

Footnote:

S.6 & S.19 Safety Thermometer indicators: Targets are now set against the latest national performance. The RAG rating is therefore only applied for the most recently pubished national performance.

Responsive

	Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
R.1	A&E: Proportion of patients spending less than 4 hours in A&E	=>95%	↑	90.4%	87.3%	91.4%
R.2	A&E: 4hr SitRep reporting	=>95%	↑	90.1%	88.1%	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%	99.95%
R.5	Discharge: Number of medically fit patients awaiting discharge (average daily)	=<50	↓	102.8	116.2	121.5
R.6	Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	=>93%	↓	96.9%	97.6%	95.7%
R.7	Cancer: Percentage of 2 week GP referral to 1st outpatient - breast symptoms	=>93%	→	100%	100%	100%
R.8	Cancer: Percentage of patients treated within 62 days of referral from screening	=>90%	↑	83.3%	100%	96.8%
R.9	Cancer: Percentage of patients treated within 62 days of referral from hospital specialist	=>85%	↓	40.0%	100.0%	0%
R.10	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	=>85%	↓	87.0%	80.6%	74.3%
R.11	Cancer: Percentage of patients treated within 31 days	=>96%	↑	94.8%	96.3%	100%
R.12	Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	=>94%	↑	85.7%	91.7%	100%
R.13	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - drug	=>98%	↑	100%	95.6%	100%
R.14	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	=>94%	↑	99%	97.8%	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	↓	1	1	2
R.17	RTT for admitted pathways: Percentage within 18 weeks	=>90%	↑	75.4%	83.0%	85.5%
R.18	RTT for non- admitted pathways: Percentage within 18 weeks	=>95%	↓	94.7%	95.1%	94.6%
R.19	RTT waiting times incomplete pathways	=>92%	↓	96.1%	95.4%	94.3%
R.20	RTT over 52 weeks	0	→	0	0	0
R.21	Delayed transfer of care	0	↓	54	51.8	57.5

Well Led

	Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
W.1	Friends & Family: % of staff that would recommend the trust as a place of work	N/Applic	N/Applic	N/ Avail - Q3 data to be taken from the National Staff Survey		
W.2	Data quality of Trust returns to HSCIC (SUS)	=>90%	↑	88.9%	93.3%	Not avail.
W.3	Turnover Rate	=<8%	↓	11.33%	11.48%	11.70%
W.4	Sickness rate	=<3.8%	↑	4.28%	4.08%	4.10%
W.5	Staff: Trust level vacancy rate - All	=<7%	↑	9.7%	9.5%	9.5%
W.5	Staff: Trust level vacancy rate - Medical Staff	=<7%	↓	9.18%	9.88%	10.86%
W.5	Staff: Trust level vacancy rate - Registered Nursing Staff	=<7%	↑	14.82%	15.01%	13.42%
W.5	Staff: Trust level vacancy rate - Other Staff	=<7%	↓	12.41%	11.95%	12.29%
W.9	Staff: Temporary costs & overtime as a % of total pay bill	None	↓	14.4%	14.6%	Not Avail.
W.10	Percentage of staff with annual appraisal	=>85%	↑	76.1%	80.4%	82.5%
W.11	Percentage of all trust staff with mandatory training compliance	=>85%	↑	84.7%	82.9%	84.2%
W.12	Percentage of all trust staff with role specific training compliance	=>85%	↑	71.2%	71.3%	72.5%
W.15	Medical Job Planning	100%	↑	55.0%	76.0%	79.0%

Finance

	Indicator	Target	Trend	Oct-15	Nov-15	Dec-15
F.1	Surplus / Deficit	0 Fav		(108) Adv	(428) Adv	Not avail.
F.2	Income	0 Fav		(542) Adv	789 Fav	Not avail.
F.3	Pay	0 Fav		620 Fav	(184) Adv	Not avail.
F.4	Non Pay	0 Fav		(1,085) Adv	(1,510) Adv	Not avail.
F.5	Bank & Agency / Pay %	7.5%		8.6%	0 Fav	Not avail.
F.6	CIP Performance	0 Fav		189 Fav	(16) Adv	Not avail.
F.7	Waivers			9	3	2
F.8	Waivers which have breached			5	3	4

Section	Red Rated	Amber Rated	Green Rated	None	Total
Caring	1	1	2	8	12
Winter Pressures	1	0	0	4	5
Effective	9	1	10	3	23
Safe	9	1	12	1	23
Responsive	9	0	12	0	21
Well-Led	7	3	0	3	13
Finance	1	0	1	0	2
Total	37	6	37	19	99

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

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
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Escalation Areas Open	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Month on month improvement despite the increase in activity • Flow through the Emergency Care Pathway was limited, 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.	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • 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 Department • Exploring options to increase the bed base
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Q2 2016/17	Q2 2016/17
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicators		Target	Trend	Oct-15	Nov-15	Dec-15
WP.1	Escalation Areas Open	0	↑	477	470	399

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Patient Ward Moves (between 9pm & 8am) NEL ONLY	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Month on month improvement • However, flow through the Emergency Care Pathway continued to be limited resulting in the inability to move patients in a timely manner to an appropriate ward • Discharges on the base wards are not happening early enough in the day to ensure flow from the Urgent Care departments • The Trust has also experienced issues with NSL patient transport resulting in transfer of patients from the discharge lounge to the main wards (re-bedding)	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • Greater utilisation of the new Ambulatory Care Centre to reduce admissions and the discharge suite to create flow earlier in the day and reduce late moves • The challenges with NSL are being managed through the CCG with NGH involvement
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Jan 16 - <80	Jan 16 - <80
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicators		Target	Trend	Oct-15	Nov-15	Dec-15
WP.2	Patient Ward Moves (between 9pm & 8am) - NEL ONLY	**To be agreed**	↑	**76**	**71**	**70**

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Cancelled Operation Numbers (Clinical and Non-clinical)	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
Clinical reasons: • This is a new report. A full breakdown and categorisation will be available next month once target level agreed **Non-Clinical reasons:** • Operations have been cancelled due to greater use of escalation areas throughout November • In severe escalation (RED) all non-urgent patients are cancelled to ensure safety for emergency patients • Operations are routinely cancelled when lists over run • Staff availability within theatres due to vacancy and sickness has a direct effect on cancellations	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to improve efficiencies and flow through the Trust • The theatres productivity work stream has been relaunched and has 6 projects to increase productivity within the surgical division
Forecast date (month) for *meeting the standard*	**Forecast performance for next reporting period:**
TBA	500 (due to use of Althorp as medical ward)
Lead for recovery:	**Lead Director:**
Fay Gordon / Rebecca Brown	Deborah Needham

Historical Target Performance

Indicators		Target	Trend	Oct-15	Nov-15	Dec-15
WP.3	Cancelled Operation Numbers (Clinical & Non Clinical)	**To be agreed**	↑	**386**	**485**	**339**

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Patient who need to be readmitted if transport arrives too late	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• The number of readmissions increased in December. • NSL were unable to deliver transport for patients within the allotted time. • The Trust deemed that the delayed arrival time of the transport was too late for patient to be moved so patients were re-bedded.	• This issue with NSL has been raised with the CCG who are in discussions with NSL and reviewing contracts and their performance • NSL have received an improvement notice • The Trust must ensure wards are booking transport at appropriate times
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
April 2016	30
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicators		Target	Trend	Oct-15	Nov-15	Dec-15
WP.4	Patient who need to be readmitted if transport arrives too late	**To be agreed**	↓	-	**7**	**22**

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	A&E Trolley waits 8hrs 1min to 12hrs – (DTA to admission)	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Improvement in December 2015 • The trust saw a prolonged period of high admissions. • Flow through the Emergency Care Pathway was slow, and the inability to move patients in a timely manner to an appropriate ward. • Discharges on the base wards ere not early enough in the day • Capacity of ED remains challenging. • High acuity in medicine leading to exit block in ED	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • Greater utilisation of the new Ambulatory Care Centre to reduce admissions and the discharge suite to create flow earlier in the day to reduce ED occupancy
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
April 2016	70
Lead for recovery:	Lead Director:
Sue Mcleod / Lyndsey Brawn	Deborah Needham

Historical Target Performance

Indicators		Target	Trend	Oct-15	Nov-15	Dec-15
WP.5	A&E Trolley waits 8hrs 1 min to 12hrs (DTA to admission)	**To be agreed**	↑	**46**	**78**	**21**

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

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

Driver for underperformance:	Actions to address the underperformance:
• The number of attendances to ED has continued to reduce since October, however remains significantly higher than the previous year. • The number of admissions through Emergency Departments have increased since November, and is higher than the previous year. • The proportion of patients presenting at ED who are unwell and require admission has increased. (increased acuity) • Flow through the Emergency Care Pathway has been challenging, leading to a high number of 1st Assessment Breaches speciality review breaches, especially for the medical teams, and bed breaches. • DTOC remains high • **Full report is being submitted to F&P**	• The new Ambulatory Care Centre continues to receive higher numbers of patients than previously, due to its new location and dedicated clinical and nursing teams. • The expansion of the Emergency Observation Area development is underway and will be able to accommodate more patients • The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
April 2016	<90%
Lead for recovery:	Lead Director:
Sue McLeod / Lyndsey Brawn	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
R.1	A&E: Proportion of patients spending less than 4 hours in A&E	=>95%	↑	90.4%	87.3%	91.4%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

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

Driver for underperformance:	Actions to address the underperformance:
• Increase in attendances and admissions generally and especially in the frail elderly • Increase in acuity leading to longer LOS and greater, more complex discharge requirements.	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • The Discharge to assess project has launched and has discharged over 250 patients within Northamptonshire in 10 weeks • Additional Discharge Assistants appointed to support the wards and discharge teams • 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 • Greater focus on the 'simple' discharges process • 'Top 20' review throughout winter period
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
March 2016	100
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
R.5	Discharge: Number of medically fit patients awaiting discharge (average daily)	=<50	↓	102.8	116.2	121.5

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Cancer Access Targets	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• **Reporting on November data** • Radiology capacity particularly for MRI and endoscopy capacity continue to impact on the 62 day pathway. • Late referrals, patient choice to delay tests, patient fitness for treatment and late referrals from H&N to haematology impacted on the pathway. • The breakdown of the MRI scanner also directly impacted on the urology breach but delayed the pathways of a number of patients. • **Full report is being submitted to F&P**	• Continue to focus on 'Breaking the Cycle' specifically with radiology and the head and neck pathway. • Reduction in waiting times for MRI and endoscopy • Working to an action plan led by the CCG
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
March 2016	January 2016 83.6%
Lead for recovery:	**Lead Director:**
Directorate Managers/Tracey Harris	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
R.9	Cancer: Percentage of patients treated within 62 days of referral from hospital specialist	=>85%	↓	40.0%	100.0%	0%
R.10	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	=>85%	↓	87.0%	80.6%	74.3%

Enclosure L

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:	December 2015

Driver for underperformance:	Actions to address the underperformance:
Plastic Surgery • Patient was placed on waiting list 09/10/15 • TCI 17/11/15 but was cancelled as there were no beds available. • No available space on operating list before breach date of 15/12/15. • TCI - 12/01/2016	• 28 day breach changed to a priority 1 on the elective patient waiting list priorities.
Urology • Patient was placed on waiting list 04/10/15 • TCI 5/11/15 but was cancelled as there were no beds available. • TCI 25/11/15 cancelled again due to no beds available (internal incident) • TCI 16/12/15 Surgery performed.	• 28 day breach changed to a priority 1 on the elective patient waiting list priorities.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
November 2015	November 2015
Lead for recovery:	**Lead Director:**
Fay Gordon / Mike Wilkinson	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
R.16	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0	↓	1	1	2

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

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

Driver for underperformance:	Actions to address the underperformance:
• Capacity of external Health and Social teams remains challenging • Availability of Dom Care providers to relive CRT challenging • Larger number of patient being admitted with complex discharge needs	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to improve efficiencies and flow through the Trust, including criteria led discharge and board / ward rounds. • The Discharge to assess project has launched and has discharged over 375 patients within Northamptonshire in 14 weeks • Additional Discharge Assistants appointed to support wards and discharge teams • Additional support from OCS/CRT to manage capacity • 2nd & 3rd Tier Dom Care providers coming on board to help relieve START, who in turn can relieve CRT • 'Top 20' review throughout winter period
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	70
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
R.21	Delayed transfer of care	0	↓	54	52	58

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Length of Stay	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Some improvement across medicine • There has been an increase in frail elderly admissions • The denominator for EL LOS has changed as 'simpler' surgery has been cancelled and more complex and serious cases undertaken, which in turn will lengthen LOS.	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • Immediate focus on the weekend discharge process • Greater utilisation of the new Ambulatory Care Centre to reduce NEL admissions • 'Top 20' review throughout winter period • Analysis of LOS by days
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
May 2016	6 days
Lead for recovery:	**Lead Director:**
Dr Lyndsey Brawn/ Dr Mike Wilkinson Sue McLeod / Fay Gordon	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
E.3	Length of stay - All	=<4.2	↑	5.6	8.1	5.78
E.51	Length of stay - All (Excl. Compton, Blenheim & Cliftonville wards)	=<4.2	↑	6.1	3.7	3.82
E.4	Length of stay - Elective	=<2.7	↓	2.3	3.53	3.93
E.52	Length of stay - Elective (Excl. Compton, Blenheim & Cliftonville wards)	=<2.7	↓	3.1	4.4	3.8
E.5	Length of stay - Non Elective	=<4.7	↑	6.8	8.55	6.54
E.53	Length of stay - Non Elective (Excl. Compton, Blenheim & Cliftonville wards)	=<4.7	↑	6.9	3.9	4.3

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Maternity: C Section Rates - Elective	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• The 2013/14 HES data reported that the national average for caesarean section undertaken in England had risen to 26.2% (the elective caesarean section rate had increased to 13.2% and the emergency caesarean section rate decreased to 13%). • As a consequence, the Obstetric Governance Group amended the trigger on the maternity dashboard to reflect this adjustment. • To date, the overall caesarean section rate at NGH has remained reasonably static and the national average has increased. • As a consequence, the current picture for NGH when compared with the national average has improved, however this month there has been a significant rise in the number of women who had an elective Caesarean Section.	• Continued monitoring of Caesarean section rates on Maternity Dashboard which is presented to Directorate Governance Group • Implementation of a multi-disciplinary daily review of all caesarean sections • Annual audit of compliance against NICE guidance to ensure criteria for elective caesarean sections are compliant with recommendations • Audit to include outcomes for mother and baby in terms of adverse events / harm
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
January 2016	< 13.2%
Lead for recovery:	**Lead Director:**
Mr Owen Cooper	Dr Mike Cusack

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
E.6	Maternity: C Section Rates - Total	<26.2%	↓	28.3% (110)	27.8% (110)	28.5% (107)
E.8	Maternity: C Section Rates - Elective	<13.2%	↓	11.3% (44)	9.8% (39)	14.9% (56)

Enclosure L

Trust Board Corporate Scorecard
Exception Report

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

Driver for underperformance:	Actions to address the underperformance:
• Remain the same as previous months 1. Patients with a short length of stay not accessing a stroke bed. 2. Medical patients in stroke beds. In December 32 medical patients were cared for on Eleanor, taking up 122 bed days. • In addition, delays in repatriation to KGH are ongoing as they have similar bed capacity problems to us. 11 patients were repatriated to KGH in December and 73 bed days were lost in waiting.	• Remain the same as for previous months and are ongoing. • Please note that in December we admitted 67% more stroke patients than in November (84 patients vs 52) • Until we can truly ring fence stroke beds and operate with the expectation of maintaining 2 empty stroke beds at all times, we will never achieve this target. • We are one of only two hospitals in the East Midlands to achieve an 'A' in Q2 SSNAP but we are also one of only two hospitals to fail on this metric. Leicester now have a formal arrangement with their CCG in that they incur financial penalties if they fail to always have 2 empty ring fenced stroke beds. • Since they put this into operation, they have achieved 90% to a stroke bed in 4 hours and 90% stay also.
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
Unable to predict as unlikely to achieve in current setting.	68%
Lead for recovery:	**Lead Director:**
Dr M Blake/ Dr L Brawn	Dr M Cusack

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
E.19	Stroke patients spending at least 90% of their time on the stroke unit	=>80%	↓	68.6%	70.8%	63.5%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	% weekend discharges against week day discharges	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Reduced staffing at weekends • Lack of focus on discharge and following patient plans	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • Immediate focus of Inpatient Productivity work stream • Improved processes for identifying patients suitable for discharge throughout weekend, and greater focus on medical plans to ensure actions happen • Discharge teams in over weekend to support processes and discharges supporting the processes above
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
31 January 2016	65%
Lead for recovery:	Lead Director:
Sue McLeod / Lyndsey Brawn	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
E.47	% Weekend Discharges against Week Day Discharges	=>80%	↓	65.2%	65.5%	54.0%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Turnover Rate	Report period:	December 2015

Driver for underperformance:

Staff Group	Nov-15	Dec-15
Add Prof Sci & Tech	8.19%	8.16%
Additional Clinical Services	10.55%	10.62%
Admin & Clerical	12.45%	12.84%
Allied Health Professionals	14.54%	14.94%
Estates & Ancillary	9.66%	10.55%
Healthcare Scientists	17.32%	17.00%
Medical & Dental	4.87%	4.89%
Nursing & Midwifery	12.36%	12.32%

- Annual Trust turnover increased to 11.70% in December which is above the Trust target of 8%.
- Turnover within Nursing & Midwifery decreased slightly by 0.04% to 12.32%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust.
- Turnover increased in the Additional Clinical Services, Admin & Clerical, Allied Health Professional, Estates & Ancillary, and Medical & Dental staff groups.
  - Medical Division; turnover decreased by 0**.17** to 13.58%.
  - Surgical Division: turnover increased by 0.02% to 10.37%.
  - Women, Children's & Oncology Division; turnover increased by 0.66 to 10.65%.
  - Clinical Support Services Division; turnover decreased by 0.09% to 10.97% for the year ending December 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:
October 2016	11.10%
Lead for recovery:	**Lead Director:**
Andrea Chown	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
W.3	Turnover Rate	=<8%	↓	11.33%	11.48%	11.70%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff Vacancy Rates	Report period:	December 2015

Driver for underperformance:

Staff Group	Nov-15	Dec-15
Add Prof Sci & Tech	8.52%	9.21%
Additional Clinical Services	11.77%	12.10%
Admin & Clerical	11.37%	11.88%
Allied Health Professionals	3.88%	3.98%
Estates & Ancillary	16.93%	16.79%
Healthcare Scientists	16.28%	17.01%
Medical & Dental	9.88%	10.86%
Nursing & Midwifery	15.01%	13.42%

- The vacancy rate within Estates and Ancillary staff group decreased further in December to 16.79% but still remains significantly above the Trust vacancy target of 7%, as does the rate for Healthcare Scientists which has increased from 16.28% in November to 17.01% in December.
- The Registered Nursing & Midwifery vacancy rate fell from 15.01% to 13.42%, partly as a result of the Shift Standardisation process being adopted in a number of wards.

Actions to address the underperformance:

- Proactive Recruitment campaign within nursing – this includes overseas recruitment and local specific recruitment events.
- 89 International nurses have commenced employment between January and December 2015 with a number still to commence from the overseas recruitment programme.
- A pilot of Clinical Apprentices commenced in September, a second cohort will commence in February.
- 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:
December 2016	All vacancies – 9%
Lead for recovery:	**Lead Director:**
Andrea Chown	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
W.5	Staff: Trust level vacancy rate - All	=<7%	↑	9.7%	9.5%	9.5%
W.5	Staff: Trust level vacancy rate - Medical Staff	=<7%	↓	9.18%	9.88%	10.86%
W.5	Staff: Trust level vacancy rate - Registered Nursing Staff	=<7%	↑	14.82%	15.01%	13.42%
W.5	Staff: Trust level vacancy rate - Other Staff	=<7%	↓	12.41%	11.95%	12.29%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Staff – Role Specific Essential Training	Report period:	December 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:**
October 2016	73.5%
Lead for recovery:	**Lead Director:**
Sandra Wright	Janine Brennan

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
W.12	Percentage of all trust staff with role specific training compliance	=>85%	↑	71.2%	71.3%	72.5%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Medical Job Planning	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Job planning not performing against agreed trajectory. • Proportion of further job plans completed with 13% awaiting either consultant or management sign off.	• Divisional Directors held to account by Exec leads to ensure sign off progression with immediate action. • Consultants who have not engaged in the process or signed off their job plan to be sent a letter informing them of the agreed activity and commencement date.
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	Oct-15	Nov-15	Dec-15
W.15	Medical Job Planning	100%	↑	55.0%	76.0%	79.0%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	C-Diff Incidents	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• 4 Trust post 72 hours Clostridium difficile infection cases identified for December 2015	• Root Cause Analysis has been undertaken with the 4 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. • The IPCT have updated the Trust C.diff action plan and this has been sent to the CCG
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	Oct-15	Nov-15	Dec-15
S.1	C-Diff	Ave. 1.75 per mth	↓	2	3	4

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Harm Free Care (Safety Thermometer)	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Hospital acquired Pressure Ulcers above national target	• Commencement of the Pressure Ulcer collaborative • Shared learning meetings replacing Confirm and Challenge • Continued training & assessment sessions for PUP champions and ward staff
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
Unable to predict as variables not all within Trusts sphere of influence	Unable
Lead for recovery:	**Lead Director:**
Ward Sisters/Charge Nurse Sub Groups	Carolyn Fox

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.6	Harm Free Care (Safety Thermometer)	94.2%	↓	92.2%	93.5%	91.5%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Never Event Incidents	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
1. Inaccurate letter from secretary 2. Failure of junior doctor to read notes and referral letter 3. Time pressure with delayed start of list from over-running ward round 4. Failure of theatre and surgical staff to highlight difference between procedure consented for and procedure on operating list Please Note: This is a preliminary report and subject to the conclusions of the investigation.	1. Ensure secretaries have notes when typing letters to cross check teeth that should be removed 2. Checklist for all doctors performing dental extractions to check referral letter, clinic notes, clinical letter, operating list and radiograph to ensure that correct teeth are consented for. Discrepancies should be discussed with a senior surgeon. If there are any concerns the patient should be cancelled until the correct teeth are identified 3. Attempt to delegate some work so that surgeons have sufficient time to see in-patients as well as pre-operative patients. This is not always possible when the wards are very busy with sick complex patients. Consider commencing ward round sooner on days of operating lists 4. Part of WHO checklist for each patient should include comparing what is on the operating list and what is on the consent form. If there are any discrepancies the notes should be thoroughly inspected before proceeding
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
June 2016	Investigation concluded Action plan completed Absence of similar never event
Lead for recovery:	**Lead Director:**
Mr.Ameerally	Dr Cusack

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.13	Never event incidence	0	↓	0	0	1

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Pressure Ulcers - Avoidable	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• 2 of the incidences are still under investigation , data submitted is therefore subject to change once validation occurs. • Themes identified as causative factors – Moving & Handling techniques • November saw an overall 38% decline in the number validated pressure ulcers, compared with the previous month (October). Grade 3/sDTI fell by 56% from October to November	• First Leaning session of pressure Ulcer Collaborative took place on 25th November with 95% of clinical areas representative. • Wards to carry out Test of change in areas to facilitate in the reduction. • Limit choice of slide sheets wards have to choose from, assuring the correct size is always ordered. • Purchase of pocket mirrors for nursing staff to ensure skin on heels checked. (heel PU's account for 36% of all hospital acquired pressure ulcers. • From January 2016 the Confirm & Challenge meeting will change its name to Share & Learn as voted by Ward Sisters, this name change reflects the modifications to its focus; sharing best practice; identifying key themes and learning lessons, .
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
End of March 2016	3
Lead for recovery:	**Lead Director:**
Sylvia Woods	Carolyn Fox

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.15	Pressure Ulcers: Avoidable grade 3	Max 3.4 p/mth	↑	5	6	4

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	UTI with Catheters (Safety Thermometer)	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• CRUTI above national target	• Assurance that HOUDINI being utilised now its transferred to Vital Pak • Pilot project on 2 ward areas of intermittent self-catheterisation (longer term project) • Commencement of urology practitioner to join the subgroup team
Forecast date (month) for meeting the standard	**Forecast performance for next reporting period:**
Unable to predict as variables not all within Trusts sphere of influence	Unable
Lead for recovery:	**Lead Director:**
Ward Sisters/Charge Nurse Sub Groups	Carolyn Fox

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.19	UTI with Catheters (Safety Thermometer-Percentage new)	0.3%	↓	0.2%	0.5%	0.6%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Percentage of patients cared for outside of specialty	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Despite improvement on the November position, December continued to see reduced flow through the Emergency Care Pathway, and the inability to move patients in a timely manner to an appropriate ward • Discharges on the base wards are not happening early enough in the day • Flow through the Trust has been compromised and to ensure safety, patients are moved to an available bed. • Capacity gap for medical beds	• The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to improve efficiencies and flow through the Trust • 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 • RAP (Report and Performance) launched with focus on board/ward rounds and weekend discharges to help reduce outliers • Exploring options to increase the bed base
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
January 15	12%
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.22	Percentage of patients cared for outside of specialty	<10%	↑	18.0%	16.0%	15.0%

Enclosure L

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Percentage of discharges before midday	Report period:	December 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 Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to reduce ALOS, increase discharges pre 12 noon, and increase the number of discharges over the weekend • Ward observations are being scheduled to review the true issues restricting discharges before 12 noon, from which the implementation of agreed changes will be launched • Greater Utilisation of the Discharge Suite earlier in the day • Improved Board/Ward rounds • The Discharge-to-assess project has now launched and has discharged over 375 patients within Northamptonshire in 14 weeks • Rollout of the SAFER bundle
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
31st January 15	25%
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.23	Percentage of discharges before midday.	>25%	↓	20.5%	19.0%	19.7%

Northampton General Hospital NHS
NHS Trust

Trust Board Corporate Scorecard
Exception Report

Target underperformed:	Number of cancelled operations due to bed availability	Report period:	December 2015

Driver for underperformance:	Actions to address the underperformance:
• Month on month improvements • Operations have been cancelled due to greater use of escalation areas throughout November • 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 November • The Inpatient Productivity theme of the Changing Care @ NGH programme has been re-launched to improve efficiencies and flow through the Trust
Forecast date (month) for *meeting the standard*	Forecast performance for next reporting period:
Q2 2016	80
Lead for recovery:	Lead Director:
Rebecca Brown	Deborah Needham

Historical Target Performance

Indicator		Target	Trend	Oct-15	Nov-15	Dec-15
S.24	Number of cancelled operations due to bed availability	0	↑	70	87	31

Enclosure L

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Report from the Finance Investment and Performance Committee**
Agenda item	**16**
Presenter of Report	Phil Zeidler, Non-Executive Director and Chair of Finance Investment and Performance Committee
Author(s) of Report	Phil Zeidler, Non-Executive Director and Chair of Finance Investment and Performance Committee
Purpose	For Assurance

Executive summary

This report from the Chair of the Finance Investment and Performance Committee provides an update to the Trust Board on activities undertaken during the month of December. A verbal update from the January meeting will also be presented.

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

Actions required by the Trust Board

The Trust Board is asked to note the report.

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28 January 2016

Title	**Finance Committee Exception Report**
Chair	**Phil Zeidler**
Author (s)	**Phil Zeidler**
Purpose	**To advise the Board of the work of the Trust Board Sub committees**

Executive Summary

The Committee met on *16 December 2015* to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

Key agenda items:	**Board Assurance Framework entries**
Finance Report Month 8 Changing Care@NGH Report Draft Plan Operational Performance Report Lord Carter efficiency challenge	BAF 1.2, 3.1; 5.1 and 5.2 5.3

Key areas of discussion arising from items appearing on the agenda

- Financial performance had fallen behind plan for the first time in year and pressure on elective income IS increasing.
- Next year's Changing Care@NGH PLAN – What proportion will be recurrent?
- 2016/17 plan had assumed an extra 60 beds and included negative impact of pension changes

Any key actions agreed / decisions taken to be notified to the Board

- 2016/17 plan requires development regarding pay awards, increased central funding and decision regarding extra wards to be made before contract agreement. To be discussed at Board.
- Supportive of Carter Report

Any issues of risk or gap in control or assurance for escalation to the Board

Operational risk as requested 20 additional beds in community from the Clinical Commissioning Group however funding has not bee approved. Meeting today with Health Economy CEOs and COOs to resolve.

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.

Action required by the Board

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Report from the Quality Governance Committee**
Agenda item	**17**
Presenter of Report	Liz Searle, Non-Executive Director and Chair of Quality Governance Committee
Author(s) of Report	Paul Farenden, Chairman
Purpose	For Assurance
Executive summary This report from the Chair of the Quality Governance Committee (QGC) provides an update to the Trust Board on activities undertaken during the month of December. A verbal update from the January meeting will be presented.	
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

Enclosure N

Actions required by the Trust Board

The Trust Board is asked to note the report.

Northampton General Hospital NHS
NHS Trust

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28 January 2016

Title	**Quality Governance Committee Exception Report**
Chair	**Paul Farenden**
Author (s)	**Paul Farenden**
Purpose	**To advise the Board of the work of the Trust Board Sub committees**

Executive Summary

The Committee met on 18 December 2015 to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board).

Key agenda items:	**Board Assurance Framework entries** *(also cross-referenced to CQC standards)*
CQC update Ophthalmology Assurance Report Director of Nursing Report Medical Director's Report Quality Priorities Research and Development Annual Report Claims and Litigation Report Patient and Carer Experience and Engagement Annual Report	

Key areas of discussion arising from items appearing on the agenda

Importance of ensuring all CQC actions were sustained and in place prior to re-visit.

Any key actions agreed / decisions taken to be notified to the Board

Still a backlog of patients and reporting should remain to this Committee until the backlog had been reduced to zero and the service was working to the standards of other services.

Delayed arrival time of non-emergency patient transport (NSL) being raised with Nene Clinical Commissioning Group.

Any issues of risk or gap in control or assurance for escalation to the Board

Section on Research Governance to be included in future Research and Development Reports

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.

Action required by the Board

Enclosure N

Report To	**TRUST PUBLIC BOARD**
Date of Meeting	**28 January 2016**

Title of the Report	**Report from the Audit Committee**
Agenda item	**19**
Presenter of Report	David Noble Non-Executive Director and Chair of Audit Committee
Author(s) of Report	David Noble Non-Executive Director and Chair of Audit Committee
Purpose	For Assurance
Executive summary This report from the Chair of the Audit Committee provides an update to the Board of Directors on activities undertaken during the month of December.	
Related strategic aim and corporate objective	Strategic Aim 3,4 and 5
Risk and assurance	Risks assessment provided within the report.
Related Board Assurance Framework entries	BAF - 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	Statutory and governance duties

Enclosure O

Actions required by the Trust Board

The Board is asked to note the report.

Northampton General Hospital NHS
NHS Trust

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 28 January 2016

Title	**Audit Committee Exception Report**
Chair	**David Noble**
Author (s)	**David Noble**
Purpose	**To advise the Board of the work of the Trust Board Sub committees**

Executive Summary

The Committee met on 18 December 2015 to discuss items on its agenda (drawn from its annual work plan, arising issues relevant to its terms of reference or matters delegated by the Trust Board). The meeting however was not quorate.

Key agenda items:	**Board Assurance Framework entries** *(also cross-referenced to CQC standards)*
Consideration of the effectiveness of the Board Assurance Framework and the Corporate Risk Register Progress Reports from External and Internal Auditors, including Counter Fraud New Audit Framework Waivers, Losses and Special Payments, Salary overpayments Corporate Governance Policies	

Key areas of discussion arising from items appearing on the agenda

The Committee discussed the effectiveness of the Board Assurance Framework (BAF), noting that many of the risks were red post mitigation, and in some cases the severity of the risk was increasing. The Committee heard evidence that the BAF was used effectively at the Subcommittees and that the red ratings were in large part due to very honest reporting and the pressures that the hospital and the whole health economy are under at present. The Committee suggested that the Finance and Performance Committee looked at Financial Sustainability and considered whether it was adequately considered in the BAF and Corporate Risk Register. The Committee considered that both BAF and Corporate Risk Register had been much improved in the last 12 months. The Committee supported the view that to make further improvements to their effectiveness it would be desirable to raise the profile of risk within Clinical Management and that a Training and Education Programme would be required to achieve this.

KPMG reported good progress and clear plans for the Audit, but raised a concern that there were changes afoot with National Audit Office now giving Audit guidance and a continuing lack of clarity regarding Quality Account guidance. This risk associated with this lack of certainty is judged to be low.

Internal Audit reported good progress against the plan with only one audit receiving limited assurance on Health and Safety related to Legionella and Asbestos. This is being followed up by the Quality Committee.

The Committee reviewed the proposed Internal Audit Charter which will be recommended for approval by the next quorate Audit Committee.

The Local Counter Fraud Progress Report identified a continuing threat of fraud and a continuing need for diligence. The Committee agreed that in view of the threat there should be a small rebalancing of resources between Counter Fraud and Internal Audit.

The Committee discussed the new arrangements for appointment of auditors which come into place for 2017/18. This requires appointment of auditors by December 2016. To achieve this a competitive process needs to be launched early in 2016 which must be overseen by an independent Audit panel. The NHS is very helpfully giving a clear steer as to how this should be done whilst emphasising that it is the Trust Board's decision and that the Trust Board owns the process of appointment.

The Committee reviewed the register of waivers, losses and special payments report and salary overpayments report.

The Committee reviewed an early draft of the proposed Corporate Governance Policies and supported with the direction of travel which is to put all the policies together in a consistent and sustainable format.

Any key actions agreed / decisions taken to be notified to the Board

The Committee asked the Finance Director to present a paper to the Board outlining the process for appointing new auditors and the appointment of an audit panel to oversee the process.

Any issues of risk or gap in control or assurance for escalation to the Board

There were no significant risks or gaps identified for escalation to the Board

Legal implications/ regulatory requirements	The above report provides assurance in relation to CQC Regulations and BAF entries as detailed above.

Action required by the Board

Northampton General Hospital NHS
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 28 January 2016
09:30 in the Board Room at Northampton General Hospital

Time		Agenda Item	Action	Presented by	Enclosure
09:30	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr P Zeidler	**Verbal**
	2.	Declarations of Interest	Note	Mr P Zeidler	**Verbal**
	3.	Minutes of meeting 26 November 2015	Decision	Mr P Zeidler	**A.**
	4.	Matters Arising and Action Log	Note	Mr P Zeidler	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:05	**CLINICAL QUALITY AND SAFETY**				
	7.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	8.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
10:25	**OPERATIONAL ASSURANCE**				
	9.	Finance Report	Assurance	Mr S Lazarus	**F.**
	10.	Workforce Performance Report	Assurance	Mrs J Brennan	**G.**
10:45	**STRATEGY**				
	11.	Clinical Collaboration & Healthier Northants Update	Assurance	Mr C Pallot	**H.**
10:55	**GOVERNANCE**				
	12.	Corporate Governance Quarterly Report	Assurance	Ms C Thorne	**I.**
	13.	TDA Self-Certifications	Decision	Ms C Thorne	**J.**
11:10	**FOR INFORMATION**				
	14.	NHS Preparedness for a Major Incident	Assurance	Mrs D Needham	**K.**
	15.	Integrated Performance Report	Assurance	Mrs D Needham	**L.**
11:35	**COMMITTEE REPORTS**				
	16.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**M.**
	17.	Highlight Report from Quality Governance Committee	Assurance	Mrs L Searle	**N.**

Time		Agenda Item	Action	Presented by	Enclosure
	18.	Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	**Verbal**
	19.	Highlight Report from Audit Committee	Assurance	Mr D Noble	**O.**
	20.	Highlight Report from Hospital Management Team	Assurance	Dr S Swart	**Verbal**
12:15	**21.**	**ANY OTHER BUSINESS**		Mr P Zeidler	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 31 March 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).