Northampton General Hospital
NHS Trust

Public Trust Board

Thursday 27 July 2017

10:00

Board Room
Northampton General Hospital

Northampton General Hospital
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 27 July 2017
10:00 in the Board Room at Northampton General Hospital

Time	Agenda Item		Action	Presented by	Enclosure
10:00	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr Farenden	**Verbal**
	2.	Declarations of Interest	Note	Mr Farenden	**Verbal**
	3.	Minutes of meeting 25 May 2017	Decision	Mr Farenden	**A.**
	4.	Matters Arising and Action Log	Note	Mr Farenden	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chairman's Report	Receive	Mr Farenden	**Verbal**
	7.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:30	**CLINICAL QUALITY AND SAFETY**				
	8.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	9.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
	10.	Same Sex Accommodation Board Statement of Compliance	Assurance	Ms C Fox	**F.**
10:55	**OPERATIONAL ASSURANCE**				
	11.	Finance Report	Assurance	Mr S Lazarus	**G.**
	12.	Workforce Performance Report	Assurance	Mrs J Brennan	**H.**
	13.	Equality and Human Rights Workforce Annual Report 2016/2017	Assurance	Mrs J Brennan	**I.**
	14.	Equality and Human Rights Workforce Monitoring Report	Assurance	Mrs J Brennan	**J.**
12:05	**FOR INFORMATION**				
	15.	Integrated Performance Report	Assurance	Mrs D Needham	**K.**
	16.	Sustainability and Transformation Plan Update	Receive	Mr C Pallot	**Verbal**
	17.	Naylor Report NHS Property & Estates	Receive	Mr C Abolins	**L.**
12:30	**ANNUAL REPORTS**				
	18.	Fire Safety Annual Report	Receive	Mr C Abolins	**M.**
12:45	**COMMITTEE REPORTS**				

Time	Agenda Item		Action	Presented by	Enclosure
	19.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**N.**
	20.	Highlight Report from Quality Governance Committee	Assurance	Ms O Clymer	**Verbal.**
	21.	Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	**O.**
	22.	Highlight Report from Hospital Management Team	Assurance	Mr S Lazarus	**P.**
13:00	**23.**	**ANY OTHER BUSINESS**		Mr P Farenden	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 28 September 2017 in the Board Room at Northampton General Hospital.

RESOLUTION – CONFIDENTIAL ISSUES:

The Trust Board is invited to adopt the following:

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

Northampton General Hospital NHS
NHS Trust

Minutes of the Public Trust Board

Thursday 25 May 2017 at 09:30 in the Board Room at Northampton General Hospital

Present		
	Mr P Farenden	Chairman (Chair)
	Mrs D Needham	Chief Operating Officer and Deputy Chief Executive Officer
	Ms C Fox	Director of Nursing, Midwifery & Patient Services
	Mr S Lazarus	Director of Finance
	Dr M Cusack	Medical Director
	Mr P Zeidler	Non-Executive Director and Vice Chairman
	Mr D Noble	Non-Executive Director
	Mr G Kershaw	Non-Executive Director
	Mr J Archard-Jones	Non-Executive Director
	Ms A Gill	Associate Non-Executive Director
In Attendance		
	Mr C Pallot	Director of Strategy & Partnerships
	Ms C Thorne	Director of Corporate Development Governance & Assurance
	Mr C Abolins	Director of Facilities and Capital Development
	Mrs A Chown	Deputy Director of Workforce and Transformation
	Mr C Holland	Deputy Chief Operating Officer
	Mrs S Watts	Head of Communications
	Mrs J Jarman	Executive Assistant
Apologies		
	Dr S Swart	Chief Executive Officer
	Mrs J Brennan	Director of Workforce and Transformation
	Ms O Clymer	Non-Executive Director

TB 17/18 001 **Introductions and Apologies**

Mr Farenden welcomed those present to the meeting of the Public Trust Board and advised that proceedings would be halted at 11.00 a.m. for a minute's silence in memory of those who lost their lives at the recent Manchester bombing.

Apologies for absence were recorded from Dr Swart, Mrs Brennan and Ms Clymer.

TB 17/18 002 **Declarations of Interest**

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

TB 17/18 003 **Minutes of the meeting 30 March 2017**

The minutes of the Trust Board meeting held on 30 March 2017 were presented for approval.

The Board resolved to **APPROVE** the minutes of the 30 March 2017 as a true and accurate record of proceedings subject to the following amendment requested by Mrs Thorne on Page 5, 8th paragraph:

Ms Thorne advised that Board that the Dare 2 Share event on the 31 May was to be held 12 – 2pm at the Cripps centre and will be focused on the Mental Capacity Act.

TB 17/18 004 **Matters Arising and Action Log 30 March 2017**

The Matters Arising and Action Log from the 30 March 2017 were considered.

Action Log Item 71 antibiotic prescribing

Ms Fox provided confirmation that all levels of antibiotic prescribing were presented at the monthly CQEG (Clinical Quality & Effectiveness Group) meeting within the infection report and that from June, this information would be added as an addendum the the Director of Nursing & Midwifery Report presented at Quality Governance

Committee.

Action Log Item 72 Epsom best practice in A&E.
Mrs Needham advised she would be visiting Epsom & Surrey hospital within the next month to explore their best practice processes.

The Board **NOTED** the Action Log and Matters Arising from the 30 March 2017.

TB 17/18 005 Patient Story

Ms Thorne read out a complimentary letter received by the Chief Executive. This letter was from the Chief Executive of a nearby NHS Foundation Trust Hospital who commented on the wonderful support and care they had received from all staff during emergency surgery and recovery. They noted how they had seen senior and experienced staff giving confidence and support to the younger staff and applauded this.

The Board **NOTED** the Patient Story.

TB 17/18 006 Chairman's Report

Mr Farenden presented the Chairman's Report.

Mr Farenden informed that Board of his continued involvement with 'Beat the Bug' visits to wards and how he had found the commitment and resilience of staff on a daily basis to be astonishing. No more so had this resilience been noted than during the recent IT cyber-attack when staff had gone 'above and beyond' to ensure the continued safety of patients. Mr Farenden expressed the Board's gratitude to all staff.

Mr Farenden reported that he would be continuing his conversations with local Chairs within the health economy in order to progress relationships and would be attending the countywide Chairs meeting later in the month.

He would also be supporting Dr Swart and Ms Fox in their efforts to forge stronger relationships with the two volunteer sectors in the hospital and would be meeting with the Chair of the Friends of Northampton next week.

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

TB 17/18 007 Chief Executive's Report

Mrs Needham presented the Chief Executive's Report.

Mr Needham was pleased to be able to announce the news that the communications team had won and been presented with the HSJ Value in Healthcare Awards for Communication. This was for the Nurse Bank campaign, which had been extremely successful in recruiting substantive staff to the hospital's own nurse bank, thereby significantly reducing agency costs.

Mrs Watts commented on how pleased and proud she was for the trust as well as her own team. She commented that, had the nursing staff not led this campaign, it would not have been so successful.

Mrs Needham went on to report that many positive comments had been received following the airing of the Channel 4 documentary "Confessions of a Junior Doctor". She noted that the open and true reflection had shocked many people as they saw the reality of how difficult and extreme the pressures can be for staff on a daily basis.

The Board were informed that the Nurses' Day on 12 May had been extremely successful, when staff had celebrated their achievements and Florence Nightingale's

100th birthday. The day was unfortunately marred by the NHS and worldwide cyber-attack later in the afternoon.

Mrs Needham explained that, although the Ransomware had not infected the trust, some local GP practices had been infected and overall there had been a significant operational impact.

There had been an immediate decision made by the executive team to close down all email and internal systems with external links to prevent any infection. The board were informed by Mrs Needham that this was one of the biggest incidents she had experienced throughout her NHS career. The impact of shutting down patient systems meant staff had to immediately revert to paper systems and gold and silver command meetings were immediately put in place. Mrs Needham could not praise enough the staff who worked very long hours over the weekend to ensure the continued safety of our patients.

Mrs Needham informed the Board that tickets were now on sale for the latest NGH Dancing Stars Challenge. She praised the efforts of all the participants, having been a contestant herself, and hopes that this event would be well supported by the Board.

The latest "Question Time at NGH" session had been on finance and was very well attended. Mrs Needham advised there had been excellent feedback following the many questions at the session. Mrs Needham thanked Mr Lazarus for his successful efforts to engage staff at all levels.

Mr Farenden had signed the lease contract with Capita for the financing of the new assessment hub which is hoped to be completed by Quarter 2 in 2018. Mrs Needham noted that the Springfield GP facility should be completed by October 2017. She stressed the importance of ensuring updated communication with staff throughout the building process and confirmed that plans were being developed to ensure this.

The CQC rating of good for the four services assessed during the recent inspection had been excellent news for the Trust and all staff. The improvement from "needs improvement" to "good", with outstanding for leadership in A&E reflects the phenomenal amount of change seen in the hospital during the three years since the last inspection.

A copy of that day's Chronicle & Echo newspaper was shown to the Board, where the front page headline read "Remarkable" relating the CQC inspection improvements made at the hospital and Mr Farenden drew attention to how the hospital would now be perceived externally in a very positive way in the future.

Mr Archard-Jones questioned Mrs Needham as to how confident she was that the trust would be able to recruit the staff needed for the new GP streaming facility at Springfield, given the national shortage of GPs. Mrs Needham advised the board that the trust would be undertaking its own targeted recruitment campaign rather than use an agency; with the latest CQC rating she was as confident as she could be that this approach would be successful.

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

TB 17/18 008 **Medical Director's Report**

Dr Cusack presented the Medical Director's Report.

Dr Cusack informed the Board that the most pressing challenges were urgent care and recruitment of medical staff. In respect of urgent care, a great deal of work has

been undertaken which will be described within the performance report. However, it was recognised that, with increasing numbers attending, there was no easy solution. Dr Cusack confirmed that daily meetings were being held by executives for medical staff recruitment/agency and he was quietly confident as, following the use of different targeting tactics some excellent candidates had come forward for Radiology and Histopathology.

Dr Cusack reported the recent "Never Event" in orthopaedics was under investigation by an external surgeon and Director of Governance from another trust. There was to be a meeting with the family involved later in the week.

Dr Cusack stated the latest mortality figures were within the 'expected' range and the process for review of deaths in the trust had been changed following mandatory guidance from the CQC. Senior clinicians will now review all deaths using an agreed methodology. In December 2016 the CQC published a report "Learning, candour and accountability: a review of the way NHS Trusts review and investigate the deaths of patients in England". The review found that learning from deaths was not given sufficient priority in some organisations and opportunities for improvements were being missed as a result. It also highlighted that Trusts could do more to engage families and carers and use their insights as a further source of learning. The Secretary of state for Health subsequently delivered a parliamentary statement announcing his intention that NHS Trusts should collect and publish data on all deaths which occur in hospital.

Specific meetings are held bi-annually for the Learning Disability M&M group with the aim of reviewing and discussing all deaths of patients with learning disabilities in detail. These are also discussed at the monthly CQEG meetings. Five cases reviewed had shown many examples of notable care by staff. This information will be fed into the LeDeR (National Learning Disabilities Mortality Review) which requires the trust to report all deaths of these patients from Q1 2017/18.

Dr Cusack provided details on three new Serious Incidents reported since his last public board report. Mrs Needham noted a further incident in Histopathology and queried whether this was similar to a previous incident. Dr Cusack confirmed this was not the case, and the issue was due to work backlog, which was being addressed.

Mr Kershaw asked if learning from Serious Incident had seen improvement. Dr Cusack confirmed it had and highlighted the regular Dare to Share events which discussed incidents with staff to share learning as part of the 'Be Open and Honest' Care Report. He also drew the board's attention to the trust-wide circulation of the quarterly "Quality Street" magazine which details incidents and learning; clinical directors are now required to attend Review of Harm Meetings which provide an opportunity for wider discussion in order that the learning could be fed back to their divisions.

Ms Gill enquired how this learning was embedded. Dr Cusack cited an example of the recent orthopaedic "Never Event" where auditing each stage of the event and processes had increased awareness and learning, with a clear process developed to ensure the correct procedure would be followed in the future.

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

TB 17/18 009 **Director of Nursing and Midwifery Care Report**

Ms Fox presented the Director of Nursing and Midwifery Care Report.

Ms Fox provided an update and progress report on a number of clinical projects and improvement strategies that the Nursing & Midwifery senior team had been working

on.

The Safety Thermometer showed that for the fifth consecutive month the trust had achieved 98.55% harm free care. Ms Fox was pleased to report that, following realignment of data, the pressure ulcer data per 1000 bed days now reflected March/April to be 2 points below the mean data line.

Two patients had been identified with Clostridium Difficile infection, a 50% reduction from March. One patient was identified with MSSA bacteraemia and four patients identified with E.coli bacteraemia. From April 2017 the Department of Health had issued guidance that trusts are required to report on further Gram-negative bacteraemia, Klebsiella species and Pseudomonas Aureginosa. In April 2017 there were no trust-attributable infections for both these microorganisms.

There was one moderate harm fall and three severe harm falls during April 2017, a 0.83% increase compared to March. Ms Fox confirmed that all cases had been fully reviewed and investigated. Following discussion at Quality Governance Committee, it had been agreed to apply the same principles of action, as used to reduce pressure ulcers, which involved the MDT with immediate effect in order to prevent any further decline in performance.

Ms Fox reported that the trust-wide Friends and Family Test (FFT) results continued above the mean line for April 2017 at 92.6%. The past six months were all above the mean of 92%. However, the figures appeared to have plateaued and action will be taken from June using the Quality Improvement Model to ensure all data collected is accurate and reliable.

Mr Archard-Jones questioned Ms Fox regarding the zero responses and lack of information within the Quality Care Indictors Dashboard for Maternity, and specifically a result of 33% for patient safety and quality for the Maternity Observation Ward. Ms Fox advised a new Head of Midwifery would be in post shortly and she anticipated that this would result in an improvement in performance. She said she would also ask the Divisional Director of Midwifery to include a narrative for the dashboard in future reports.

Action: Ms Fox

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

TB 17/18 010 Finance Report

Mr Lazarus presented the Finance Report.

Mr Lazarus reported that the Finance Report had been discussed in detail at the May Finance Investment and Performance Committee Meeting. The overall I&E YTD position was a deficit of £2.4m, £594k worse than plan. The main reason for the reported position against plan was the impact of the reduced number of working days in April as a result of there being five weekends in the month and two Bank holidays. This had impacted on the reported income variance in a manner that should not recur in future months. Mr Lazarus explained that other trusts had experienced a similar effect and that the forecast for month 2 would include a detailed forecast for the rest of the year.

Pay spend had seen a favourable variance of £35k and had been achieved in the main because of the reduction in agency spend. In April the Trust's agency spend was £437k below the target of £1.2m, mainly due to the effects of IR35 which had resulted in a number of unfilled shifts as well as an increase in the medical bank.

Ms Gill asked if Mr Lazarus had confidence that the nursing and agency reductions would hold. Ms Fox responded that currently there were 130 WTE RN nursing vacancies and it would be difficult, but that the strengthened NGH nursing bank

would assist. Nurse recruitment in 2019/20 would see a dramatic fall in nursing staff availability, although the impact of the trust being one of the first in the UK to achieve 'Pathway to Excellence' accreditation, the recent Channel 4 television documentary on Junior Doctors and the CQC rating of good, the hospital's profile was changing and, with it people's, perception of the hospital that it was a great place to work.

Mr Farenden noted that services were fragile and it was difficult to give assurance in such a climate but all was being done to mitigate the recruitment challenge.

Dr Cusack drew the board's attention that the recent Junior Doctor medical intake for the year had been oversubscribed for the first time and he felt this was surely a sign of improvement.

The Board **NOTED** the Finance Report.

TB 17/18 011 **Workforce Performance Report**

Mrs Chown presented the Workforce Performance Report.

Mrs Chown reported that the Workforce Performance Report had been discussed in detail at the May Workforce Committee.

Substantive Workforce Capacity decreased by 15.20 FTE in April 2017 to 4308.21 FTE. The Trust's substantive workforce was at 88.50% of the Budgeted Workforce Establishment of 4868.19 FTE. Mrs Chown advised the decrease in substantive capacity was due to a higher increase to the establishment because at the start of the financial year there has been a financial adjustment to the baseline but also an increase due to the inclusion of business case wte numbers. Taking this into account the workforce remained static.

Annual Trust turnover decreased by 0.02% to 9.85% in April which was above the Trust target of 8% but well below the East Midlands figure of 12%. Turnover within Nursing & Midwifery increased by 0.31% to 6.35%; the Nursing & Midwifery figures were inclusive of all nursing and midwifery staff employed in various roles across the Trust. However, should be seen as positive because the percentage is below the Trust's target. .

Mrs Chown reported a downward turn in appraisal rates which were recorded at 83.70% for April. She said the learning and development team was being mobilised to agree a way forward for the areas which were behind target. Compared to previous levels, 83% was a good result for the trust but it is important that momentum is maintained.

Mrs Chown reported a positive sickness absence rate of 3.29% and Mr Kershaw noted that there had been discussion at Workforce Committee with respect to sickness rates and how it was a good result as in a District General Hospital nationall levels were at 4.5%–5%, and credit should be given to the management team in recognition of this.

Mr Archard-Jones asked what issues concerned the department most. Mrs Chown replied that the Staff Survey had highlighted problems with bullying and harassment within the trust and this was now being addressed. A bullying and Harassment working group has been set up to and the initial phase would be to gain staff views as to what they felt could be done by the Trust to make improvements. This would be on the agenda for the July Workforce Committee meeting. Mrs Gill asked if there were any hospitals where this matter had been successful addressed as we might learn from them. Mrs Chown noted that they had reviewed the campaign that Hull had done and the Ambulance Service had been particularly successful so the group would be reviewing their approach.

Mr Farenden noted that this form of culture was inconsistent with all other messages being received from staff and it was worrying for the trust to be in the bottom 20% for bullying and harassment in the staff survey.

Mrs Chown requested the Board noted the Apprenticeship Levy update which had been discussed in detail at the May Workforce Committee. This levy was a government initiative and non-negotiable and a great deal of work had been undertaken to provide options for compliance. The Workforce Committee has been agreed that all options would be utilised for maximum potential and these gave a number of opportunities to support future staff training with the funds available.

Mr Farenden commented that this was noted but further updates were required at Workforce Committee to ensure this stayed on track in line with the trust's objectives.

The Board **NOTED** the Workforce Performance Report and the Apprentice Levy Update Report.

TB 17/18 012 Integrated Performance Report

Mr Holland presented the Integrated Performance Report.

Mr Holland confirmed all reports had been discussed in detail at the May Finance Investment and Performance Committee, Quality Governance Committee and Workforce Committee meetings and were for information.

Mr Holland reported that pressures in Urgent Care continued but RTT (referral to treatment) figures for 18 weeks were exemplar being 92% and Diagnostics were excellent at 99%.

The A&E 4 hour target for April had reached 87.8% against the trajectory target of 90% and an improvement had been seen in the past 2 months. There continued to be high acuity and high attendee numbers.

Mr Holland highlighted that within the exception reports were the lowest number of patient moves for 6 months and ambulance handovers were rated as good.

Mrs Needham added that although the trust was below the current official trajectory, the original trajectory which had been submitted and rejected by NHSI was in line with the current performance. There had been a slight drop noted in acuity during the beginning of May but there continued to be high numbers of respiratory and cardiology patients and analysis was in progress to understand where these patients originated from, as it was felt that some patients were requesting to attend Northampton and not Kettering. Mr Pallot asked if a similar situation was being experienced at Kettering General Hospital and Mrs Needham advised that this did not appear to be the case.

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

TB 17/18 013 Sustainability and Transformation Plan Update

Mr Pallot presented the Sustainability and Transformation Plan Update.

Mr Pallot advised that the paper was for information and to provide an update on progress with implementing the STP in Northamptonshire and was the same as that which was presented to all provider organisations across the county.

Mr Pallot explained that the pressure from the regulators was increasing and a revised and updated submission of the 5 Year Plan was required from the

Commissioners on 21 June.

Mr Archard-Jones questioned the likelihood of achieving the Quarter 1 key actions and was the trust able to demonstrate full participation in the programme. Mr Pallot confirmed that lessons had been learnt from the implementation of dermatology and the negotiations with other providers were complex but he was confident all actions would be achieved and the trust continued to demonstrate their full commitment going forward.

The Board **NOTED** the Sustainability and Transformation Plan Update.

TB 17/18 014 **Approval of the Quality Account**

Dr Cusack presented the Quality Account for Approval of the Trust Board.

Dr Cusack advised that the trust had a statutory requirement to produce an annual Quality Account reflecting the quality of services we deliver when compared to local and national targets. The report contained a final draft of the Quality Account 2016/17. The Board had delegated authority to submit this by the end of June for publication. This report detailed the information that was required. Some of the information was still being collated and other parts would need to be updated prior to the final copy. Mrs Needham confirmed that there was still data which required final audit prior to publication.

The Board **AGREED** the Quality Account.

TB 17/18 015 **Corporate Governance Report**

Ms Thorne presented the Corporate Governance Report.

Ms Thorne updated the Board regarding use of the Trust Seal and Declaration of Hospitality since her last report.

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

TB 17/18 016 **Self-certification**

Ms Thorne presented the Self-certification Report.

Ms Thorne stated Self -Certification was for a NHS provider licence had changed and was now subject to certain conditions. Evidence of these conditions were submitted on certain dates and section G6, CoS7 and FT4 had been completed by Ms Thorne and required Board approval prior to submission to the NHSI portal. Submission to the portal would be scrutinised by NHSI.

The Board **APPROVED** the Self Certification submissions and **NOTED** the Self-certification Report.

TB 17/18 017 **Annual Report, Accounts and Annual Governance Statement and Auditors Letter of Representation**

Mr Lazarus presented the Annual Report, Accounts and Annual Governance Statement and Auditors Letter of Representation

Mr Lazarus circulated the letter of representation as discussed at the May Audit Committee together with the annual accounts and auditors' report.

Mr Lazarus drew the Board's attention in the 'Notes to Accounts' to the item 'Continuity of Service'. Mr Lazarus explained the emphasis of matter which highlighted the trust as a going concern despite having repayment of revenue support loans due to the Department of Health for £18.85m in February 2018.

Mr Lazarus noted an error in the Staff Report – Salary and Pension Report. Mrs Brennan's All Pension related Benefits had been amended to read 30 – 32.5.

Mr Noble recommended the Board's approval of the Annual Report, Accounts and Annual Governance Statement and Auditors Letter of Representation

The Board **APPROVED** the Annual Report, Accounts and Annual Governance Statement and Auditors Letter of Representation.

TB 17/18 018 **Highlight Report from Finance Investment and Performance Committee**

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

The Board were provided a verbal update on what had been discussed at the Finance Investment and Performance Committee meeting held on 17 May 2017. 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 advised of the key points –

- A verbal updated had been received on the cyber-attack which affected the trust and highlighted cyber security had been discussed at the April meeting.
- There had been increased investment in appointing an interim Chief Information Officer who would be in post on 1 June.

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

TB 17/18 019 **Highlight Report from Quality Governance Committee**

M Farenden report the Highlight Report from Quality Governance Committee had bene discussed at Quality Governance Committee.

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

TB 17/18 020 **Highlight Report from Workforce Committee**

Mr Kershaw presented the Highlight Report from Workforce Committee.

The Board were provided a verbal update on what had been discussed at the Workforce Committee meeting held on 17 May 2017. The report covered any issues of significance, interest and associated actions that were required and had been agreed to be taken forward by the Committee.

Mr Kershaw advised of the key points –

- Appraisal
- Recruitment
- Apprentice Levy – this would be returning in 2 months' time
- Bullying and Harassment
- Care hours per patient day

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

TB 17/18 021 **Highlight Report from Hospital Management Team**

Mrs Needham delivered an update from the Hospital Management Team.

Mrs Needham advised that the meeting had been with the divisional teams and highlighted discussion on theatre utilisation and that NHSI has linked the trust with an external reviewer. The feedback had been positive to the extent that the reviewer

would be using the trust's processes as good examples for the rest of the country.

Heathcare at Home were continuing their review prior to providing their assessment as to whether our bed base could be extended into the community. This was due to be completed with the next two weeks.

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

TB 17/18 022 **Any Other Business**

Mrs Needham advised the Board that operating at Danetre had been temporarily halted in order to maintain patient safety due to severe staff shortages following sickness and vacancies. This did not apply to outpatients and the position is being reviewed on a daily basis. This information had been well communicated to the public but repatriation of patients may unfortunately cause delays in treatment.

Mr Archard-Jones questioned whether this action would cause issues with the forthcoming CQC inspection. Mrs Needham replied that she did not believe it would as the decision was made as a result of the need to maintain patient safety.

Date of next meeting: Thursday 27 July 2017 at 09:30 in the Board Room at Northampton General Hospital.

Mr P Farenden called the meeting to a close at 11.15 a.m.

Public Trust Board Action Log							Last update	15/06/2017
Ref	**Date of meeting**	**Minute Number**	**Paper**	**Action Required**	**Responsible**	**Due date**	**Status**	**Updates**
Actions - Slippage								
NONE								
Actions - Current meeting								
73	May-17	TB 17/18 009	Director of Nursing and Midwifery Care Report	Ms Fox advised a new Head of Midwifery would be in post shortly and she anticipated that this would result in an improvement in performance. She said she would also ask the Divisional Director of Midwifery to include a narrative for the dashboard in future reports.	Ms Fox	Jun-17	On agenda	
Actions - Future meetings								
NONE								

Northampton General Hospital NHS
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**27 July 2017**

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

Enclosure C

Public Trust Board
27 July 2017

Chief Executive's Report

1. CQC Inspection

At the time of writing this report we have been informed that the CQC are due to begin their inspection of the four services that were not reviewed during their last visit in February 2017. The inspectors will arrive at NGH on Tuesday 25 July and over the next three days will be inspecting the following areas:

- Critical care
- Outpatients and diagnostics
- Maternity and gynaecology
- Women's and children's services

The inspection team are also holding a number of focus groups for staff from those areas and a general drop in session for any staff who want to attend. These sessions have been widely advertised and we are encouraging as many people as possible to attend. Board members will recall that, during the inspection earlier this year, the inspectors were somewhat overwhelmed by the positivity and commitment of the staff they spoke to and I hope this feeling continues.

The inspectors will also be refreshing their view of the organisation's performance against the various components of the domain of 'well led' and will be interviewing members of the Board and our clinical leadership teams . Unlike previous inspections, we have not, as yet, been asked to submit large amounts of data. This is part of a new approach to inspection where data is used differently and there is more of a focus on direct observation of services with the relevant data to be discussed at that time. After this inspection the hospital will receive a new overall rating of its services.

2. Staff Engagement

Staff engagement takes place at all levels and in many ways at NGH. Our question time @NGH sessions continue to be well attended and there is keen interest in the views of our 'panel of experts.'

To date we have covered a number of key topics including urgent and emergency care, culture, finance and clinical and estate strategy. Each session starts with a short presentation from the executive lead and is followed by questions sent in advance or from the floor. Attendance has been excellent and the open and transparent nature of the questions and the responses is helping to improve understanding and trust. Everyone seems to enjoy the sessions including those placed under the spotlight with questions.

I have recently run a series of well-attended 'compass check' briefings targeted specifically at our administration, outpatient and radiology teams not only as part of preparation for the CQC inspection, but also to ensure those staff groups, which were under-represented at the briefings I held earlier in the year, are aware of key issues. I am pleased that a number of staff took the opportunity to talk to me afterwards or later in the corridor about a number of issues which I will be following up.

A different form of engagement has been staff involvement in events such as the recent NGH Dancing Stars, which I attended as a judge. Those taking part were extremely well supported by colleagues, friends and family and there was a real 'buzz' in The Deco during the event. I understand that enthusiasm from those competing this year was so high that not only have additional ballroom dancing lessons been arranged in Cripps, but they are also setting up a committee to organise another event next year. Not content with dancing to raise funds for ED, two of the contestants from A&E cycled from London to Brighton the following day and are now arranging a fundraising rugby sevens event. This type of commitment can only be given by staff who enjoy their work, feel what they do is valued and they are supported by their colleagues. I believe we are making good progress in improving staff engagement in many ways at NGH, but there is always more to do.

3. NHSI Improvement Event

Earlier this month I was invited by Jim Mackey, chief executive of NHS Improvement, to speak at a national NHS Improvement conference on the challenge of creating improvement in a hospital under pressure. This conference was a large event attended by many senior NHS staff and by key players in quality improvement in hospitals and in other organisations.

My brief was to tell our story of improvement at NGH. I am sure that the improvement in CQC ratings for the 4 services inspected in February was a key trigger for the invitation but equally I was conscious that telling the story of an 'ordinary' acute general hospital was considered to be an important one in these very challenging times.

My opening comments provided context for Northampton as a town and the approach taken over recent years, where I identified three important guiding principles for us at NGH, and these ran through the presentation. They are – Firstly to be consistently open and honest with staff and patients in all conversations, secondly to resolutely focus on doing the very best we can, no matter how significant the pressures, with patient safety at the core and thirdly to ensure that we try to instil a belief that we really can deliver fantastic care but only if every member of staff understands their duty to deliver care and improve care in a way that really supports the team NGH ethos.

The example I used to illustrate our approach to improvement was the change in our A&E department, where I focussed again on three essential components – continued efforts to improve care led by frontline staff with patient safety at the core – managerial support from teams at all levels with respectful challenge and support from managers and clinical staff alike, including considerable investment in both estate and in staff, and finally and very importantly a move from urgent care/A&E issues being considered an A&E problem to being considered as a whole hospital problem.

The biggest change in ratings from the last inspection was the change in rating for the well-led domain in A&E, which moved from Requires Improvement to Outstanding. This has been the result of a huge amount of effort, but alongside it has come a real change in the way staff in A&E feel about their work. There are increasing numbers of staff feeling a real sense of pride and an increasing sense of the privilege of working at in healthcare at NGH. Clearly this is something which has resulted from our approach to improvement and something which needs to be replicated sustainably across the organisation.

There is always much work still to do, particularly in the domain of patient safety as we know we can never really be assured that we are safe enough as care becomes more and more complex, but just acknowledging that is progress in itself.

I also spoke our ambition to ensure that quality improvement drives all the main agendas, the focus on staff development, the journey from I to We to TeamNGH and what this has meant for us as we develop a clinically led organisation.

It was obvious that much of what I said resonated with many people in the room, all of whom are trying hard to improve services and it was interesting to observe their reaction, particularly to our focus on excellence as a motivating value and our focus on the privilege and joy of work in the NHS.

As ever it is important to have the right mix of ambition and humility as we are all very aware there is more to be done in so many areas. The critical thing for us all to remember is that, in an ordinary hospital, amazing things happen every day and we can succeed in making improvements and achieving excellence even when the pressures feel extreme.

4. **Best Possible Care Awards**
   Nominations are being received for this year's Best Possible Care Awards. This event, which takes place on Friday 29 September, is an important occasion in the TeamNGH calendar and I hope as many board members as possible will be there to help our staff celebrate their achievements. Events like this are a critical part of creating more joy in the workplace and have been well received in recent years

5. **Annual General Meeting**
   Another important event is our AGM, which this year takes place on the evening of Wednesday 20th September, 6.00pm to 7.30pm, in the main hall of Cripps Postgraduate Centre.

   This is our opportunity to share our achievements with our local community and staff and there will be opportunities for those attending the AGM to talk to staff about developments. We have a lot to be proud of at NGH. I am sure people will be interested in how work is progressing on our 60 bed assessment unit, the GP unit and the new MRI suite, as well as all the ways in which we are improving patient care and safety.

6. **Awards**
   At this year's National Patient Safety Awards NGH was the only trust to submit entries in twelve categories, and we were the most successful organisation in the UK for these Awards. NGH won first prize for our ten minute conversation initiative and was overall winner for the patient safety poster competition. We were also shortlisted for two awards, clinical governance and risk management in patient safety and patient and safety quality lead of the year.

   Our communications team's campaign to encourage people living and working in Northampton to donate a copy of their favourite book to our Bedside Book Club has been shortlisted in three categories of the UK Public Sector Communications awards (community relations campaign of the year, local community initiative of the year and low-budget campaign of the year). Our communications team seems to specialise in low-budget campaigns. Winners will be announced on 6th September.

Dr Sonia Swart
Chief Executive

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**Medical Director's Report**
Agenda item	**8**
Sponsoring Director	Dr Michael Cusack, Medical Director
Author(s) of Report	Dr Michael Cusack, Medical Director Dr Amanda Bisset, Associate Medical Director Mrs Louise Simms-Ward, Clinical Governance Manager
Purpose	Assurance

Executive summary

Since the last report to the Board, during the reporting period 1/05/2017 – 30/06/2017, one new Serious Incident has been reported onto STEIS:

2017/16215 Missed Fractured Calcaneum Fracture Clinic

The investigation into the Never Event has been completed and the report has been submitted to the CCG.

Two External Serious Incident Reports were submitted to Review of Harm Group (RoHG) for closure in May & June 2017:

2017/5530 Inpatient Fall resulting in Fracture of Elbow Discharge Lounge
2017/7487 Incorrect diagnosis Pathology Department

The learning from theses is described in the report.

Dr Foster data showed overall mortality expressed as the HSMR and SHMI remains within the 'as expected' range.

Recruitment of the Mortality Screeners in line with The National Guidance for Learning from Deaths is described in the report.

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, BAF 1.5, BAF 4.1 and BAF 4.2
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? (Y/**N**) Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)?(Y/**N**)
Legal implications / regulatory requirements	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
July 2017

Medical Director's Report

1. Clinical Risks

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

The principal risks to clinical care relate to the following areas and are reflected on the Corporate Risk Register. One of the key challenges 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
1286	Frequent and prolonged loss of elective orthopaedic ward for escalation	20	20	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
464	Risk to stroke patients not receiving best practice care as unable to be consistently cared for within a stroke bed	20	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
1194	Delayed discharge on a near daily basis of Critical Care step down patients results in delay admitting new patients to the Unit	15	15	Quality Governance

The Trust has and continues to undertake substantial work in order to mitigate the risk to patients posed by the urgent care pressures. This is coordinated through the Urgent Care Working Group led by the Chief Operating Officer with representation from each of the clinical Divisions. Significant progress has been made through this group across a broad range of actions including the on-going roll out of the SAFER Bundle and 'Red to Green'.

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
1348	High number of vacancies in Oncology/Haematology contributing to in-patient	9	20	Workforce

	and out-patient delays			
979	Difficulty in recruitment and high turnover in nursing staff groups.	16	16	Workforce
1155	Potentially unable to maintain appropriate staffing levels in theatre areas due to staff vacancies	15	15	
81	Inability to maintain effective service levels due to reduced skilled nursing workforce for the existing bed base.	9	16	Workforce
92	Risk due to medical workforce issues including the high use of locums and loss of regionally funded posts	20	16	Workforce
1162	Vacant posts within Gen Med for CT, GP VTS and specialist posts as a result of lower fill rates in the East Midland South for training posts	16	16	Workforce

The Trust is impacted upon by the nationwide challenges in recruiting clinical staff. The impact of this is particularly acute during periods of pressure on the organisation through urgent care. A wide range of measures have been adopted to increase staff recruitment and retention with some success.

Work continues to reduce agency expenditure, a key part of which seeks to enhance recruitment of medical staff in particular. It is recognised that there have been reductions in the number of doctors taking up training posts and this has impacted adversely on rotas in Medicine and Anaesthesia. As gaps in these rotas emerged at relatively short notice it was not possible to fully mitigate the impact of this on service provision. These have improved with targeted recruitment in these areas

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. Serious Incidents

The Trust is committed to identifying, reporting and investigating serious incidents, and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence. The Trust is determined, where at all possible, to prevent the occurrence of serious incidents by taking a proactive approach to the reporting and management of risk to ensure safe care is provided to patients, through the promotion of a positive reporting and investigation culture.

A report on Serious Incidents (SI) is presented to the Committee on a monthly basis to provide assurance that incidents are being managed, investigated and acted upon appropriately and that action plans are developed from the Root Cause Analysis investigations.

This element of the report paper focuses on those incidents determined to be Serious Incidents following the guidance from the NHS England's 'Serious Incident Framework" published in March 2015 which requires reporting externally via STEIS.

The patient safety incidents that do not fulfil the criteria for reporting onto STEIS but where there are thought to have been omissions or concerns over the care the patient received, are

now declared as a “Concise Investigation”. This allows for a thorough root cause analysis investigation and provision of a concise report outlining the investigation and findings.

2.1 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	16/17	17/18
Serious Incidents	27	55	78	115	93	11	13	1
Never Events	2	2	1	0	1	3	1	1

2.2 Never Event(s) in 2017/18

There were no incidents in May/June 2017 that met the criteria of a Never Event. The investigation into the Never Event regarding wrong site surgery has been completed. The report has been finalised and submitted to the CCG in July.

In addition to the immediate actions, the following are being take forward:

- Full adherence to the Trust Polices is obligatory and spot checks of compliance will provide assurance on this.
    - Patients must only leave the ward for planned surgery when the site is marked as per the site marking policy.
    - No patient will be admitted into the theatre complex for a planned procedure unless the site is marked as per the Trust Surgical Site Marking policy except in emergency situations.
    - Two Surgeons will sign take consent on the ward where patients lack capacity.
- Revision of the system for checking the Trauma list against available medical records/images at the Trauma meeting.
- Introduction of further means for counterchecking operative side on the Trauma list.
- One definitive version of the theatre list should be generated made available to all relevant wards.
- Operating surgeon must be present to lead all parts of the WHO process.
- Review of the Trust consent policy and Trust consent training to ensure that the Mental Capacity Act requirements are explicitly stated.
- Launch of r Falls Risk Assessment tool

2.3 New Serious Incidents

Since the last report to the Board, during the reporting period 1/05/2017 – 30/06/2017, one new Serious Incident has been reported onto STEIS:

2017/16215 Missed Fractured Calcaneum Fracture Clinic

A detailed Root Cause Analysis (RCA) is being undertaken into each of this incident. The Trust has a contractual agreement with the CCG to submit all RCA reports to them within a 60-working day timeframe, to 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).

To date within **2017/18**, 2 Serious Incidents have been reported under the following categories:

- Surgical/invasive procedure – wrong site surgery (Never Event)
- Sub-optimal care – unidentified fracture

2.4 Open Serious Incidents

There are no other Serious Incidents that are open and still being investigated.

2.5 Serious Incidents Submitted for Closure

During the reporting period, there were two serious incident reports that were submitted to Nene and Corby Clinical Commissioning Group (CCG) for closure. The incident and the principal learning identified are described below.

2017/7487 Histopathology

STEIS Number	Directorate
2017/5530	Discharge Lounge
Brief Description of Incident	
Inpatient Fall resulting in Fracture of Elbow	
Actions	
There must be an agreed documented process that ensures mobility aids are utilised when it has been that identified they are required. The checking of brakes and the bed height must be included in the daily checklist in the discharge suite. The Manual Handling and Health & Safety Policy will be reviewed and updated to ensure bed, trolley, wheelchair, couch and theatre table brakes are covered within the scope of these policies. To ensure bed, trolley, wheelchair, couch and theatre table brakes are covered within the scope of manual handling mandatory training. Quarterly audit of bed, trolley, wheelchair, couch and theatre table brakes to ensure brakes are appropriately applied.	

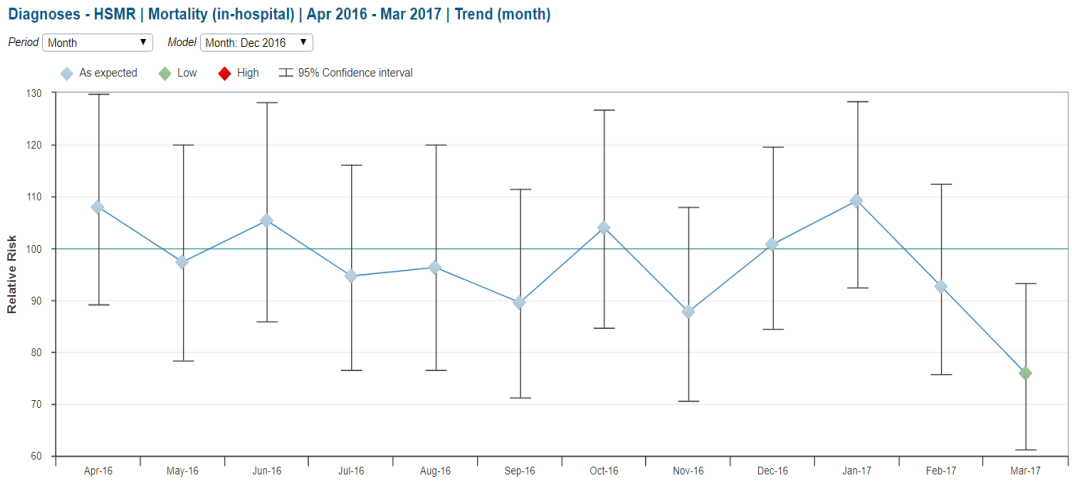
STEIS Number	Directorate
2017/7487	Histopathology
Brief Description of Incident	
Incorrect Diagnosis (Incorrect Pathology result)	
Actions	
The Standard Operating Procedure (SOP) for Consultant Reporting of Specimens' will be re-launched in the department and regular audits of compliance will be undertaken.	

A weekly report will be generated to provide assurance that the reporting 'queues' are cleared within a maximum of 4 days. Any deviation from this will be escalated to the Head of Pathology for immediate action.

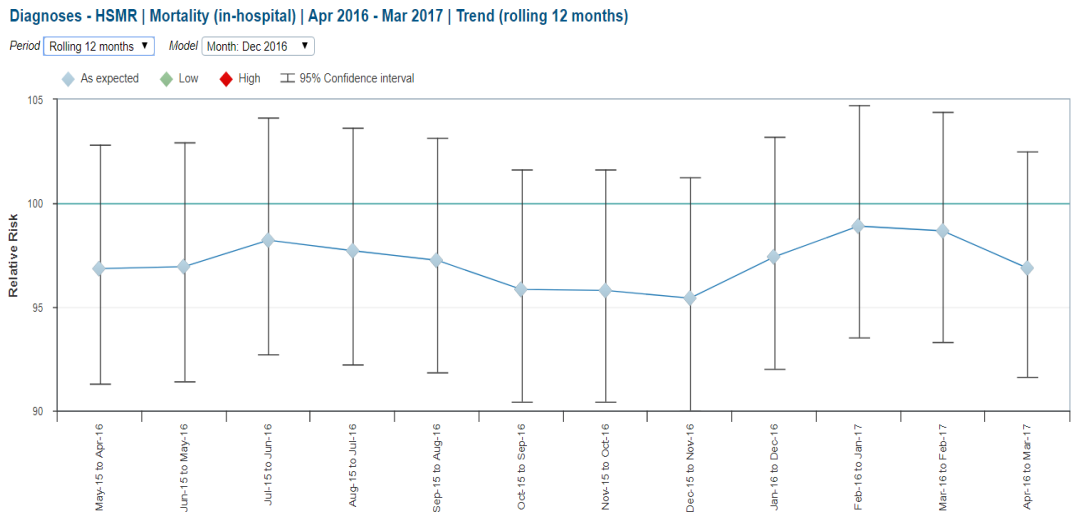
Every 3 months, a cross section of samples will be sent outside of the organisation for external reporting to monitor and provide assurance on the consistency of reports. The outcome of this regular audit will be reported through the Trust Governance process.

3. Mortality Monitoring

The HSMR for the year to March 2017 remains within the 'as expected' range at **96.9** with reduction in SMR seen during February and March (**75.9**). The crude mortality in the HSMR group of patients is 3.4% (Midlands & East peer group rate 3.7%). The variation in HSMR during the year to March 2017 is shown below:



Each data point in the following graphic represents the value of the HSMR during the preceding 12-month period. The reduction observed in the SMR during February and March is reflected in the most recent HSMRs below:



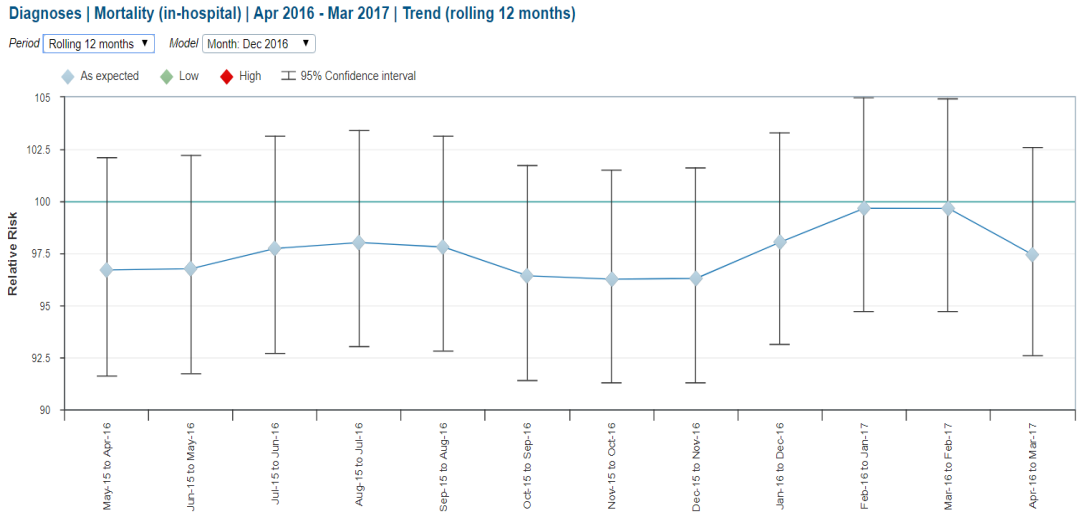
The majority of Trusts in the East Midlands are within the 'as expected' range for HSMR. The Trust remains in a stable position in respect to this parameter relative to the peer group shown below:

Diagnoses - HSMR | Mortality (in-hospital) | Apr 2016 - Mar 2017 | Midlands and East

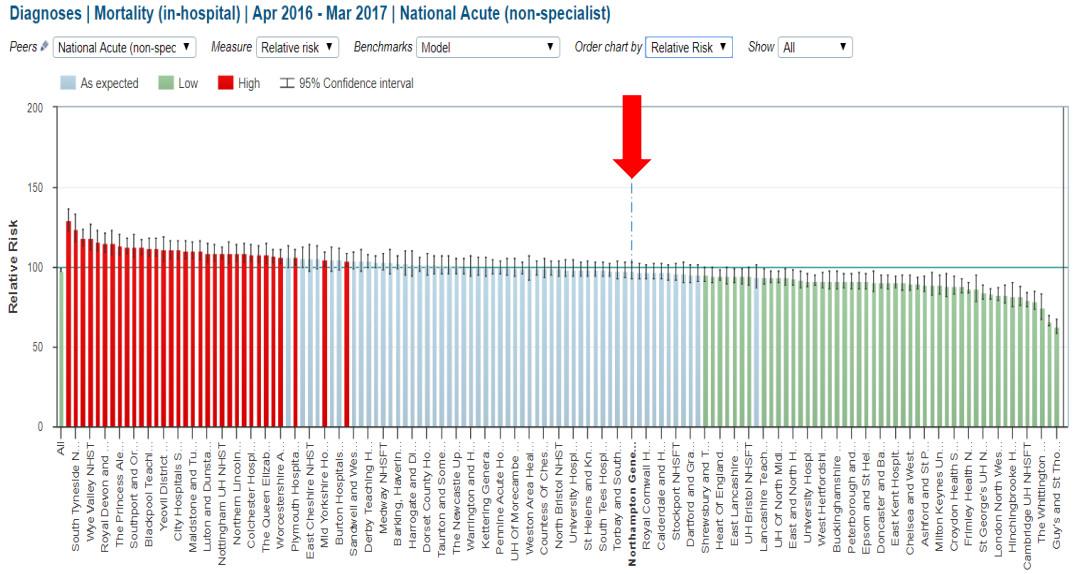
Peers: Midlands and East | Measure: Relative risk | Show: All

Midlands and East	Superspells	Spells	Observed	%	Expected	%	O-E	RR
All	409,846	412,644	15,181	3.7%	15047.3	3.7%	133.7	100.9
Nottingham University Hospitals NHS Trust	77,658	78,376	2,832	3.6%	2652.0	3.4%	180.0	106.8
United Lincolnshire Hospitals NHS Trust	54,703	54,881	2,211	4.0%	2142.6	3.9%	68.4	103.2
Kettering General Hospital NHS Foundation Trust	31,359	31,637	1,033	3.3%	1003.3	3.2%	29.7	103.0
Chesterfield Royal Hospital NHS Foundation Trust	24,599	24,723	1,167	4.7%	1147.9	4.7%	19.1	101.7
Derby Teaching Hospitals NHS Foundation Trust	48,719	48,927	1,994	4.1%	1992.7	4.1%	1.3	100.1
University Hospitals Of Leicester NHS Trust	83,937	84,677	2,698	3.2%	2742.5	3.3%	-44.5	98.4
Sherwood Forest Hospitals NHS Foundation Trust	29,743	29,881	1,278	4.3%	1286.5	4.3%	-8.5	99.3
Northampton General Hospital NHS Trust	35,960	36,013	1,224	3.4%	1263.5	3.5%	-39.5	96.9
Milton Keynes University Hospital NHS Foundation Trust	23,168	23,529	744	3.2%	816.3	3.5%	-72.3	91.1

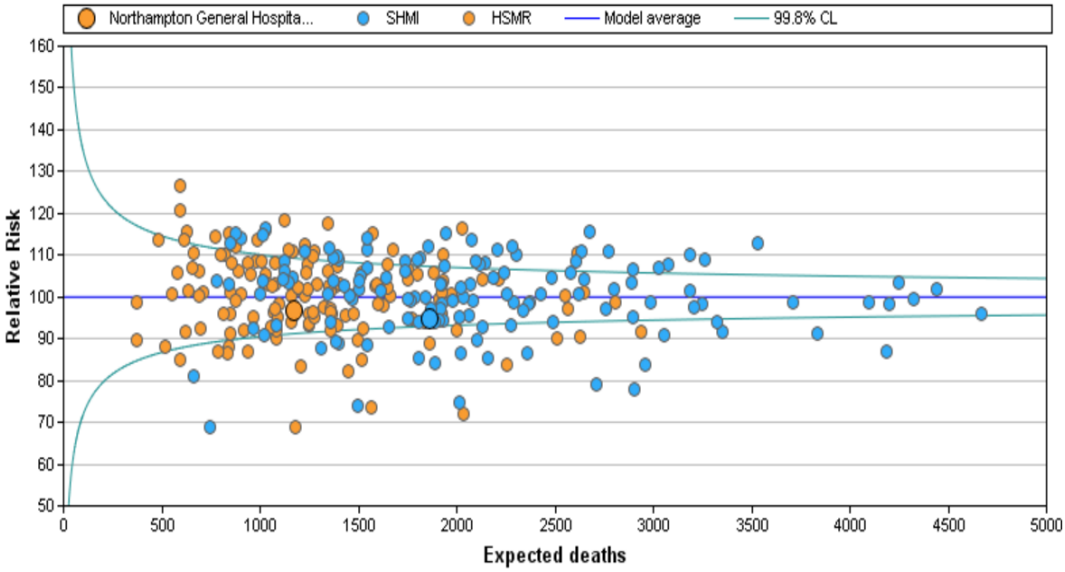
The SMR for the All Diagnoses Metric also remains 'as expected' (SMR=**97.4**). The variation in the SMR for All Diagnoses is shown below and mirrors that seen for HSMR:



The graph below shows the Trust position in respect to All Diagnosis SMR relative to the national acute (non-specialist) provider peer group:



The SHMI value is **96.8** (January to December 2016) which is in the as expected range. The SHMI and HSMR relative to the national acute (non-specialist) provider peer group are shown below:



3.1 High Risk Diagnoses – Mortality

The '7 high risk diagnoses' are monitored quarterly in line with NHSE recommendations. Mortality for the rolling year to March '17 was significantly better than expected (SMR **92**).

3.2 Procedures Monitored for Mortality/LoS/Readmissions

The 30-day mortality following a procedure remains at the level of the national average. The Standardised Mortality Ratio for the rolling year is **104** following 17,539 procedures.

3.3 Mortality Review Process

In March 2017, the National Quality Board published a document entitled “National Guidance on Learning from deaths – a framework for NHS Trusts and Foundation Trusts on Identifying, investigating and Learning from deaths in care”.

In line with this, the role of the Mortality Screeners has been developed and the recruitment process is underway.

The Trust has developed a policy setting how we investigate and learn from the deaths of patients who die in our care, including our approach to undertaking case record reviews. This policy is now complete and is going through the final stages of ratification.

The structured judgement review tool is in now in use in undertaking reviews of patient care. Initial experience with the tool has found it to be effective both in highlighting potential problems in care and as well as recording instances of notable care.

The outcome of these reviews and the learning from them will be reported to the Board in the third quarter.

4. Next Steps

The Review of Harm Group meets on a weekly basis to expedite the agreement & external notification of Serious Incidents.

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

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

Title of Meeting	**Public Trust Board**
Date of Meeting	**27 July 2017**

Title of the Report	**Director of Nursing & Midwifery Report**
Agenda item	**9**
Presenter of Report	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
Author(s) of Report	Debbie Shanahan Associate Director of Nursing Fiona Barnes Deputy Director of Nursing
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 - In June 2017, the Trust achieved 97.06% harm free care (new harm); this is a slight decrease after sixth months above 98%.
- Pressure Prevention - 15 patients were harmed in June 2017, with 19 pressure ulcer harms, (17 Grade 2 pressure ulcers, 2 unclassified Grade 3 pressure ulcer harms).
- Infection Prevention - There was no MRSA bacteraemia and 1 MSSA bacteraemia in June 2017. There were 5 patients identified with Clostridium Difficile Infection, 4 patients were identified with trust attributable E.coli bacteraemia, no patients with Klebsiella species or Trust attributable Pseudomonas Aureginosa.
- Falls - There was 1 harmful fall in June 2017; the case is being reviewed and investigated.
- Friends and Family Test (FFT) - Trust wide results continued above the mean line for June 2017 at 92.6%. The past 8 months have all been above the mean of 92%. The mean has therefore been rebased from November 16, increasing from **91.3%** from Apr-Oct 16 to **92.7%** from Nov-Jun17.
- There is an update on the Safeguarding and the Nursing and Midwifery Dashboard.
- Safe Staffing: Overall fill rate for June 2017 was 104%. RN fill rate during the day was 97% and for the night 97%
- The report provides a summary of the care Hours per Patient Day (CHPPD) from the 'Model Hospital' data base.

Enclosure E

Related strategic aim and corporate objective	Quality & Safety. We will avoid harm, reduce mortality, and improve patient outcomes through a focus on quality outcomes, effectiveness and safety
Risk and assurance	The report aims to provide assurance to the Trust regarding the quality of nursing and midwifery care being delivered
Related Board Assurance Framework entries	BAF 1.3 and 1.5
Equality Analysis	Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper - No

Actions required by the Board

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

The Board is asked to support the on-going publication of the Open & Honest Care Report on to the Trust's website which will include safety, staffing and improvement data.

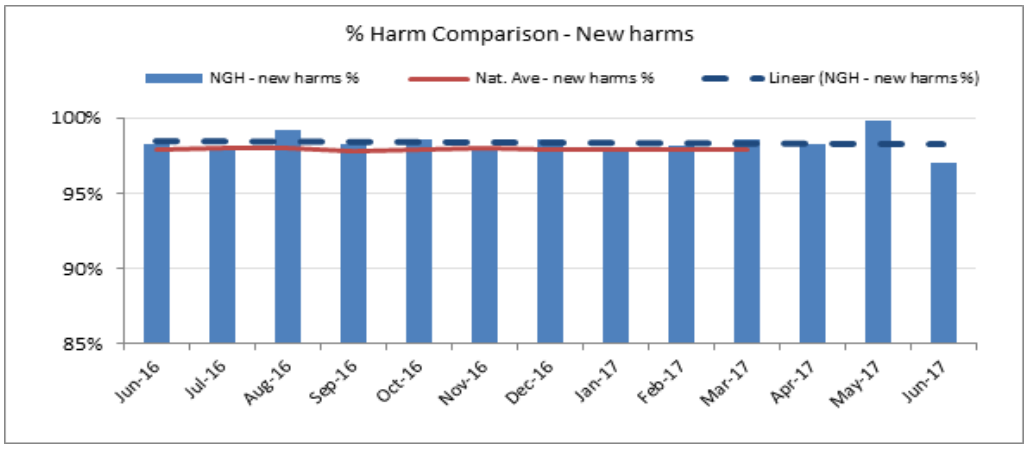
Public Trust Board
July 2017
Director of Nursing & Midwifery Report

1. Introduction

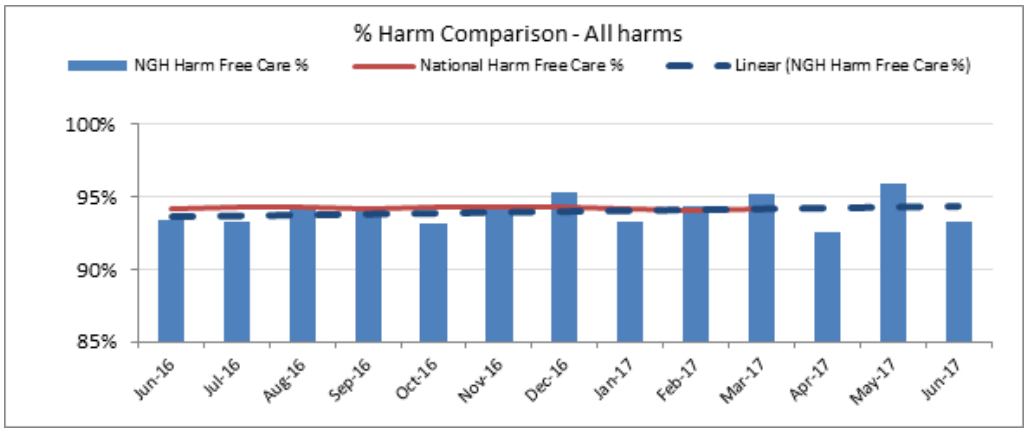
The Director of Nursing & Midwifery Report presents highlights from projects during the month of October. Key quality and safety standards will be summarised from this monthly report to share with the public on the NGH website as part of the 'Open & Honest' Care report. This monthly report supports the 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. Safety Thermometer

The graph below demonstrates the percentage of new harms attributed to an in-patient stay. In June 2017 the Trust achieved 97.06% harm free care (new harm); after sixth months above 98% June 2017 there has been a slight decrease.



The graph below illustrates overall harm free care was 93.25% in June; this is a decrease to last months which was the Trust's last highest result and above the national target of 95%. (Appendix 1 provides the National Safety Thermometer Definition).

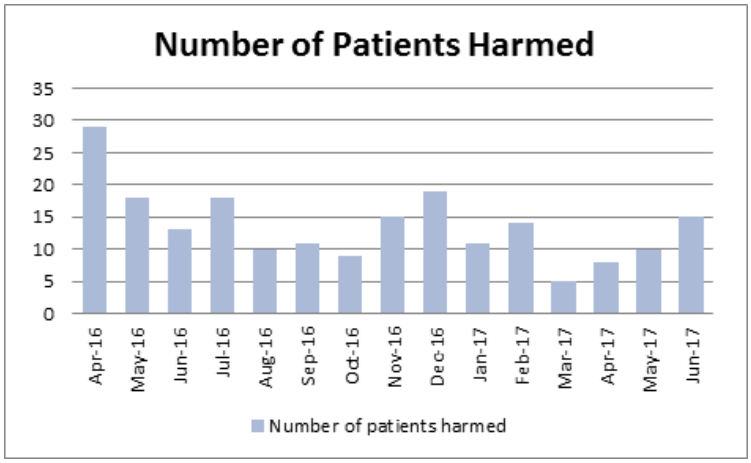


Enclosure E

3. Pressure Ulcer Incidence

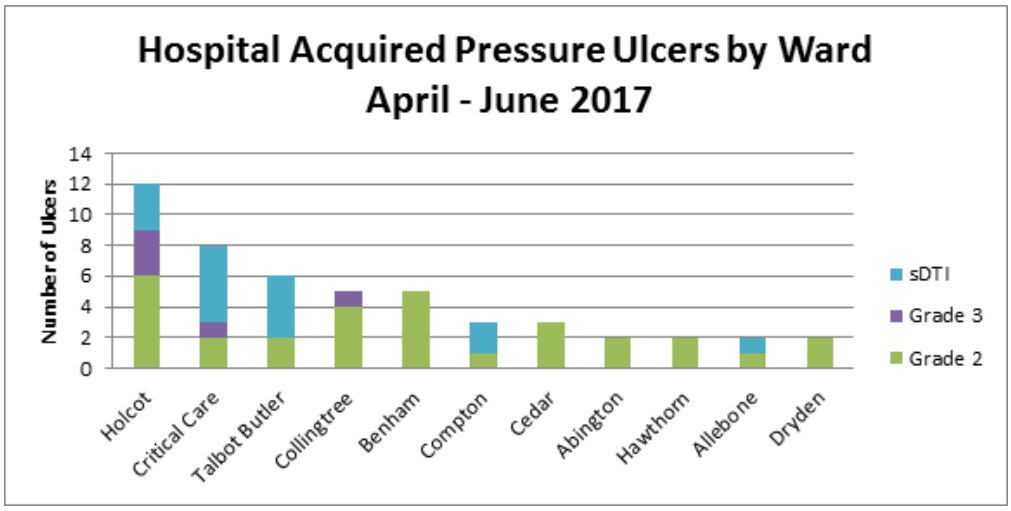
In June 2017 the Tissue Viability Team (TVT) identified, a total of 268 incidents relating to pressure damage. Of these 37 were duplicated reports. 31 patients were not seen as either not admitted or discharged within 24 hours of reporting pressure ulcer (PU) harm. Of the remaining incidents reported, 67% were validated by the TVT on the wards; the remainder were validated from photographs.

The graph below shows that 15 patients, with 19 PU's were harmed in June 2017 (17 Grade 2 pressure ulcers, 2 unclassified Grade 3 pressure ulcer harms).



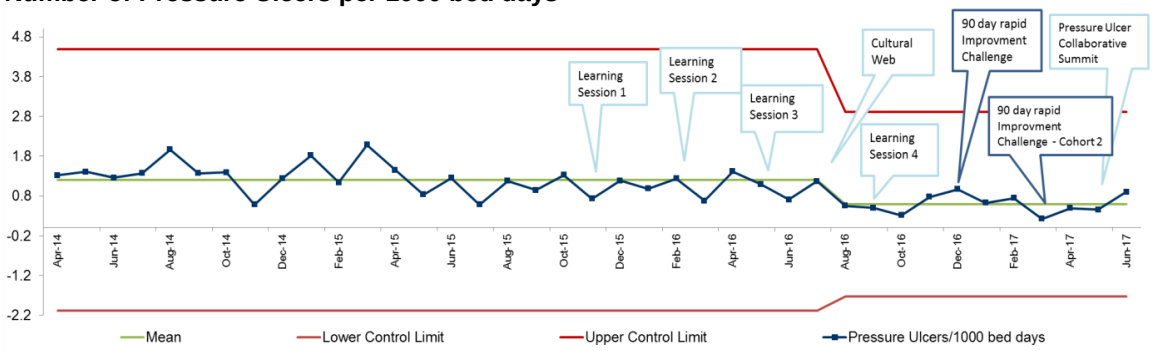
It must be noted that the unclassified Grade 3 PU reported last month has been validated as a grade 2 PU harm.

The graph below illustrates the Ward where pressure ulcers and suspected Deep Tissue Injuries (sDTI's) have occurred during Quarter 1 2017/2018. The graph also shows the distribution of Hospital Acquired Pressure Ulcers (HAPU's) by ward, with 65% (n=22) of the pressure ulcers occurring on 4 wards. The TVT is working in collaboration with the Quality Assurance and Improvement (QAI) Matron and with the Ward Sister(s)/Charge Nurses, providing bespoke training, enhanced support and guidance on changing practice. In June, 50% (n=15) of all pressure ulcer harms (including sDTI), were caused by medical devices, 7 caused by Anti-embolic stockings, 4 by plaster of paris casts, 2 by oxygen administration device and 2 by in dwelling catheters. Medical devices are an area that the TVT will be exploring following RCA submission and Share and Learn Meetings.



Due to the high number of pressure ulcer harms on Holcot Ward, the TVT are providing support to all staff and an aggregated review is planned.

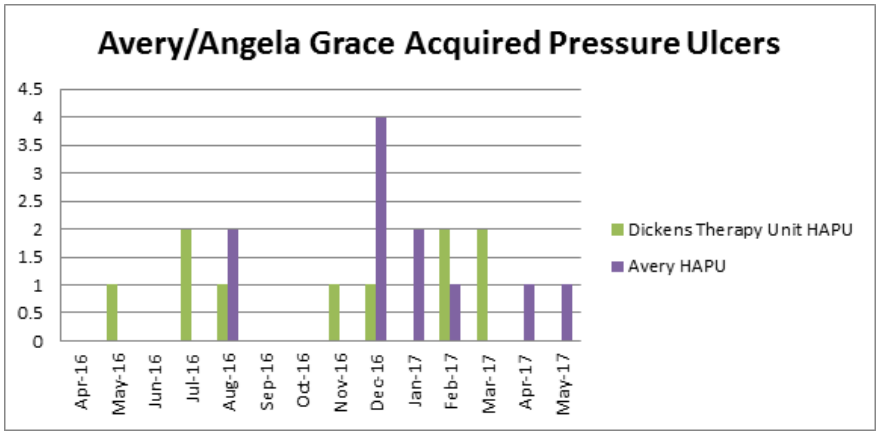
Number of Pressure Ulcers per 1000 bed days



The chart above shows the number of pressure ulcers/1000 bed days in relation to hospital acquired pressure ulcers by Quality Improvement (QI) methodology. Utilising a run chart demonstrates that changes being made are leading to statistically significant improvements that have been made since August 2016. The mean line was rebased in April from 1.20 to 0.60 pressure ulcers per 1000 bed days.

Avery/Angela Grace PU Incidence

The graph below represents the number of pressure ulcer harms reported in 2016-2017 to patients in either Blenheim or Cliftonville Wards (Avery) or Dickens Therapy Unit (Angela Grace). The TVT continue to report and investigate these harms as per Trust protocol.



Pressure Ulcer Prevention June Update

90 Day Pressure Ulcer Rapid Improvement Challenge

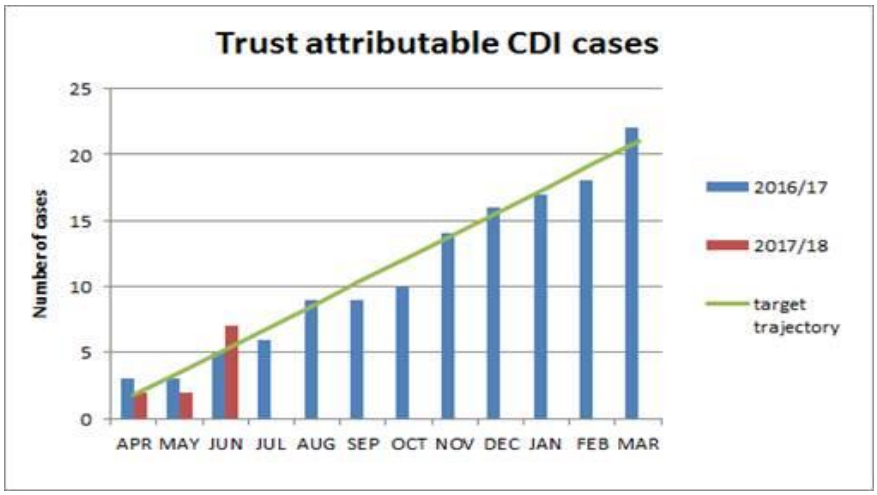
A third cohort for the Rapid Improvement Challenge is planned to commence in July 2017 with ITU and Collingtree taking part. Holcot and Dryden wards will continue to participate in the third cohort as agreed by the Director of Nursing.

Enclosure E

4. Infection Prevention and Control

Clostridium difficile Infection (CDI)

The graph below shows the cumulative total of the number of patients with Trust apportioned CDI. For June 2017 there were 5 patients that were Trust attributable cases.

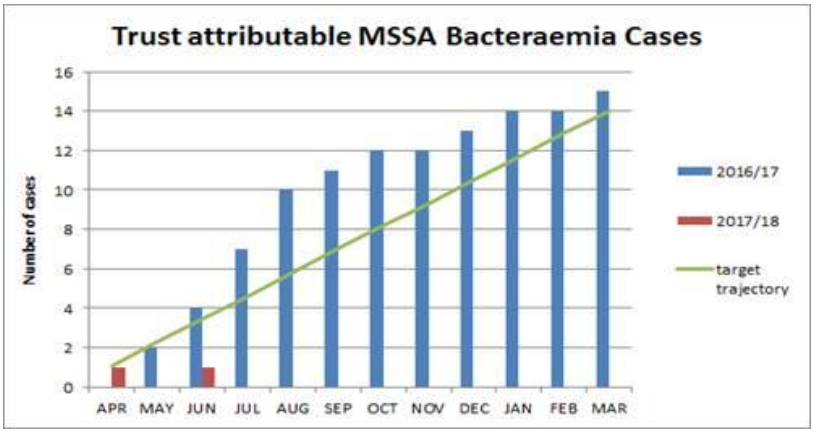


MRSA Bacteraemia

In June 2017 there were 0 Trust attributable MRSA bacteraemia.

MSSA Bacteraemia

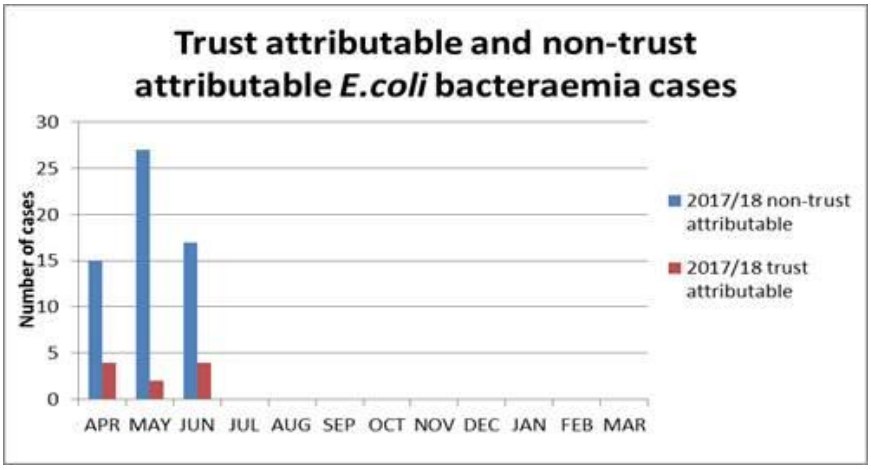
In June 2017 the Trust has had 1 patient with a Trust attributable MSSA bacteraemia.



Escherichia coli (*E.coli*) Bacteraemia

Due to the national increase in gram-negative bacteraemia, the Department of Health are reviewing the outcome. In 2017/2018 the Trust had originally been asked by NHSI to collect baseline data in relation to gram-negative bacteraemia. The situation changed in June 2017 and all Clinical Commissioning Group's (CCG) have been given a reduction target of 10% or greater for 2017/2018 (Appendix 2). The Clinical Commissioning Group's (CCG) ambition supported by the Quality Premium will require a Whole Health Economy Approach.

In June 2017 there was a total of 21 patients admitted to the Trust, 4 of those patients who developed an *E.coli* bacteraemia were attributed to the Trust as illustrated in the chart below



The table below shows the breakdown of source and number of Trust attributable *E.coli* bacteraemia cases in June 2017.

Source of Infection June 2017	
Urosepsis	2
Unknown	2

***Klebsiella* species bacteraemia.**
In June 2017 there were 0 Trust attributable *Klebsiella* species bacteraemia.

***Pseudomonas aureginosa.*bacteraemia**.
For June 2017 there were 0 patients with Trust attributable *Pseudomonas aureginosa* bacteraemia

***Enterococcus* species bacteraemia.**
June 2017 there were 0 Trust attributable *Enterococcus* species bacteraemia.

Surgical Site Surveillance
The Trust takes part in the national surveillance scheme for over 150 hospitals in England so that it can measure the rate of surgical site wound infection and be sure that patients are given the highest possible standard of care. An RCA is instigated for all presumptive infections. Please note that surveillance in June is ongoing, as patients are monitored via a questionnaire, or followed up 30 days after their operation date. Trauma and Orthopaedic patients, where an implant has been inserted are monitored by the Orthopaedic Directorate for up to 1 year post operatively, as per Public Health England guidance. The Trauma and Orthopaedic Directorate have taken ownership of the knee, hip and # neck of femur operations, with support from the Infection Prevention Team. This is working very well and is beneficial to the patients and if the directorate has any infections or issues they can be dealt with in a timely manner. Surgical Site Infection (SSI) will be reported quarterly. Quarter 4 results will be presented in August 2017.

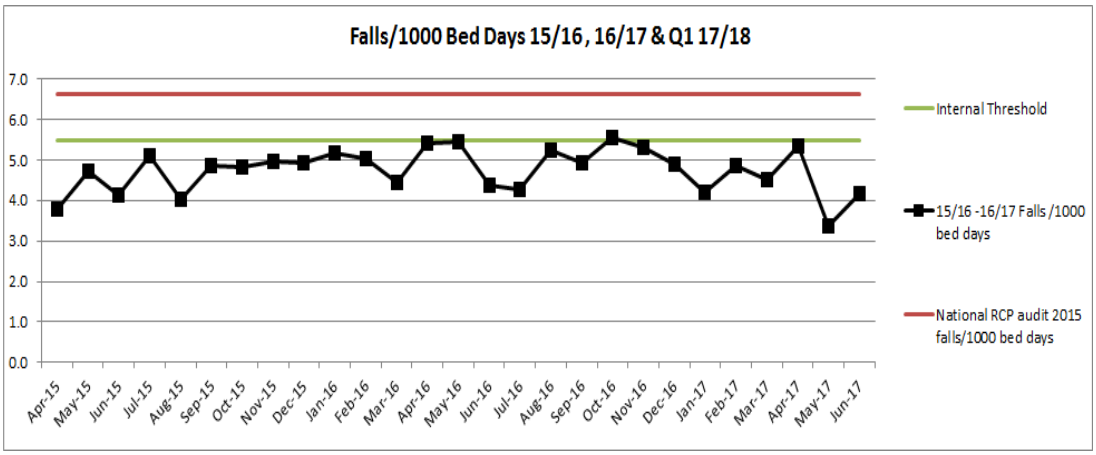
Catheter Related Urinary Tract Infections (CRUTI)

June 2017 there was 1 Trust attributable CRUTI attributed to Hawthorn ward. The Post Infection Review is in progress and findings will be reported on in next month's report.

5. Falls Prevention

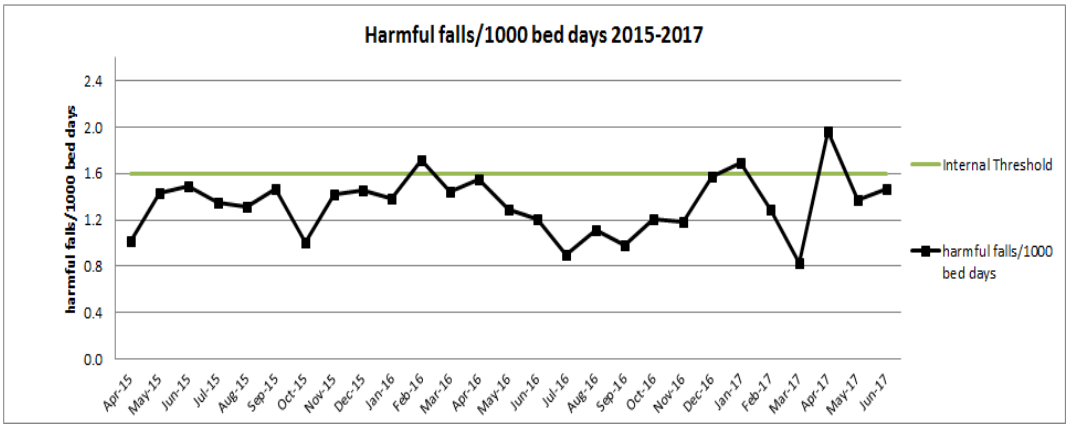
Falls/1000 bed days

The Trust's falls/1000 bed days are below the national average of 6.63/1000 bed days and the internally set Trust target of 5.5/1000 bed days. There was an increase in the number of falls/1000 bed days of 0.81 compared to the previous month of May 2017.



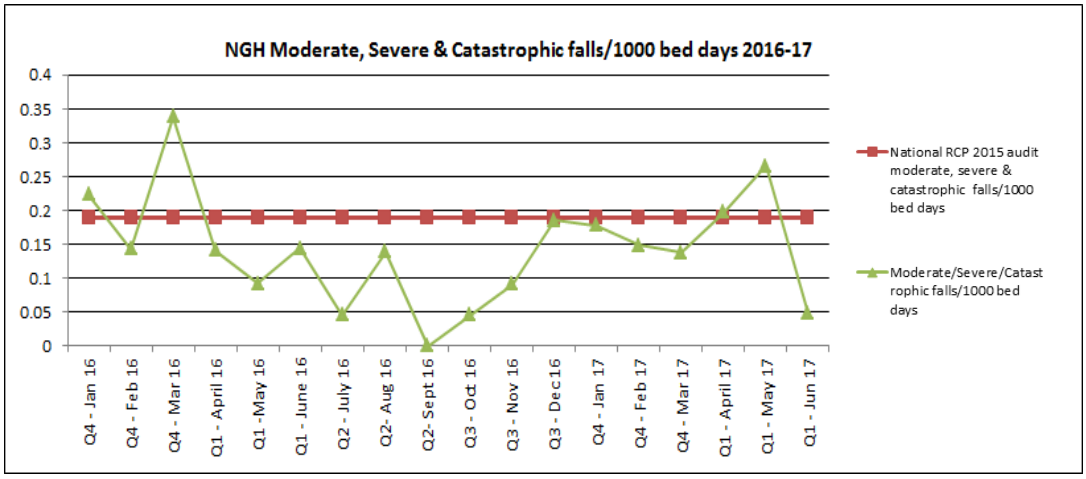
Harmful Falls/1000 bed days including Low, Moderate, Severe and Catastrophic

The recording of harmful falls in this data represents low, moderate, severe and catastrophic harm. Through June 2017 harmful falls/1000 bed days have increased by 0.1, in total the Trust recorded 1.47 harmful falls/1000 bed days compared to 1.37 harmful falls/1000 bed days in May 2017. The Trust has an internally set target of 1.6 harmful falls/1000 bed day.



Falls resulting in moderate, severe or catastrophic harm

The following graph shows that moderate, severe and catastrophic falls/1000 bed days have decreased in June 2017 and returned below the national threshold of 0.19. In total 0.05 moderate /severe and catastrophic falls were recorded in June, a reduction of 0.22 when compared to May 2017.



One harmful fall occurred in June 2017. A patient sadly died following sustaining a fractured neck of femur. The investigation into this incident remains ongoing. An Initial Assessment Form has been submitted to the review of Harm Group, further information was requested.

Dickens Therapy Unit

The bed days calculated for Dickens Therapy Unit (DTU) have not previously been counted in the existing bed day's data used to report the Trust's falls /1000 bed days.

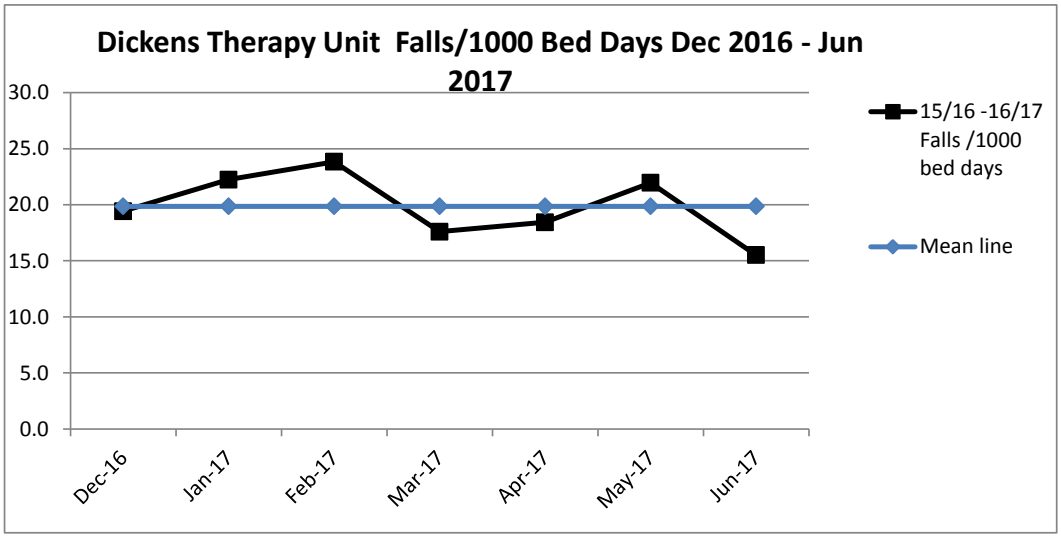
Previously patient falls at DTU have been reported against the Trusts internal target of 5.5 falls/1000 bed days and The Royal College of Physician 2015 national average of 6.63 falls/1000 bed days. Within the National Audit the patient falls/bed days that were declared were higher from community hospitals. These hospitals tend to have a more rehabilitation focus. The average for community hospitals was found to be 8.6 falls /1000 bed days. However this was not used as a standalone target and the national figure is 6.63 falls/1000 bed days.

In order to bench mark the reported falls rates at DTU other units with a similar patient demographic and model are being contacted to compare patient falls rates. The data reported by DTU will be measured and their performance monitored.

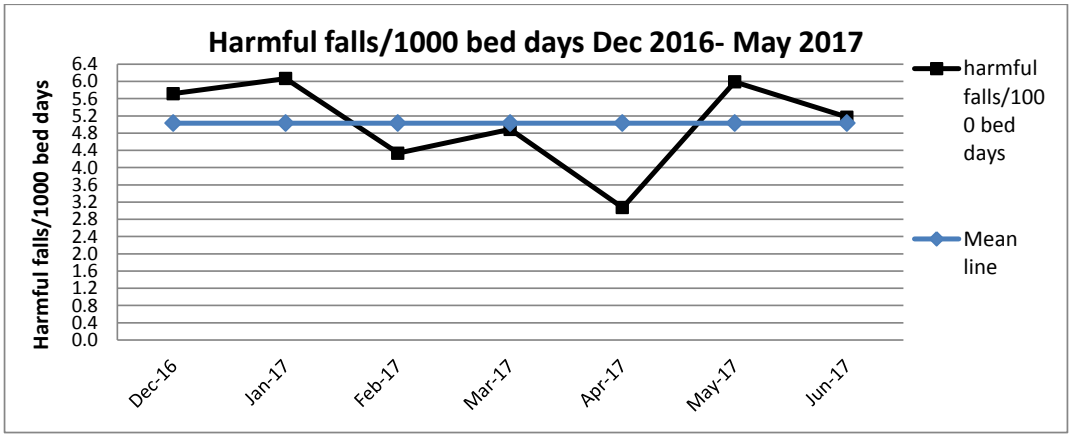
An action plan was developed for DTU in February 2017 following the reported patient falls rates. This included a named Matron for the area, a review of admissions criteria and staff training. The action plan has been completed and included; staff training, weekly Matrons walk arounds with spot checks on care planning, notes and environment. Patients are now assessed by Therapies and DTU staff prior to being transferred to review their rehabilitation goals, suitability and nursing needs.

Following the continued number of falls in June 2017 additional actions have been identified. These include; further analysis of harmful patient falls by the Falls Prevention Lead, arranging to share patient falls data with staff, top up training, reviewing the Standard Operating Procedure and communicating it across the Trust.

Falls/1000 bed days at Dickens Therapy Unit



Harmful falls/1000 bed days Including Low, Moderate, Severe and Catastrophic



6. Nursing and Midwifery Dashboards

The Nursing and Midwifery Quality Dashboards provides triangulated data utilising quality outcome measures, patient experience and workforce informatics. With the implementation of the Best Possible Care 'Assessment and Accreditation' process a review of the Quality Care Indicators (QCI) has taken place as planned. The proposal is to reduce the QCI dashboard as once the Assessment & Accreditation programme is 'rolled-out' across the Trust.

Please see (Appendix 3) for a definition of the Nursing Midwifery Dashboard, (Appendix 4) for the Nursing dashboard, (Appendix 5) for the Paediatric dashboard and (Appendix 6) for the Maternity dashboard. The specialist areas have all updated their QCI questions the IT department are reviewing timeframes for the work to be completed by uploading onto the HIVE.

The QCI for June 2017 shows the following:

Trust wide Overview of the Dashboard

- In June there were a total of 5 reds on the QCI dashboard, of which 1 was within the domain of first impression this is a decrease from last month when there were 5 reds.
- Compliance with falls assessments and pressure prevention assessment has been high focus for the teams with improvement seen, review continues in the 'collaboratives' and at the 'share and learn' meetings. There are no red areas for pressure prevention and only 1 for falls assessment across the Trust in July 2017.
- Theatre, Critical Care, and Emergency Department, have updated their QCI data set and going forward this will also be uploaded onto the HIVE. IT has been asked to prioritise the theatres QCI upload as the newer questions incorporate audit measures following the Never Events.

Surgical Division

- There is 1 red on the QCI for patient experience environment, the Ward Sister, Matron and the Associate Director of Nursing (ADN) monitor the results monthly and highlight any specific themes or areas for improvement.
- Rowan Ward had 2 grey boxes and had Willow Ward 1 grey box on the QCI dashboard. Rowan Wards 2 greys were related to nutritional assessment, patient safety and quality and Willow Ward was related to first impressions. When a box is grey there are 2 explanations, the question has not been answered or the IT system has not saved the response. The ADN has reviewed the results and Rowan nutritional assessment was 85% and patient safety and quality was a 100%. Willow Wards first impression was 86%. From this review all boxes would have been amber or green. The Associate Director of Nursing for Surgery will be reviewing all processes.

Medical and Urgent Care Division

- Medicine had 4 reds in June 2017 on the dashboard; the areas of focus are falls, medication assessment, protected mealtime and 1 red for first impressions. The Ward Sisters, Matrons and the ADN monitor the results monthly and highlight any specific themes or areas to work on. Due to unforeseen circumstances, Becket and Collingtree Wards' QCI's were not completed in time this month.

Gynaecology Children's and Oncology Division

- Talbot Butler, Paediatrics and Gynaecology have no red areas in June 2017; the Ward Sisters, Matrons and ADN monitor the results monthly and highlight any specific themes or areas to work on.

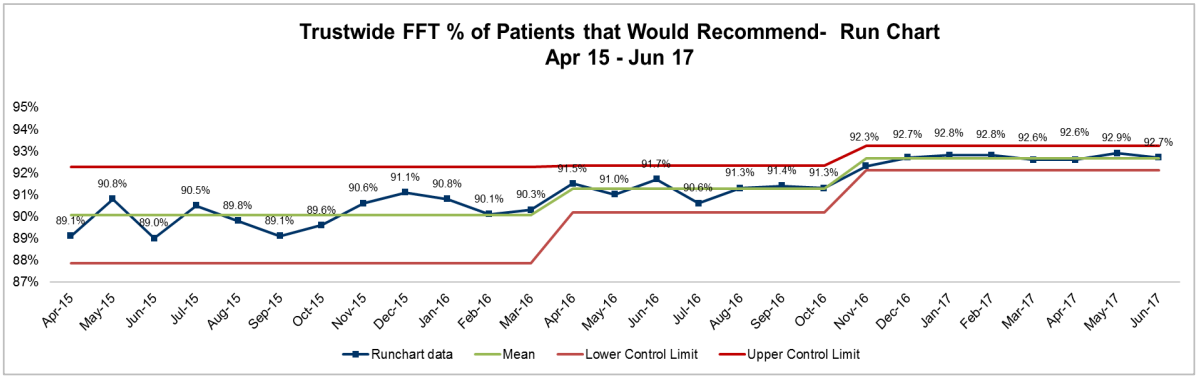
Maternity

- Balmoral Ward had 1 red, the emergency equipment had not been checked for 1 day out of the month and received 0%. The controlled drugs scored NIL however this should be, not applicable, as no controlled drugs are kept on the ward for checking. The new Associate Director of Midwifery (ADM) will be reviewing the questions and dashboard, to ensure the QCI questions relate to the dashboard and completed appropriately.
- Robert Watson Ward had 1 complaint. Call bell responses scored NIL, the audit tool has been reviewed and due to an input error the result should have shown 100%.
- Maternity Observation Ward, the controlled drugs scored NIL however this should be, not applicable, as no controlled drugs are kept on the ward for checking. Call bell responses scored NIL, the audit tool has been reviewed and due to an input error the result should have shown 100%
- Sturtridge had 1 red area the emergency equipment had not been checked for 1 day of the month and received 0%. The Ward had a staffing datix due to capacity and staffing of the maternity unit.

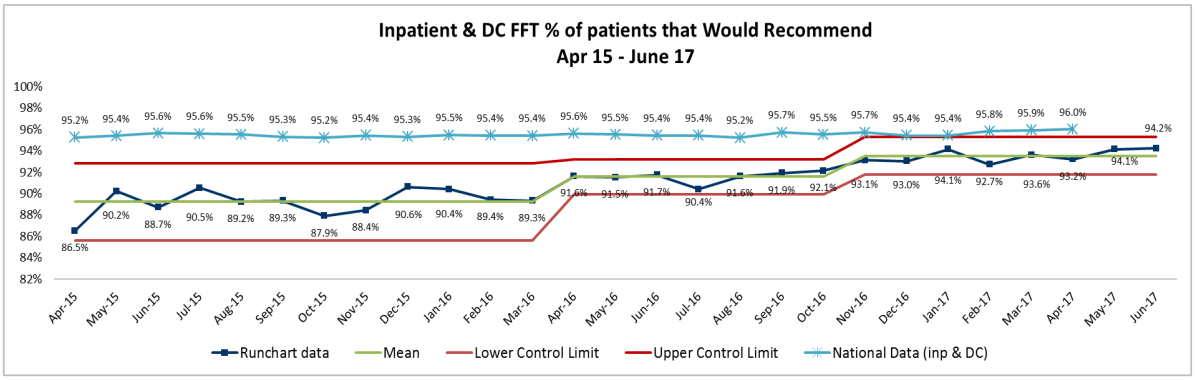
7. Friends & Family Test (FFT)

FFT Overview FFT Overview - % Would Recommend Run Charts

Trust wide results continued above the mean line for June at 92.6%. The past 8 months have all been above the mean of 92%. The mean has therefore been rebased from November 16, increasing from **91.3%** from Apr-Oct 16 to **92.7%** from Nov-Jun17.



The Inpatient & Day Case results continue above the mean line for June equalling 8 points above in total. The Mean was previously rebased from April 16, however as this has now reached 8 consecutive points the mean has again been rebased from November 2016. This increases the mean from **91.5%** from Apr 16 to Oct 16, to **93.5%** from Nov 16 to Jun 17. This is significantly higher than the mean for the period Apr 15- Mar 16 of 89.2%.



8. Safeguarding

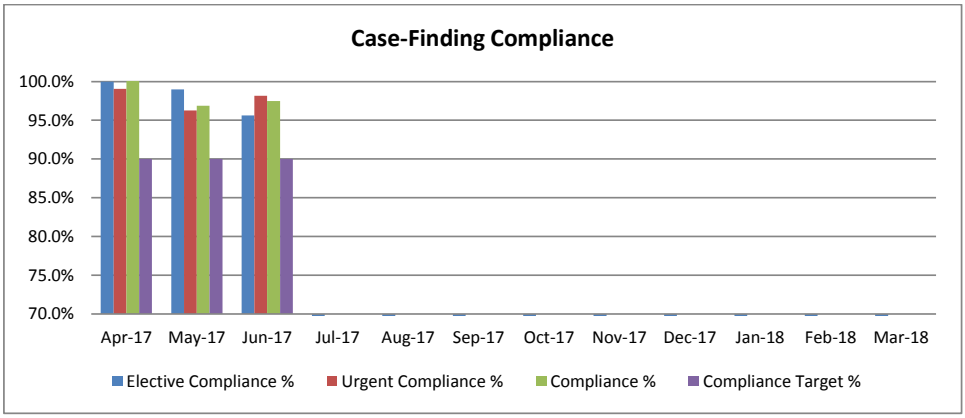
Dementia CQUINS

The Clinical Commissioning Group (CCG) has confirmed achievement of both the John's Campaign and the discharge summaries milestones for the CQUIN schedule.

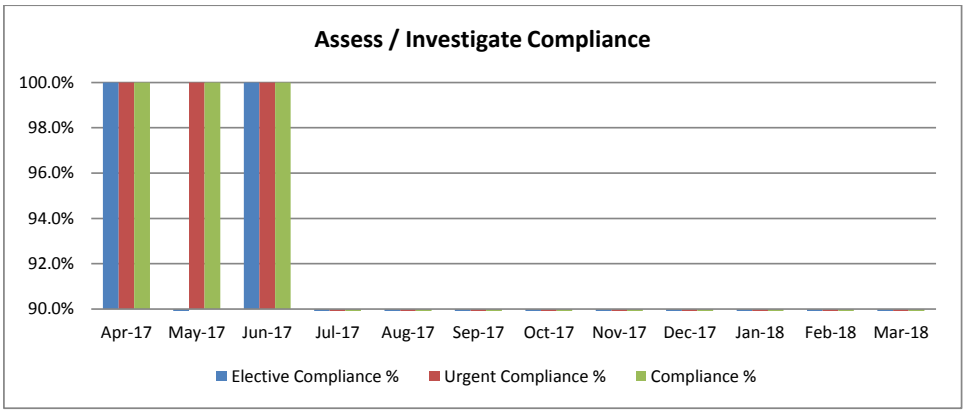
There is not a Dementia CQUIN in place for 2017-18. However the associated data will continue to be collated to provide assurance that assessment and services are in place for dementia patients.

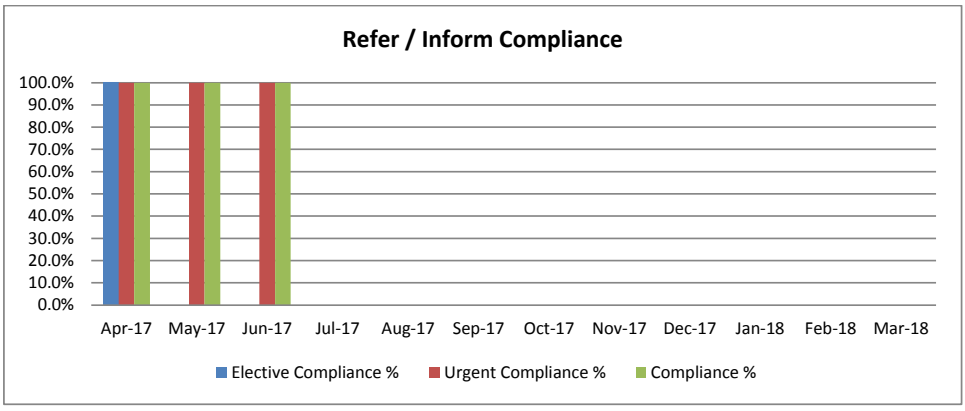
Discharge Summaries

The overall compliance target remains above 95%, which is illustrated in the three graphs below:



The elective and non-elective areas both remain above the 90% threshold for compliance and the total Trust compliance for May is 98%.



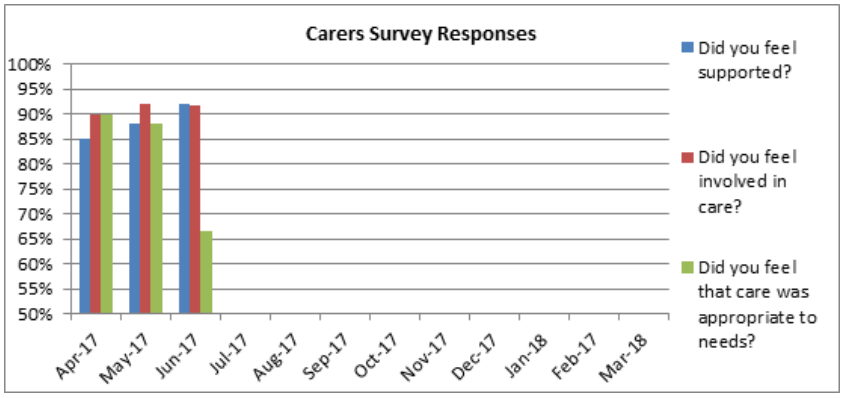


John's Campaign

The John's campaign has been successfully rolled out across all areas, in accordance with the delivery plan. A patient story regarding the benefits of the campaign will be presented at the 'Patient and Carer Experience and Engagement Group.'

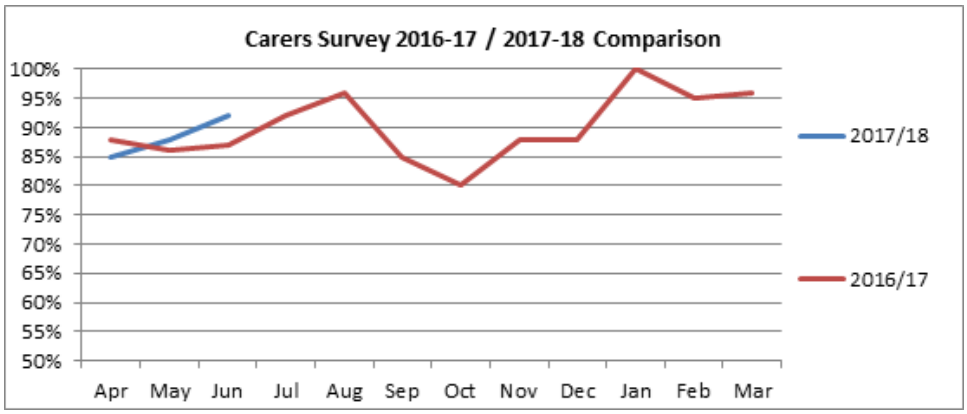
Carers Survey

The carer's survey continues and the key responses are illustrated in the following graph.



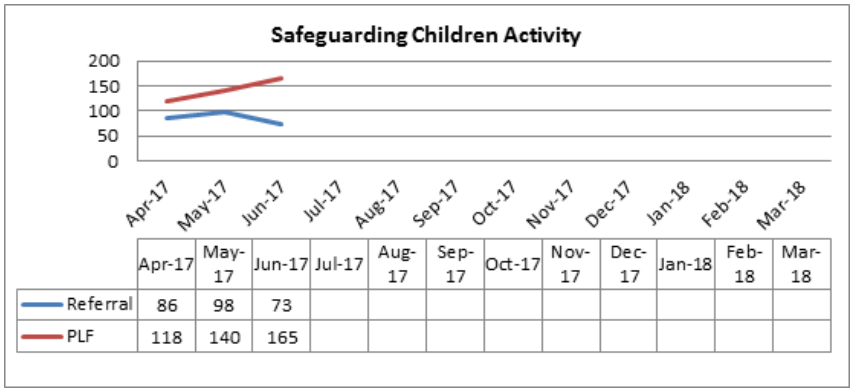
A significant reduction of returns has been noted for June (12 questionnaires received). The wards have been reminded of the importance of returning these to the safeguarding team. This will be priority for the newly appointed dementia nurse, who will commence in post in August. Improvement has been maintained for responses relating to 'did you feel supported' and did you feel that care was appropriate to the person's needs.'

The chart below shows the comparison between 2016/17 and 2017/18 responses



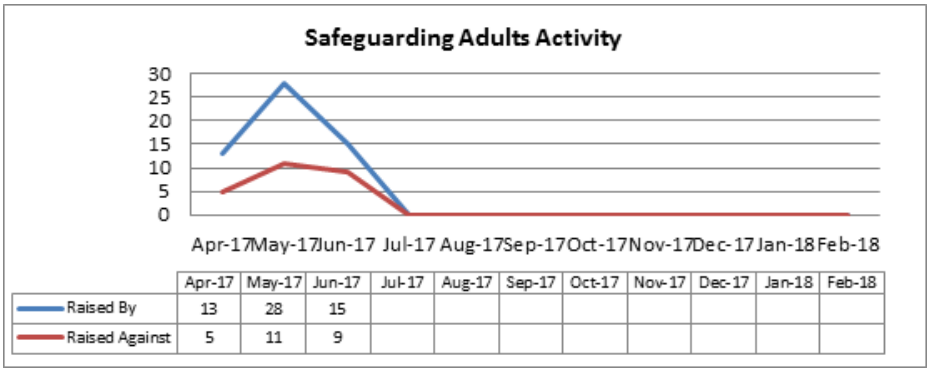
Safeguarding Children and Adult Referrals

The graph below shows the number of referrals made by the Trust in the reporting period for children and young people, at risk of, or suffering significant harm. This includes the number of Paediatric Liaison Forms (PLF's) processed. Overall the number of referrals to the Multi-Agency Safeguarding Hub (MASH) have decreased in June but the PLF's have increased demonstrating robust information sharing with health colleagues external to the Trust.



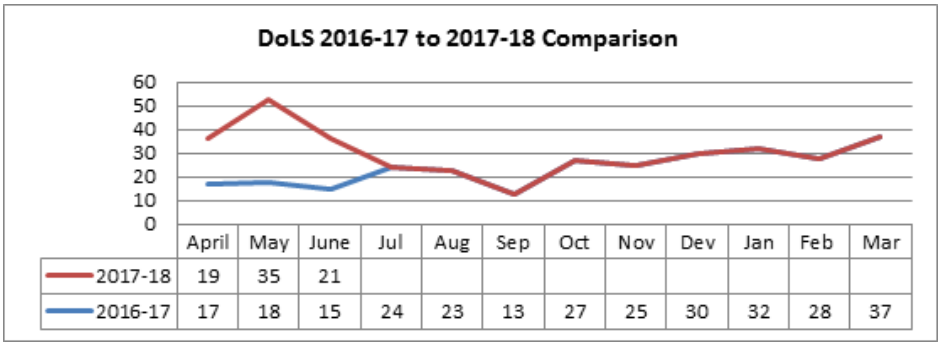
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referral	86	98	73									
PLF	118	140	165									

In terms of safeguarding adults referral activity, there has been a slight reduction in the number of safeguarding allegations against the Trust. Staff have continued to recognise potential safeguarding concerns and this is illustrated in the graph below in terms of the percentage of referrals raised as per the last quarter.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Raised By	13	28	15								
Raised Against	5	11	9								

Deprivation of Liberty Safeguards (DoLS)

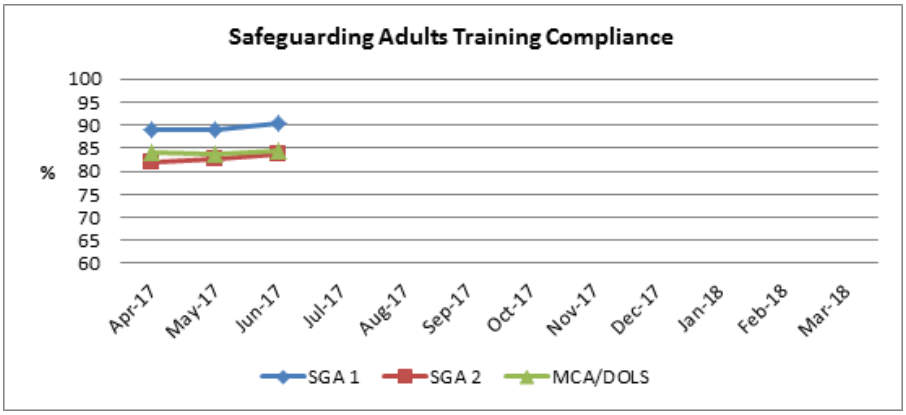


	April	May	June	Jul	Aug	Sep	Oct	Nov	Dev	Jan	Feb	Mar
2017-18	19	35	21									
2016-17	17	18	15	24	23	13	27	25	30	32	28	37

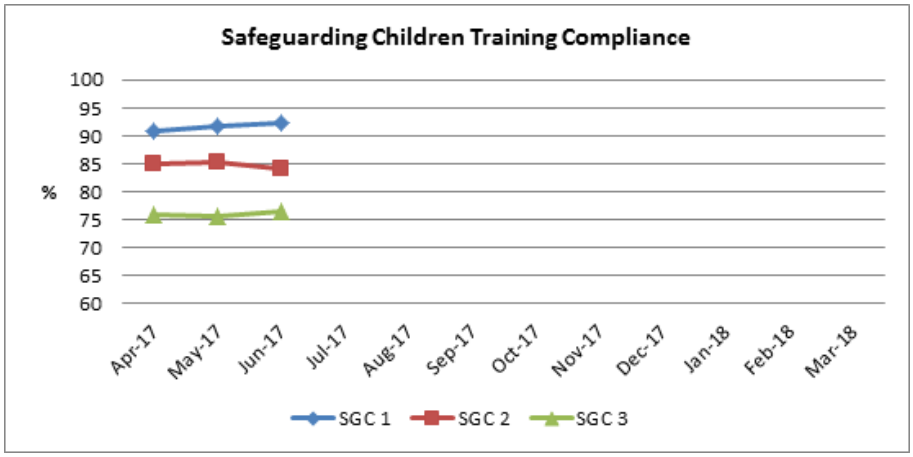
Applications for authorisations to Northamptonshire County Council (NCC) under the DoLS framework continue despite no competed authorisations by Best Interests Assessors (BIA). Internally all DoLS applications continue to be scrutinised on an individual basis by the safeguarding team to ensure that care is delivered in the least restrictive manner possible.

Safeguarding Training Compliance

The following two graphs illustrate the current safeguarding training compliance for the Trust:



Enclosure E



An increased training offering has been provided to target those areas requiring Level three Safeguarding Children training and Mental Capacity Act training. This is in addtion to the pre-existing schedule of training events throughout the year.

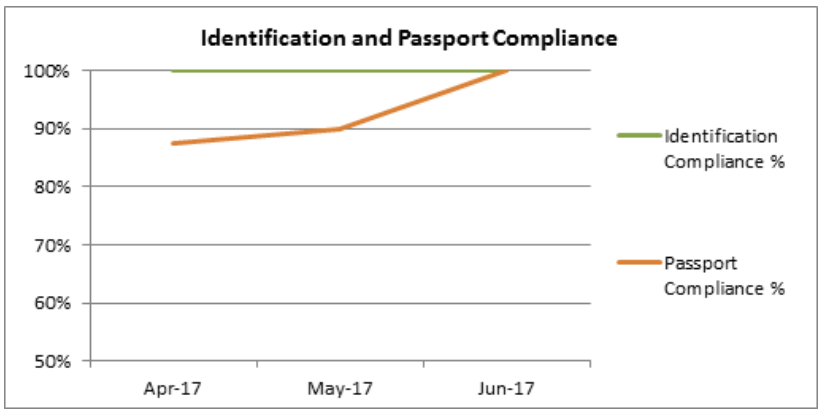
The Named Nurse for Safeguarding Children has liaised with the Associate Director Nursing, for Medicine and a Matron, to illustrate gaps in terms of training compliance and Training & Development records. The Associate Director of Nursing for Medicine has subsequently raised this with the Head of Training & Development. Bespoke sessions, in addition to scheduled Level 3 Safeguarding Training continue to be offered.

Learning Disability

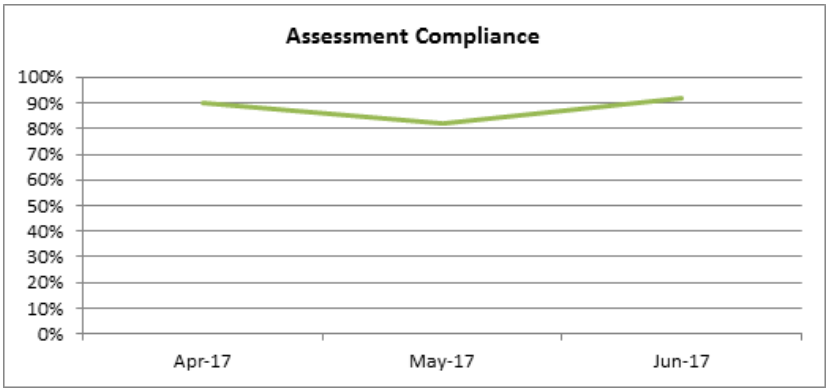
The Learning Disability Quality schedule is built around three key components:

- The identification of people with a learning disability who are admitted to hospital; and of those:
- The use of the hospital passport;
- The use of a specific LD admission checklist;

In June 100% of patients with a Learning Disability who were admitted to the Trust were identified and 100% of those who required a hospital passport received one within the first twenty-four hours of admission as illustrated in the graph below:



For June assessment compliance was 92%. Again trends are illustrated in the graph below:



The Learning Disability Steering Group continues to focus on the CCG quality schedule to benchmark and increase improvement. Other work streams are identified to ensure reasonable adjustments are made for this vulnerable group.

9. Safe Staffing

Overall fill rate for June 2017 was 104%, May was 105%, and April was 104%. Combined fill rate during the day was 100%, compared with 102% in May 2017. The combined night fill rate was 110% compared with the same 110% in May 2017. RN fill rate during the day was 97% and for the night 97%. (Appendix 7).

10. Model Hospital Update

The NHSI Model Hospital dashboard has been updated recently although some of the data is still from 2015/16 (see appendix 8). The data set includes:

- Trust Headlines
- Trust Overview (Money & Resources and People Management)

There have been some very slight changes since last presented to the Committee however, the data is not as up to date as the information that we have locally. The average Care Hours per Patient Day for the Trust is 8.3 compared to 8.5 in April 2017.

11. 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.

Appendix 1

Safety Thermometer Definition

The Department of Health introduced the NHS Safety Thermometer *"Delivering the NHS Safety Thermometer 2012"* the initiative was also initially a CQuIN in 2013/14 to ensure the launch was sustained throughout the nation. The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm that needs be used alongside Trusts data that is prevalence based and triangulated with outcome measures and resource monitoring. The national aim is to achieve 95% or greater harm free care for all patients, which to date the national average is running at 94.2%.

The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, and urinary infection in patients with catheters and treatment for VTE. All inpatients (including those patients in theatres at the time but excluding paediatrics) are recorded by the wards and the data inputted onto the reporting system, on average NGH reports on 630+ patients each month. Once the information is validated by the sub-group teams it is uploaded onto the national server to enable a comparator to be produced.

The Safety Thermometer produces point prevalence data on all harms (which includes harms that did not necessarily occur in hospital) and 'new' harms which do occur whilst in hospital – in the case of falls, VTE and CRUTI the classification of 'new' means within the last 72 hours, this is slightly different for pressure damage as 'new' is categorised as development that occurred in our care post 72 hours of admission to hospital and is recorded throughout the patient stay on the Safety Thermometer. Therefore pressure damage is the only category that if the patient remains an in-patient for the next month's data collection it is recorded as 'new' again.

NGH has a rigorous process in place for Safety Thermometer data collection, validation and submission. Four sub-groups for each category exist and are led by the specialists in the area; they monitor their progress against any reduction trajectory and quality schedule target. For pressure damage all harms are recorded on datix throughout the month (not just on this one day) reviews are undertaken to highlight any lapses in care, every area with an incident attends the Share and Learn forums to analyse further the incident and to develop plans for areas of improvement and future prevention.

Appendix 2

To: Directors of Nursing – Provider Trusts
Medical Directors – Provider Trusts
CCG Accountable officers

BY E-MAIL 28 June 2017

Dear colleagues

Ambition to reduce healthcare associated Gram-negative blood stream infections by 50% by March 2021

There is a national ambition to reduce healthcare associated Gram-negative blood stream infections (healthcare associated GNBSIs) by 50% by March 2021. These are devastating infections and often result in admission to critical care and in some cases mortality[1]. We know GNBSI cases can occur in hospitals however, half of all community onset cases have had some healthcare interventions either from acute, primary or community care. Therefore, we can only achieve the reductions by working together across the whole health and social care sector.

In 2017/18 we wish to focus on *E.coli* (*Eschericia coli*) as a one of the largest GNBSIs infection groups. This is supported by the Quality Premium for Clinical Commissioning Groups (CCGs): www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

Working together as a system – the ask to providers and commissioners:

1. **Jointly discuss this ambition** and agree a reduction plan. This could be through existing meetings or local groups, such as Quality Surveillance Groups, or Sustainability and Transformation Partnerships.

2. **Jointly develop an improvement plan** by September 2017 that describes how your health economy will achieve a 50% reduction in healthcare associated GNBSIs by March 2021, with a focus on a 10% or greater reduction of *E.coli* in 2017/18.

3. **Identify an Executive level lead** who will act as the main point of contact within the Trust and within CCGs. Commissioning leads will have a wider responsibility to coordinate this ambition across the health economy.

We want to work with providers and commissioners to co-design the programme of support and to identify and implement good practice. NHS Improvement as the policy lead on healthcare associated GNBSIs are keen to understand wider work taking place to tackle E.Coli. Please could Trusts and commissioners engage by sending contact details to **nhsi.improveipc@nhs.net** by 21st July 2017.

4. **Trusts to collect key data:**

a. From 1 April 2017, Trusts will be able to enter ***E. coli* data** within the voluntary risk factor fields. CCGs are required to collect this data for the Quality Premium.

b. **Voluntary data collections for *Klebsiella* spp. and *Pseudomonas aeruginosa*** BSIs have been enabled on the Data Capture System. Data entered by Trusts from 1 April 2017 to 31 March 2018, will be used to determine baseline counts and infection rates. We encourage Trusts to support this voluntary collection by entering cases as soon as possible.

Enclosure E

Other support available to providers and commissioners:

 An improvement hub - This resource brings together good practice from across the country. We will regularly add new tools and case studies, so please check back for updates. https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/

 Performance Improvement Network events for health economies to share and learn from each other. Feedback from similar events for MRSA and C.diff improvement work has been positive. We will be hosting similar events to support health economies reduce GNBSI. The first event dates are scheduled as follows. Further information regarding the event programme and how to register will be provided in due course:

- 7 September – London
- 14 September – Birmingham
- 4 October – Manchester
- 11 October - Bristol

We look forward to working jointly with you to tackle Gram-negative blood stream infections, particularly E.coli, across the whole health and social care system.
Kindest regards,

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

Ruth May
Executive Director of Nursing, NHS Improvement,
Deputy CNO & National Director for Infection Prevention and Control

Professor Jane Cummings
Chief Nursing Officer England
NHS England

Professor Sir Bruce Keogh
National Medical Director
NHS England

Kathy McLean,
Executive Medical Director, NHS Improvement

Paul Cosford,
Executive Medical Director, Public Health England

Viv Bennett,
Chief Nurse, Public Health England

Appendix 3

Nursing and Midwifery Dashboard Description

The Nursing & Midwifery dashboard is made up of a number of metrics that provide the Trust with “at a glance” RAG rated position against key performance indicators including the quality of care, patient experience, workforce resource and outcome measures. The framework for the dashboard was designed in line with the recommendations set out in the ‘High Quality Care Metrics for Nursing’ report 2012 which was commissioned by Jane Cummings via the Kings Fund.

The Quality Care Indicators (QCI) is first section of the dashboard and is made up of several observational and review audits which are asked undertaken each month for in-patient areas. There are two types of indicators those questions designed for the specialist areas and those for the general in-patients. The specialist areas were designed against their specific requirements, quality measures and national recommendations; therefore as every area has different questions they currently have their own individual dashboards.

Within the QCI assessment there are 15 sections reviewing all aspects of patient care, patient experience, the safety culture and leadership on the ward – this is assessed through a number of questions or observations in these 15 sections. In total 147 questions are included within the QCI assessment, for 96 of the questions 5 patients are reviewed, 5 staff is asked and 5 sets of records are reviewed. Within parts of the observational sections these are subjective however are also based on the ’15 Steps’ principles which reflect how visitors feel and perceive an area from what they see, hear and smell.

The dashboard will assist the Senior Nursing & Midwifery team in the assessment of achievement of the Nursing & Midwifery objectives and standards of care. The dashboard is made up using four of the five domains within the 2015/16 Accountability Framework. The dashboard triangulates the QCI data, Safety Thermometer ‘harm free’ care, pressure ulcer prevalence, falls with harm, infection rates, overdue patient observations (Vitalpac), nursing specific complaints & PALS, FFT results, safe staffing rates and staffing related datix. The domains used are:

- Effective
- Safe
- Well led
- Caring

The Matrons undertake the QCI and upload the data by the 3rd of each month. The N&M dashboard is populated monthly by the Information Team and will be ready no later than the 10th of the month. At the monthly Divisional Councils, the previous month’s dashboard will be presented in full and Red and Amber areas discussed and reviewed by the senior nursing team. The Associate Directors Nursing / Midwifery will hold the Matrons to account for performance at this meeting and will request actions if performance is below the expected standard. The Matrons and ward Sister/Charge Nurse will have two months to action improvements and assure Divisional Council with regards to the methodology and sustainability of the actions. The Matrons will be responsible for presenting their results at the Directorate Meetings and having 1:1 confirm & challenge with their ward Sisters/Charge Nurse. The Director of Nursing will highlight areas of good practice and any themes or areas of concern via the N&M Care Report.

Appendix 4

Jun-2017	Medicine														WCO		Surgery						
RAG: RED - <80% AMBER - 80-89% GREEN - 90+% * QCI Peer Review	Allebone	Becket	Benham	Brampton	Collingtree	Compton	Creaton	Dryden	EAU	Eleanor	Finedon	Holcot	Knightley	Victoria	Talbot Butler	Spencer	Rowan	Willow	Hawthorn	Head & Neck	Abington	Cedar	Althorp
Falls/Safety Assessment	100.%		87.%	80.%		100.%	100.%	100.%	100.%	100.%	100.%	93.%	100.%	72.%	87.%	100.%	92.%	100.%	100.%	100.%	96.%	93.%	100.%
Pressure Prevention Assessment	100.%		97.%	94.%		100.%	100.%	100.%	100.%	100.%	100.%	97.%	97.%	97.%	94.%	97.%	100.%	100.%	96.%	100.%	100.%	100.%	100.%
Nutritional Assessment	93.%		100.%	100.%		100.%	93.%	97.%	100.%	97.%	100.%	93.%	97.%	100.%	90.%	97.%		92.%	92.%	100.%	85.%	97.%	100.%
Patient Observation and Escalations	90.%		100.%	90.%		100.%	100.%	100.%	100.%	100.%	90.%	100.%	100.%	100.%	100.%	95.%	100.%	100.%	94.%	100.%	100.%	100.%	100.%
Pain Management	100.%		100.%	100.%		100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%
Nursing & Midwifery Documentation - Quality of Entry	98.%		100.%	85.%		100.%	95.%	98.%	100.%	98.%	98.%	98.%	100.%	70.%	97.%	98.%	93.%	100.%	96.%	93.%	98.%	100.%	100.%
Medication Assessment	100.%		100.%	100.%		100.%	100.%	100.%	100.%	96.%	100.%	100.%	100.%	60.%	100.%	96.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%
Patient Experience - Protected Mealtimes (PMT) Observations	100.%		100.%	83.%		100.%	100.%	100.%	83.%	100.%	100.%	100.%	100.%	83.%	100.%	83.%	100.%	100.%	83.%	100.%	100.%	100.%	83.%
Patient Experience - Care Rounds Observe patient records	100.%		100.%	91.%		100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	82.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%
Patient Experience - Environment	100.%		100.%	100.%		100.%	100.%	100.%	80.%	100.%	80.%	100.%	100.%	100.%	100.%	100.%	80.%	80.%	60.%	100.%	100.%	100.%	100.%
Patient Experience - Privacy and Dignity	96.%		93.%	98.%		99.%	92.%	94.%	93.%	100.%	99.%	94.%	95.%	94.%	100.%	90.%	98.%	94.%	98.%	99.%	92.%	93.%	100.%
Patient Safety and Quality	100.%		100.%	100.%		95.%	100.%	95.%	100.%	100.%	95.%	100.%	100.%	100.%	85.%	100.%		87.%	93.%	100.%	95.%	100.%	100.%
Leadership & Staffing observations	100.%		100.%	96.%		96.%	100.%	100.%	100.%	100.%	98.%	100.%	100.%	98.%	94.%	98.%	100.%	100.%	97.%	100.%	90.%	90.%	100.%
EOL	100.%		100.%	100.%		100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%
SOVA/LD/Cognitive Impairment	100.%		100.%	100.%		100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	100.%	96.%	100.%	100.%	100.%
First Impressions/15 Steps	94.%		89.%	91.%		94.%	100.%	83.%	89.%	97.%	94.%	77.%	86.%	80.%	86.%	80.%	97.%		80.%	83.%	100.%	100.%	86.%
Safety Thermometer – Percentage of Harm Free Care	89.3%	96.3%	92.6%	100.0%	92.7%	61.1%	92.9%	96.2%	93.3%	100.0%	88.2%	89.7%	85.0%	94.4%	88.9%	100.0%	100.0%	93.1%	93.3%	100.0%	96.4%	93.3%	94.4%
Pressure Ulcers – Grade 2 incidence hosp acquired, (Previous Month)	0	0	4	0	0	0	0	2	0	0	0	4	0	0	0	0	1	0	0	0	0	3	1
Pressure Ulcers – Grade 3 incidence hosp acquired, (Previous Month)	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Pressure Ulcers – Grade 4 incidence hosp acquired, (Previous Month)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pressure Ulcers -sDTI's incidence hosp acquired	1	0	0	0	0	0	0	0	0	0	0	3	0	0	1	0	0	0	0	0	0	0	0
Falls (Moderate, Major & Catastrophic)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAI – MRSA Bact	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	0	1	0
HAI – C Diff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Overdue Observations frequency - <7%																							
Caring																							
Complaints – Nursing and Midwifery	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of PALS concerns relating to nursing care on the wards																							
Friends Family Test % Recommended																							
Well Led																							
Staff Nurse Staffing - Registered Staff (day & night combined)																							
Staff Nurse Staffing - Support Worker (day & night combined)																							
Staffing related datix	0	0	0	4	0	0	0	0	0	0	0	0	1	2	0	0	1	0	1	0	0	0	0

Appendix 5

Jun 17	PAEDIATRICS		
RAG: RED - <80% AMBER - 80-89% GREEN - 90+% * QCI Peer Review	Disney	Paddington	Gosset
Quality & Safety			
Falls/Safety Assessment (Q)	87%	86%	100%
Pressure Prevention Assessment (Q)	100%	100%	84%
Child Observations [documentation] (Q)	100%	98%	97%
Safeguarding [documentation] (Q)	100%	73%	100%
Nutrition Assessment [documentation] (Q)	100%	89%	96%
Medication Assessment (Q)	100%	96%	100%
Pressure Ulcers – Grade 2 incidence hosp acquired	0	0	0
Pressure Ulcers – Grade 3 incidence hosp acquired	0	0	0
Pressure Ulcers – Grade 4 incidence hosp acquired	0	0	0
Pressure Ulcers - sDTI's incidence hosp acquired	0	0	0
Safety Thermometer – Percentage of Harm Free Care	100.00%	100.00%	100.00%
Falls (Moderate, Major & Catastrophic)	0	0	0
HAI – MRSA Bact	0	0	0
HAI – C Diff	0	0	0
Patient Overdue Observations frequency - <7%			
Patient Experience			
Friends Family Test % Recommended			
Complaints – Nursing and Midwifery	0	0	0
Number of PALS concerns relating to nursing care on the wards			
Call Bells responses (Q)	100%	100%	100%
Patient Safety & Quality Environment Observations Observe patient records (Q)	100%	100%	100%
Privacy and Dignity (Q)	100%	100%	100%
Management			
Staffing related datix	0	0	0
Monthly Ward meetings (Q)	100%	100%	100%
Leadership & Staffing observations (Q)	100%	95%	100%

Ward Overall Results
0
2

Enclosure E

Appendix 6

June 2017

Quality Care Indicators - Nurse & Midwifery	MATERNITY			
RAG: RED - <80% AMBER - 80-89% GREEN - 90+% * QCI Peer Review	Balmoral	Robert Watson	MOW	Sturtridge
Quality & Safety				
Postnatal Safety Assessment (Q)	83%	88%	100%	100%
SOVA/LD (Q)	Nil	nil	Nil	nil
Patient Observation Chart (Q)	67%	100%	100%	100%
Medication Assessment (Q)	100%	100%	100%	100%
Environment Observations (Q)	100%	96%	100%	100%
HAI – MRSA Bact	0	0	0	0
HAI – C Diff	0	0	0	0
Emergency Equipment – Checked Daily (Q)	0%	100%	100%	0%
Patient Quality Boards (Q)	100%	100%	100%	100%
Controlled Drug Checked (Q)	Nil	100%	nil	100%
Patient Experience				
Complaints – Nursing and Midwifery	0	1	0	0
Call Bells responses (Q)	100%	nil	nil	100%
Patient Experience (Q)	71%	71%	74%	75%
Patient Safety and Quality (Q)	71%	100%	78%	73%
Leadership & Staffing (Q)	100%	nil	100%	100%
Management				
Staffing related datix	0	0	0	1
Monthly Ward meetings (Q)	100%	nil	100%	100%
Saftey and Quality (Q)	100%	100%	100%	100%
Leadership & Staffing (Q)	83%	nil	100%	100%

Ward Overall Results
0
4

Appendix 7

Northampton General Hospital NHS
NHS Trust

Ward Staffing Fill Rate Indicator (Nursing, Midwifery & Care Staff) — **June 2017**

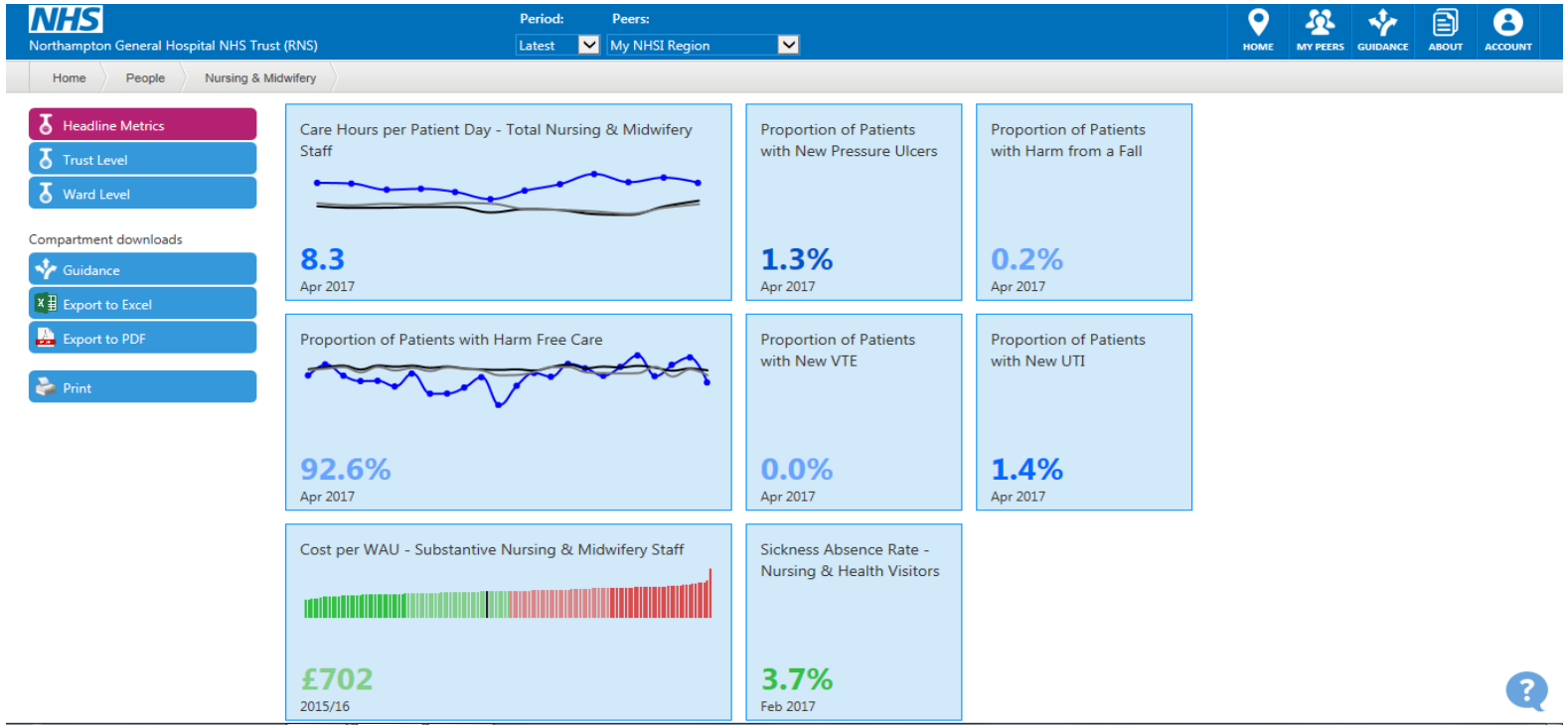
Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				Actions/Comments	Red Flag
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall		
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Key: Below 80% Shift Fill Rate Target / 80% and Above Shift Fill Rate Target									
Abington Ward (NOF)	1,850.00	1,856.58	1,368.75	1,621.50	1,035.00	1,036.25	1,033.75	1,357.00	100.4%	118.5%	100.1%	131.3%	825	3.5	3.6	7.1		
Allebone Ward (Stroke)	1,568.20	1,468.75	1,113.25	1,086.75	1,380.00	1,357.00	690.00	736.00	93.7%	97.6%	98.3%	106.7%	840	3.4	2.2	5.5		
Althorp (T&O)	956.75	932.25	696.25	620.75	690.00	692.00	414.00	402.50	97.4%	89.2%	100.3%	97.2%	255	6.4	4.0	10.4		
Barratt Birth Centre	1,783.90	1,720.25	692.10	596.83	1,380.00	1,229.58	660.50	572.25	96.4%	86.2%	89.1%	86.6%	150	19.7	7.8	27.5		
Becket Ward	1,920.50	1,806.25	1,376.25	1,261.00	1,667.50	1,633.00	678.50	672.25	94.1%	91.6%	97.9%	99.1%	799	4.3	2.4	6.7		
Benham (Assess Unit)	1,723.00	1,665.25	863.00	1,294.00	1,380.00	1,380.00	690.00	1,414.50	96.6%	149.9%	100.0%	205.0%	780	3.9	3.5	7.4		
Brampton Ward	1,344.75	1,249.75	1,028.00	1,090.25	1,035.00	1,035.00	690.00	1,102.75	92.9%	106.1%	100.0%	159.8%	860	2.7	2.6	5.2		
Cedar Ward (TRAUMA)	1,820.25	1,919.25	1,707.75	1,690.75	1,035.00	1,037.00	1,035.00	1,461.50	105.4%	99.0%	100.2%	141.2%	882	3.4	3.6	6.9		
Collingtree Medical (40)	2,313.25	2,311.75	1,710.25	2,030.00	1,725.00	1,714.50	690.00	1,239.75	99.9%	118.7%	99.4%	179.7%	1186	3.4	2.8	6.2		
Compton Ward	1,031.00	1,096.83	726.50	1,048.00	690.00	690.00	345.00	690.00	106.4%	144.3%	100.0%	200.0%	538	3.3	3.2	6.6		
Creaton SSU	1,724.25	1,579.00	1,633.00	1,693.75	1,035.00	1,023.50	690.00	1,101.75	91.6%	103.7%	98.9%	159.7%	835	3.1	3.3	6.5		
Disney Ward	1,918.00	1,658.95	920.00	779.50	1,023.50	922.50	310.50	292.25	86.5%	84.7%	90.1%	94.1%	265	9.7	4.0	13.8		
Dryden Ward	2,058.50	1,792.00	942.00	920.00	1,380.00	1,380.00	690.00	687.92	87.1%	97.7%	100.0%	99.7%	775	4.1	2.1	6.2		
EAU New	2,053.00	1,895.75	1,023.50	1,439.00	1,725.00	1,715.92	1,023.50	1,698.42	92.3%	140.6%	99.5%	165.9%	885	4.1	3.5	7.6		
Eleanor Ward	1,022.00	960.25	687.25	726.75	690.00	690.00	690.00	782.00	94.0%	105.7%	100.0%	113.3%	319	5.2	4.7	9.9		
Finedon Ward	2,046.00	1,888.25	333.50	515.75	1,035.00	1,035.00	345.00	575.00	92.3%	154.6%	100.0%	166.7%	478	6.1	2.3	8.4		
Gosset Ward	2,677.75	2,703.67	554.25	546.25	2,415.00	2,361.25	448.50	368.00	101.0%	98.6%	97.8%	82.1%	515	9.8	1.8	11.6		
Hawthorn & SAU	1,891.00	1,850.50	1,035.00	1,044.00	1,380.00	1,358.08	943.00	1,075.50	97.9%	100.9%	98.4%	114.1%	867	3.7	2.4	6.1		
Head & Neck Ward	1,028.50	1,096.25	690.00	814.00	897.00	979.50	345.00	676.75	106.6%	118.0%	109.2%	196.2%	397	5.2	3.8	9.0		
Holcot Ward	1,374.50	1,368.00	1,380.00	1,563.75	1,035.00	1,035.50	690.00	1,657.50	99.5%	113.3%	100.0%	240.2%	861	2.8	3.7	6.5		
ITU	4,841.75	4,278.25	698.25	689.50	4,462.00	3,979.25	667.00	634.25	88.4%	98.7%	89.2%	95.1%	346	23.9	3.8	27.7		
Knightley Ward (Medical)	679.75	741.00	853.50	998.00	1,035.00	989.00	345.00	616.73	109.0%	116.9%	95.6%	178.8%	625	2.8	2.6	5.4		
Paddington Ward	2,408.75	2,170.30	980.50	969.25	2,023.50	1,841.00	678.50	720.75	90.1%	98.9%	91.0%	106.2%	465	8.6	3.6	12.3		
Robert Watson	1,035.00	1,081.25	1,231.50	1,149.92	989.00	926.00	1,035.00	995.75	104.5%	93.4%	93.6%	96.2%	487	4.1	4.4	8.5		
Rowan (LSSD)	1,893.75	1,969.92	1,025.00	1,125.50	1,710.75	1,719.75	692.25	944.50	104.0%	109.8%	100.5%	136.4%	868	4.3	2.4	6.6	Delay in personal needs - no patient harm Delay in care due to staff shortage adn acuity of ward however, no patient harm	Short of staff - HCA on one shift Short of staff - RN
Spencer Ward	932.92	1,290.28	433.25	930.67	690.00	1,039.58	345.00	1,000.50	138.3%	214.8%	150.7%	290.0%	600	3.9	3.2	7.1		
Sturtridge Ward	4,125.00	3,988.25	1,817.00	1,475.75	4,011.50	3,738.42	1,368.50	1,226.50	96.7%	81.2%	93.2%	89.6%	545	14.2	5.0	19.1		
Talbot Butler Ward	2,492.00	2,182.50	1,350.00	1,212.17	1,369.50	1,205.75	690.00	1,053.75	87.6%	89.8%	88.0%	152.7%	827	4.1	2.7	6.8		
Victoria Ward	1,151.25	1,137.50	682.25	982.00	690.00	690.00	345.00	770.50	98.8%	143.9%	100.0%	223.3%	539	3.4	3.3	6.6		
Willow Ward (+ Level 1)	2,230.50	2,298.50	1,033.75	1,001.75	2,058.50	2,050.00	681.92	851.50	103.0%	96.9%	99.6%	124.9%	839	5.2	2.2	7.4		

Enclosure E

Appendix 8

Model Hospital

July 2017 (data from 2015/16 – April 2017)
Peer Group – NHSI region



This screen shot provides a summary of the trust overall performance from Model Hospital in July 2017. CHPPD – positively above our peers, but at the same time cost per WAU (weighted activity unit) is less than other trusts.

Trust Level

Money & Resources

Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Cost per WAU - Substantive Nursing & Midwifery Staff	2015/16	£702	£702	£710			No trendline available
Cost per WAU - Registered Substantive Nurses & Midwives	2015/16	£555	£565	£567			No trendline available
Cost per WAU - Non Registered Substantive Nurses & Nursing Support Staff	2015/16	£147	£145	£151			No trendline available
Care Hours per Patient Day - Total Nursing & Midwifery Staff	Apr 2017	8.3	7.8	7.9			
Care Hours per Patient Day - Registered Nurses & Midwives	Apr 2017	5.0	4.8	4.8			
Care Hours per Patient Day - Healthcare Support Workers	Apr 2017	3.3	3.1	3.1			
Cost per Care Hour - Total Nursing & Midwifery Staff	Mar 2017	£24.24	£25.56	£24.87			
Cost per Patient Day - Total Nursing & Midwifery Staff	Mar 2017	£199	£212	£208			
Average Staff Cost - All Nursing & Midwifery Staff	2015/16	£34,065	£35,790	£36,034			
Average Staff Cost - Registered Nursing & Midwifery Staff	2015/16	£39,744	£41,381	£41,513			
Average Staff Cost - Healthcare Support Workers	2015/16	£22,153	£23,537	£24,170			

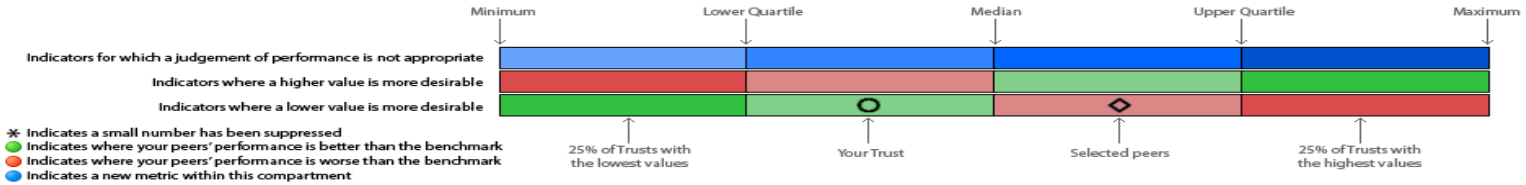
In comparison to our peers (NHSI region) the cost for our midwifery and nursing services appears to be within or below other trusts across the region, with the CHPPD being greater.

People Management

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sickness Absence Rate - Nursing & Health Visitors	Feb 2017	3.7%	4.1%	4.3%			
Sickness Absence Rate - Midwifery	Feb 2017	6.5%	5.1%	4.9%			
Sickness Absence Rate - Healthcare Support Workers	Feb 2017	6.4%	6.5%	6.3%			
Staff Retention Rate - Nursing & Health Visitors	Mar 2017	86.7%	88.2%	87.4%			
Staff Retention Rate - Midwifery	Mar 2017	92.1%	89.0%	88.6%			
Staff Retention Rate - Healthcare Support Workers	Mar 2017	78.5%	83.5%	83.5%			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Adult/G...	2016	3.7	3.7	3.8			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Childre...	2016	4.0	3.9	3.8			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Midwive...	2016	3.9	3.7	3.7			
Staff Survey - Recommend as place to work or receive treatment (Nursing Assistan...	2016	3.8	3.9	3.9			

Through the Model Hospital data it can be seen that sickness within Midwifery & HCA is worse than our peers. Retention for HCA is also identified as being worse than peers.

Key:



Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**28 July 2017**

Title of the Report	**Declaration of Compliance against Mixed Sex Accommodation**
Agenda item	**10**
Presenter of Report	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
Author(s) of Report	Carolyn Fox, Director of Nursing, Midwifery & Patient Services
Purpose	Assurance & Information
Executive summary • The attached document is the Trust declaration of compliance against the requirements to eliminate mixed sex accommodation for the financial year of 2016/2017.	
Related strategic aim and corporate objective	To be able to provide a quality care to all our patients
Risk and assurance	The report aims to provide assurance to the Trust regarding the quality of nursing and midwifery care being delivered
Related Board Assurance Framework entries	BAF 1
Equality 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 F

Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper - NO

Actions required by the Board

For information only.

Northampton General Hospital NHS
NHS Trust

Delivering Same-Sex Accommodation
Declaration of compliance – July 2017

Northampton General Hospital is proud in its achievement of continuing in eliminating mixed sex accommodation.

Delivering same sex accommodation
Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Northampton General Hospital is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been eliminated in our trust. Patients who are admitted will only share their bed area with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.
Within our day case areas separate toilet and changing facilities are in place and same sex lists are in operation where appropriate.

Sharing with members of the opposite sex will only happen by exception based on clinical need for example where patients need specialist equipment or care such as in ITU or CCU or when patients choose to share.

What does this mean for patients?
Other than in the circumstances set out above, patients admitted to Northampton General Hospital can expect to find the following

Same sex-accommodation means:

- Your bed area (bay) within the main ward will only have patients of the same sex as you
- Your **toilet and bathroom** will be just for your gender, and will be close to your bed area

It is possible that there will be both men and women patients on the ward, but they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (eg on your way to X-ray or the operating theatre).

It is probable that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need additional help to use the toilet or take a bath (eg you need a hoist or special bath) then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

The NHS will not turn patients away just because a “right-sex” bed is not immediately available

same-sex accommodation:
your privacy, our responsibility

DH Department of Health

Enclosure F

What are our plans for the future?

In any new developments we will be ensuring facilities are planned to promote same sex accommodation.
Patients and public are involved in any new facilities to ensure they are fit for purpose
We have a Privacy & Dignity Forum which meets quarterly and is attended by Dignity Champions from every ward.

How will we measure success?

We are currently using a variety of patient feedback mechanisms which include patient advice and liaison service (PALS) and the Friends & Family test in all areas, the results of which are fed back to every ward and department to ensure standards are maintained.

All exceptions of same sex accommodation are escalated for approval by a director of the trust; these exceptions are then recorded by directorates and reported to the trust board.

What do I do if I think I am in mixed sex accommodation?

We want to know about your experiences. Please contact the nurse in charge or ward/unit manager in the first instance or contact PALS on 01604 545784 if you have any comments, concerns or compliments.

Northampton General Hospital NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**27 July 2017**

Title of the Report	Financial Position - June (FY17-18)
Agenda item	11
Sponsoring Director	Simon Lazarus, DoF
Author(s) of Report	Bola Agboola, Deputy DoF
Purpose	To report the financial position for the period ended June 2017/18.

Executive summary

This report sets out the financial position of the Trust for the period ended June 2017. The I&E position YTD is a deficit of £4.2m, which is £180k adverse to plan. This adverse variance includes £196k missed STF, therefore the pre-STF variance to plan is £16k favourable.

The key issues for this report are:

- Activity and income continued on similar levels as previous months but was not enough to meet the plan, therefore caused a YTD adverse variance of £0.6m. Capacity continues to be a key risk to the deliverability of the plan.
- Pay position was an adverse variance of £0.4m YTD mainly due to bank holiday enhancements and consultants' backpay.
- Agency spend continued to be below target in June and delivered a YTD saving of £1.0m, as more staff joined the Trust's bank.
- STF income of £1.1m is accounted for in the position, relating to the financial element of the STF (£915k) and £196k relating to A&E streaming. However £196k relating to A&E 4 hour wait trajectory was missed.

Related strategic aim and corporate objective	Financial Sustainability
Risk and assurance	The recurrent deficit and I&E plan position for FY17-18 signals another challenging financial year and the requirement to maintain the financial discipline required to deliver the agreed control total.
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 Board

The Board is asked to note the financial position for the period ended June 2017/18 and to consider the actions required to ensure that the control total of £13.5m is delivered.

Northampton General Hospital NHS
NHS Trust

Financial Position

Month 3 (June)
FY 2017/18

Report to:

Trust Board

July 2017

Enclosure G

Content

1. Overview

	RAG	This Month Jun	Last Month May	Change
I&E Position				
In-Month Position - Variance to Plan (£000's)	✓	70	320	(250)
Year to Date Position - Variance to Plan (£000's)	✗	(180)	(297)	117
Forecast End of Year I&E Position (£000's)		(13,546)	(13,546)	0
STF YTD Actual (£'000)		1,111	610	501
STF - Variance to Plan (£000's)	✗	(196)	(262)	66
EBITDA %	✗	-1.2%	-2.3%	1.1%
Income				
Elective variance to plan (£000's)	✗	(256)	(193)	(63)
Daycase variance to plan (£000's)	✗	(400)	(155)	(245)
Non-Elective variance to plan (£000's)	✗	(599)	(177)	(422)
Outpatients variance to plan (£000's)	!	(27)	(168)	141
MRET Penalty - YTD Variance to Plan (£000's)	✓	0	0	0
Readmissions - YTD Variance to Plan (£000's)	✓	0	0	0
Contract Fines & Penalties - Variance to Plan (£000's)	✓	0	0	(0)
Operating Costs				
Pay - YTD variance to plan (£000's)	✗	(441)	(143)	(298)
Agency Staff Costs - YTD variance to Cap (£000's)	✓	1,001	697	303
Non-Pay - YTD variance to plan (£000's)	✓	194	400	(206)
Cost Improvement Schemes				
Year to Date Variance to Plan (£000's)	✓	587	42	545
Forecast Delivery (£000's)	✗	9,485	8,283	1,202
Capital				
Year to date expenditure (£'000s)		888	659	229
% of annual plan Committed	✓	41%	12%	30%
Annual Capital Expenditure Plan (£000's)		13,175	25,593	(12,418)
Cash				
Closing Cash Balance (£000's)		1,915	2,398	(483)
New PDC / borrowing (£000's)		3,011	1,510	1,501
Debtors Balance > 90 days (£000's)	✓	765	608	(156)
Creditors % > 90 days	✓	0%	0%	0%
Cumulative BPPC - by volume (%)	✓	99.2%	99.1%	0.2%

Key issues

This report sets out the financial position of the Trust for the period ended June 2017. The I&E position YTD is a deficit of £4.2m, which is £180k adverse to plan. This adverse variance includes £196k missed STF, therefore the pre-STF variance to plan is £16k favourable.

The key issues for this report are:

Income

- Income (and the underlying activity) at M3 has been sustained at similar levels to previous months. However the activity levels fall short of the levels assumed in the plan and therefore supports the view we have always held that the deliverability of the planned growth remains contingent upon available capacity. Capacity constraint continues to be the key risk to the plan.
- A forecast report has been prepared under separate cover and goes into more depth in estimating a potential I&E outcome for the Trust.

Pay

- Pay position was an adverse variance of £0.4m YTD mainly due to bank holiday enhancements and consultants backpay.
- Agency spend continued to be below target in June and delivered a YTD saving of £1.0m, as we saw more staff joining the Trust's bank.

Non-pay & Reserves

- Non-pay was a favourable variance of £0.2m, mainly due to underspends on outsourcing costs and a release of accrual relating to maintenance costs.
- Unspent reserves of £0.5m contributed to the I&E position.

Capital

- The Trust achieved a committed capital spend of 41% of its overall plan.

Liquidity

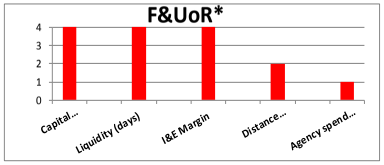
- The Trust continued to access deficit financing as planned.
- STF funding of £1.1m is included in the position.
- The Trust continued to maintain a strong rating of over 99% on its BPPC performance

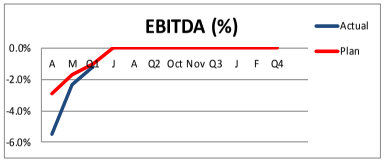
NHSI rating

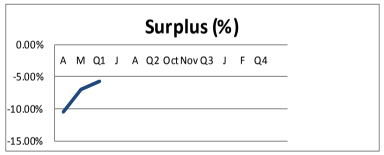
- The Trust continued to score "3" against the Finance and Use of Resources metrics.

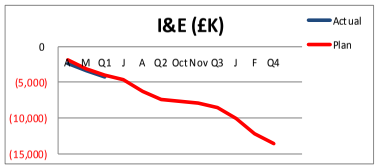
2. KPI & Trend Analysis

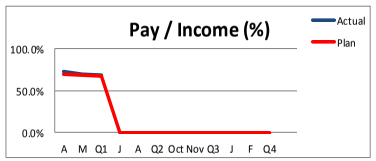
1. Key Metrics

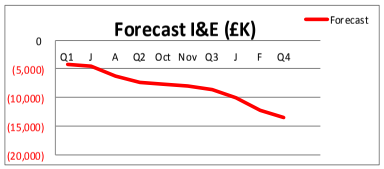




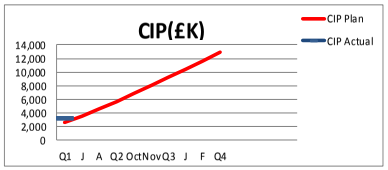


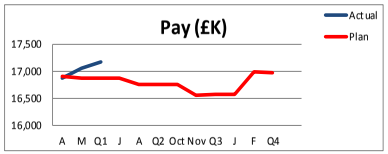


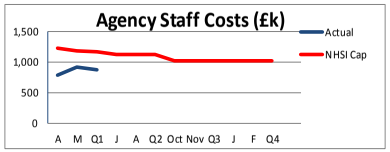


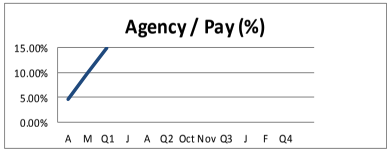


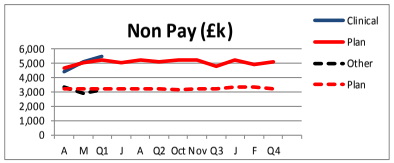
2. I&E Performance

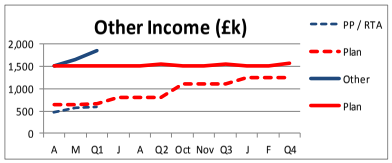




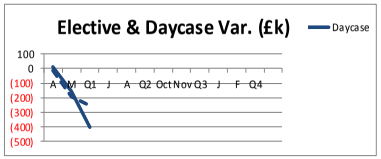


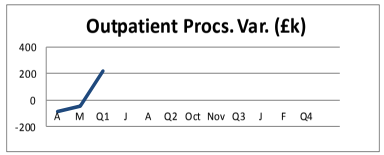


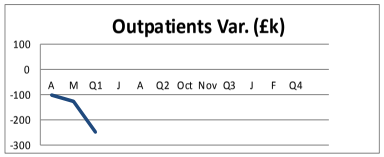


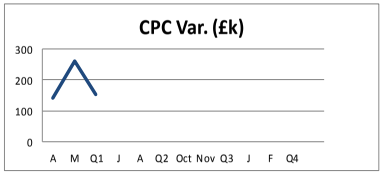


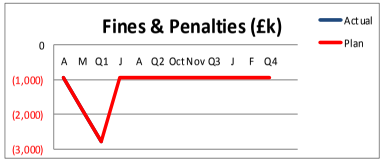
3. SLA Income



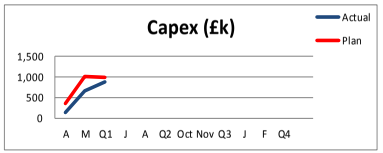


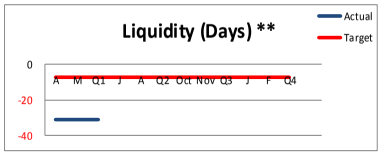


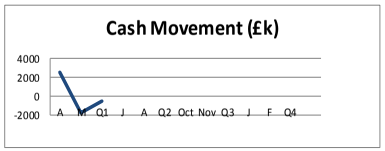


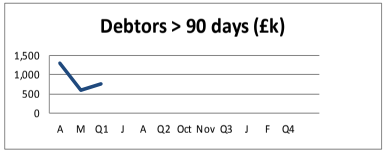


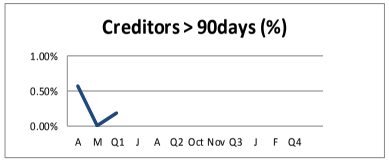
4. Working Capital

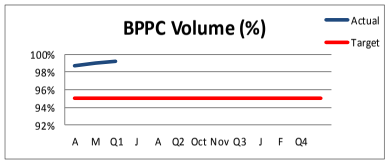












** F&UoP = Finance and Use of Resources metrics*

*** The liquidity gap is supported by access to Revolving Working Capital Funding and STF Funding*

3.0 Income and Expenditure Position

I&E Summary	Actual FY16-17	Annual Plan	YTD plan	Actual FY17-18	Variance to Plan	Jun 17	May 17
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SLA Clinical Income	260,328	274,353	68,443	67,880	(563)	23,602	22,976
Other Clinical Income	2,373	11,435	1,957	1,635	(322)	599	563
Other Income	31,824	18,282	4,545	5,006	460	1,854	1,640
Total Income	294,525	304,070	74,946	74,521	(425)	26,055	25,179
Pay Costs	(199,813)	(201,364)	(50,637)	(51,078)	(441)	(17,162)	(17,054)
Non-Pay Costs	(94,406)	(99,305)	(24,536)	(24,342)	194	(8,660)	(7,982)
Reserves/ Non-Rec		(3,397)	(508)	0	508	0	0
Total Costs	(294,219)	(304,065)	(75,681)	(75,420)	261	(25,822)	(25,036)
EBITDA	306	5	(735)	(900)	(164)	233	143
Depreciation	(9,703)	(10,205)	(2,442)	(2,442)	(0)	(814)	(814)
Amortisation	(9)	(9)	(2)	(2)	(0)	(1)	(1)
Impairments	(1,732)	(1,826)	(1,014)	(909)	105	0	(909)
Net Interest	(720)	(790)	(197)	(186)	11	(70)	20
Dividend	(3,307)	(2,669)	(667)	(684)	(17)	(228)	(228)
Surplus / (Deficit)	(15,165)	(15,494)	(5,058)	(5,123)	(64)	(880)	(1,788)
NHS Breakeven duty adjs							
Donated Assets	(414)	122	(19)	(29)	(10)	(29)	(47)
NCA Impairments	1,732	1,826	1,014	909	(105)	0	909
I&E Position (breakeven duty)	(13,847)	(13,546)	(4,063)	(4,243)	(180)	(909)	(927)

Key Issues

SLA Clinical Income

- Clinical income in M3 was better than the M2 position by £0.6m. However 0.5m of this relates to release of non-recurrent income provision following a balance sheet review process .
- This demonstrates that despite income (and underlying activity) performing at similar levels to previous months the performance was still under plan, the issue highlighted in previous reports about the phasing of the growth in the plan continues to manifest.
- The results also further highlights the issue that the key risk to delivery of the plan is capacity constraints the Trust faces.

Other Clinical Income

- This is broadly in line with M2 but under plan, mainly because of £196k STF not earned as a result of not meeting the A&E 4 hour trajectory.

Other Income

- Other income has performed better than plan due to non-recurrent income recorded in M3 (£0.1m relating to asset disposal and £0.1m income relating to VAT partial exemption).

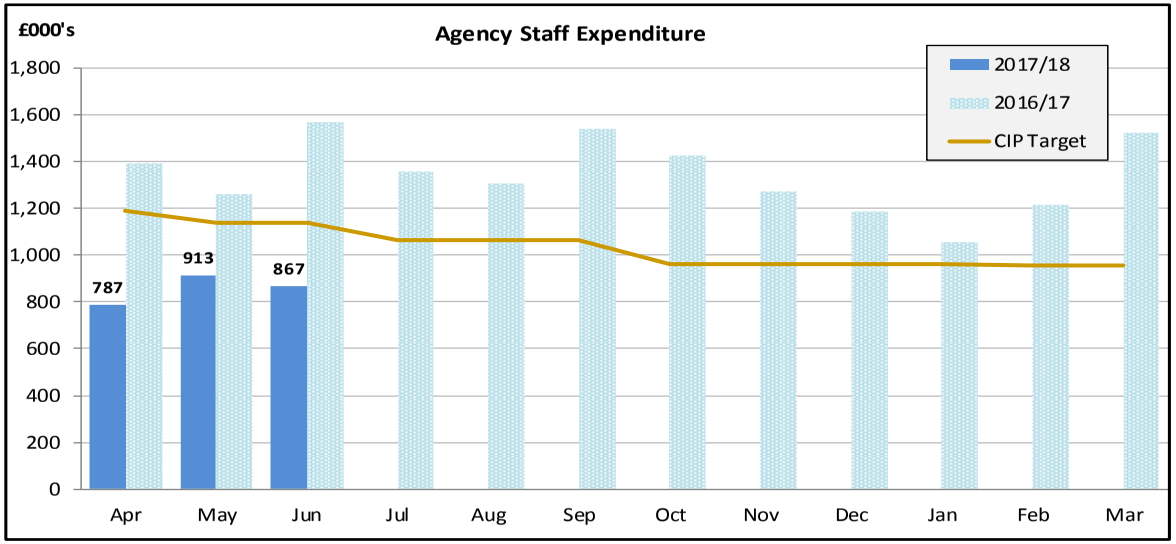
Pay

- Pay in M3 is higher than M2 mainly due to May bank holiday enhancements paid in June and the effect of additional weekly pay.
- This is also reflected in the adverse variance to plan.

Non-pay & Reserves

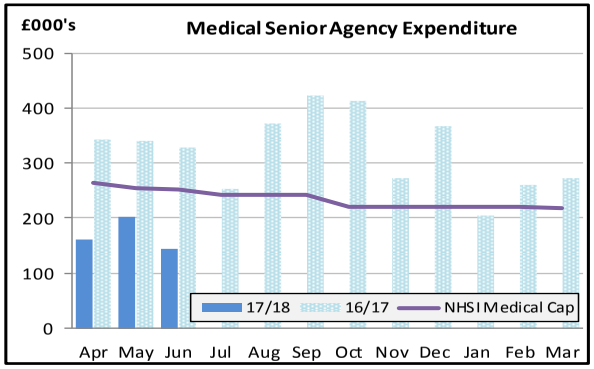
- Non-pay is under plan by £0.2m but a significant increase compared to M2. The bulk of the increase month on month relates to increase in accrual for pathology outsourcing and excluded medicines (which is offset by income).
- Unspent reserves of £0.5m contributed to the I&E position.

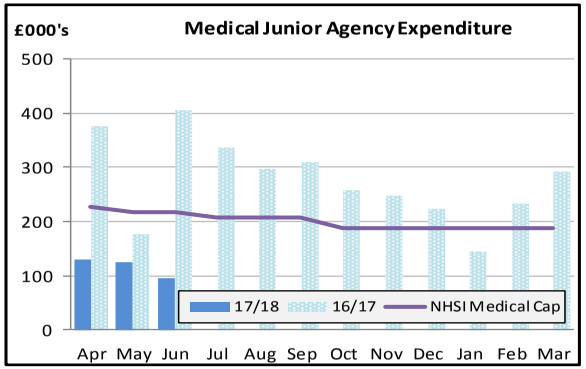
3.1 Agency Staff Expenditure

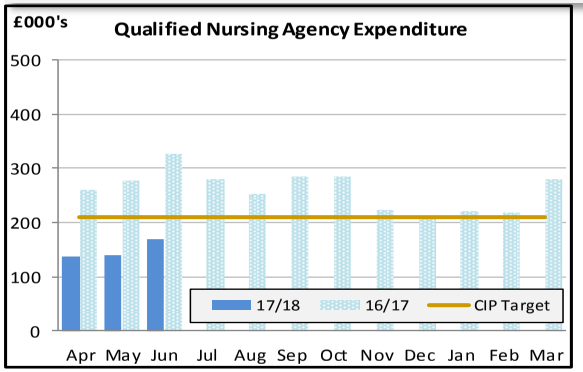


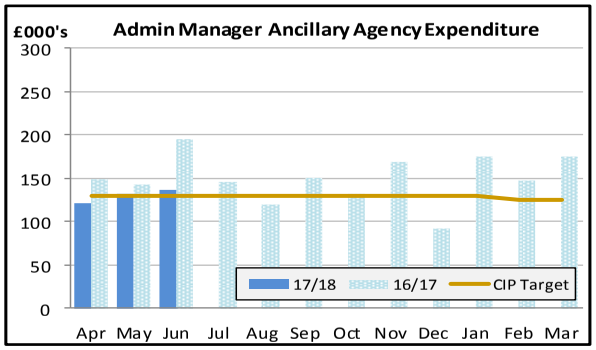
Key Issues

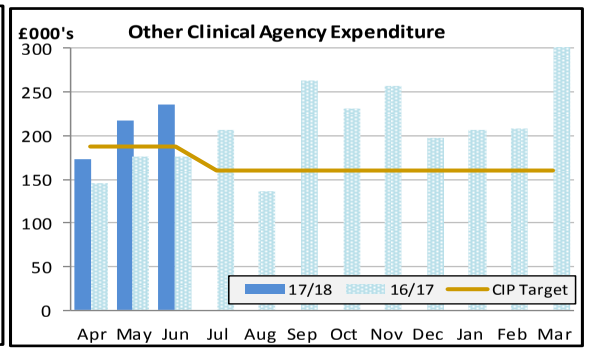
- **The Trust total expenditure for agency staff in 2016/17 was £16.1m.**
- NHS Improvement issued an expenditure limit of £13.04m for the financial year 2017/18, plus a £1.9125m reduction expected in Medical agency.
- The CIP targets by staff group have been developed to fulfil these NHSI targets throughout the year.
- At the end of Month 3 the Trust was £1.00m below the target of £3.6m year-to-date.
- Agency Expenditure has decreased in Month 3 with both senior and junior medical agency expenditure further decreasing.
- Other Clinical Agency increased further month on month and is now £61k adverse to year-to-date target.

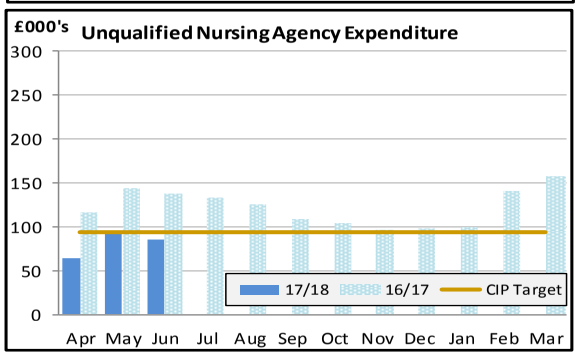












4.0 Clinical Income

SLA Clinical Income	Activity			Finance £000's		
Point of Delivery	Plan	Actual	Variance	Plan	Actual	Variance
AandE	30,525	30,026	(499)	3,886	3,742	(145)
Block	-	-	-	3,540	3,515	(25)
Cost per Case	696,135	718,803	22,668	7,947	8,099	152
CQUIN	-	-	-	1,219	1,108	(112)
Day Cases	10,249	9,914	(335)	6,129	5,729	(400)
Elective	1,592	1,340	(252)	4,536	4,274	(263)
Elective XBDs	287	295	8	72	79	7
Excluded Devices	-	-	-	510	487	(24)
Excluded Medicines	-	-	-	5,202	5,358	156
Non-Elective	13,772	12,731	(1,042)	25,052	23,739	(1,314)
Non-Elective XBDs	5,541	8,528	2,987	1,396	2,111	715
Outpatient First	15,772	14,624	(1,148)	2,768	2,552	(216)
Outpatient Follow UP	50,600	50,485	(115)	4,063	4,031	(32)
Outpt Procedures	36,390	36,949	559	4,269	4,491	221
CIP / Other				636	1,351	716
SLA Clinical Income	**860,863**	**883,695**	**22,831**	**71,228**	**70,665**	**(563)**
Contract Penalties				(57)	(57)	0
Challenges				(450)	(450)	0
Readmissions				(799)	(799)	0
MRET				(1,480)	(1,480)	0
Fines & Penalties				**(2,785)**	**(2,785)**	**0**
Total SLA Clinical Income	**860,863**	**883,695**	**22,831**	**68,443**	**67,880**	**(563)**

Other Clinical Income	Finance £000's		
	Plan	Actual	Variance
Private Patients	260	193	(66)
Overseas Visitors	33	51	17
RTA / Personal Injury Income	357	280	(77)
STF Funding	1,307	1,111	(196)
Total Other Clinical Income	**1,957**	**1,635**	**(322)**

SLA Clinical Income
£563k adverse to plan

SLA Clinical Income was £563k adverse to plan, with activity reported as below plan across all PODs except Cost per Case and Outpatient procedures.

NEL, Daycase and Elective were the main PODs with the most adverse financial impact, contributing a total of £1.2m to the adverse variance in M3.
The risk expressed about the plan in relation to capacity constraints remains as the Trust continues to struggle to deliver against planned activity.

We carried out a review of the income provisions on the balance sheet and identified £0.5m of income provision no longer required and have released this into the month 3 position.

Cost Per Case
£152k fav.

CPC remains above plan with Direct Access contributing £130k to the favourable variance.

CQUIN
£112k adv.

The CQUIN reported position includes the current estimate for each scheme.

Planned activity
£656k adv.

DC activity has dropped to 3% below activity plan, 7% below financial plan, mainly in relation to T&O (£80k) and H&N/Opth (£75k).
Elective income remains 6% below the financial plan, T&O largely contributing to the increased variance at M3.

Non-Elective
£599k adv.

NEL activity was 7.6% below plan at M3. Financially we continue to see significant benefit from excess bed days.

Fines and Penalties

Readmissions and MRET have been negotiated as blocks in 17/18, so will stay on plan.
Penalties and challenges are still under discussion with the CCG and are expected to be in line with plan.

Other Clinical Income
£322k adv.

Private patients, Overseas visitors and RTA constitute £126k of the adverse variance. RTA is subject to fluctuation.
The adverse STF variance of £196k relates to the missed A&E 4 hour wait trajectory.

4.1 High Level Commissioner Position

Commissioner	Finance £000's YTD Plan	Actual	Variance
Nene CCG	53,899	52,432	(1,467)
Corby CCG	722	667	(55)
Bedfordshire CCG	160	151	(9)
East Leicestershire & Rutland CCG	190	182	(8)
Leicester City CCG	15	22	8
West Leicestershire CCG	16	8	(8)
Milton Keynes CCG	753	708	(46)
Specialised Commissioning	9,296	10,009	713
Herts & South Midlands LAT	1,791	1,693	(98)
NCA	1,527	1,060	(468)
Central (Contingency, Central provisions, CIP & adj)	74	949	876
Total SLA Income	**68,443**	**67,880**	**(563)**

Key Issues

Nene CCG
£1,467k under performance

The significant underperformance of £1.4m on the Nene contract is reflective of the adverse variances highlighted in most PODs on the clinical income page, mainly NEL, Daycases and Electives. Any income adjustments including the £0.5m income release are shown on the 'Central' line to present a truly "commissioner-view" on this page.

Specialised Commissioner
£713 over performance

Specialised shows an over-performance of £0.7m against plan, which is mainly to do with excluded medicines.

Forecast

The M3 forecasts indicate a likely underperformance against plan but we will continue to monitor this closely and report our findings on a monthly basis.

4.2 STF Funding

I&E	Plan	YTD Plan	Actual YTD	Var
	£'k	£'k	£'k	£'k
Pre STF	(22,261)	(5,370)	(5,354)	16
STF	8,715	1,307	1,111	(196)
Post STF	(13,546)	(4,063)	(4,243)	(180)

Key issues

- The Trust exceeded its pre-STF control total for Q1 by £16k but failed to meet A&E 4 hour trajectory and as a result did not earn the associated STF of £196k.
- As the pre-STF financial control total was met, the Trust earned £915k relating to the financial element of the STF, in addition to £196k relating to the A&E streaming conditions; making a total £1.1m.
- We intend to appeal the missed A&E 4 hour wait trajectory and hope to cumulatively recover the £196k STF.

5. Statement of Financial Position

TRUST SUMMARY BALANCE SHEET MONTH 3 2017/18	Balance at 31-Mar-17 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	159,809	159,809	159,809	0	159,809	0
IN YEAR REVALUATIONS	0	(2,199)	(2,199)	0	(5,434)	(5,434)
IN YEAR MOVEMENTS	0	753	988	235	13,175	13,175
LESS DEPRECIATION	0	(1,628)	(2,442)	(814)	(10,205)	(10,205)
NET BOOK VALUE	159,809	156,735	156,156	(579)	157,345	(2,464)
CURRENT ASSETS						
INVENTORIES	5,770	6,468	6,823	355	5,494	(276)
TRADE & OTHER RECEIVABLES	23,887	22,496	22,554	58	24,020	133
NON CURRENT ASSETS FOR SALE	0	0	0	0	0	0
CASH	1,621	2,398	1,915	(483)	1,500	(121)
TOTAL CURRENT ASSETS	31,278	31,362	31,292	(70)	31,014	(264)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	24,112	25,752	25,303	(449)	27,314	3,202
FINANCE LEASE PAYABLE under 1 year	124	124	124	0	130	6
SHORT TERM LOANS	20,334	20,334	20,334	0	1,889	(18,445)
STAFF BENEFITS ACCRUAL	753	753	753	0	800	47
PROVISIONS	4,808	4,220	3,410	(810)	3,500	(1,308)
TOTAL CURRENT LIABILITIES	50,131	51,183	49,924	(1,259)	33,633	(16,498)
NET CURRENT ASSETS / (LIABILITIES)	(18,853)	(19,821)	(18,632)	1,189	(2,619)	16,234
TOTAL ASSETS LESS CURRENT LIABILITIES	140,956	136,914	137,524	610	154,726	13,770
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	1,121	1,101	1,090	(11)	991	(130)
LOANS over 1 year	30,489	31,999	33,500	1,501	63,006	32,517
PROVISIONS over 1 year	1,055	1,055	1,055	0	750	(305)
NON CURRENT LIABILITIES	32,665	34,155	35,645	1,490	64,747	32,082
TOTAL ASSETS EMPLOYED	108,291	102,759	101,879	(880)	89,979	(18,312)
FINANCED BY						
PDC CAPITAL	119,258	119,258	119,258	0	120,116	858
REVALUATION RESERVE	37,392	36,103	36,103	0	33,716	(3,676)
I & E ACCOUNT	(48,359)	(52,602)	(53,482)	(880)	(63,853)	(15,494)
FINANCING TOTAL	108,291	102,759	101,879	(880)	89,979	(18,312)

Key Movements

The key movements from last month are:

Non Current Assets

- In Year Movements include capital additions of £0.2m.
- Depreciation - £0.8m in month which is in line with the plan.

Current assets

- Inventory - £0.4m mainly relates to increase in Heart Centre stock of excluded devices.
- Trade & Other Receivables – minimal overall movement. Decrease in NHS & Trade Receivables of £0.6m has been offset by an increase in Capital & Other Receivables of £0.4m & an increase in Prepayments f £0.3m.
- Cash – decrease of £0.5m mainly due to increase in Creditor Payments.

Current Liabilities

- Trade & Other Payables - £0.4m movement includes decrease of £1.1m in Trade Payables & £0.7m increase in PDC dividend & other accruals.
- Provisions – £0.8m - £0.5m release of income provisions no longer needed relating to 16-17 SLA challenges and £0.3m relates to settlement of P11D liabilities in respect of salary sacrifice schemes.

Non Current Liabilities

- Increase of £1.5m relating to the Revenue Support loan. £1.4m to fund the in-month deficit and Salix Loan £0.1m for LED lighting upgrades.

Financed By

- I & E Account - £0.9m deficit in month

6. Capital Expenditure

Capital Scheme	Plan 2017/18 £000's	M3 Plan £000's	M3 Spend £000's	Under (-) / Over £000's	Plan Achieved %	Total Actual & Committed £000's	Plan Achieved %
Refurbished MRI (Loan)	570	0	0	0	0%	576	101%
Imaging Replacement Rooms (Loan)	651	0	0	0	0%	614	94%
2nd MRI (Loan)	2,309	120	58	-62	3%	2,190	95%
Replacement Imaging Equipment Other Spend	0	0	23	23	0%	32	0%
Replacement NPfIT Systems	1,090	86	42	-43	4%	764	70%
Stock / Inventory System (Loan)	282	27	28	1	10%	89	32%
Chemo Appeal	100	100	100	0	100%	111	111%
Contingency	302	0	0	0	0%	0	0%
Medical Equipment Sub Commiittee	756	98	98	0	13%	98	13%
Estates Sub Committee	3,252	345	360	15	11%	569	17%
IT Sub Committee	2,363	225	238	14	10%	437	18%
Assessment Unit	755	0	0	0	0%	0	0%
A&E GP Streaming	858	0	0	0	0%	0	0%
Salix	87	87	41	-45	48%	43	49%
Total - Capital Plan	**13,375**	**1,087**	**988**	**-99**	**7%**	**5,522**	**41%**
Less Charitable Fund Donations	-200	-100	-100	0	50%	-111	55%
Less NBV of Disposals	0	0	0	0	0%	0	0%
Total - CRL	**13,175**	**987**	**888**	**-99**	**7%**	**5,412**	**41%**

Funding Resources	
Internally Generated Depreciation	10,205
Finance Lease - Assessment Unit	0
Capital Loans - Refurbished MRI	570
Capital Loans - 2nd MRI	2,309
Capital Loans - Imaging Replacement Rooms	651
Capital Loans - Stock / Inventory System	282
A&E GP Streaming	858
Salix	87
Capital Element - Finance Lease (Car Park Decking)	-363
Capital Loan - Repayment	-1,342
Other Loans - Repayment (SALIX)	-82
Total - Available CRL Resource	**13,175**
Uncommitted Plan	**0**

Key Issues

- The Capital plan has been adjusted for the Assessment Unit as it is not scheduled to be handed over to the Trust until early 2018/19. This position has been discussed and agreed with NHSI (in the context of adjusting the Trust's CRL) and also with our external auditors. The £755k budget currently assumes the Trust will spend the associated equipping costs at the end of this financial year.
- Overall capital spend at M3 was £888k including Charitable Funds of £100k. There are further capital commitments of £4.5m.
- The capital commitments include Radiology Imaging Equipment of £3.3m (MRI £2.7m and Rooms D & F £0.6m). Works are underway on the MRI and Rooms D & F works are scheduled to start in July.
- NHSI have confirmed the £858k PDC funding for A&E GP Streaming scheme, which has to be spent by October 2017.
- Further Salix funding has been approved totalling £87k.
- The full year depreciation forecast remains £10.2m.

7. Receivables, Payables and BPPC Compliance

Narrative	Total at June £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	1,102	416	164	71	451
Receivables NHS	11,053	10,282	152	305	314
Total Receivables	**12,155**	**10,698**	**317**	**376**	**765**
Payables Non NHS	(3,560)	(3,541)	(4)	(7)	(8)
Payables NHS	(902)	(902)	0	0	0
Total Payables	**(4,462)**	**(4,443)**	**(4)**	**(7)**	**(8)**

Narrative	Total at May £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	1,296	577	105	282	331
Receivables NHS	11,328	10,315	357	378	277
Total Receivables	**12,623**	**10,892**	**463**	**661**	**608**
Payables Non NHS	(4,657)	(4,654)	0	(3)	0
Payables NHS	(875)	(875)	0	0	0
Total Payables	**(5,531)**	**(5,529)**	**0**	**(3)**	**0**

Receivables and Payables

- The 0 to 30 Days NHS Receivables balance continues to include £8.5m of accruals relating to 2016/17. This includes STF £3.5m as well as over-performance invoices due to be finalised with commissioners and invoiced in July.
- Non-NHS over 90 day debt includes Overseas visitor accounts of £283k, of which £116k are paying in instalments and over 41% of the balance passed to debt collection agency to recover. £40k relating to private patients, 56% of which is under contract query with insurance providers.
- NHS over 90 day debt increased to £314k, relating to NHS Propco £78k which is part of an ongoing dispute, and £104k on NCA's.

Narrative	April 2017	May 2017	June 2017	Cumulative 2017/18
NHS Creditors				
No.of Bills Paid Within Target	170	244	157	571
No.of Bills Paid Within Period	174	244	157	575
Percentage Paid Within Target	**97.70%**	**100.00%**	**100.00%**	**99.30%**
Value of Bills Paid Within Target (£000's)	2,073	2,547	1,378	5,998
Value of Bills Paid Within Period (£000's)	2,075	2,547	1,378	6,000
Percentage Paid Within Target	**99.90%**	**100.00%**	**100.00%**	**99.96%**
Non NHS Creditors				
No.of Bills Paid Within Target	5,005	6,087	7,329	18,421
No.of Bills Paid Within Period	5,068	6,130	7,369	18,567
Percentage Paid Within Target	**98.76%**	**99.30%**	**99.46%**	**99.21%**
Value of Bills Paid Within Target (£000's)	7,543	7,985	9,652	25,180
Value of Bills Paid Within Period (£000's)	7,589	8,008	9,679	25,275
Percentage Paid Within Target	**99.40%**	**99.71%**	**99.73%**	**99.63%**
Total				
No.of Bills Paid Within Target	5,175	6,331	7,486	18,992
No.of Bills Paid Within Period	5,242	6,374	7,526	19,142
Percentage Paid Within Target	**98.72%**	**99.33%**	**99.47%**	**99.22%**
Value of Bills Paid Within Target (£000's)	9,616	10,532	11,031	31,179
Value of Bills Paid Within Period (£000's)	9,664	10,555	11,057	31,275
Percentage Paid Within Target	**99.51%**	**99.78%**	**99.76%**	**99.69%**

Better Payment Practice Code

- The BPPC performance was achieved for all targets in June.

8. Cashflow

MONTHLY CASHFLOW	Annual £000s	ACTUAL APR £000s	MAY £000s	JUN £000s	FORECAST JUL £000s	AUG £000s	SEP £000s	OCT £000s	NOV £000s	DEC £000s	JAN £000s	FEB £000s	MAR £000s
RECEIPTS													
SLA Base Payments	266,217	22,512	21,345	23,165	22,071	23,023	22,014	22,014	22,014	22,014	22,014	22,014	22,014
STF Funding	9,095	81	0	0	0	0	3,545	0	1,111	0	1,743	0	2,615
SLA Performance/ Other CCG Investment	1,138	873	-23	273	14	0	0	0	0	0	0	0	0
Health Education Payments	9,423	762	809	785	785	785	785	785	785	785	785	785	785
Other NHS Income	12,022	801	1,125	596	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,500
PP / Other (Specific > £250k)	1,543	610	273	313	346	0	0	0	0	0	0	0	0
PP / Other	14,027	1,044	1,258	1,072	1,054	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Salix Capital Loan	87	0	0	87	0	0	0	0	0	0	0	0	0
PDC - Capital	858	0	0	0	0	0	0	0	286	286	286	0	0
Capital Loan	3,611	0	0	0	0	0	1,047	0	1,784	0	0	780	0
Revenue Support Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncommitted Revenue Loan - deficit funding	13,546	3,116	-32	979	523	1,703	1,076	286	301	606	1,488	2,201	1,299
Uncommitted Revenue Loan - STF funding	8,715	436	436	435	581	581	581	872	872	871	1,017	1,017	1,016
Interest Receivable	21	2	2	2	2	2	2	1	2	2	1	2	2
TOTAL RECEIPTS	**340,301**	**30,237**	**25,193**	**27,707**	**26,376**	**28,294**	**31,250**	**26,158**	**29,355**	**26,764**	**29,534**	**28,999**	**30,431**
PAYMENTS													
Salaries and wages	197,748	15,598	16,340	16,890	16,460	16,460	16,720	16,460	16,720	16,460	16,460	16,460	16,720
Trade Creditors	95,117	6,781	7,037	9,122	7,050	8,324	7,504	4,870	9,004	8,862	7,968	10,495	8,099
NHS Creditors	19,817	2,079	2,300	1,403	1,942	1,942	1,942	1,942	1,942	784	1,942	800	800
Capital Expenditure	12,393	843	1,243	810	1,171	1,055	1,637	2,081	514	514	1,303	514	709
PDC Dividend	2,646	0	0	0	0	0	1,305	0	0	0	0	0	1,342
Repayment of Revenue Loan - STF funding	10,215	2,425	0	0	0	0	1,657	768	1,173	134	1,743	0	2,315
Repayment of Loans (Principal & Interest)	2,369	0	0	0	92	513	448	8	3	11	118	730	444
Repayment of Salix loan	91	21	0	0	0	0	38	29	0	0	0	0	3
TOTAL PAYMENTS	**340,396**	**27,747**	**26,920**	**28,226**	**26,715**	**28,294**	**31,250**	**26,158**	**29,356**	**26,765**	**29,534**	**28,999**	**30,432**
Actual month balance	-95	2,490	-1,727	-519	-339	0	0	0	-1	0	0	0	0
Cash in transit & Cash in hand adjustment	-26	32	-29	48	-76	0	0	-1	1	0	0	0	0
Balance brought forward	1,621	1,621	4,143	2,387	1,915	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Balance carried forward	**1,500**	**4,143**	**2,387**	**1,915**	**1,500**	**1,500**	**1,500**	**1,500**	**1,500**	**1,500**	**1,500**	**1,500**	**1,500**

Key Issues

- Milton Keynes CCG have paid Qtr 2 & 3 16/17 over-performance invoices. Payment from Central Midlands Region is now forecast to paid in July.
- The majority of Month 3 SLA invoices were paid on time.
- Payment of £1.0m 2017/18 CQUIN Risk Reserve by Nene CCG is subject to NHS England funding agreement. This is currently forecast to be paid in August.
- The Trust is currently forecasting Qtr 4 STF funding, including the incentive & bonus elements, to be received September & corresponding borrowing to be repaid in September/Oct. The repayment of the Qtr 4 borrowing will result in a zero net draw down.
- The Trust has drawn down a further £1.4m against the new 1.5% Uncommitted Interim Revenue Support Facility (ISUCL) in June, in line with the plan . A further draw down of £1.1m has been approved for July.
- Salix Loan of £87k relating to LED Lighting Upgrades was received in June. This is a non-interest bearing loan repayable over 4 years.
- Creditor payments were £1.5m less than forecast. Capital Expenditure was also £0.8m less than forecast. Salaries & Wages were £0.4m more than forecast, mainly due to an increase in Medical Bank staff.

9. Conclusion

Key Points:

- The Trust exceeded its pre-STF financial control total by £16k. However it did not achieve the A&E 4 hour target and therefore did not earn the associated STF of £196k . The Trust's overall Q1 financial position against the control total was therefore £180k adverse to plan.
- STF income of £1.1m is accounted for in the position. The Trust intends to follow-up with an appeal against the A&E STF trajectory, and if successful should recover the £196k funding.
- Activity and income whilst comparable to previous months, show an underperformance against plan. Capacity continues to be a key risk to the deliverability of the plan.
- Agency spend has continued to show a downward trend and at Q1 was £1.0m below target as we continue to see the impact of more staff moving to the Trust Bank, in addition to other measures the Trust is putting in place to reduce agency usage.
- The Trust forecast suggests that actions need to be taken to recover underperformance on activity and therefore ensure that the financial control total is met.

Report To	**Trust Board**
Date of Meeting	**27 July 2017**

Title of the Report	**Workforce Performance Report**
Agenda item	**12**
Presenter of Report	Janine Brennan, Director of Workforce & Transformation
Author(s) of Report	Adam Cragg, Head of Resourcing & Employment Services
Purpose	This report provides an overview of key workforce issues
Executive summary • The key performance indicators show an increase in contracted workforce employed by the Trust, and an increase in sickness absence from May 2017. • Increase in compliance rate for Mandatory Training and Role Specific Essential Training and an increase in compliance for Appraisals. • Exception Reports for Staff Turnover, Staff Role Specific Training, Staff Appraisal and Vacancy Rates.	
Related strategic aim and corporate objective	Enable excellence through our people
Risk and assurance	Workforce risks are identified and placed on the Risk register as appropriate.
Related Board Assurance Framework entries	BAF – 2.1, 2.2 and 2.3
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

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	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.

Trust Board

Thursday 27 July 2017

Workforce Performance Report

1. Introduction

This report identifies the key themes emerging from June 2017 performance and identifies trends against Trust targets. It also sets out current key workforce updates.

2. Workforce Report

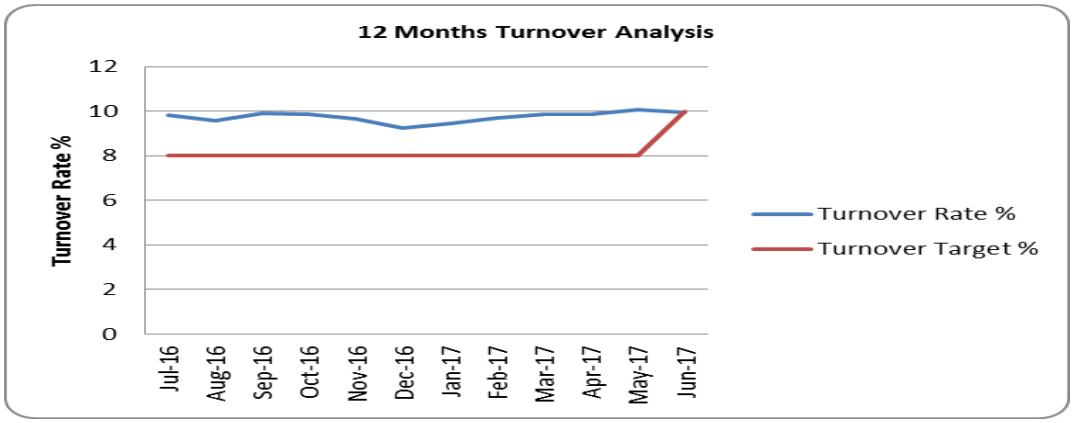
2.1 Capacity

Substantive Workforce Capacity increased by 9.52 FTE in June 2017 to 4322.51 FTE. The Trust's substantive workforce is at 88.73% of the Budgeted Workforce Establishment of 4871.31 FTE.

Trust Turnover

The Turnover rate target has been adjusted as agreed at June's Workforce Committee.

The annual Trust turnover decreased by 0.12% to 9.94% in June 2017, which is below the Trust target of 10%.



Turnover within Nursing & Midwifery decreased by 0.30% to 6.89%. The Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust.

Turnover increased in Estates & Ancillary, Allied Health Professionals and Healthcare Scientists but decreased for Additional Professional Scientific and Technical, Additional Clinical Services, Admin and Clerical and Medical and Dental staff groups.

- Medical Division: turnover increased by 0.02% to 8.14%
- Surgical Division: turnover decreased by 0.7% to 8.99%
- Women, Children & Oncology Division: turnover decreased by 0.56% to 8.61%

Enclosure H

- Clinical Support Services Division: turnover increased by 0.33% to 12.83%
- Support Services: turnover increased by 2.76% to 12.45%

Vacancy Rates

The vacancy % rates have increased for

- Admin and Clerical
- Allied Health Professionals
- Estates and Ancillary
- Healthcare Scientists
- Nursing and Midwifery

Healthcare Scientists staff group has seen the largest vacancy rate increase of 3.85% to 23.36%. Nursing & Midwifery staff group vacancy has slightly increased from 10.35% to 10.47%.

The vacancy % rates have decreased for

- Additional Professional Scientific and Technical,
- Additional Clinical Services
- Medical and Dental staff groups

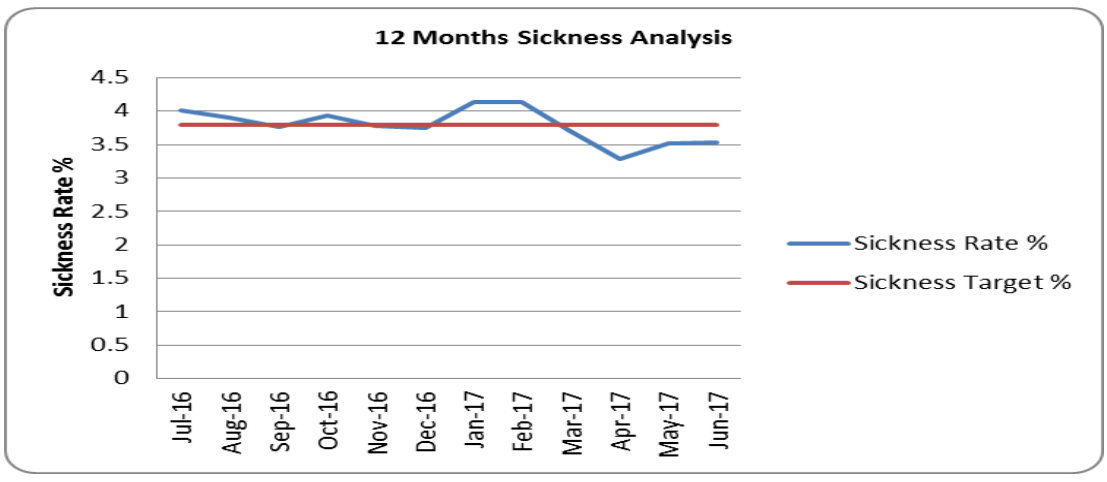
Additional Professional Scientific and Technical staff group has seen the largest vacancy rate decrease of 2.85% to 15.31%.

Sickness Absence

Sickness absence for June 2017 increased slightly from 3.51% to 3.53%, which is below the Trust target of 3.8%. All Divisions are below Trust target except for Support Services at 4.11% with the Facilities Directorate showing the highest sickness rate of 5.75% (within that Division).

The highest Directorate level sickness absence rate occurred within the Therapy Service at 7.73%.

In total, 12 directorate level organisations were below the trust target rate in June 2017 compared to 13 directorates in May 2017.



Best of both worlds

The 'Best of Both Worlds' is a first of its kind recruitment campaign launched by ourselves at NGH and the other three leading healthcare providers in Northamptonshire in partnership with the University of Northampton, to attract staff to relocate to live and work in Northamptonshire. The campaign aims to put Northampton, Kettering and Northamptonshire firmly on the map as a top destination for all staff including new and experienced medical and nursing professionals to develop their careers.

Rather than competing for talent, 'The Best of Both Worlds' unites the local health care providers in a joint bid to address their recruitment needs.

The microsite is now fully live and links to the microsite site itself together with the links for the social profiles being used to publicise the microsite are detailed below.

http://bestofbothworlds.uk.net/

- LinkedIn: https://www.linkedin.com/company-beta/11162274/
- Facebook: https://www.facebook.com/BoBWNN/
- Twitter: https://twitter.com/BoBWorldsNN
- Instagram: https://www.instagram.com/BoBWorldsNN/
- Google +: https://plus.google.com/107354655476409666293

Through the publication of the launch of the microsite and through its inclusion in Core Brief, all staff involved in any kind of recruitment in the trust has been encouraged to follow the social profiles and encourage their friends and colleagues to do the same whilst also ensuring that they check back every few days/weeks in order to help the initiative by: Liking, Commenting and Sharing the content to contacts to help spread the reach.

Extensive media coverage of the 'Best of Both World's' initiative is underway through the following publications:

- Nursing Times (Readership : 12000)
- BBC news– Best of Both Worlds campaign (Readers: 50,001 to 100,000)
- BBC Radio Northamptonshire (Listeners: 75,000 individuals)
- Recruiter (Readership: 18499)
- Care and Nursing Essentials
- Recruitment Buzz
- HR News (Readership: 4,501)
- Connect FM (Listeners: 34,000)

Further coverage is expected as follows:

- Nursing Standards – Interview with Carolyn Fox, DoN
- Training Journal – article focusing on the campaign from Carolyn Fox, DoN
- The Hippocratic Post – article focusing on the campaign
- National Health Executive magazine – article focusing on the campaign

Health & Wellbeing

Having achieved the CQUIN for mental health last year (£500k) the Trust is now working on the next set of objectives.

Arrangements are underway for MIND to attend the Trust to provide manager training sessions to equip managers with the skills to spot the signs mental health issues, offer appropriate workplace support and signpost for professional help. This training will be rolled out from November 2017 and will be a half-day session of a maximum of 16 attendees on each. A cohort of managers required to attend is in the process of being finalised.

MIND are also in the Trust on 15 August 2017 to provide a two hour mental health awareness session for a maximum of 100 staff. Communication has been sent to all staff and we have 55 confirmed to date.

The Trust is looking to work with Virgin Pulse for the annual team challenge and a bid is with Charitable Funds for this to take place in September 2017.

Anne Marie-Dunkley has been appointed as Health & Wellbeing Lead on a full-time basis to take forward the Health and Wellbeing agenda.

2.2 Capability

Appraisals, Mandatory Training and Role Specific Essential Training

The current rate of Appraisals recorded for June 2017 is 85.10%; this is an increase of 0.08% from last month's figure of 85.02%.

Mandatory Training compliance increased in June 2017 from 85.82%, to 86.6% this is an increase of 0.78% from last month's figure and remains above the Trust target of 85%.

Role Specific Essential Training compliance increased in June 2017 to 81.84% from last month's figure of 81.09%.; that is an increase of 0.75%.

Mentoring Apprentices Training

With the potential increase of apprentices due to the Apprenticeship Levy, it was recognised that there was a need for managers to understand what an 'apprentice' is, what they need in terms of support and how to mentor them. Learning & Development therefore secured additional funding from HEEM to design a course for managers on supporting apprentices.

Work commenced with an external training provider to write a course entitled 'Mentoring Apprentices' and looks at how mentors are equipped with the understanding of how apprentices are motivated in the workplace and how to accelerate an apprentices personal and professional development throughout the apprenticeship. The course is 2 separate days with a week in-between as the manager is required to carry out some work with their apprentice to look at their motivational drivers.

The first pilot of the course was run and following a few alterations will be available for managers in October.

New values based appraisal system

As part of the Trusts ongoing approach to embedding its values in day to day work, the appraisal process has been redesigned to focus on the Trust values. As part of the roll out, training is available for managers and staff to attend so together the appraisal will be a valuable and meaningful way of helping us identify how we can best work together to achieve 'Best Possible Care'. The new paperwork was officially launched on 1st July 2017 with training available for the rest of the year.

There are three courses:

- **All about appraisals for Managers -** a morning course in which they will find out about the process and refresh their appraisal skills.
- **Confident Performance Conversations -** for managers to brush up on their skills around talking to staff about their performance levels and gives specific techniques to have both formal and informal conversations.
- **All about appraisals for staff** – a half-day session in which staff will find out all about the new values based process and how they can positively improve and develop their work so that all staff can make a real difference to the care they give or service they provide.

3.0 Assessment of Risk

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

4.0 Recommendations/Resolutions Required

The Committee is asked to note the report.

5.0 Next Steps

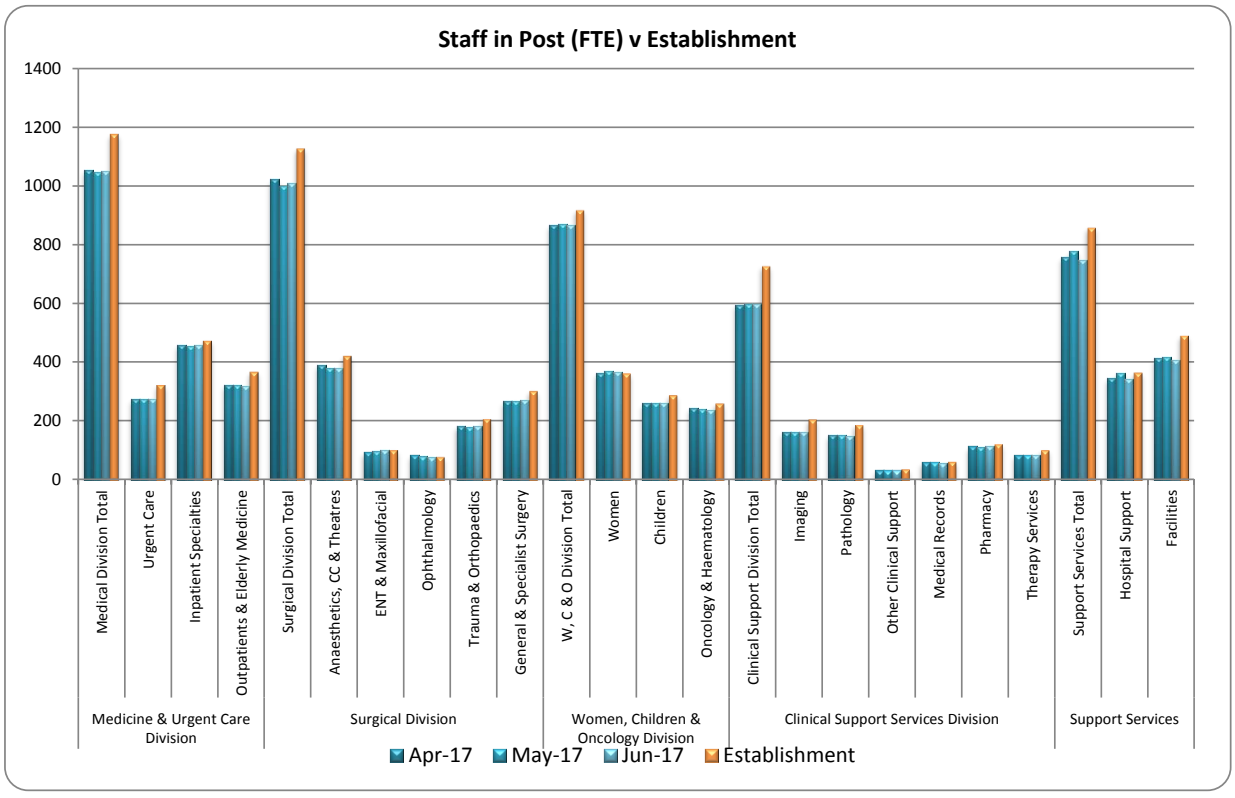
Key workforce performance indicators are subject to regular monitoring and appropriate action is taken as and when required.

Trust Board Report - June 2017

CAPACITY
Staff in Post

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

Staff in Post (FTE)		Apr-17		May-17		Jun-17	Establishment	
Medicine & Urgent Care Division	Medical Division Total	1053.73	↓	1049.12	↑	1049.75	1176.24	89.25%
	Urgent Care	272.64	↑	272.85	↑	274.47	324.84	84.49%
	Inpatient Specialties	457.66	↓	454.49	↑	456.31	475.28	96.01%
	Outpatients & Elderly Medicine	322.42	↓	320.78	↓	317.97	369.12	86.14%
Surgical Division	Surgical Division Total	1022.20	↓	1000.99	↑	1008.54	1127.63	89.44%
	Anaesthetics, CC & Theatres	390.59	↓	377.28	↑	377.62	423.20	89.23%
	ENT & Maxillofacial	92.67	↑	96.10	↑	101.23	103.60	97.71%
	Ophthalmology	83.69	↓	77.79	↓	76.13	79.85	95.34%
	Trauma & Orthopaedics	182.80	↓	178.33	↑	179.93	210.00	85.68%
	General & Specialist Surgery	267.64	↓	266.69	↑	268.83	304.18	88.38%
Women, Children & Oncology Division	W, C & O Division Total	866.02	↑	869.32	↓	866.24	918.32	94.33%
	Women	362.43	↑	368.42	↓	367.56	364.31	100.89%
	Children	258.16	↑	260.88	↑	261.12	289.76	90.12%
	Oncology & Haematology	243.49	↓	238.09	↓	235.62	261.40	90.14%
Clinical Support Services Division	Clinical Support Division Total	596.02	↑	598.52	↓	596.64	728.41	81.91%
	Imaging	161.85	↑	162.25	↑	162.25	207.91	78.04%
	Pathology	150.27	↓	150.02	↓	148.62	189.90	78.26%
	Other Clinical Support	33.01	↓	32.56	↑	32.58	38.36	84.93%
	Medical Records	57.83	↑	58.83	↓	56.16	64.03	87.71%
	Pharmacy	111.73	↓	111.53	↑	112.74	124.22	90.76%
	Therapy Services	81.34	↑	83.34	↑	84.29	103.99	81.06%
Support Services	Support Services Total	758.44	↑	777.16	↓	748.93	858.81	87.21%
	Hospital Support	345.05	↑	361.48	↓	340.83	366.16	93.08%
	Facilities	413.39	↑	415.68	↓	408.10	492.65	82.84%
Trust Total		4308.21	↑	4312.99	↑	4322.51	4871.31	88.73%



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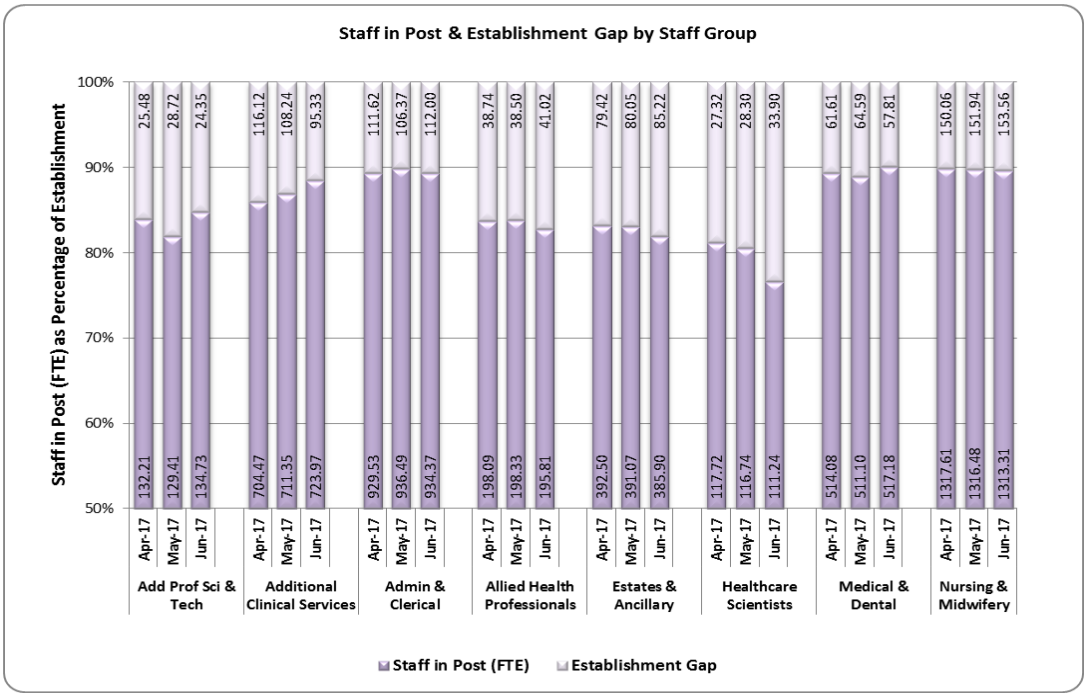
Trust Board Report - June 2017

CAPACITY
Staff Group (FTE v Est)

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

Staff Group Vacancy Rate (Contracted FTE v Establishment)

Staff Group	Apr-17	May-17	Jun-17
Add Prof Sci & Tech	16.16%	18.16%	15.31%
Additional Clinical Services	14.15%	13.21%	11.64%
Admin & Clerical	10.72%	10.20%	10.70%
Allied Health Professionals	16.36%	16.25%	17.32%
Estates & Ancillary	16.83%	16.99%	18.09%
Healthcare Scientists	18.84%	19.51%	23.36%
Medical & Dental	10.70%	11.22%	10.05%
Nursing & Midwifery	10.22%	10.35%	10.47%



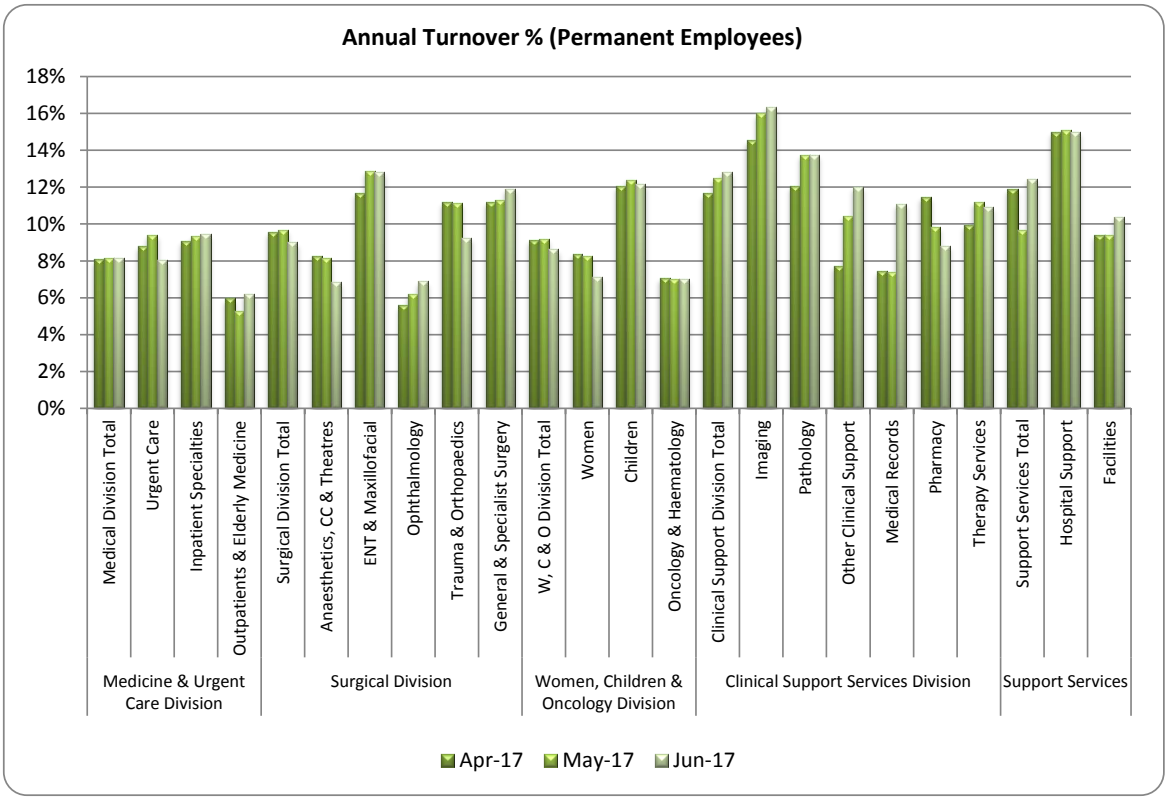
Trust Board Report - June 2017

CAPACITY
Annual Turnover

Figures refer to the year ending in the month stated

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

Annual Turnover (Permanent Staff)		Apr-17	May-17	Jun-17
Medicine & Urgent Care Division	Medical Division Total	8.07%	8.12%	8.14%
	Urgent Care	8.79%	9.40%	8.06%
	Inpatient Specialties	9.06%	9.33%	9.46%
	Outpatients & Elderly Medicine	5.95%	5.27%	6.21%
Surgical Division	Surgical Division Total	9.54%	9.69%	8.99%
	Anaesthetics, CC & Theatres	8.24%	8.16%	6.83%
	ENT & Maxillofacial	11.68%	12.86%	12.80%
	Ophthalmology	5.58%	6.21%	6.87%
	Trauma & Orthopaedics	11.19%	11.13%	9.22%
	General & Specialist Surgery	11.17%	11.31%	11.89%
Women, Children & Oncology Division	W, C & O Division Total	9.11%	9.17%	8.61%
	Women	8.35%	8.26%	7.11%
	Children	12.04%	12.41%	12.17%
	Oncology & Haematology	7.09%	7.02%	7.00%
Clinical Support Services Division	Clinical Support Division Total	11.65%	12.50%	12.83%
	Imaging	14.52%	15.99%	16.34%
	Pathology	12.07%	13.74%	13.76%
	Other Clinical Support	7.73%	10.44%	11.99%
	Medical Records	7.42%	7.39%	11.09%
	Pharmacy	11.48%	9.84%	8.80%
	Therapy Services	9.95%	11.18%	10.91%
Support Services	Support Services Total	11.87%	9.69%	12.45%
	Hospital Support	14.97%	15.11%	14.98%
	Facilities	9.38%	9.40%	10.37%
Trust Total		9.85%	10.06%	9.94%



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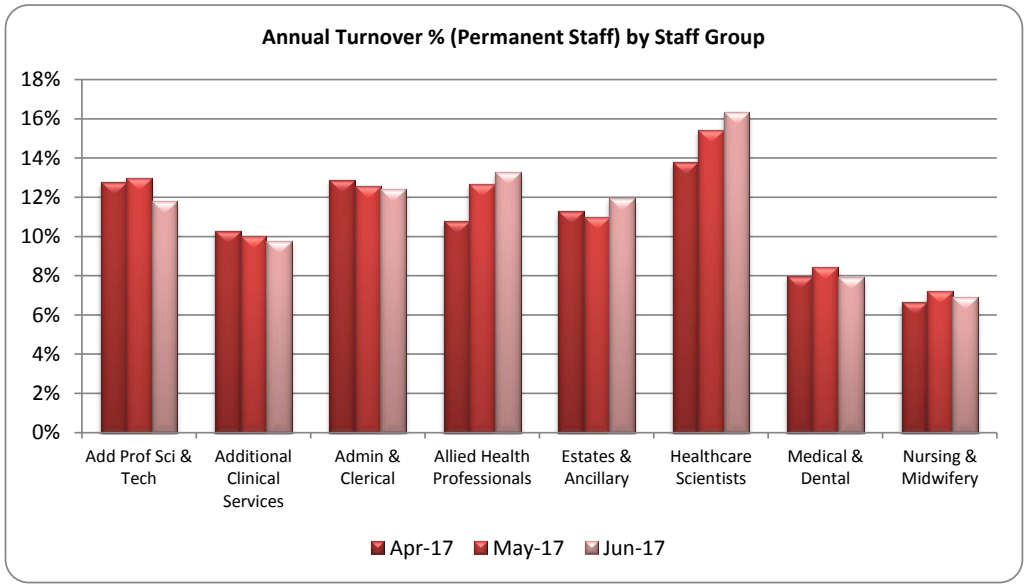
Trust Board Report - June 2017

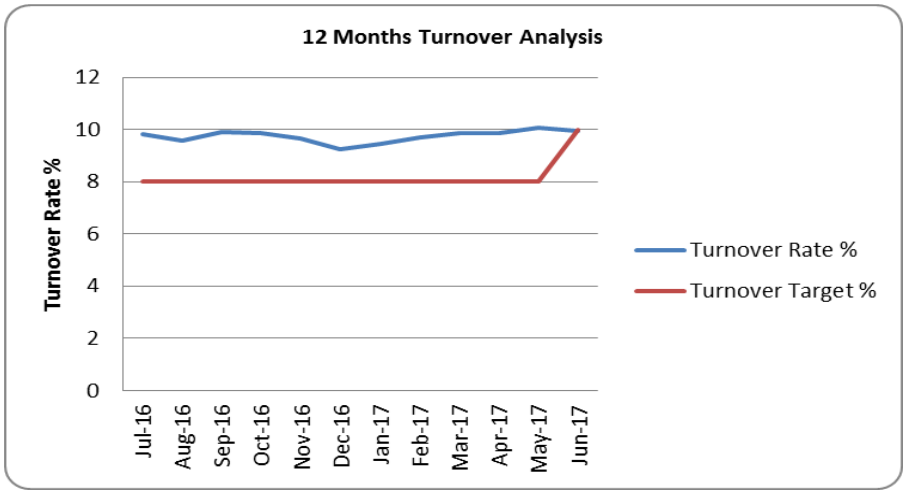
CAPACITY
Turnover by Staff Group

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	Apr-17		May-17		Jun-17
Add Prof Sci & Tech	12.78%	↗	12.99%	↘	11.79%
Additional Clinical Services	10.27%	↘	10.00%	↘	9.75%
Admin & Clerical	12.87%	↘	12.58%	↘	12.39%
Allied Health Professionals	10.79%	↗	12.64%	↗	13.28%
Estates & Ancillary	11.31%	↘	11.00%	↗	11.97%
Healthcare Scientists	13.77%	↗	15.40%	↗	16.34%
Medical & Dental	7.99%	↗	8.42%	↘	7.92%
Nursing & Midwifery	6.65%	↗	7.19%	↘	6.89%





Capacity: Substantive Workforce Capacity increased by 9.52 FTE in June 2017 to 4322.51 FTE. The Trust's substantive workforce is at 88.73% of the Budgeted Workforce Establishment of 4871.31 FTE.

Staff Turnover: Annual Trust turnover decreased by 0.12% to 9.94% in June which is below the Trust target of 10%. Turnover within Nursing & Midwifery decreased by 0.30% to 6.89%; the Nursing & Midwifery figures are inclusive of all nursing and midwifery staff employed in various roles across the Trust. Turnover increased in Estates & Ancillary, Allied Health Professional s and Healthcare Scientists. Decreasing for Additional Professional Scientific and Technical, Additional Clinical Services, Admin and Clerical and Medical and Dental staff groups.

Medical Division: turnover increased by 0.02% to 8.14%
Surgical Division: turnover decreased by 0.7% to 8.99%
Women, Children & Oncology Division: turnover decreased by 0.56% to 8.61%
Clinical Support Services Division: turnover increased by 0.33% to 12.83%
Support Services: turnover increased by 2.76% to 12.45%

Staff Vacancies: The vacancy % rates have increased for Admin and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists and Nursing and Midwifery. Healthcare Scientists staff group has seen the largest vacancy rate increase of 3.85% to 23.36%. Nursing & Midwifery staff group has slightly increased from 10.35% to 10.47%.
There has been a decrease in Additional Professional Scientific and Technical, Additional Clinical Services and Medical and Dental staff groups the largest decrease seen in the Additional Professional Scientific and Technical staff group of 2.85% to 15.31%.

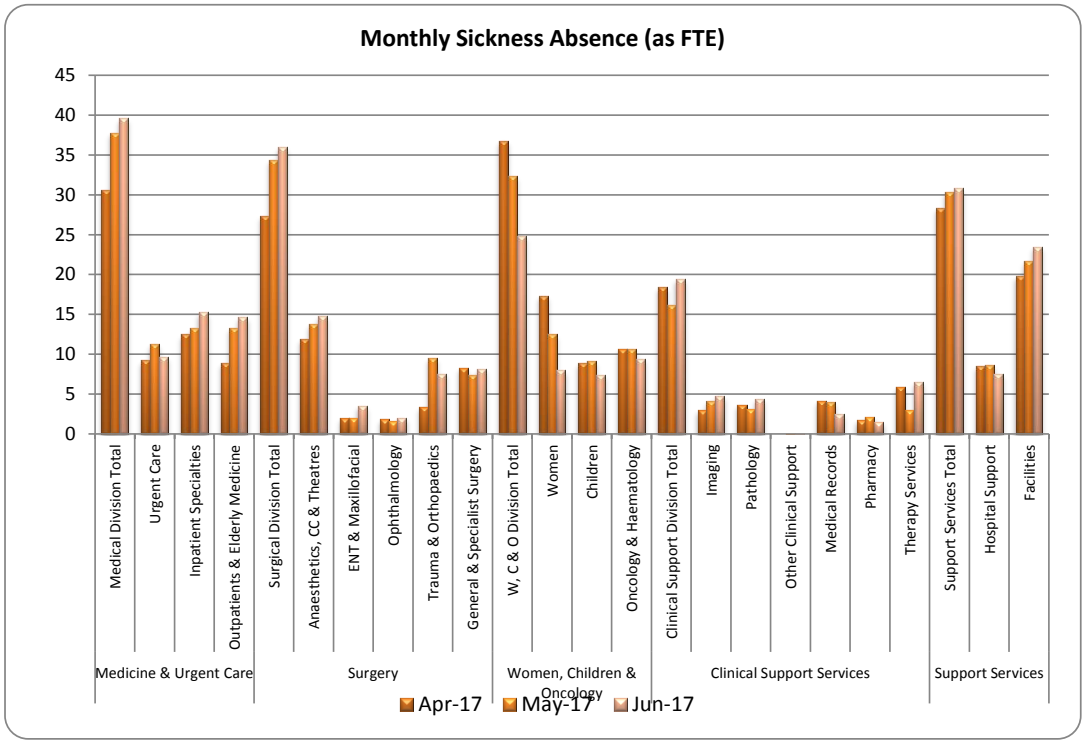
Sickness Absence: Sickness absence for June 2017 increased slightly from 3.51% to 3.53% which is below Trust target of 3.8%. All Divisions are below Trust target except for Support Services at 4.11% with the Facilities DIrectorate showing the highest sickness rate of 5.75% (within that Division) and Therapy Service with the highest of them all 7.73%. In total 12 directorate level organisations were below the trust target rate in June 2017 compared to 13 directorates in May 2017.

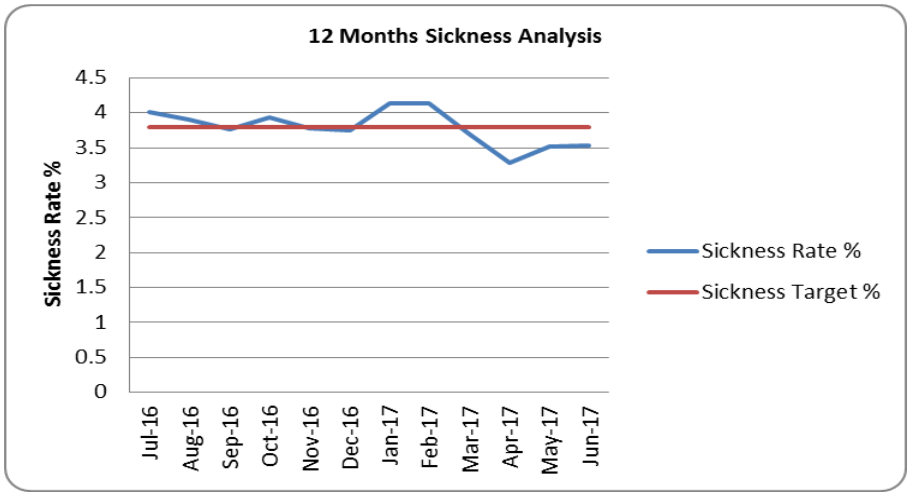
Trust Board Report - June 2017

CAPACITY
In-Month Sickness

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

Monthly Sickness (as FTE)		Apr-17	May-17	Jun-17	Jun-17	Short Term	Long Term
Medicine & Urgent Care	Medical Division Total	30.56	37.77	39.58	3.77%	2.29%	1.48%
	Urgent Care	9.19	11.27	9.61	3.50%	2.33%	1.17%
	Inpatient Specialties	12.45	13.23	15.24	3.34%	2.45%	0.88%
	Outpatients & Elderly Medicine	8.87	13.31	14.69	4.62%	2.03%	2.58%
Surgery	Surgical Division Total	27.39	34.33	36.00	3.57%	1.63%	1.94%
	Anaesthetics, CC & Theatres	11.95	13.81	14.80	3.92%	2.01%	1.91%
	ENT & Maxillofacial	1.94	1.99	3.54	3.50%	1.60%	1.90%
	Ophthalmology	1.87	1.54	1.98	2.60%	2.60%	0.00%
	Trauma & Orthopaedics	3.35	9.56	7.58	4.21%	0.75%	3.45%
	General & Specialist Surgery	8.22	7.39	8.09	3.01%	1.36%	1.65%
Women, Children & Oncology	W, C & O Division Total	36.81	32.34	24.77	2.86%	1.51%	1.35%
	Women	17.29	12.45	7.94	2.16%	0.86%	1.29%
	Children	8.91	9.10	7.36	2.82%	2.15%	0.67%
	Oncology & Haematology	10.62	10.69	9.40	3.99%	1.84%	2.15%
Clinical Support Services	Clinical Support Division Total	18.42	16.16	19.39	3.25%	2.18%	1.07%
	Imaging	2.96	4.07	4.69	2.89%	1.27%	1.61%
	Pathology	3.67	3.06	4.32	2.91%	2.91%	0.00%
	Other Clinical Support	0.00	0.01	0.03	0.10%	0.10%	0.00%
	Medical Records	4.17	4.02	2.45	4.36%	4.36%	0.00%
	Pharmacy	1.75	2.10	1.48	1.31%	1.31%	0.00%
	Therapy Services	5.91	2.93	6.52	7.73%	3.14%	4.59%
Support Services	Support Services Total	28.29	30.39	30.78	4.11%	2.40%	1.71%
	Hospital Support	8.52	8.64	7.53	2.21%	1.38%	0.83%
	Facilities	19.84	21.70	23.47	5.75%	3.29%	2.46%
Trust Total	*As FTE*	141.74	151.39	152.58			
	As percentage	3.29%	3.51%		3.53%		


Monthly Sickness Absence (as FTE)
45
40
35
30
25
20
15
10
5
0
Medical Division Total
Urgent Care
Inpatient Specialties
Outpatients & Elderly Medicine
Surgical Division Total
Anaesthetics, CC & Theatres
ENT & Maxillofacial
Ophthalmology
Trauma & Orthopaedics
General & Specialist Surgery
W, C & O Division Total
Women
Children
Oncology & Haematology
Clinical Support Division Total
Imaging
Pathology
Other Clinical Support
Medical Records
Pharmacy
Therapy Services
Support Services Total
Hospital Support
Facilities
Medicine & Urgent Care
Surgery
Women, Children & Oncology
Clinical Support Services
Support Services
Apr-17
May-17
Jun-17


12 Months Sickness Analysis
Sickness Rate %
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Jan-17
Feb-17
Mar-17
Apr-17
May-17
Jun-17
Sickness Rate %
Sickness Target %

Enclosure H

Trust Board Report - June 2017

CAPABILITY
Training & Appraisal Rates

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

Mandatory Training Compliance Rate	Directorate	Apr-17	May-17	Jun-17
Medicine & Urgent Care Division	Medical Division Total	83.89%	84.44%	84.69%
	Urgent Care	83.59%	84.75%	85.80%
	Inpatient Specialties	82.35%	82.53%	82.71%
	Outpatients & Elderly Medicine	86.16%	86.71%	86.39%
Surgical Division	Surgical Division Total	83.21%	84.05%	84.25%
	Anaesthetics, CC & Theatres	82.10%	82.02%	82.77%
	ENT & Maxillofacial	76.54%	81.75%	83.14%
	Ophthalmology	81.88%	82.99%	86.23%
	Trauma & Orthopaedics	86.36%	86.31%	86.28%
	General & Specialist Surgery	85.49%	86.78%	84.70%
Women, Children & Oncology Division	W, C & O Division Total	86.48%	86.61%	87.70%
	Women	83.15%	84.03%	86.29%
	Children	90.88%	90.11%	91.47%
	Oncology & Haematology	86.86%	86.74%	85.58%
Clinical Support Services Division	Clinical Support Division Total	88.81%	88.55%	90.71%
	Imaging	82.52%	81.32%	86.55%
	Pathology	92.70%	93.17%	94.41%
	Other Clinical Support	90.70%	90.18%	93.50%
	Medical Records	92.59%	92.69%	92.54%
	Pharmacy	92.16%	90.70%	91.26%
	Therapy Services	85.87%	87.69%	89.12%
Support Services	Support Services Total	87.41%	86.88%	87.72%
	Hospital Support	87.96%	87.63%	87.89%
	Facilities	86.99%	86.31%	87.58%
Trust Total		85.58%	85.82%	86.60%

Trust Board Report - June 2017

CAPABILITY
Training & Appraisal Rates

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

Role Specific Training Compliance Rate	Directorate	Apr-17	May-17	Jun-17
Medicine & Urgent Care Division	Medical Division Total	78.79%	79.36%	80.40%
	Urgent Care	76.16%	76.94%	79.64%
	Inpatient Specialties	77.10%	77.98%	78.05%
	Outpatients & Elderly Medicine	83.97%	83.97%	84.74%
Surgical Division	Surgical Division Total	81.70%	82.11%	81.95%
	Anaesthetics, CC & Theatres	80.33%	80.90%	81.60%
	ENT & Maxillofacial	73.30%	74.16%	73.81%
	Ophthalmology	78.56%	76.53%	80.44%
	Trauma & Orthopaedics	84.91%	85.08%	84.22%
	General & Specialist Surgery	84.64%	85.50%	83.82%
Women, Children & Oncology Division	W, C & O Division Total	84.29%	83.83%	85.05%
	Women	83.12%	83.42%	85.09%
	Children	89.33%	88.16%	89.01%
	Oncology & Haematology	79.66%	77.92%	78.46%
Clinical Support Services Division	Clinical Support Division Total	82.84%	81.80%	82.03%
	Imaging	79.97%	78.27%	77.79%
	Pathology	88.67%	87.54%	90.13%
	Other Clinical Support	78.47%	77.78%	82.71%
	Medical Records	95.83%	95.89%	95.71%
	Pharmacy	83.23%	85.16%	85.80%
	Therapy Services	82.65%	80.34%	80.04%
Support Services	Support Services Total	72.31%	71.90%	73.86%
	Hospital Support	77.90%	77.51%	80.97%
	Facilities	66.06%	65.62%	66.06%
Trust Total		**81.05%**	**81.09%**	**81.84%**

Capability

Appraisals
The current rate of Appraisals recorded for June 2017 is 85.10%; this is an increase of 0.08% from last month's figure of 85.02%.

Mandatory Training and Role Specific Essential Training
Mandatory Training compliance increased in June 2017 from 85.82%, to 86.6% this is an increase of 0.78% from last month's figure and remains above the Trust target of 85%.

Role Specific Essential Training compliance increased in June 2017 to 81.84% from last month's figure of 81.09%.; that is an increase of 0.75%.

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.

Enclosure H

Trust Board Report - June 2017

CAPABILITY
Training & Appraisal Rates

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

Appraisal Compliance Rate	Directorate	Apr-17	May-17	Jun-17
Medicine & Urgent Care Division	Medical Division Total	81.45%	81.96%	81.44%
	Urgent Care	82.40%	84.53%	83.52%
	Inpatient Specialties	79.90%	80.88%	78.33%
	Outpatients & Elderly Medicine	82.87%	81.48%	83.85%
Surgical Division	Surgical Division Total	88.35%	89.86%	88.75%
	Anaesthetics, CC & Theatres	84.23%	84.85%	84.47%
	ENT & Maxillofacial	85.33%	87.34%	83.75%
	Ophthalmology	79.22%	85.71%	85.92%
	Trauma & Orthopaedics	95.93%	96.45%	93.53%
	General & Specialist Surgery	92.59%	94.61%	94.17%
Women, Children & Oncology Division	W, C & O Division Total	86.80%	88.96%	89.51%
	Women	82.47%	86.03%	88.21%
	Children	91.41%	90.38%	89.66%
	Oncology & Haematology	89.43%	92.80%	91.95%
Clinical Support Services Division	Clinical Support Division Total	80.79%	80.76%	83.08%
	Imaging	76.02%	70.76%	74.56%
	Pathology	85.09%	82.61%	90.00%
	Other Clinical Support	81.58%	84.62%	83.78%
	Medical Records	80.56%	89.04%	94.29%
	Pharmacy	84.25%	87.80%	84.00%
	Therapy Services	77.17%	78.49%	76.84%
Support Services	Support Services Total	80.32%	82.51%	82.32%
	Hospital Support	79.51%	79.52%	78.04%
	Facilities	80.92%	84.77%	85.60%
Trust Total		**83.70%**	**85.02%**	**85.10%**

Enclosure H

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**Equality and Human Rights Workforce Annual Report 2016/2017**
Agenda item	13
Presenter of Report	Janine Brennan, Director of Workforce and Transformation
Author(s) of Report	Andrea Chown, Deputy Director of Human Resources & Sarah Kinsella, Corporate HR Officer
Purpose	Assurance that the equality agenda including the public sector equality duty in accordance with the Equality Act 2010 is being implemented for staff across the Trust

Executive summary

The Public Sector Equality Duty requires the Trust to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out its activities. To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require the Trust to publish information to demonstrate compliance with the Public Sector Equality Duty.

The Equality and Human Rights Workforce Annual Report for 2016/2017 aims to demonstrate this compliance and provide assurance that the Trust is meeting its duty by reviewing the progress Northampton General Hospital has made to promote equality and celebrate diversity in the year 2016 to 2017.

Related strategic aim and corporate objective	Enable excellence through our people
Risk and assurance	The Trusts equality agenda for staff is being monitored through the equality and diversity group with progress reports on the Four Year Action Plan and the WRES.
Related Board Assurance Framework entries	BAF 2.1 and 2.3

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? **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)? **No**
Legal implications / regulatory requirements	NHS Constitution Public Sector Equality Duty Equality Act 2010 Workforce Race Equality Standard (WRES)
Actions required by the Trust Board The Workforce Committee is asked to endorse the content of the report.	

Equality and Diversity

Workforce Annual Report
April 2016 to March 2017

Providing the Best Possible Care

Enclosure I

Northampton General Hospital NHS
NHS Trust

Equality and Diversity

Workforce Annual Report

April 2016 to March 2017

Chairman: Mr Paul Farenden
Chief Executive: Dr Sonia Swart

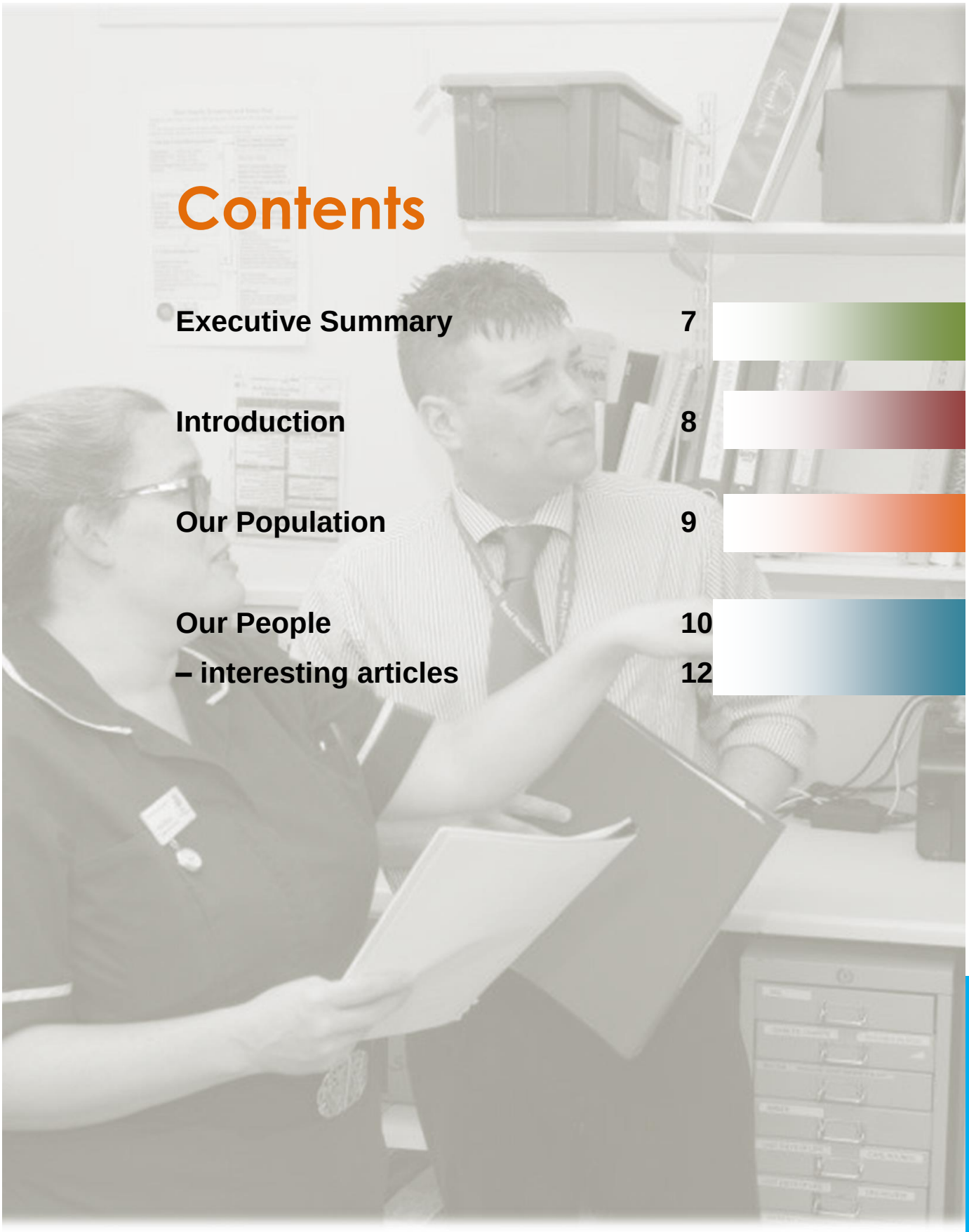
Enclosure I

Our Vision and Values

Our vision is: To provide the best possible care for our patients

Our Values are:

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



Contents

Executive Summary

The Equality and Diversity Annual Report for 2016/2017 reviews the work Northampton General Hospital (NGH) has made to promote equality and celebrate diversity within its workforce during April 2016 to March 2017.

During the period that this report covers we reviewed our Workforce Equality and Diversity Strategy and updated our Equality Objectives/4 Year Plan along with comparing our Workforce Race Equality Standards data against our data from 2015.

In April 2016 we launched our Health and Wellbeing Strategy and in February 2017 the Trust signed the Time to Talk employer pledge, whereby the Trust committed to change how it thinks and acts about mental health problems at work. We continued to focus on the recruitment of nurses including many from overseas and to recruit and engage apprentices in a variety of different roles across the organisation. The Trust was also certificated as a Disability Confident Employer, which replaced the Two Ticks Scheme.

The 2016 National Staff Survey results showed no change in the elements of the survey that relate to equality and diversity, but we are mindful that we need to continue to work hard to ensure further improvements are made. Our updated Equality Objectives/4 Year Plan will support this work.

Dr Sonia Swart
Chief Executive

Paul Farenden
Chairman

Introduction

Northampton General Hospital believes that Equality and Diversity is central to what we do. Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential.

We aim to support our staff in a responsive and appropriate way to meet the diverse needs of the different groups and individuals we employ, because well supported staff can deliver better care for our patients. Our staff are our greatest resource and we work to actively promote a culture that encourages their richly diverse talents to lead services that deliver inclusive care.

To achieve this aim we want to ensure that our staff are not subject to any form of discrimination or unequal treatment. All staff can expect to be treated with equal respect and dignity regardless of their background or circumstances. Dignity and respect are at the foundation of the work we do at the Trust.

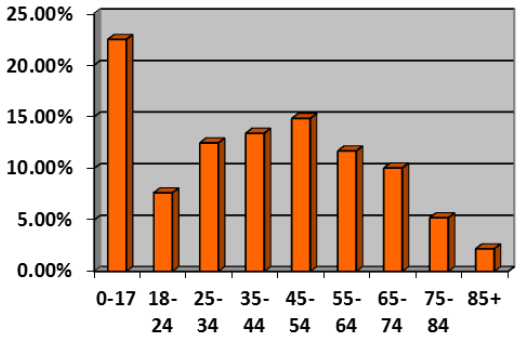
It is important to us that we do not discriminate unlawfully in the way we recruit, train and support our staff. The Trust does not tolerate any forms of unlawful or unfair discrimination. In addition it recognises that all people have rights and entitlements by law.

Further information regarding Equality and Diversity can be found on our website at
http://www.northamptongeneral.nhs.uk/About/Policies-Reports-and-strategies/Equality-and-diversity-information/Equality-Diversity-Human-Rights.aspx

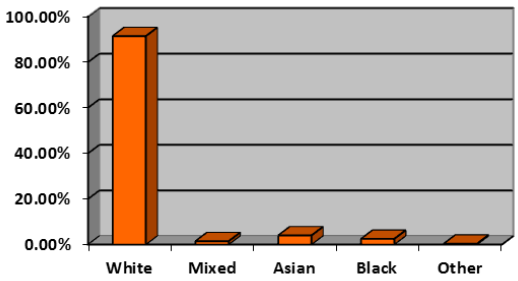
Our Population

We provide general acute services for a population of 380,000 and hyper-acute stroke, vascular and renal services to 692,000 people living throughout the whole of Northamptonshire. The Trust is also an accredited cancer centre, providing services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. For one highly specialist urological treatment we serve an even wider catchment.

Our principal activity is the provision of free healthcare to eligible patients. We provide a full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that distinguishes our services from many district general hospitals.



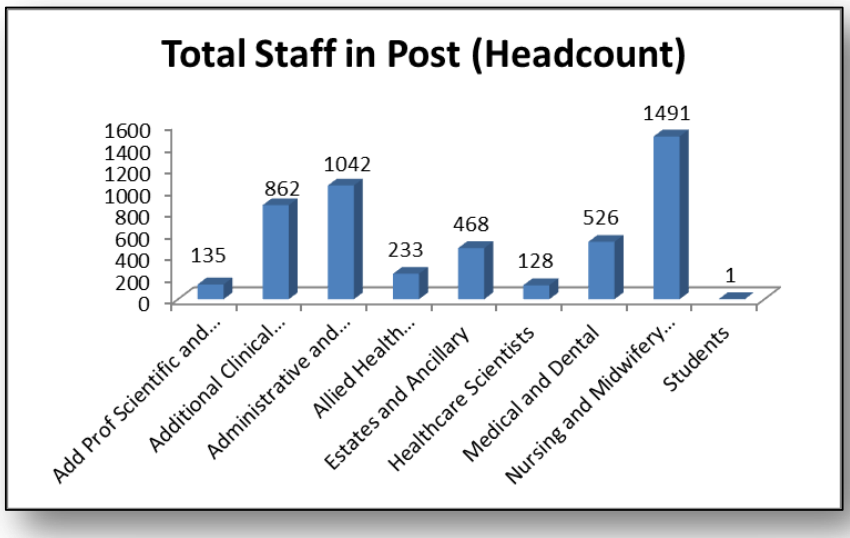
Local Population by age

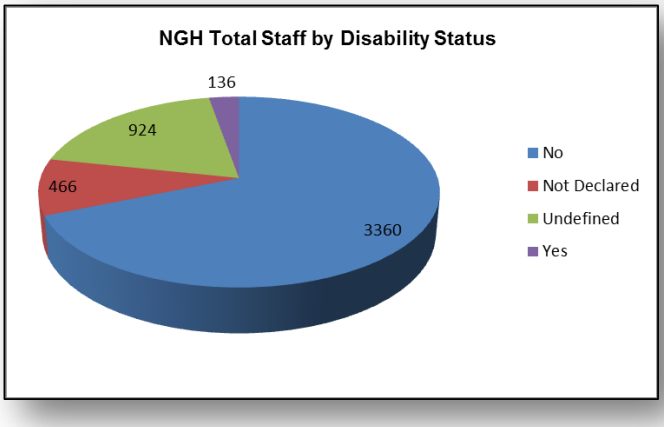


Local Population by ethnicity

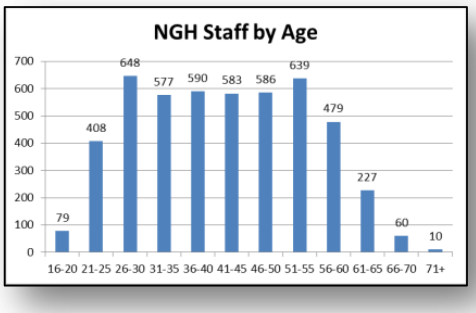
Our People

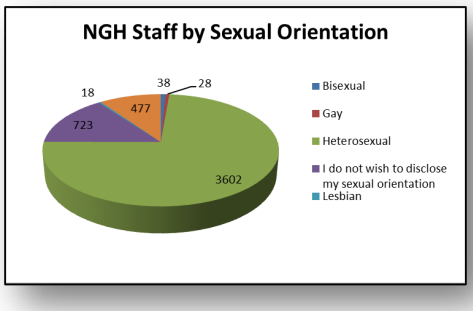
The Trust employs 4250.94 whole time equivalent (wte) members of staff, a headcount of 4886 people, (as at 31 March 2017).

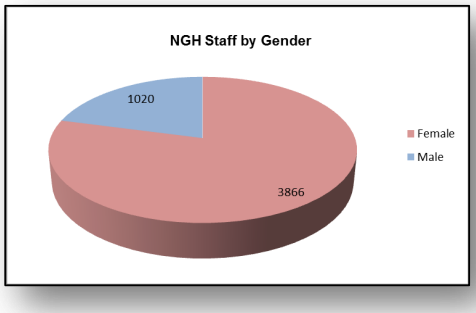


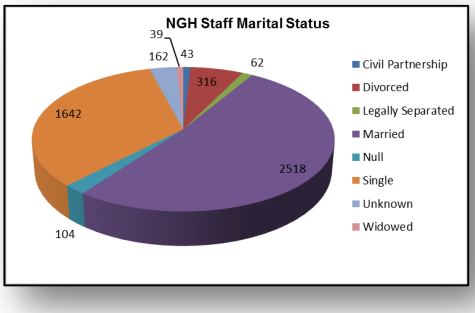


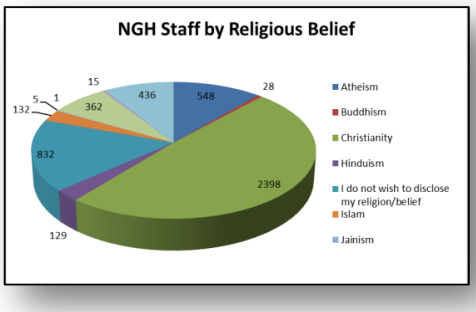
Chairman: Mr Paul Farenden
Chief Executive: Dr Sonia Swart

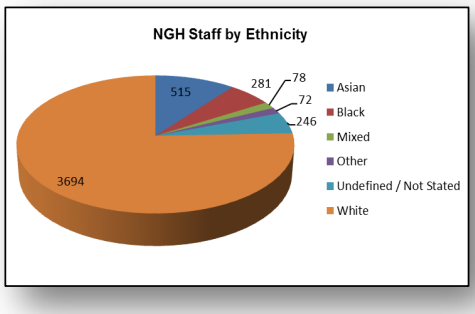












Our People

interesting articles

The 16–20 May 2016 was the fifth NHS Equality, Diversity and Human Rights Week (#EQW2016).

Co-ordinated by NHS Employers it is a national platform for NHS organisations to work to create a fairer, more inclusive NHS for patients and staff.

The theme for 2016 was '*Making change happen'* and the focus for the week, and beyond, was on how health and social care organisations have used the Equality Delivery System (EDS2) and the Workforce Race Equality Standard (WRES) to support change within their workplaces.

We asked our staff to take the opportunity during the Equality, Diversity and Human Rights Week to ask themselves the following question, "How can I make change happen here at NGH?"

The Trust takes equality, diversity and human rights seriously and has an Equality & Diversity Staff Group that meets quarterly. You will also find on our external website lots of information about equality and diversity including our EDS2 self-assessment, our WRES data and our annual reports.

Staff could also get involved with Equality, Diversity and Human Rights Week by joining the conversation on twitter and Facebook and by **L**iving **O**ur **V**alues **E**veryday, especially *"We respect and support each other."*

Support for Staff becoming a Parent

During 2016/2017 the Trust has continued to provide support for staff becoming a parent to ensure that they are aware of their rights and entitlements. In addition to the Trust's Maternity, Paternity, Adoption and Shared Parental Leave Procedure we have a dedicated member of staff who can provide support and advice to individuals who are applying for these types of leave and their managers.

A regular schedule of workshops are run for staff who are pregnant to provide additional support and information. For other parenting leave such as adoption or shared parental leave individuals are seen on a one to one basis.

During the 12 month period that this report covers:

- 172 members of staff commenced maternity leave
- 41 members of staff commenced paternity leave
- 1 member of staff commenced adoption leave
- 2 members of staff commenced shared parental leave.

The Trust also organised some training for managers in the autumn of 2016 to ensure that they were fully up-to-date with the rules, regulations and entitlements so that they too could better support their staff in relation to parenting leave. Twenty -five managers attended the sessions in addition to the 30 that attended in early 2016.

Equality Analysis

The Trust continues to undertake Equality Analyses to ensure that its services, plans, policies and procedures, continue to meet our public sector duties and give 'due regard' to ensure that everyone who works at the Trust or uses its services are treated fairly, equally and free from discrimination.

During the period April 2016 – March 2017 97 Equality Analyses were completed.

Workforce Race Equality Standard (WRES)

Following the decision, in 2014, by NHS England to introduce a National Workforce Race Equality Standard the Trust produced baseline data for each of the 9 indicators in April 2015 and these were published on the Trust's website.

The Trust repeated the exercise in 2016 and compared these results to those of 2015 to establish if there have been improvements in the experiences or the treatment of White staff and BME staff. Due to a change in two of the indicators in 2016 (1 and 9) no direct comparison could be made with the 2015 results, but of the remaining 7 that could be compared there were 6 improvements and one deterioration.

It is intended to roll out equality training to managers during the next 12 months and work has commenced on strengthening the information and support available in relation to bullying and harassment across the organisation.

Our WRES Data Reports can be found our Trust website

Staff Survey 2016 Equality & Diversity Results

The 2016 annual National NHS Staff Survey took place during September to December 2016 and 1624 members of staff returned the survey. Of the 32 key findings there were improvement in 11, no deteriorations and 21 stayed the same. Within the 32 key findings, there were 12 results (including overall staff engagement) that show statistically significant improvement. These results support the continued positive trend of improvement at the Trust over the last 4 years.

The demographics of the staff that responded when compared to the Trust profile were broadly similar with the exception of disabled staff where 15% of the respondents identified they were disabled compared to the 4% of the Trusts workforce.

Within the Staff Survey there are two specific key findings about equality and diversity. The first key finding is in relation to the percentage of staff experiencing discrimination at work in the last 12 months and this result has not changed since the 2015 results and the Trust was ranked as average when compared to other acute trusts.

There has also been no change in relation to the second key finding which reports the percentage of staff who believe that the organisation provides equal opportunities for career progression and/or promotion and the Trust remains ranked as below average when compared to other acute trusts.

Overall the survey shows a lot of improvement, however it highlights some areas of concern and the Trust continues to work to improve the results, through the work of our Organisational Development Team and the Improving Quality and Efficiency Team and we hope that the results of the 2017 staff survey will reflect the work that is being undertaken in this area over the coming year.

Workforce Equality and Diversity Strategy 2016 – 2019

In 2016 the Trust refreshed and reviewed the Strategy, which details how the Trust will:

- Eliminate discrimination
- Advance equality, and
- Foster good relations between people who share certain characteristics and those who do not.

It builds on the work already done and progress made on equality, diversity and human rights over the years and sets out our co-ordinated and integrated approach. The Trust Board receives regular feedback on the implementation and promotion of this Strategy and we evaluate progress to ensure we are striving towards what we set out to achieve.

We also reviewed and updated our Equality Objectives/Four Year Plan at the same time. The two main objectives link to the Equality Delivery System (ED2) outcomes relating to the workforce:

1. A representative and supported workforce –

"We will improve our staff satisfaction rates as reported in the annual staff survey. We will make year on year improvements on our staff survey results, aiming to achieve top 20% of acute Trusts for staff engagement. We will improve the experiences and treatment between White staff and BME staff at the Trust by progressing the Workforce Race Equality Standard (WRES) and monitoring outcomes."

2. Inclusive leadership -

"We will improve our leadership and management capability."

The key actions for each objective link to the Workforce Race Equality Standard (WRES), health and wellbeing, staff survey results, divisional objectives and the leadership and management development programme.

Underpinning the strategy and the objectives are a number of Trust policies and procedures that support the day to day work of the Trust and some of these have specific connections to the Equality Act 2010, namely:

- Bullying, Harassment & Victimisation
- Employment of Staff with a Disability
- Flexible Working
- Management of Sickness Absence
- Maternity, Adoption, Paternity and Shared Parental Leave
- Recruitment, Selection & Retention.

All our Human Resources procedural documents advise that our policies and procedures will be applied fairly and consistently to all employees regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, whether working full or part-time or whether employed under a permanent, temporary or fixed-term contract.

Equality & Diversity Group – Staff

The Trust has an Equality and Diversity Staff Group (EDSG) that meets on a quarterly basis. The purpose of the group is to champion and steer the work of Northampton General Hospital so that the Trust is in full and positive compliance of equality and human rights legislation, regulations and codes of practice including NHS and Department of Health standards.

The aim of the group is twofold, to lead, advise and inform on all aspects of policy making, and employment including various engagements related to equality and inclusion legislation and policy direction. In addition, the EDSG aim is to lead and monitor progress on the development of the Equality Objectives/Four Year Plan required in accordance with the NHS Equality Delivery System (EDS2).

Furthermore the EDSG has regard for the relevant competencies within the Competency Framework for Equality and Diversity Leadership. These are as follows:

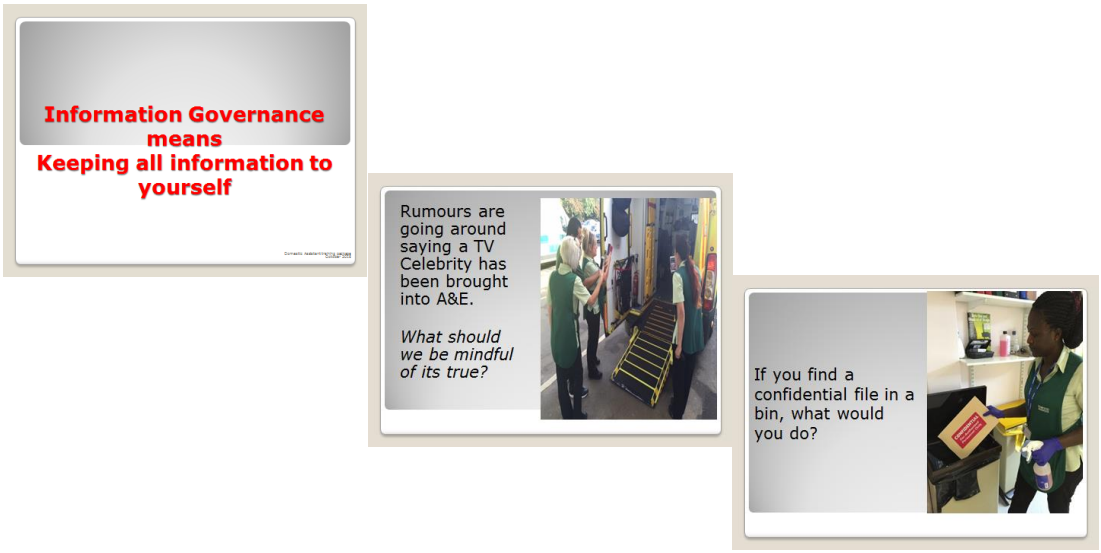
- Operate from a Human Rights, equality and inclusion context
- Build capacity to respond to diverse and changing community needs
- Communicate a compelling business case for equality and human rights and influence strategically
- Influence and lead change to improve equality outcomes.

Bespoke Training for our Domestic Staff

Within our Domestic Team there are some staff that have a learning disability or for whom English is not their first language and as a result they become apprehensive before undertaking some training as they worry they may have to read or write, if there is a workbook or assessment involved.

The Information Governance training, which covers data protection and confidentiality, is mandatory for all staff and was one of the sessions in particular that this group of staff were concerned about as they often found the subject complex and confusing.

During the summer and autumn of 2016 our Domestic Team and the Information Governance Team worked closely together to produce a bespoke training session for this group of staff that was more accessible and simple to understand. To make it relevant to their area of work the presentation included staff from the Domestic Team in various scenarios



All the staff that have attended this revised session have enjoyed it and come away with a greater understanding of the importance of Information Governance.

"Attending this training session was easier to understand and I could express my feelings and my opinion. Completing workbooks takes me lots of time because English is not my first language. I need to concentrate on every word to understand, sometimes I need to read many times before I will be able to answer questions in the test."

"I understood more from this training session than from workbook, I found this easier because this was well explained to me. It was nice that there was only us in the room and I am happy to ask questions if I did not understand. I was very happy that I answered a question right."

We are now looking at other mandatory training that can be tailored to support the learning and needs of this group of staff.

Disability Confident Scheme Certification

This year Trust was pleased to be certified as a Disability Confident Employer (formally Positive about Disabled People 'Two Ticks' Scheme) and as a result of this the Trust commits to:

- Get the right people for our organisation - which includes providing fully inclusive and accessible recruitment processes, offering interviews to disabled people who meet the minimum criteria for the job and making reasonable adjustments as required.

- Keep and develop our staff - which includes supporting our staff to manage their disabilities or health conditions.

Health and Wellbeing for Staff

In April 2016 we launched our Health and Wellbeing Strategy with the vision of becoming a health promoting Trust that makes an active contribution to promoting and improving the wider health and wellbeing of our staff, our patients and those with whom we come into contact. Our strategic priority for our workforce is to establish the Trust as a health and wellbeing campus and support our staff to maintain and improve their health and wellbeing. Some of the things that we have introduced, since the launch include:

- Health checks for the Over 40's
- Under 500 calorie meals in our main restaurant
- Subsidised on-site gym facility
- Nutrition and Fitness Programme
- On site Weight Watchers Group
- Mental health support
- Mindfulness, stress and sleep management courses
- Lunchtime dancing sessions
- NGH Choir
- Promoting Dry January
- Ladies netball sessions.

Time to Talk

On 3rd February 2017 Northampton General Hospital signed the Time to Change employer pledge, which is a commitment by the Trust to change how we think and act about mental health problems at every level of our organisation.

One in four people will experience a mental health problem and nine in ten say they have faced negative treatment from others as a result. By choosing to be open about mental health, everyone at the Trust is part of a movement that is changing the conversation around mental health and ensuring that anyone experiencing a mental health problem feels supported.

As part of the Trust's ongoing commitment to this we supported Time to Talk Day, on 2 February 2017, by holding an event at the Trust for staff come and find out about how they could access support for themselves, a colleague, a friend or family member. In addition we encouraged our staff to have a conversation about mental health to help break the silence, even if it was only to ask someone how they were doing or sharing ways to relax after a stressful day. It is important for the Trust that everyone who works here feels they can be open about their mental health, and ask for support if they need it.

Support for our Retiring Staff

Each year the Trust runs pre-retirement seminars for staff that are looking to retire within one to four years' time. The seminars help staff to prepare and plan for their retirement and covers aims and concerns, financial matters, inflation, taxation, investments, wills and equity release.

Approximately 15% of the Trust's workforce is over the age of 55, so these seminars prove useful for many of our staff.

Staff Diversity

During the year, following a recent knee replacement at Northampton General Hospital, one of our patients wrote to the Chronicle and Echo newspaper to praise what he called *"the wonderful rainbow nation of doctors and nurses and ancillary staff"* that looked after him. John Wright said: *"I had doctors treat me from England, Asia, Japan and the Lebanon; nurses from Nigeria, Romania, Zimbabwe, Poland and even old England too; all kind and professional and happy to share a joke, a great help!"*

This prompted us to celebrate just how diverse our workforce is, in the autumn edition of the Trust's patient magazine Insight, as detailed overleaf.

Staff from 91 Countries brings Cultural Diversity Awareness to NGH

Just over a quarter of our staff were born outside the UK, and we are proud of the fantastic contribution they make to the hospital, whether as doctors, nurses or in a support role. So much so that we checked to see just how many different countries of the world our staff were born in… and it's 91! We have members of staff born in 90 countries other than the UK, ranging alphabetically from Afghanistan to Zimbabwe, from climates as diverse as Iceland and the Congo, and from as far away as New Zealand.

The top ten of countries in which most of our staff were born (excluding the UK) are India (203 staff), Romania (74), Zimbabwe (62), Poland (58), Ghana (39), Ireland (38), Nigeria (36), Spain (36), Philippines (35) and Pakistan (29). The flags of all 91 countries are on our special wraparound cover.

We picked a ward at random, Allebone ward (which is now our stroke unit) and went along to invite some of our staff born overseas to take part in a photocall. On just one shift we found all these lovely people…

Josephine Gbadamosi from Nigeria told us she had been in the UK since 2002, in the NHS since 2003 working initially in London, and came to NGH 11 years ago. She said: *"I've worked on a number of the hospital's wards since then including Eleanor, Victoria, Finedon and Althorp, before being transferred to Allebone when it became the stroke unit earlier this year. I enjoy it here, and we treat people from all nations here too."*

Neena Quim has lived in England since she was 15 and did all her studying here. Although her parents have now moved back to France, Neena has worked in a nursing home for ten years and has been at NGH for six months. *"It's really good actually, you learn so much with all the training and support*" she said. *"When I first came to England at 15 I didn't understand why the doctors wouldn't give you antibiotics when you had a cold. Now I understand that doctors in France were dispensing them for no reason – but they've stopped now!"*

Gabriel-Andrei Motoca was a volunteer in an emergency department in Romania before he came to NGH around a year ago. Working first on Benham ward and now on Allebone he wants to specialise in the care of stroke patients. He said: *"Staff here are from all different countries but we all understand and support each other when we need to. Also sometimes outside work we call each other about places to go."*

Daly Arivalkudy-Kumaran first worked in the UK in London in 2010. She went back to India, then returned to England and has been at NGH since April this year. "I am very happy, I really enjoy this job," she said. *"In India I worked on a general ward for seven days a week with no time for family – but here there's time for study and the opportunity to learn new things. At first I was scared to learn I would be working on a stroke ward, but Allebone is very good and everybody is supporting me."*

Smitha Jijo is also from India, and has been in England since 2008. Having worked in a nursing home in London she got married and came to live in Northampton, where some members of their family lived, and has been at NGH for just over a year. She said: *"I feel very confident and supported although there's lots to learn. All the people are very nice, with a good team and good ward managers. It's my favourite place."*

Emanuel Dias from Portugal has been with NGH for five years, having started as a healthcare assistant. Now he's a therapy technical instructor, helping occupational therapists with assessments of patients, and physiotherapists in their physio work with stroke patients. He said: *"After a stroke it's a process of re-learning how to live again, and it affects each patient differently. It's challenging work but I enjoy it and I love this hospital and the team. I have experience in other areas but stroke patients for me are special. You have to be very caring, be patient, and love what you do. I plan to be here for a while, if they let me!"*

Esther Jatt came to the UK from the Netherlands five years ago and started at the hospital as a domestic assistant six months ago, ensuring that the ward's bays, toilets, dispensers and so on are all spotlessly clean. *"Here you get to build relationships with people from different countries, which I think is really great and I'm very comfortable with that. Sometimes when staff are very busy I might also get someone a drink and I enjoy talking to the patients. I really like working in the hospital and I'd like to stay here."*

NGH with the RCM at London Pride 2016

Our Infant Feeding Co-ordinator Kate Bates took part in London Pride this year. Kate (pictured second left in the front row) and members of her family marched with the Royal College of Midwives to celebrate and support LGBT midwives, maternity support workers, student midwives and their families.

Religious Festivals and Holy Days

As one of the largest employers in Northampton our staff have many different religious beliefs, some of which have specific festival periods or Holy Days throughout the year.

Although there is no right that guarantees staff time off to attend religious services, we do recognise that it is good practice for the Trust to accommodate requests where possible. To support with this we have been making our managers aware of key dates for religious observance and providing them with information to help them better understand the needs of our staff in relation to their religion or beliefs.

Northampton General Hospital

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- Follow us on twitter @nghnhstrust

Northampton General Hospital NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**Equality and Human Rights Workforce Monitoring Report**
Agenda item	14
Presenter of Report	Janine Brennan, Director of Workforce and Transformation
Author(s) of Report	Andrea Chown, Deputy Director of Human Resources
Purpose	Assurance that the equality agenda including the public sector duty in accordance with the Equality Act 2010 is being implemented for staff across the Trust

Executive summary

The Public Sector Equality Duty requires the Trust to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out its activities. To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations 2011 require the Trust to publish information to demonstrate compliance with the Public Sector Equality Duty.

The Equality and Human Rights Workforce Monitoring Report for 2016/2017 aims to demonstrate this compliance and provide assurance that the Trust is meeting its legal duty to monitor our workforce by the protected characteristics.

Related strategic aim and corporate objective	Enable excellence through our people
Risk and assurance	The Trusts equality agenda for staff is being monitored through the equality and diversity group with progress reports on the Four Year Action Plan and the WRES.
Related Board Assurance Framework entries	BAF 2.1 and 2.3
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? **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)? **No**
Legal implications / regulatory requirements	NHS Constitution Public Sector Equality Duty Equality Act 2010 Workforce Race Equality Standard (WRES)
Actions required by the Trust Board The Workforce Committee is asked to endorse the content of the report.	

Northampton General Hospital
NHS Trust

Northampton General Hospital

Equality and Diversity Workforce Monitoring Report 2016/2017

CONTENTS

EXECUTIVE SUMMARY

The Equality and Diversity Workforce Monitoring Report for 2016/2017 provides analysis of the data that the Trust holds in relation to its workforce.

Northampton General Hospital (NGH) has a legal duty to promote equality of opportunity, foster good relations and eliminate harassment and unlawful discrimination. As part of our legal duty we must prepare and publish equality information annually comprising of an equality profile of our staff.

Our legal duty to monitor our workforce is addressed in this document. The report provides information for most of the protected characteristics in the following areas:

- Trust's Workforce Profile
- Human Resources (HR) Recruitment Activity
- HR Caseload Activity
- Learning and Development Activity.

INTRODUCTION

Northampton General Hospital believes that Equality and Diversity (E&D) is central to what we do. Equality is about creating a fairer society where everyone has the opportunity to fulfill their potential.

The Trust aims to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of the different groups and individuals we serve and the staff we employ.

To achieve this aim, we want to ensure that service users and employees are not subject to any form of discrimination or unequal treatment. Everyone can expect to be treated with equal respect and dignity regardless of their background or circumstances.

It is important to us that we eliminate discrimination in the way we provide our services and the way we recruit, train and support our workforce. The Trust does not tolerate any forms of unlawful or unfair discrimination. In addition it recognises that all people have rights and entitlements.

OUR POPULATION

Northamptonshire has an estimated population of 725,000 people in mid-2016 (ONS population projections, published 29 May 2014). More than 30% of the population are in the least deprived quintile, and around 12% are in the most deprived quintile. While the population of Northamptonshire is expected to rise by around 5% to approximately 749,000 by 2020, the increase in working age population is estimated at only 2%, whereas the total population aged 65 and over is projected to rise by 17% in this period. The 70-74 age group will rise by 40% (the post-war baby boomer generation), and the number aged 90 and over is expected to rise by 30%.

The latest Health Profile for Northamptonshire (Public Health England, 2 June 2015) describes 32 indicators, most of which are related to health and lifestyle.

Northamptonshire is significantly worse than the England average for the following:

- Smoking status at time of delivery
- Excess weight in adults
- Hospital stays for self-harm
- Life expectancy at birth (female)
- Under 75 mortality rate: Cancer

Northamptonshire Population (2011 Census)

Ethnic Group	Religion	Marital Status	Age Group	Gender
White 91.48%	Christian 59.9%	Single 29.2%	0-17 22.5%	Male 49.3%
Mixed 1.51%	Buddhist 0.3%	Married 41.4%	18-24 7.8%	Female 50.7%
Asian 4.04%	Hindu 1.2%	Civil Partnership 0.2%	25-34 12.6%	
Black 2.53%	Jewish 0.1%	Separated 5.3%	35-44 13.5%	
Other 0.43%	Muslim 1.7%	Divorced 14.3%	45-54 14.8%	
	Sikh 0.4%	Widowed 9.6%	55-64 11.7%	
	Other 0.4%		65-74 9.8%	
	No religion 29.2%		75-84 5.2%	
	Not stated 6.7%		85+ 2.2%	

EQUALITY ANALYSIS

Identifying and responding to the effect of the activities of the Trust on the different protected groups of staff remains of fundamental importance in the context of giving due regard in line with our Public Sector Equality Duties.

Equality Analysis remains a key component in delivering a quality services and support to staff which meets the needs of all and ensures that employees are not excluded. The Trust continues to utilise its systems for Equality Analysis on policies, procedures, plans and programmes of change to assess whether they have the potential to affect staff differently. The Trust recognises this process identifies and addresses real or potential inequalities resulting from policy, practice or service development.

Where it is identified that a particular group or section of staff will be, or could be disadvantaged the Equality Analysis processes ensures that the Trust is able to:

- Remove or minimise disadvantage experienced by people connected to 'protected characteristics'
- Take steps to meet the needs of people who share a protected characteristic where these are different from people who do not share it
- Encourage people who share a protected characteristic to participate in work activities or any other activity where participation is disproportionately low.

During the period April 2016 – March 2017 the Trust completed 97 Equality Analyses.

WORKFORCE PROFILE – APRIL 2016 to MARCH 2017

The following analysis contains quantitative information from the Electronic Staff Record (ESR) for the year ending 31 March 2017 relating to:

- Staff in Post by pay band/grade
- Sickness episodes by pay band/grade
- Leavers by pay band/grade

Information relating to Recruitment & Promotion, and Disciplinary & Grievance Procedures is provided separately within the monitoring report.

Where possible the information has been analysed against the following protected characteristics:

- Age
- Disability
- Gender
- Ethnicity
- Religious Belief
- Sexual Orientation
- Marital Status

It is important to know and understand the demographic profile of our workforce, and to be able to compare this profile with that of the local population which we serve.

Workforce Profile by Pay Band / Grade

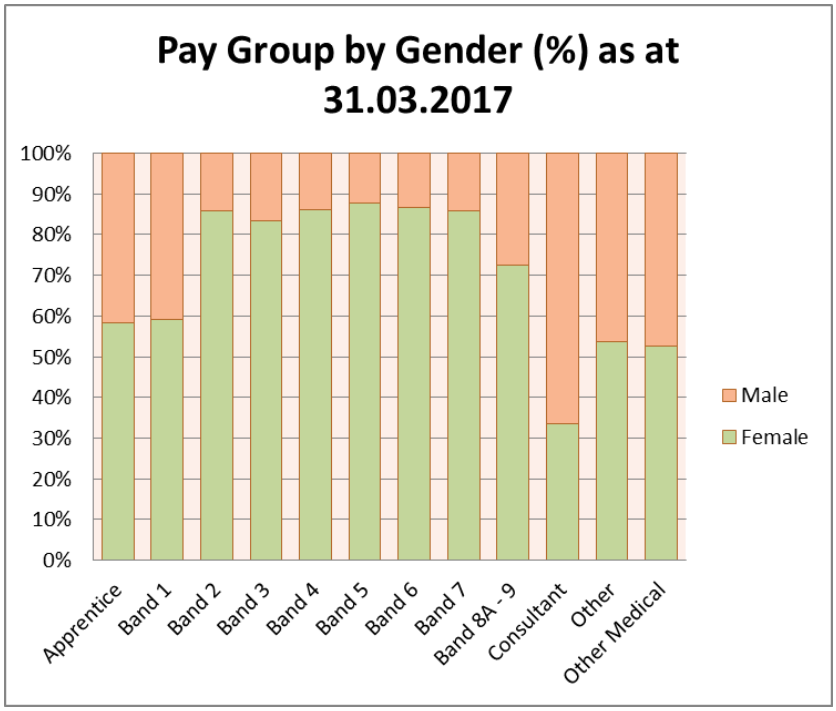
It is obviously important that the data we hold for employees relating to protected characteristics is as complete as possible in order to draw meaningful conclusions from any analysis.

In some areas the level of completeness of data is very high; just under 95% of employees have their ethnic origin recorded, and a slightly smaller percentage (94.6%) have a record for marital status. Gender and age are recorded for all employees. Disability information has always been poorly recorded; just under 19% have no record relating to disability status, which is a decrease on the reported figure in 2016 of just over 22.5%. Sexual Orientation and Religious Belief were not collected until relatively recently, and as a consequence employees who have been with the Trust for many years will often have nothing recorded against these criteria. This results in just under 10% of employees for whom the Trust has no record of Sexual Orientation, and just under 9% with no record of Religious Belief. Over time the levels of employees with no record in these areas should reduce and these figures are down from just under 11.4% and just under 10.5% respectively in 2016.

Appendix 1 provides the data tables for detailed information regarding the workforce profile by protected characteristics.

Protected Group	Analysis
Age	When compared to the Northamptonshire population, the percentage of staff aged between 25 and 54 is significantly higher. However given that the Northamptonshire population covers children (0-17 – 22.5%) one would expect a higher proportion of staff to be aged between 22 and 54 than would be seen within the local population.
Disability	Only 2.78% of the NGH workforce has disclosed a disability. According to PANSI (Projecting Adult Needs & Service Information) the projection of Northamptonshire population aged between 18 and 64 likely to have either a moderate or serious disability is 7.9 and 2.4% respectively. However just under 19% of the workforce do not have a disability status recorded; if this data was complete the rate would probably increase but still be well below the local population estimated rate. The physical nature of most work in the healthcare sector could help to explain the low representation of disabled people in the NGH workforce.
Gender	The NHS workforce is predominantly female, and at NGH the percentage is 79.12%. The staff groups with the highest percentage of female employees are the registered nursing & midwifery (93.1%), admin & clerical (81.6%), and clinical support staff (87.4%) groups. However the percentage of male employees is higher than the total for all staff, (20.8%) in the Agenda for Change band 8a – 9 group, at 27.4%, which is a small decrease since reporting in 2015/2016. Within the medical & dental staff group 55% are male.
Ethnicity	According to the 2011 Census, the Northamptonshire population was 91.5% white, 8.5% Black & Minority Ethnic (BME), whereas the Trust employees (as at 31 March 2017) were 79.16% white (of which 71.62% were British or Irish), 20.8% BME. The overall percentage of BME employees is boosted by the high representation of this group (48.5%) in the Medical & Dental staff group. Although only 11.53% of staff in Agenda for Change bands 8a – 9 are in the BME group, 25.75% of bands 5 – 7 are BME, significantly higher than the average BME representation across all pay bands in the Trust.
Religion	The 2011 Census data indicated that 59.9% of the population of Northamptonshire were Christian, 1.7% Muslim, and 1.2% Hindu. Employee data showed 49.07% Christian. The percentage of the local population professing no religion was 29.2%; 8.92% of employee records had no religion defined, and a further 17.02% did not wish to state their religion or belief, while 11.21% professed to be Atheist. In total, 13.75% of employees are from a minority faith community.
Sexual Orientation	Sexual Orientation information is not collected as part of the National Census so a comparison cannot be made between trust employees and the Northamptonshire population. However, 73.72% of employees

	are recorded as heterosexual. 14.79% did not wish to state their sexual orientation, and a further 9.76% had no data recorded. Bisexual, Gay or Lesbian employees made up 1.71% of the total.
Marital Status	Of the total number of employees, 51.53% were married compared with 41.4% of the local population; 33.6% of employees were single, 6.47% divorced, 0.88% in a civil partnership, 1.26% separated, and 0.8% widowed. The comparable figures in the local population were 29.2% single, 14.3% divorced, 0.2% civil partnership, 5.3% separated, and 9.6% widowed. The much higher percentage of widowed people in the population reflects the number in older age-groups no longer part of the working or economically active population.



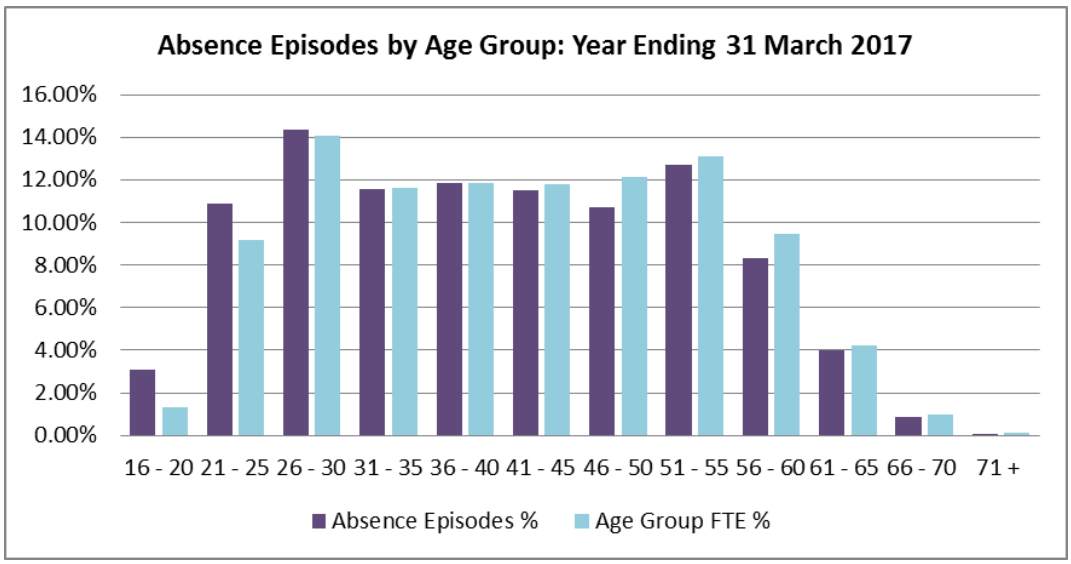
Sickness Absence Analysis (number of episodes)

The number of separate episodes of sickness for the year ending 31 March 2017 was 9,825. Appendix 1 provides the data tables for detailed analysis of the information.

Employees' pay band or grade appears to have a relatively significant influence on the number of sickness episodes compared to other equality and diversity factors. Band 2 employees comprise 19.19% of the workforce, and are the second biggest staff group, but they were responsible for the single highest percentage of the sickness, equating to 28.29% of all episodes. The biggest staff group in pay band terms is Band 5, with 20.54% of the workforce, and they accounted for the second highest percentage of sickness episodes, at 24.73%. Staff in bands 7 and 8a-9 account for 8.96% and 3.72% of the workforce but only 6.45% and 2.56% of the sickness episodes.

Protected Group	Analysis
Age	The percentage of the total number of sickness episodes relating to each age group equates relatively to the proportionate size of each age group in terms of staff in post, indicating a fairly even spread of sickness across all age groups. However, all the age groups from 16-20 to 31-35 had a higher proportion of the sickness than would be indicated by their proportion of the workforce, while those groups from 46-50 to 71+ all had a lower proportion of the sickness episodes. The biggest age group numerically; 26-30 (13.26% of the workforce) had the highest group percentage of the total number of sickness episodes at 14.38%.
Disability	Employees who declare a disability comprise 2.78% of the workforce, although this figure would probably increase if the status of the 19% where no record is held was known. However, those employees who do declare a disability accounted for 4.1% of the sickness episodes, which is consistent with the figure recorded in 2016 despite there being a small increase in the number of employees declaring a disability.
Gender	79.5% of employees are female and accounted for 84.6% of the sickness episodes.
Ethnicity	In terms of ethnic groups as a percentage of the total number of employees, the percentage of sickness episodes in each group shows some variation. Asian staff comprise 10.54% of the number of employees but account for only 8.17% of sickness episodes. White employees comprise 75.11% of the workforce and account for 78.75% of sickness episodes.
Religion	Religious belief does not seem to play a significant part in an employee's likelihood of having episodes of sickness absence. The spread of sickness episodes across religious belief groupings is fairly consistent with the ratio of employees in each group, for example 50.18% of sickness episodes are within the Christianity group, which accounts for 49.07% of the workforce. However Islam

	is stated as the religion for 2.7% of the workforce but accounts for only 1.52% of sickness episodes, and similarly Hinduism applies to 2.64% of the workforce and only 1.36% of sickness episodes.
Sexual Orientation	As with religious belief, the percentage of staff within each category of sexual orientation as compared with the percentage of the total sickness episodes recorded does not show a significant variation, although those with no sexual orientation recorded or those not wishing to state their sexual orientation amount to 24.5% of the workforce and have 21.94% of sickness attributed to them. This represents a relatively large percentage of the workforce in total and may make meaningful analysis less likely. Nonetheless, 74.5% of sickness episodes occur in the heterosexual group, which in turn makes up 73.1% of the workforce. The Gay, Lesbian & Bisexual groups total 1.72% of the workforce and account for 2% of the sickness episodes.
Marital Status	There is some variation across the marital status groups between the percentage of employees in each one and the percentage of sickness episodes in each one. For example, married or civil partnership employees are slightly less likely to have sickness, with 52.41% of the workforce being in these groups but only taking 48.13% of the sickness episodes. By contrast divorced or legally separated employees make up 7.73% of the workforce and accounted for 8.73% of sickness episodes. Single employees are 33.6% of the workforce and they accumulated 37.5% of sickness episodes.

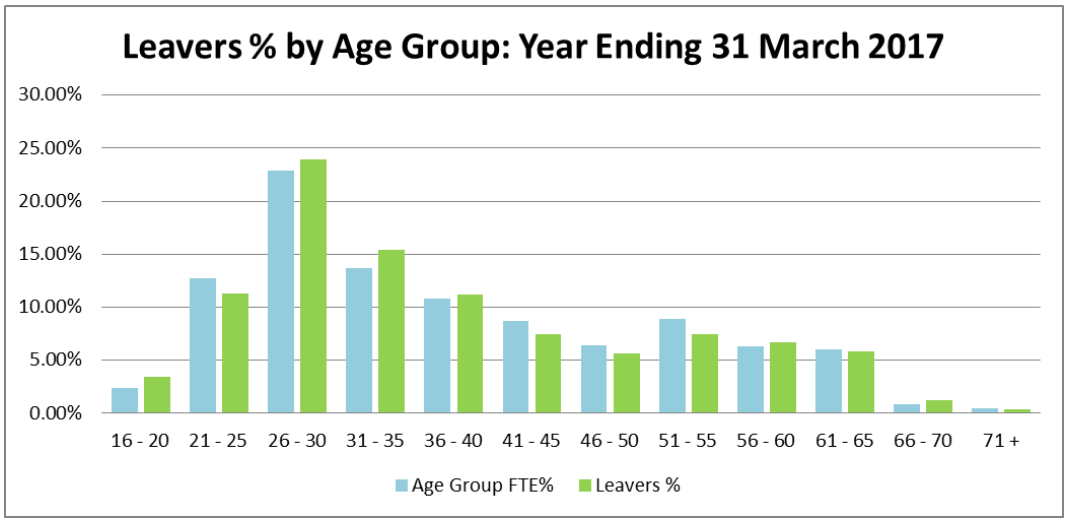


Leaving Employment

In total, 458 employees with permanent contracts left the Trust in the year ending 31 March 2017. Band 2 employees form 19.19% of the permanent workforce but 22.9% of leavers were from this group; band 5 employees (20.54% of the permanent workforce) made up 20.08% of leavers.

Protected Group	Analysis
Age	A higher proportion of employees in the age groups from 16 to 25 left in the year than would be indicated by comparison with the percentage of the workforce that they represent. 16.58% of leavers came from this age group, which represents only 9.97% of the workforce in post. The number of leavers from this age group is consistent with last year however this age group represents a smaller proportion of the overall workforce since last year (11.5%). By contrast, the staff groups aged between 26 and 55 make up 74.15% of the workforce, but only 61.31% of the leavers. People in these groups seem to become a stable part of the workforce, compared to those younger and probably earlier in their careers who are more inclined to change their employer. Employees aged over 55 made up 22.88% of the leavers but 15.88% of the workforce, basically in line with what might be expected given the numbers who would be retiring from this range.
Disability	Although the number of leavers in the group declaring a disability was small, they represented 3.49% of leavers, slightly higher than their representation rate among all employees, which was 2.78%. Employees positively declaring no disability (68.76% of the workforce) made up 68.12% of leavers, again in line with what might be expected.
Gender	Whilst 79.12% of the workforce is female, they made up 77.5% of the leavers. The male workforce (20.87%) provided 22.48% of leavers, so was slightly over-represented.
Ethnicity	White employees made up only 78.16% of leavers, compared to 79.16% of the permanent workforce, so this group is slightly under-represented. Black employees are 5.75% of the workforce but 7.42% of leavers, so this group is over-represented. Asian employees 10.54% of all employees were only 8.51% of leavers, so therefore appear to be less likely to leave the Trust.
Religion	48.25% of leavers were recorded as Christian, a slightly lower rate than the overall rate in the workforce, which varies between 49.07%. Among the minority religions, the percentage of leavers is 6.11% which is broadly consistent with their proportion of the

	workforce (6.34%).
Sexual Orientation	A reasonably comparable percentage of Heterosexual permanent employees were leavers (74.23%) compared with the permanent workforce (73.72%). Those people not wishing to state their sexual orientation made up 13.97% of leavers compared with only 14.79% of the workforce. Gay, Lesbian or Bisexual employees are 1.71% of the workforce and 1.52% of the leavers.
Marital Status	Married employees were less likely to leave than their proportion of the workforce would suggest; 48.68% of leavers were married or in a civil partnership, compared to 52.41% in the workforce. Similarly, divorced and separated employees made up 7.73% of the workforce and 6.98% of leavers. Single employees by contrast comprise around 33.6% of the workforce but 38.2% of leavers. This is likely to be linked to the age range of single employees, as they tend to fall into the younger age groups and are probably more likely to change employment before settling into a longer term career choice.



RECRUITMENT ACTIVITY – APRIL 2016 TO MARCH 2017

This section of the report is based on the recruitment activity information collected by the HR Service Centre between April 2016 and March 2017 and in relation to the protected characteristics of:

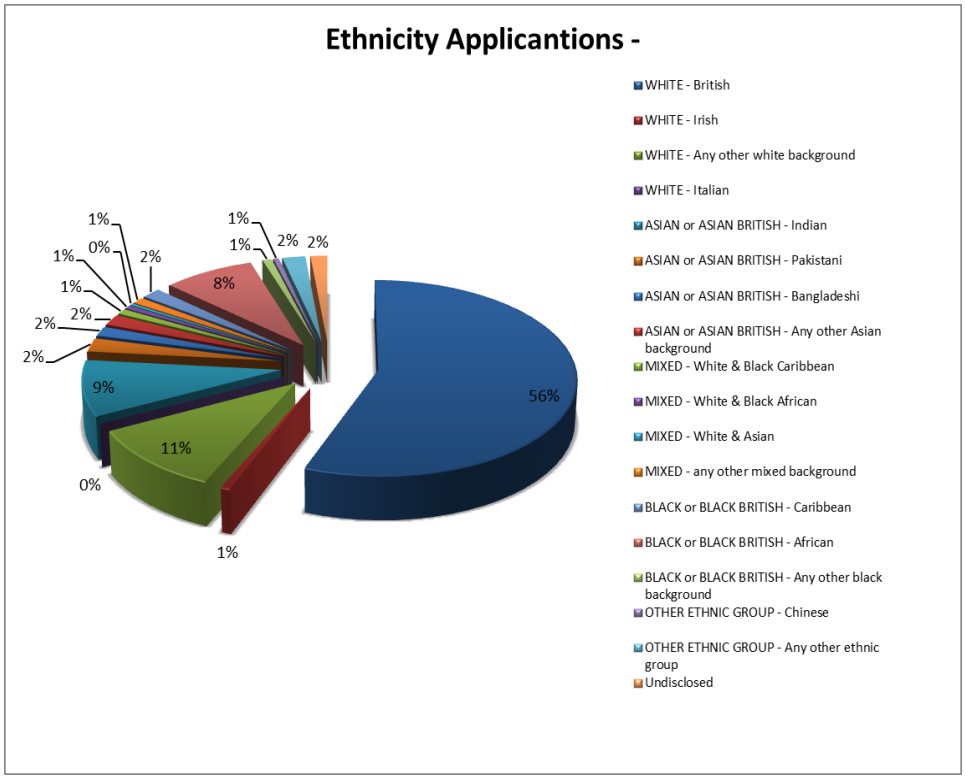
- The number of applicants
- Those shortlisted
- Staff appointed.

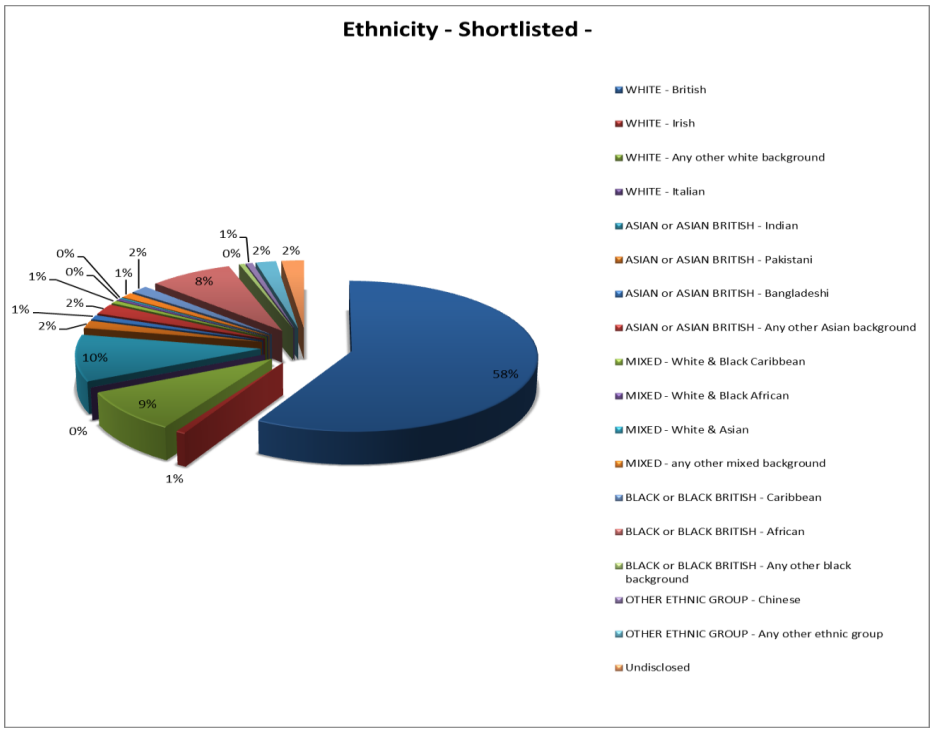
Equality and Diversity is addressed throughout the recruitment process, from advertisement of the job, to the appointment of the successful candidate, such as following the Trusts advertisement process, targeting a wide range of audiences.

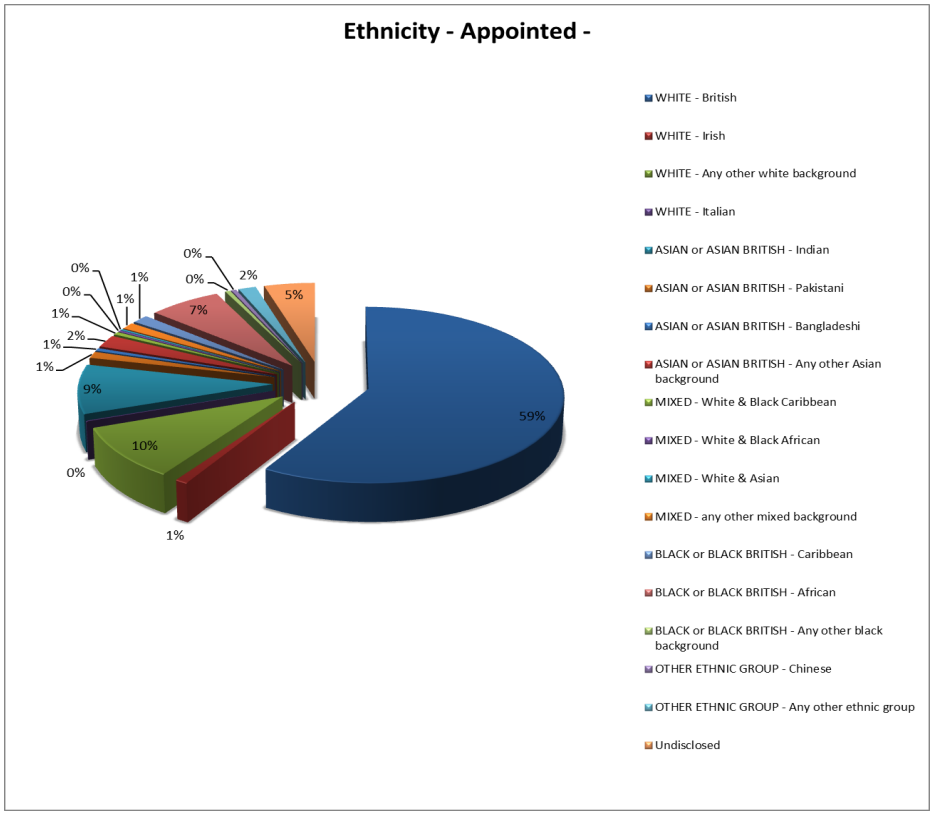
Managers receive anonymous applications to ensure the selection process is equal and fair. Candidates shortlisted for interviews are based on their education, qualifications, experience and their personal specification.

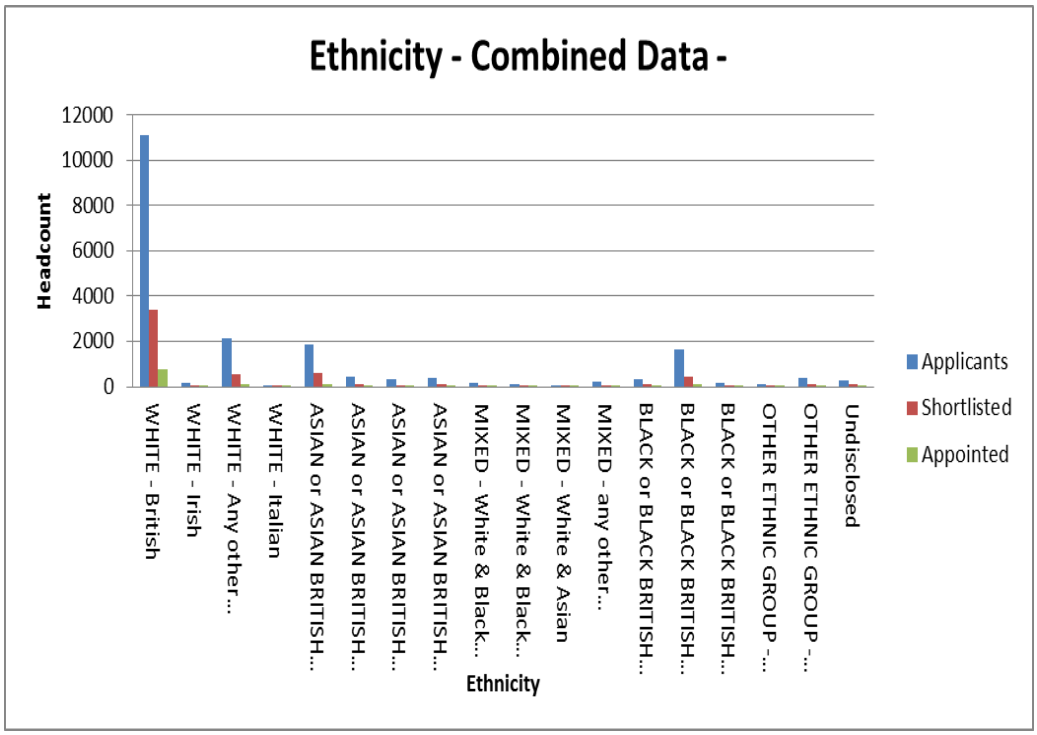
During the period that the report covers the Trust received 19,740 applications for vacancies, 5,703 people were shortlisted for interview and 1,272 people were appointed. This is a decrease from the previous year whereby 24,575 were received, 6,565 people were shortlisted and 1,334 people were appointed.

Recruitment - Ethnicity




Ethnicity - Shortlisted -
58%
8%
10%
9%
0%
1%
0%
0%
2%
1%
1%
0%
2%
2%
1%
0%
0%
2%
1%
2%
WHITE - British
WHITE - Irish
WHITE - Any other white background
WHITE - Italian
ASIAN or ASIAN BRITISH - Indian
ASIAN or ASIAN BRITISH - Pakistani
ASIAN or ASIAN BRITISH - Bangladeshi
ASIAN or ASIAN BRITISH - Any other Asian background
MIXED - White & Black Caribbean
MIXED - White & Black African
MIXED - White & Asian
MIXED - any other mixed background
BLACK or BLACK BRITISH - Caribbean
BLACK or BLACK BRITISH - African
BLACK or BLACK BRITISH - Any other black background
OTHER ETHNIC GROUP - Chinese
OTHER ETHNIC GROUP - Any other ethnic group
Undisclosed


Ethnicity - Appointed -
59%
7%
9%
10%
0%
1%
0%
0%
1%
0%
0%
2%
5%
1%
1%
1%
2%
1%
1%
WHITE - British
WHITE - Irish
WHITE - Any other white background
WHITE - Italian
ASIAN or ASIAN BRITISH - Indian
ASIAN or ASIAN BRITISH - Pakistani
ASIAN or ASIAN BRITISH - Bangladeshi
ASIAN or ASIAN BRITISH - Any other Asian background
MIXED - White & Black Caribbean
MIXED - White & Black African
MIXED - White & Asian
MIXED - any other mixed background
BLACK or BLACK BRITISH - Caribbean
BLACK or BLACK BRITISH - African
BLACK or BLACK BRITISH - Any other black background
OTHER ETHNIC GROUP - Chinese
OTHER ETHNIC GROUP - Any other ethnic group
Undisclosed


Ethnicity - Combined Data -
Headcount
12000
10000
8000
6000
4000
2000
0
WHITE - British
WHITE - Irish
WHITE - Any other...
WHITE - Italian
ASIAN or ASIAN BRITISH...
ASIAN or ASIAN BRITISH...
ASIAN or ASIAN BRITISH...
ASIAN or ASIAN BRITISH...
MIXED - White & Black...
MIXED - White & Black...
MIXED - White & Asian
MIXED - any other...
BLACK or BLACK BRITISH...
BLACK or BLACK BRITISH...
BLACK or BLACK BRITISH...
OTHER ETHNIC GROUP -...
OTHER ETHNIC GROUP -...
Undisclosed
Ethnicity
Applicants
Shortlisted
Appointed

Ethnicity	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
WHITE - British	11127	55.89	3407	58.14	782	58.53
WHITE - Irish	144	0.72	45	0.77	13	0.97
WHITE - Any other white background	2138	10.74	529	9.03	132	9.88
WHITE - Italian	2	0.01	2	0.03	2	0.15
ASIAN or ASIAN BRITISH - Indian	1847	9.28	591	10.09	122	9.13
ASIAN or ASIAN BRITISH - Pakistani	448	2.25	98	1.67	16	1.20
ASIAN or ASIAN BRITISH - Bangladeshi	319	1.60	57	0.97	7	0.52
ASIAN or ASIAN BRITISH - Any other Asian background	359	1.80	132	2.25	30	2.25
MIXED - White & Black Caribbean	175	0.88	38	0.65	7	0.52
MIXED - White & Black African	121	0.61	22	0.38	4	0.30
MIXED - White & Asian	65	0.33	14	0.24	3	0.22
MIXED - any other mixed background	204	1.02	67	1.14	16	1.20
BLACK or BLACK BRITISH - Caribbean	341	1.71	95	1.62	20	1.50
BLACK or BLACK BRITISH - African	1643	8.25	461	7.87	88	6.59
BLACK or BLACK BRITISH - Any other black background	162	0.81	29	0.49	6	0.45
OTHER ETHNIC GROUP - Chinese	100	0.50	37	0.63	6	0.45
OTHER ETHNIC GROUP - Any other ethnic group	411	2.06	112	1.91	21	1.57
Undisclosed	301	1.51	124	2.12	61	4.57
Total	**19907**	**100.00**	**5860**	**100.00**	**1336**	**100.00**

The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by ethnicity.

The charts demonstrate that White – British has the highest amount of applications with 11,127 which equates to 55.89% of all applications. 58.14% were shortlisted and 58.53% of them were appointed to a position at the Trust.

WHITE - Any other white background has the second highest amount of applications made with 2,138, 10.74% of applications which resulted in 9.03% candidates being shortlisted of which 9.88% were successful in gaining a position with the hospital. This is a slight increase in 2016/17 compared to 2015/16 which could be the impact of European nurse recruitment.

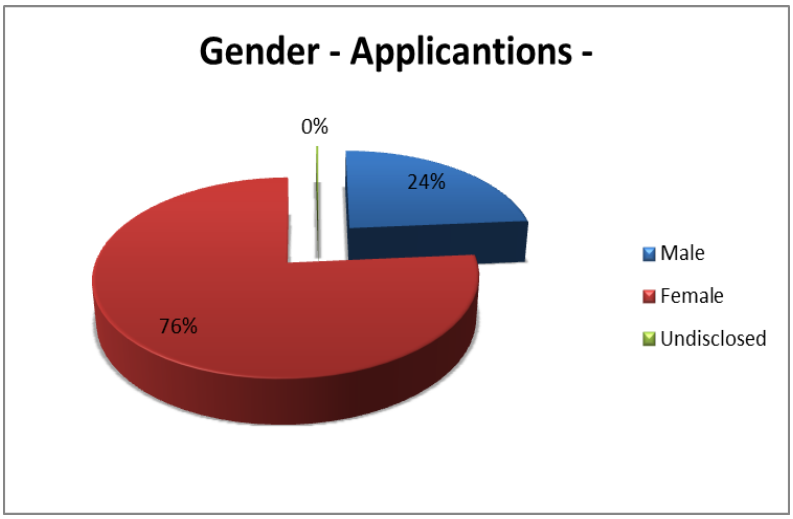
ASIAN or ASIAN BRITISH - Indian has the third highest amount of applications with 1,847 of which 591 were shortlisted and 122 were successful in gaining employment.

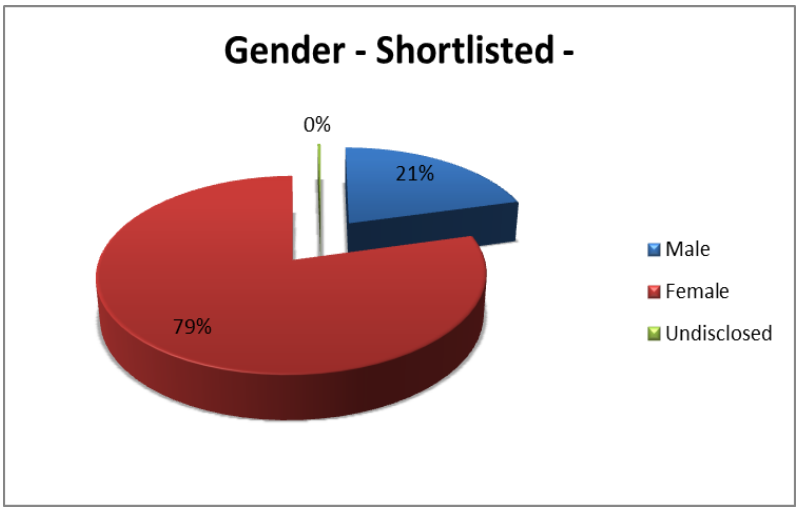
The White – British categories continue to shortlist and appoint the highest number of applicants with 58.14% being shortlisted and 58.53% being appointed but this has had a slight decrease in comparison with 2015/2016 as in 2015/2016 60.08% White – British were shortlisted and 61.02% were appointed.

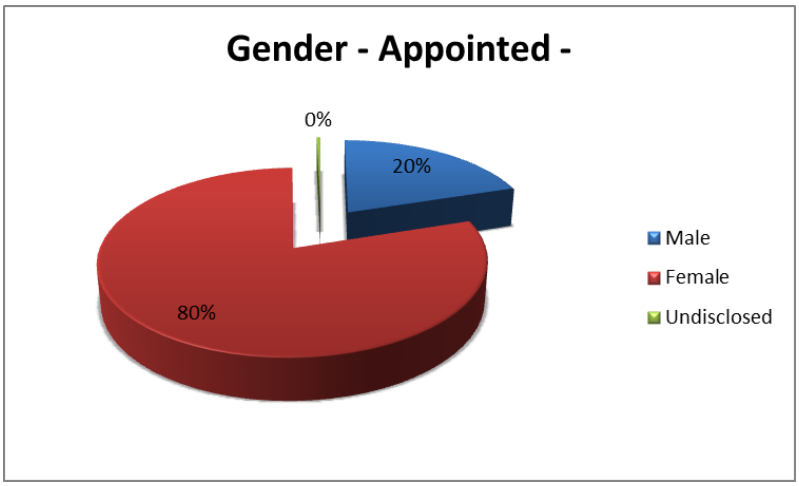
There has been a 1% decrease of applications received from WHITE – any other background candidates compared to 2015/2016 and a 1% increase in ASIAN OR ASIAN BRITISH - INDIA. This can be attributed to the specific recruitment drives targeting European and Indian nurses.

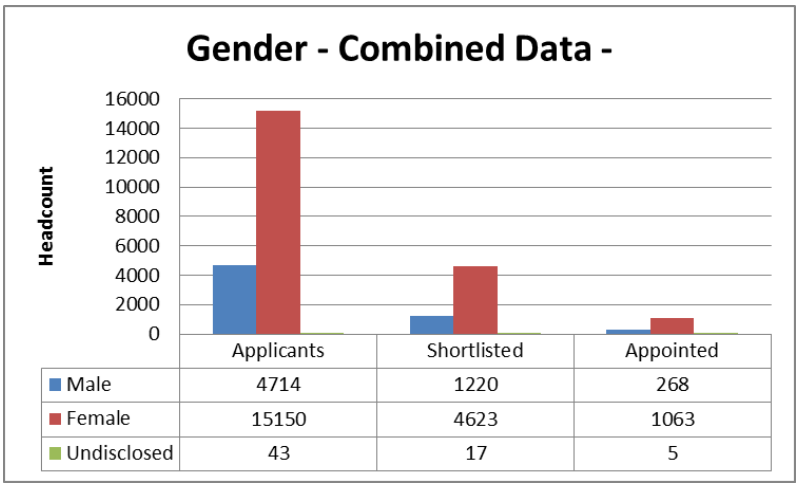
There has been a slight decrease in the undisclosed category.

Recruitment - Gender









	Applicants	Shortlisted	Appointed
Male	4714	1220	268
Female	15150	4623	1063
Undisclosed	43	17	5

Gender	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Male	4714	23.68	1220	20.82	268	20.06
Female	15150	76.10	4623	78.89	1063	79.57
Undisclosed	43	0.22	17	0.29	5	0.37
Total	**19907**	**100.00**	**5860**	**100.00**	**1336**	**100.00**

The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by gender.

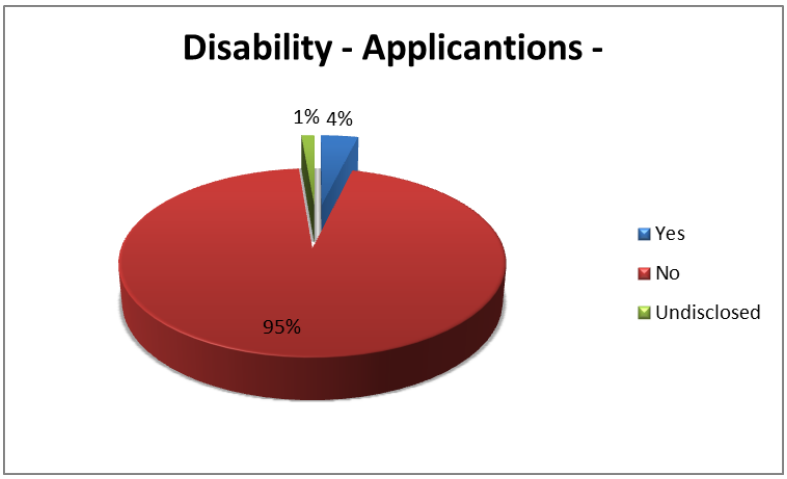
There is a significant correlation between the gender demographic of the Trust and the recruitment to posts by gender. The Trust in line with previous year's data appointed a slightly higher proportion of females with 76.10% applying for positions, 78.89% being shortlisted and 79.57% being appointed, which is 0.1% higher than the previous year.

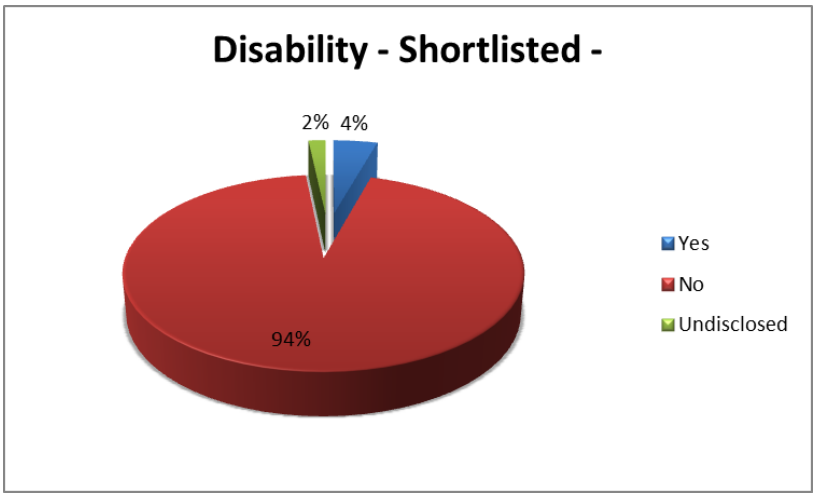
The Trust has appointed 1% more males than in 2015/2016. Of those who applied, 20.82% were shortlisted and 20.06% were appointed. This could be attributed to the higher number of male nurses being appointed through international recruitment campaigns during 2016/2017.

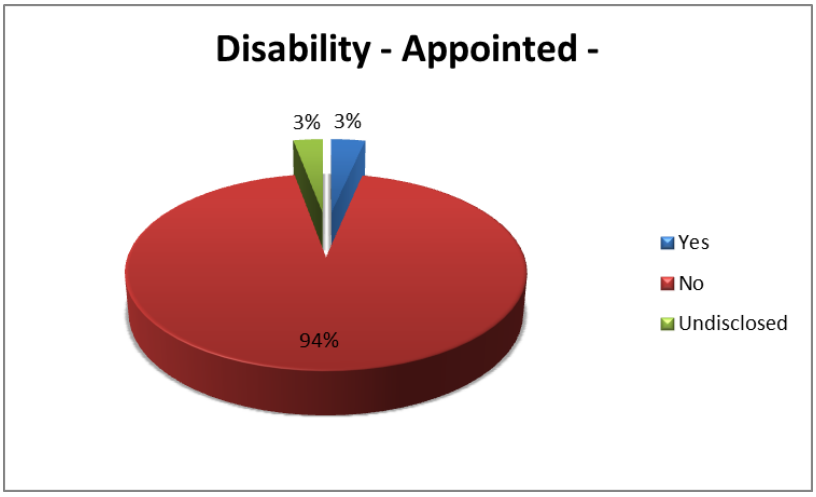
The undisclosed category for gender applications has significantly reduced to under 0.5%. This provides reassurance that this significant difference is not discriminatory at any stage of the recruitment process and that applicants are now feeling comfortable in disclosing their gender.

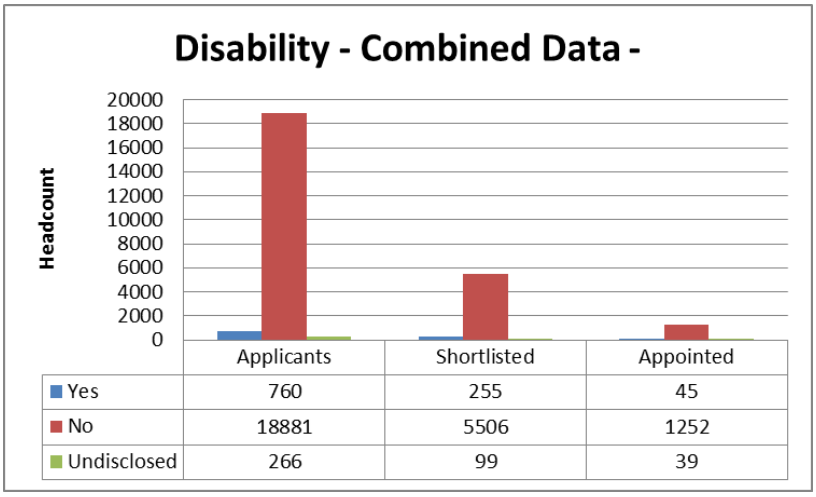
All data indicators show that the nursing staff group attracts a high proportion of female gender.

Recruitment – Disability









	Applicants	Shortlisted	Appointed
Yes	760	255	45
No	18881	5506	1252
Undisclosed	266	99	39

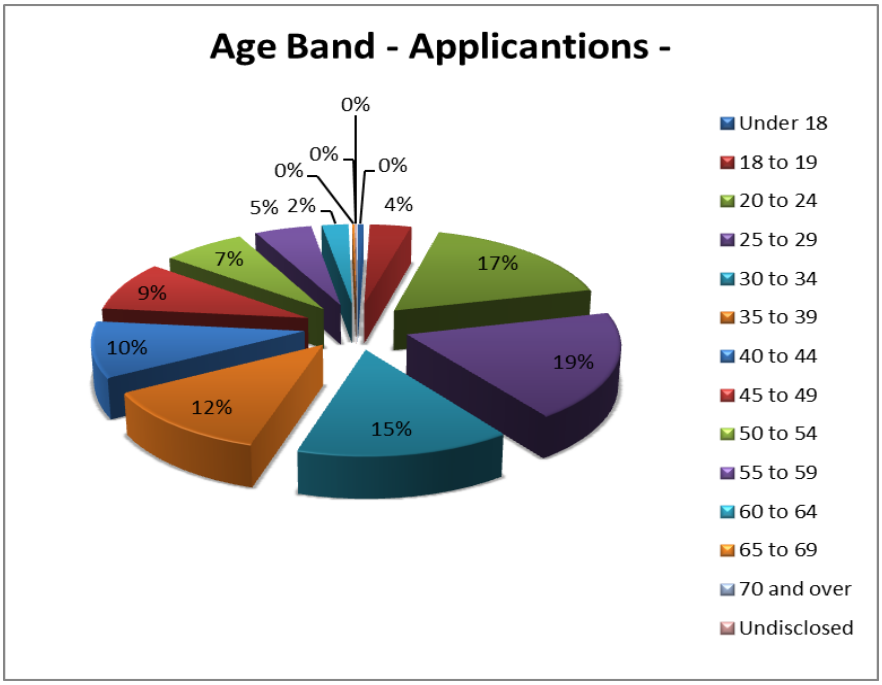
Disability	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Yes	760	3.82	255	4.35	45	3.37
No	18881	94.85	5506	93.96	1252	93.71
Undisclosed	266	1.34	99	1.69	39	2.92
Total	**19907**	**100.00**	**5860**	**100.00**	**1336**	**100.00**

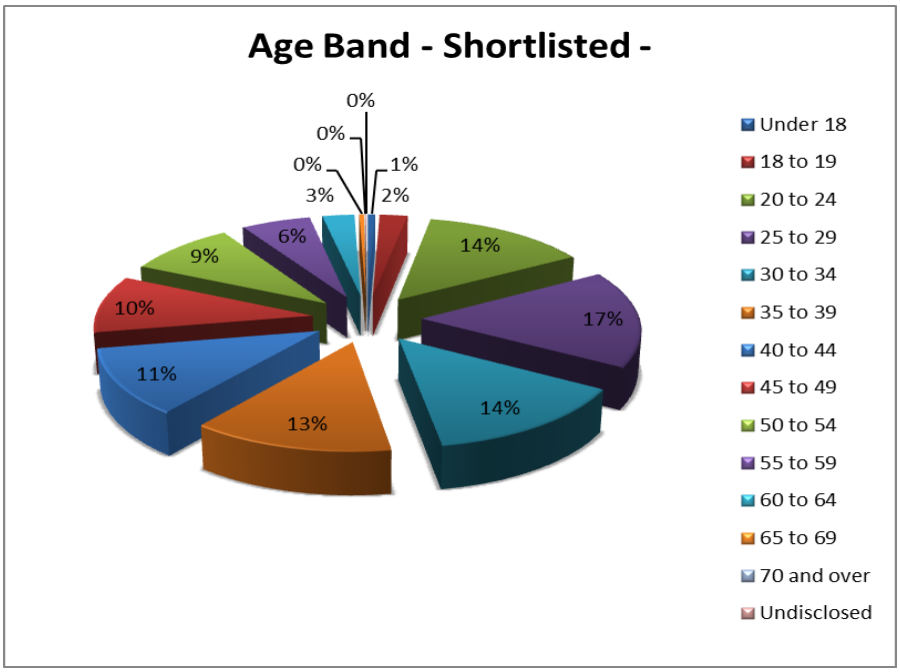
The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by disability.

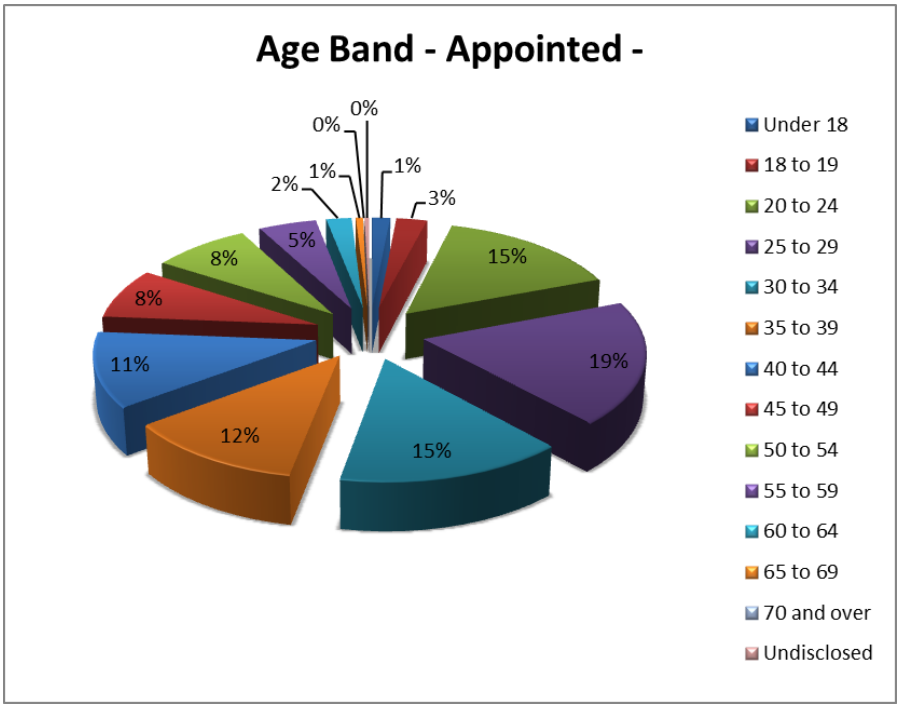
Northampton General Hospital is committed to supporting people with disabilities. The Trust has migrated to the Disability Confident Scheme which provides recognition that as employers we have made certain commitments regarding employment, retention, training, support and career development of disabled people.

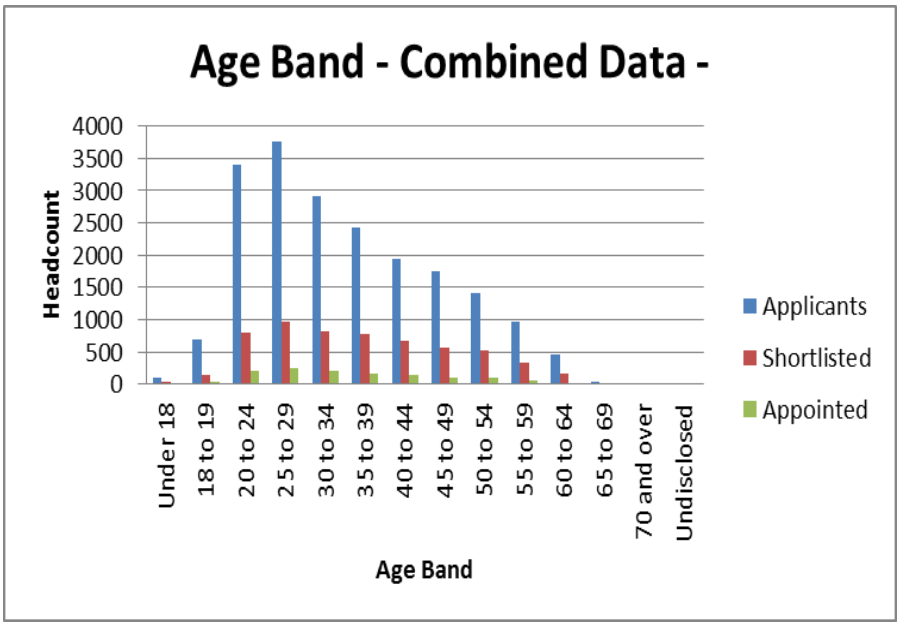
The Trust believes that its continued commitment encourages disabled people to apply for the jobs within the hospital and this is evidenced in the tables above which demonstrate the Trust's Guaranteed Interview Scheme is consistently being applied as there were 3.82% applications received and of those 4.35% were shortlisted and 3.37% were appointed. There was a slight increase in the percentage of applications and applicants shortlisted compared to 2015/16. The rise in applications assures the Trust that the Disability Confident Scheme along with the guaranteed interview scheme is supporting applicants in applying for positions.

Recruitment – Age




Age Band - Shortlisted -
0%
0%
0%
1%
3%
2%
6%
14%
9%
17%
10%
11%
14%
13%
Under 18
18 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 and over
Undisclosed


Age Band - Appointed -
0%
0%
0%
2%
1%
1%
3%
5%
15%
8%
8%
19%
11%
12%
15%
Under 18
18 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 and over
Undisclosed



Age Band	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Under 18	103	0.52	35	0.60	20	1.50
18 to 19	704	3.54	135	2.30	34	2.54
20 to 24	3408	17.12	806	13.75	203	15.19
25 to 29	3756	18.87	975	16.64	253	18.94
30 to 34	2920	14.67	827	14.11	198	14.82
35 to 39	2435	12.23	779	13.29	158	11.83
40 to 44	1944	9.77	672	11.47	153	11.45
45 to 49	1747	8.78	575	9.81	104	7.78
50 to 54	1405	7.06	532	9.08	108	8.08
55 to 59	967	4.86	336	5.73	64	4.79
60 to 64	453	2.28	156	2.66	28	2.10
65 to 69	41	0.21	24	0.41	8	0.60
70 and over	10	0.05	2	0.03	0	0.00
Undisclosed	14	0.07	6	0.10	5	0.37
Total	**19907**	**100.00**	**5860**	**100.00**	**1336**	**100.00**

The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by age.

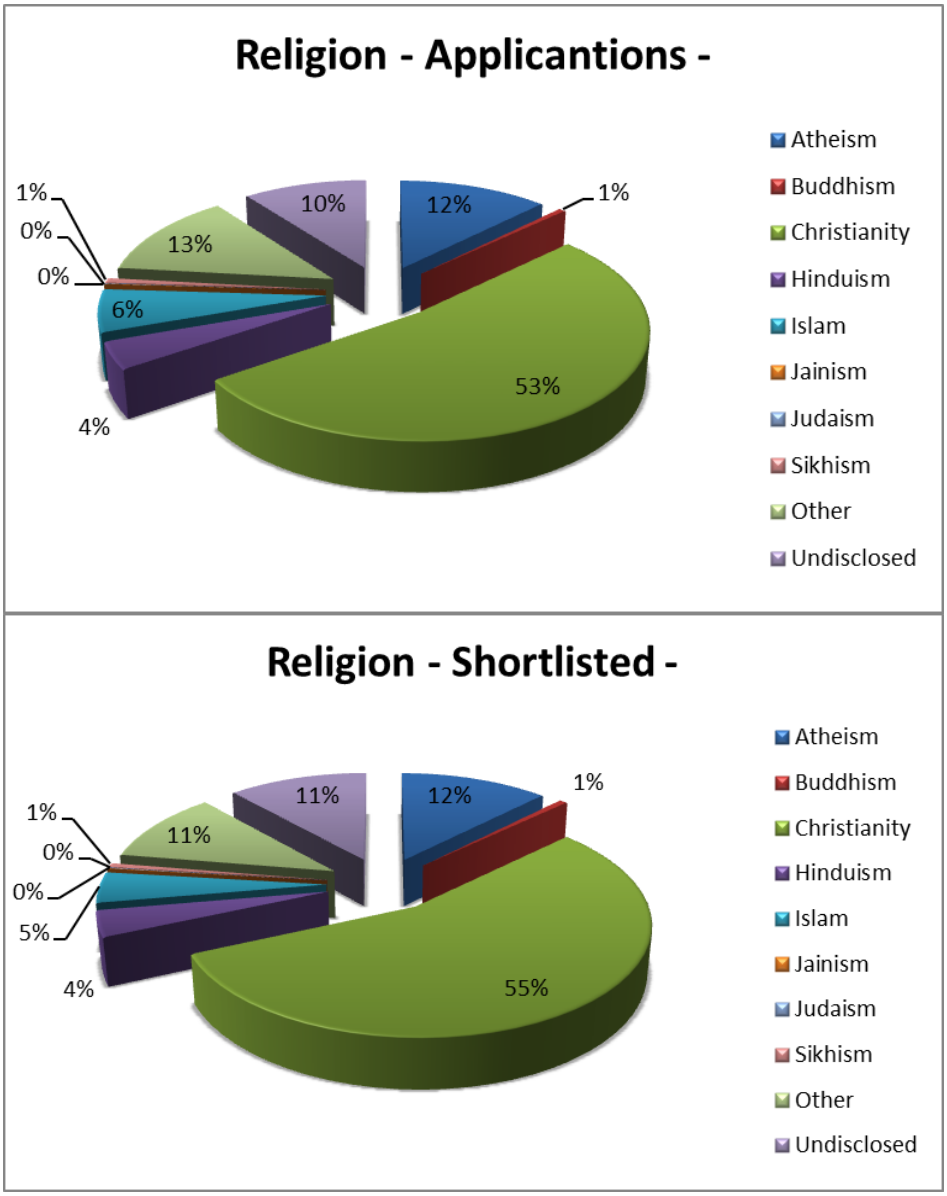
In 2016/2017 the highest number of applications were received from the 25 to 29 age group with 3,755 applications (17.12%) out of these 16.64% were shortlisted and 18.94% were appointed which is a slight shift from 2015/16 as the highest number of applicants were from the age group of 20 to 24 year olds. International and European recruitment had been targeted which may have resulted in the shift in age group as the recruits tend to be of this age group.

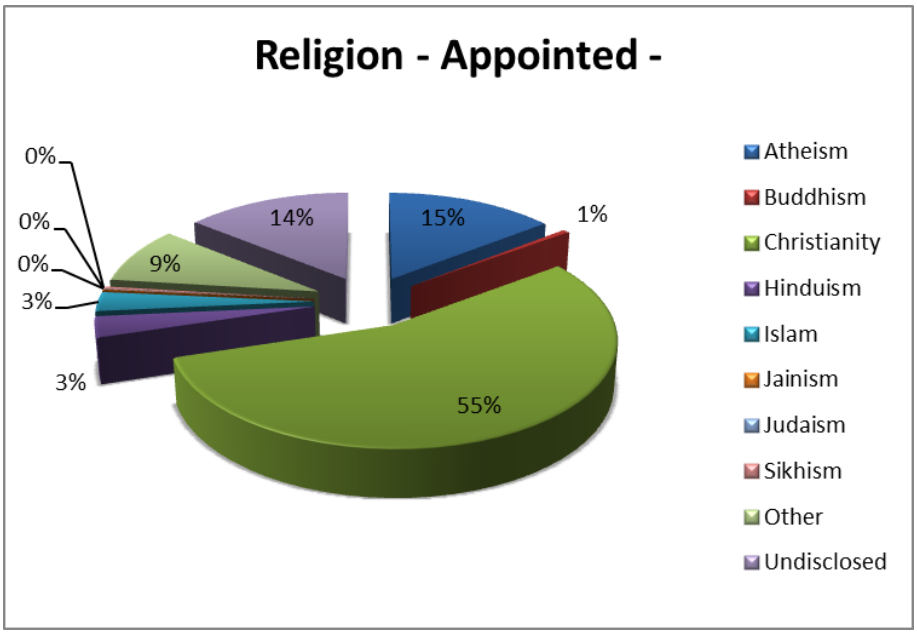
The second highest number of applicants came from the age group of 20 to 24 year olds with 3,408 applications (17.12%). 13.75% were shortlisted and 15.19% were appointed which is a slight shift from 2015/16 as the second highest numbers of applicants were from the age group of 25 to 29 age group.

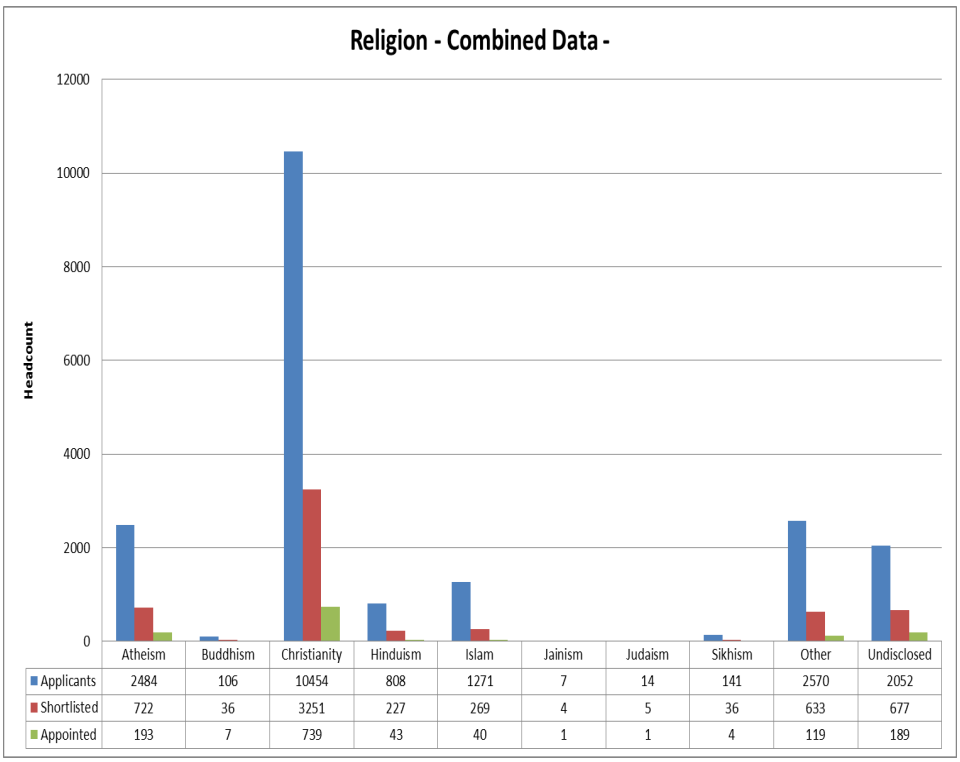
Most of the categories have had increases in percentage for applications, shortlisting and appointed as more applicants are disclosing their ages. The undisclosed figure for

2016/17 has dropped to under 0.07% for applications, 0.10% for shortlisted and 0.37% for appointed compared to 2015/16. This assures the Trust that discrimination is not an issue and applicants are confident in disclosing their age.

Recruitment – Religious Belief







	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Undisclosed
Applicants	2484	106	10454	808	1271	7	14	141	2570	2052
Shortlisted	722	36	3251	227	269	4	5	36	633	677
Appointed	193	7	739	43	40	1	1	4	119	189

Religion	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Atheism	2484	12.48	722	12.32	193	14.45
Buddhism	106	0.53	36	0.61	7	0.52
Christianity	10454	52.51	3251	55.48	739	55.31
Hinduism	808	4.06	227	3.87	43	3.22
Islam	1271	6.38	269	4.59	40	2.99
Jainism	7	0.04	4	0.07	1	0.07
Judaism	14	0.07	5	0.09	1	0.07
Sikhism	141	0.71	36	0.61	4	0.30
Other	2570	12.91	633	10.80	119	8.91
Undisclosed	2052	10.31	677	11.55	189	14.15
Total	**19907**	**100**	**5860**	**100**	**1336**	**100**

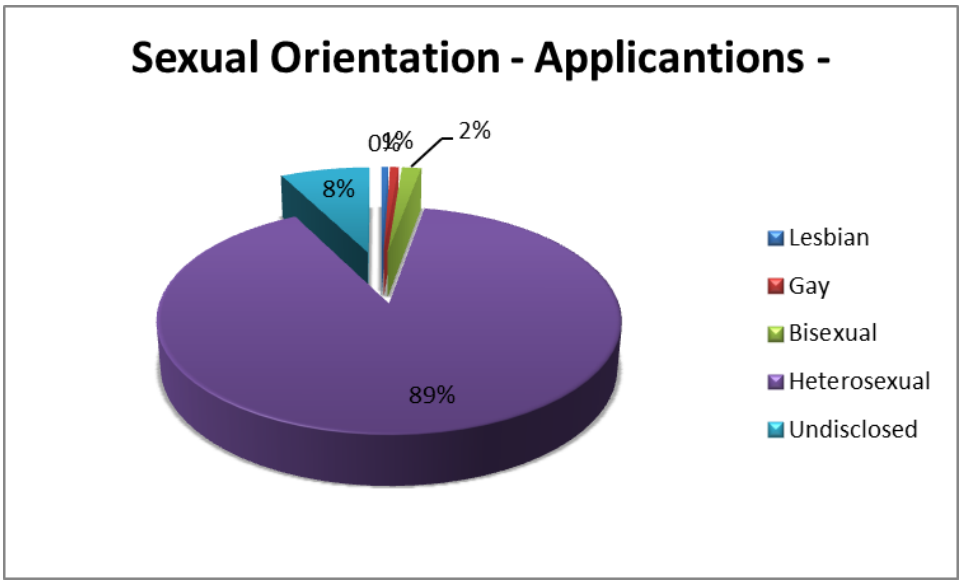
The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by religious belief.

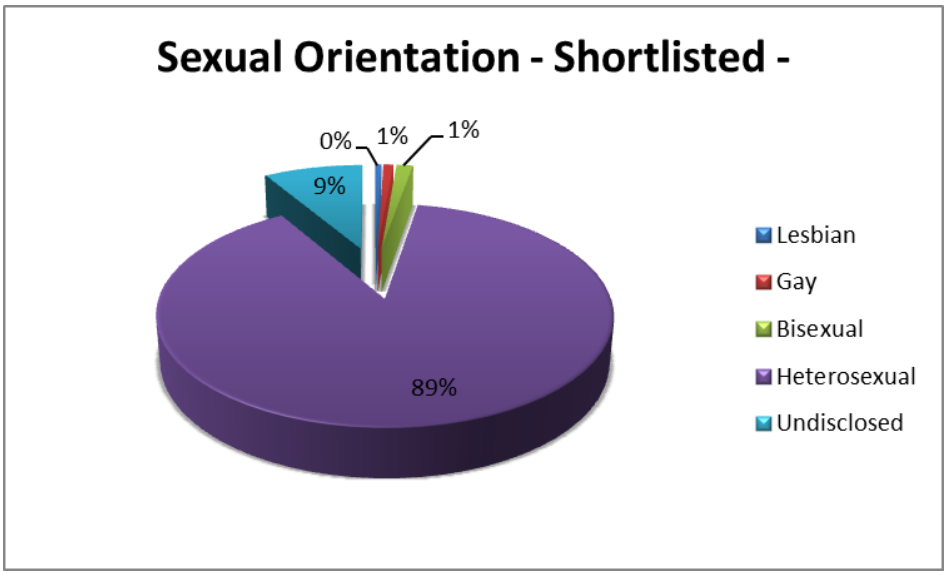
Christianity had the most number of applicants with 10,454 (52.51%), 3,251 of which were shortlisted (55.48%) and 739 were appointed (53.75%). This shows that there has been an increase in the number of Christians appointed when compared to 2015/2016.

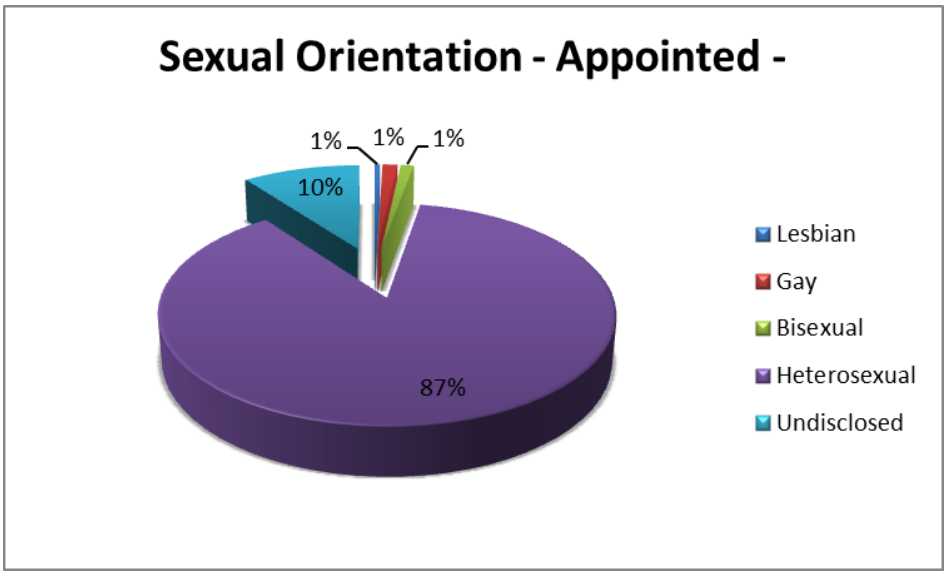
Atheism had the second highest amount of applications with 2484 (12.48%) and 722 (12.32%) were shortlisted. 193 (14.45%) were appointed. In comparison to 2015/2016, the number of staff appointed in the Atheism category has decreased.

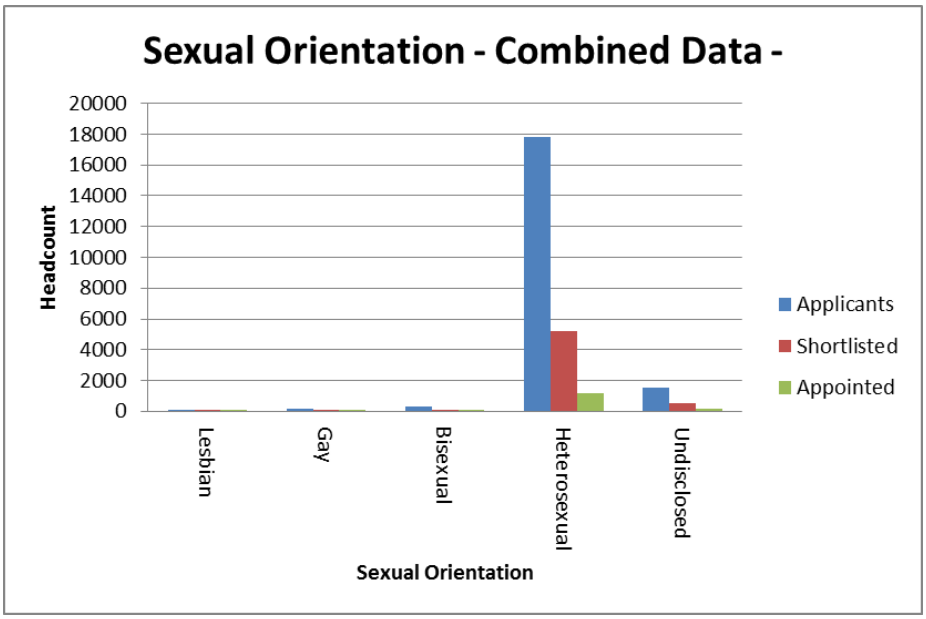
However, there has been a slight decrease of 1% in the number of appointed candidates who did not disclose their religious belief. This demonstrates that applicants feel comfortable in disclosing their religious belief.

Recruitment – Sexual Orientation




Sexual Orientation - Shortlisted -
0%
1%
1%
9%
89%
Lesbian
Gay
Bisexual
Heterosexual
Undisclosed


Sexual Orientation - Appointed -
1%
1%
1%
10%
87%
Lesbian
Gay
Bisexual
Heterosexual
Undisclosed



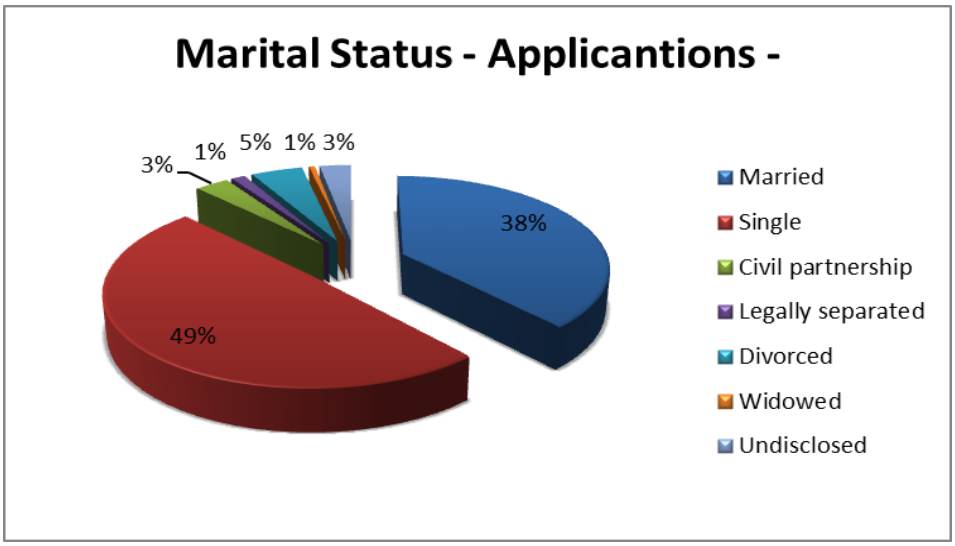
Sexual Orientation	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Lesbian	112	0.56	30	0.51	6	0.45
Gay	143	0.72	50	0.85	17	1.27
Bisexual	325	1.63	83	1.42	15	1.12
Heterosexual	17820	89.52	5198	88.70	1163	87.05
Undisclosed	1507	7.57	499	8.52	135	10.10
Total	**19907**	**100**	**5860**	**100**	**1336**	**100**

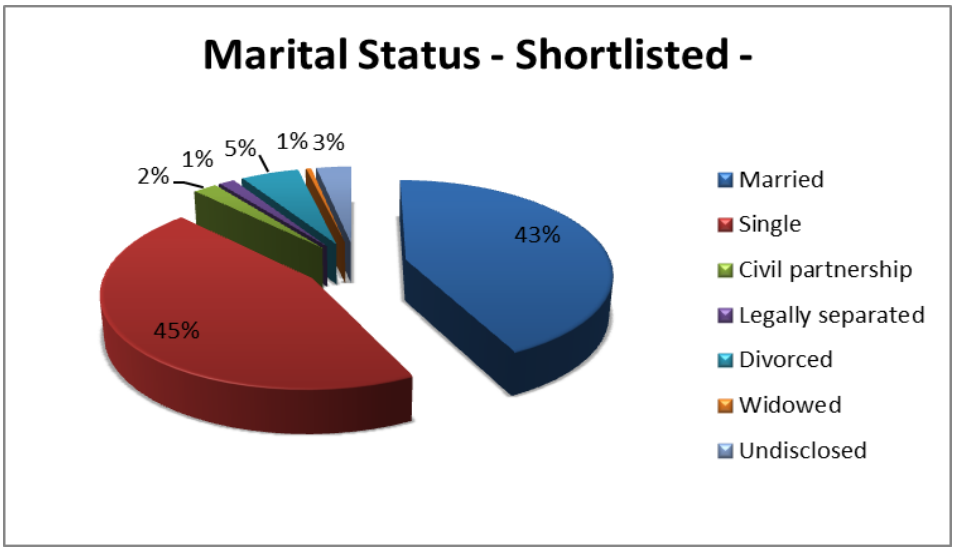
The charts above show the number of applications that have been received, shortlisted and appointed between April 2016 and March 2017 by sexual orientation.

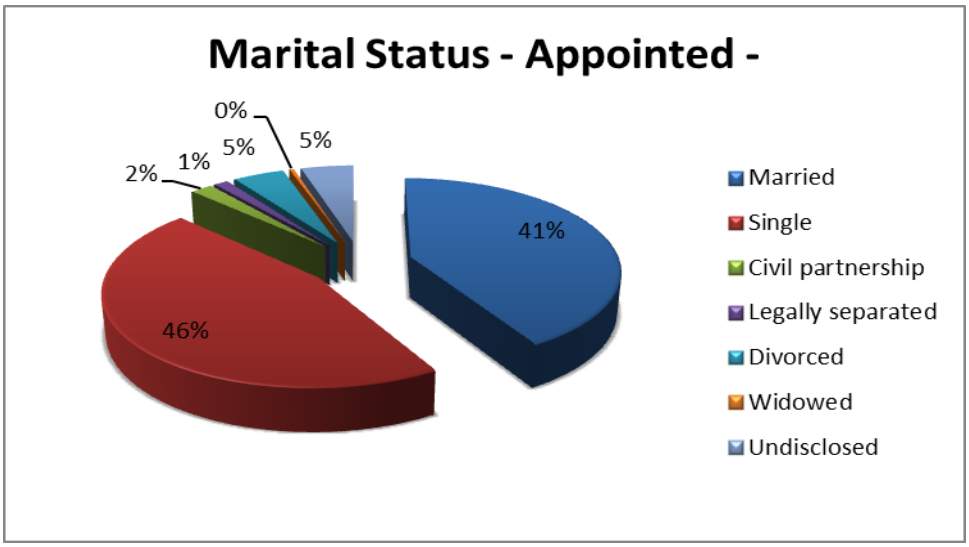
The highest number of individuals applying for posts at Northampton General Hospital and being appointed still remains within the heterosexual group, with 88.70% being shortlisted and 87.05% being appointed, which is a decrease from the previous year.

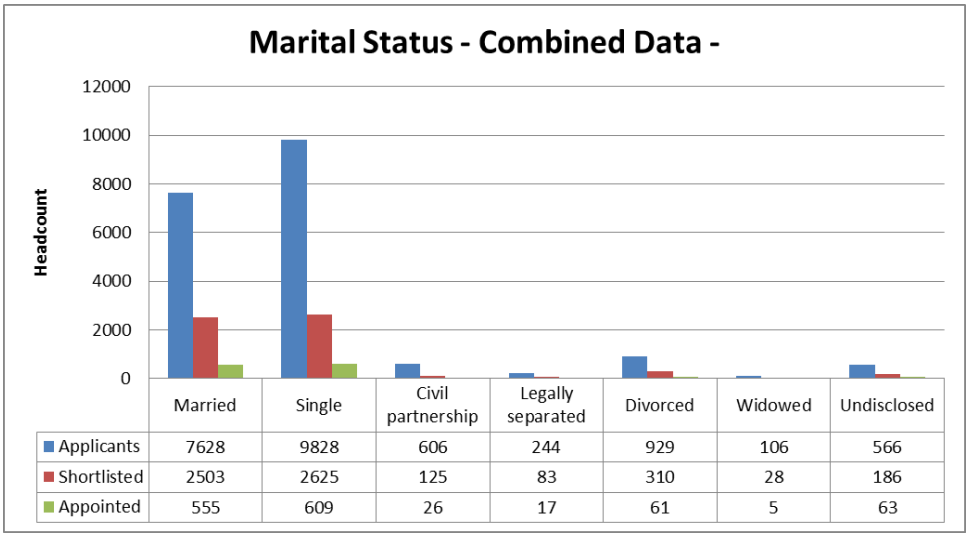
There has been a slight increase in the appointed percentage for the gay and bisexual categories which supports the decrease in the Hetrosexual category.

Recruitment – Marital Status









Marital Status	Applicants	% Applicants	Shortlisted	% Shortlisted	Appointed	% Appointed
Married	7628	38.32	2503	42.71	555	41.54
Single	9828	49.37	2625	44.80	609	45.58
Civil partnership	606	3.04	125	2.13	26	1.95
Legally separated	244	1.23	83	1.42	17	1.27
Divorced	929	4.67	310	5.29	61	4.57
Widowed	106	0.53	28	0.48	5	0.37
Undisclosed	566	2.84	186	3.17	63	4.72
Total	**19907**	**100**	**5860**	**100**	**1336**	**100**

Marital Status

Of the total number of applicants, 38.32% are married, 49.37% of employees are single, 3.04% are in a civil partnership, 1.23% are legally separated, 4.67% are divorced, and 0.53% are widowed. This category is new and no comparative data from the recruitment process is available. The figures seem

to imply that there is a balance between single and married appointment to the Trust which suggests there is not discrimination in these two categories.

HUMAN RESOURCES (HR) CASELOAD ACTIVITY – APRIL 2016 TO MARCH 2017

Background

This section of the report provides the equal opportunities breakdown for the formal Human Resources (HR) caseload activity across the Trust between the period of April 2016 and March 2017 for both open and closed formal cases.

The HR activity has been broken down into the following categories:

- Harassment and Bullying
- Grievances
- Conduct – Disciplinary
- Performance Management

In the year ending March 2017 there were 81 formal cases; 10 Harassment and Bullying cases, 13 Grievances, 49 Disciplinary cases and 9 Performance cases recorded on the HR database.

Harassment and Bullying Cases

Age Group	No.	Comment
16 - 20		There appears to be a trend towards the 41-45 age group for harassment & bullying complaints. This is a shift from last year where the majority of the complaints were raised by employees within 51-55 age range. This trend does not correlate with the staff survey results which indicate that 41-50 age group are experiencing the least amounts of bullying & harassment at 33%. The highest response for experiencing bullying & harassment within the staff survey is from age group 16-30 at 43%. It is surprising therefore that there are no reported cases of bullying & harassment within this age group. Further analysis may be required and discussions with the Trust B&H steering group will be undertaken.
21 - 25		
26 - 30		
31 - 35		
36 - 40	1	
41 - 45	4	
46 - 50	2	
51 - 55	2	
56 - 60	1	
61 – 65		
66 - 70		

Disability	No.	Comment
Yes	1	The case numbers do not suggest any trend towards disabled or non-disabled members of staff. The results from the staff survey correlate with this.
No	7	
Not Declared		
Undefined	2	

Gender	No.	Comment
Female	7	Given the small number of cases, this split appears slightly higher than expected for men against the 79.12% female and 20.88% male split in the Trust. The staff survey results show that 40 % of a 30% response rate from women had experienced bullying and harassment and 28% of a 34% response rate of men had experienced bullying and harassment. Again, this analysis is surprising given the number of reported cases. Further analysis may be required and discussions with the Trust B&H steering group will be undertaken.
Male	3	

Ethnicity	No.	Comment
White	6	The case numbers do not suggest any trend toward any one ethnic group. The staff survey results corroborates this outcome, with 38% of a 20% response rate of white employees experiencing Bullying & harassment and 39% of a 21.3% response rate of BME employees experiencing bullying & harassment.
BME	3	
Asian	1	

Marital Status	No.	Comment
Civil Partnership		There have been no allegations of marital status being a factor within the small number of cases. There is no data from the staff survey relating to this protected characteristic.
Divorced	1	
Legally separated		
Married	5	
Single	1	
Unknown	2	
Widowed	1	

Sexual Orientation	No.	Comment
Bisexual		There have been no allegations of sexual orientation being a factor within the small number of cases. There is no data from the staff survey relating to this protected characteristic
Gay		
Heterosexual	9	
Does not wish to disclose	1	
Lesbian		
Undefined		

Religion	No.	Comment
Atheism		There have been no allegations of religion being a factor within the small number of cases. There is no data from the staff survey relating to this protected characteristic
Buddhism		
Christianity	7	
Hinduism		
Does not wish to disclose	2	
Other	1	
Undefined		

Grievance Cases

Age Group	No.	Comment
16 - 20		There does not appear to be any trend in relation to age group and the amount of cases is representative of the split across all age groups within the Trust. There is no data from the staff survey explicitly relating to grievances.
21 – 25	2	
26 - 30	1	
31 - 35		
36 - 40		
41 – 45	3	
46 – 50	4	
51 – 55	3	
56 – 60		
61 – 65		
66 - 70		

Disability	No.	Comment
Yes		The case numbers do not suggest any trend towards disabled or non-disabled members of staff. The split is reasonably representative 68 % not disabled 9% not declared, 19% undefined and 2% disabled. Disability did not factor in any grievance cases recorded. There is no data from the staff survey explicitly relating to grievances.
No	9	
Not Declared		
Undefined	4	

Gender	No.	Comment
Female	11	Given the small number of cases this split is reasonably representative of the 79.12% female and 20.88% male split in the Trust. There is no data from the staff survey explicitly relating to grievances.
Male	2	

Ethnicity	No.	Comment
White	10	Given the small number of cases this split is reasonably representative of the 79.1% white 20.9% BME split in the Trust. There is no data from the staff survey explicitly relating to grievances.
BME	3	

Marital Status	No.	Comment
Civil Partnership		Given the small number of cases this split is reasonably representative of the 51% married 33% single split in the Trust. There is no data from the staff survey explicitly relating to grievances.
Divorced		
Legally separated		
Married	8	
Single	5	
Unknown		
Widowed		

Sexual Orientation	No.	Comment
Bisexual		. The split of sexual orientation is not sufficiently disclosed to allow a meaningful analysis. There is no data from the staff survey explicitly relating to grievances.
Gay		
Heterosexual	9	
Does not wish to disclose		
Lesbian		
Undefined	4	

Religion	No.	Comment
Atheism		The split of religious beliefs is not sufficiently disclosed to allow a meaningful analysis. There is no data from the staff survey explicitly relating to grievances.
Buddhism		
Christianity	7	
Hinduism		
Does not wish to disclose	2	
Other		
Undefined	4	

Disciplinary Cases

Age Group	No.	Comment
16 – 20	2	There does not appear to be any trend in relation to age group and the amount of cases is representative of the split across all age groups within the Trust. There is no data from the staff survey explicitly relating to disciplinary.
21 – 25	3	
26 – 30	8	
31 – 35	5	
36 – 40	3	
41 – 45	4	
46 – 50	7	
51 – 55	4	
56 – 60	8	
61 - 65	5	
66 - 70		

Disability	No.	Comment
Yes	2	The case numbers do not suggest any trend towards disabled or non-disabled members of staff. The split is reasonably representative 68 % not disabled 9% not declared, 19% undefined and 2% disabled. There is no data from the staff survey explicitly relating to disciplinary.
No	32	
Not Declared	6	
Undefined	9	

Gender	No.	Comment
Female	31	Given the small number of cases this split is reasonably representative of the 79.12% female and 20.88% male split in the Trust. There is no data from the staff survey explicitly relating to disciplinary.
Male	18	

Ethnicity	No.	Comment
White	40	Given the small number of cases this split is reasonably representative of the 79.1% White and 20.9% BME split in the Trust. There is no data from the staff survey explicitly relating to disciplinary.
BME	4	
Not stated	5	

Marital Status	No.	Comment
Civil Partnership		The split of cases is higher than expected for singles based on the workforce profile for the Trust of 33% single. There is no data from the staff survey explicitly relating to disciplinary.
Divorced	5	
Legally separated	1	
Married	16	

Single	21	
Unknown	5	
Widowed	1	

Sexual Orientation	No.	Comment
Bisexual		The split of cases is indicative of the sexual orientation of NGH employees. There is no data from the staff survey explicitly relating to disciplinary.
Gay	2	
Heterosexual	39	
Does not wish to disclose	4	
Lesbian		
Undefined	4	

Religion	No.	Comment
Atheism	6	The split of religious beliefs is not sufficiently disclosed to allow any meaningful analysis. There is no data from the staff survey explicitly relating to disciplinary.
Buddhism		
Christianity	23	
Hinduism		
Islam	1	
Does not wish to disclose	10	
Other	3	
Undefined	6	

Performance Management Cases

Age Group	No.	Comment
16 – 20		There does not appear to be any trend in relation to age group and the amount of cases is representative of the split across all age groups within the Trust. There is no data from the staff survey explicitly relating to performance management.
21 – 25		
26 - 30	2	
31 - 35		
41 - 45	2	
46 - 50	1	
51 - 55	2	
56 - 60	2	
61 – 65		
66 - 70		

Disability	No.	Comment
Yes	1	The case numbers do not suggest any trend towards disabled or non-disabled members of staff. The split is reasonably representative 68 % not disabled 9% not declared, 19% undefined and 2% disabled. There is no data from the staff survey explicitly relating to performance management.
No	5	
Not Declared		
Undefined	3	

Gender	No.	Comment
Female	6	Given the small number of cases this split is reasonably representative of the 79.1% White and 20.9% BME split in the Trust. There is no data from the staff survey explicitly relating to performance management.
Male	3	

Ethnicity	No.	Comment
White	9	All performance management cases are white employees.
BME		
Marital Status	**No.**	**Comment**
Civil Partnership		The split of cases is higher than expected for singles based on the workforce profile for the Trust of 33% single. There is no data from the staff survey explicitly relating to performance management.
Divorced	2	
Legally separated		
Married	2	
Single	4	
Unknown	1	
Widowed		

Sexual Orientation	No.	Comment
Bisexual		The split of sexual orientation is not sufficiently disclosed to allow any meaningful analysis. There is no data from the staff survey explicitly relating to performance management.
Gay		
Heterosexual	6	
Does not wish to disclose		
Lesbian		
Undefined	3	

Religion	No.	Comment
Atheism	1	The split of religious beliefs is not sufficiently disclosed to allow any meaningful analysis. There is no data from the staff survey explicitly relating to performance management.
Buddhism		
Christianity	4	
Hinduism		
Does not wish to disclose		
Other	1	
Undefined	3	

LEARNING AND DEVELOPMENT – APRIL 2016 TO MARCH 2017

Background

The Trust has been using the centralised electronic Oracle Learning Management System, (OLM) to record training information since 2009. It has been used to record all staff's Mandatory Training and Role Specific Essential

Training attendance which is then collated and reported via the Electronic Staff Record (ESR) system to the Trust's Workforce Committee.

The Trust also provides and maintains records on clinical training such as Cannulation, Glucometer, Catheterisation and Drug Calculation which are included in this section of the report.

Training is divided between mandatory training and role specific essential training (RSET). Mandatory means all staff need to attend, whilst RSET is specific to an individual's role. RSET can be modified due to changes such as in legislation and regulations and as a result there is a continuous process to update the OLM to ensure that RSET training is accurately set on the system against each role ensuring that staff only attend courses that are relevant to them.

To ensure that all staff achieve the required outcomes of the training, different learning styles have been utilised and sessions have been adapted to help staff within different roles understand what the training subject means to them.

The Trust's Induction was revitalised in this year although continues to be offered twice a month. The feedback from the Mandatory Training Leads who deliver the training is that they can deliver their subject in a more interactive way instead of the old lecture style. Training is more meaningful and interesting to participants because different learning styles are used which include group work, quizzes and case studies.

In the last two years the Trust has had a recruitment campaign to bring International Nurses to the Trust and in order to provide additional support, bespoke preceptorship programmes and clinical skills have been provided including orientation to the Trust.

All mandatory training subjects have three methods of delivery; face to face, e-learning and workbooks/assessments. The workbooks are updated as changes are made to legislation or regulations and the assessment papers are changed within each refresher period. The refresher period for Infection Prevention for non-clinical staff was changed from yearly to 3 yearly and there are now separate workbooks/assessments for clinical and non-clinical staff.

Demand continues to be high for our Review of Knowledge sessions, and with more staff completing workbooks or e-learning this seems to be the preferred option of training than attending a traditional classroom lecture.

Staff have been encouraged to access on-going development across all levels; this includes Apprenticeship Frameworks, NVQ's & Foundation Degrees. Registered staff are also able to access modules at Degree & Masters level via the Learning Beyond Registration contract held with Health Education East Midlands.

Following the successful pilot of a VRQ Team Leading course the previous year, we have run 2 further cohorts and plan to run 4 a year for those staff who are aspiring to become team leaders. In addition to this, we have offered a Team

Leading NVQ level 2 and Team Leading NVQ Level 3 for those staff who are in a team leading role. Part of the VRQ and NVQ is embedding the Trust's Values and Behaviours.

The hospital continues to employ apprentices across the Divisions and in different roles. 11 new apprentices commenced their apprenticeship during 2016 and 2017 and 13 apprentices were offered full time employment by the Trust on completing their apprenticeship during 2016 and 2017.

This year saw the successful completion of 6 apprentices in healthcare who studied their apprenticeship in Care for 12 months, whilst working in a supernumerary capacity on a ward. They were all successful in obtaining a full time substantive post. This apprenticeship programme enabled a group of young people who had no healthcare experience gain the confidence, knowledge and skills to become a healthcare assistant.

The Trust continues to offer functional skills in Maths, English and ICT, although the Government withdrew the funding of the ICT course in August 2016. The Maths and English classes are available for all staff to attend with each one running over a 4 week period concluding with an exam and qualification. During 2016/2017 44 members of staff attended Maths classes with a success rate of 85% and 21 staff attended English classes with a success rate of 94%. The national statistics state a success rate of 66% whereas at Northampton General Hospital our overall success rate is 85% and over.

The table below shows the analysis of the hospitals workforce using the Trust headcount by protected characteristics and the number of training courses attended. We currently collect data on 6 of the 9 protected characteristics, those not included are; gender reassignment, marriage and civil partnership and pregnancy and maternity.

It is important to note that the reports used for the analysis include the Trust's bank workers.

Training – Trust Headcount of 6,486	
Protected Group	**Analysis**
Sexual Orientation	The number of 'not stated' has decreased from last year, but the number of staff who do not wish to disclose their sexual orientation has increased. There has however been an increase in the number of staff disclosing that they are Bisexual, Heterosexual and Lesbian compared to last year. The report shows that all categories of sexual orientation are attending training and this correlates with the numbers of staff in post.

Religious Belief	The highest proportion of training was completed by the Christian religious group which correlates with the workforce profile. There has been an increase in the number of staff who did not wish to disclose their religion/belief and in 7 of the 9 groups, with Hinduism and Judaism seeing a decrease. There has been a decrease in the number of staff not stating their religion/belief. The training in these other categories is being completed proportionately.
Age Band	Training is offered to all age groups. There has been an increase in the number of staff within all groups apart from 16-20 and 21-25 and 46-50. However, the biggest variance is within the age range 21-25 where more staff have attended training and the greater variance of non-attendance is within the 61-65 groups which may be attributable to this age group working more part-time and evenings or weekends.
Gender	There are more females attending training than males which correlate to the workforce profile. However, the report also identified that less males are completing training by proportion.
Disability	The number of 'undefined and not declared' has decreased from last year and the report shows an increase on the number of staff disclosing a disability. Training is accessible to disabled staff with all training rooms providing good access. There is an increase in the opportunity to access training by e-learning and workbooks so staff can complete their training in their usual workplace.
Ethnic Origin	The report details that training is provided to all staff and the Trust headcount and numbers of training courses attended by all staff reflects the Trust's ethnic population. For example the highest number of staff in the Trust is of white ethnicity with the

	second group being Asian and the third category from Black / Black British, which was the same last year. The highest variance in attendance is within the 'Asian or Asian British - Indian' and then 'White – Any other White Background' group. Whilst the greatest variance in non-attendance is in the 'White – British' group. There has been an increase in the number of staff who had 'not stated' and there has been an increase in 'Undefined'.

The variance indicates whether the protected characteristics are accessing the training by proportion of headcount.

Sexual Orientation	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
Bisexual	52	0.80%	472	0.94%	0.13%
Gay	38	0.59%	361	0.72%	0.13%
Heterosexual	4573	70.51%	37814	75.04%	4.54%
I do not w ish to disclose my sexual orientation	1105	17.04%	7776	15.43%	-1.61%
Lesbian	21	0.32%	240	0.48%	0.15%
Not Stated	697	10.75%	3727	7.40%	-3.35%
Total:	**6486**	**100.00%**	**50390**	**100.00%**	

Religious Belief	Trust Headcount	Trust Headcount%	Trained Headcount	Trained Headcount %	Variance
Atheism	716	11.04%	5950	11.81%	0.77%
Buddhism	38	0.59%	231	0.46%	-0.13%
Christianity	3010	46.41%	25250	50.11%	3.70%
Hinduism	180	2.78%	1503	2.98%	0.21%
I do not w ish to disclose my religion/belief	1242	19.15%	8829	17.52%	-1.63%
Islam	167	2.57%	1380	2.74%	0.16%
Jainism	6	0.09%	44	0.09%	-0.01%
Judaism	5	0.08%	35	0.07%	-0.01%
Other	445	6.86%	3586	7.12%	0.26%
Sikhism	22	0.34%	159	0.32%	-0.02%
Not Stated	655	10.10%	3423	6.79%	-3.31%
Total:	**6486**	**100.00%**	**50390**	**100.00%**	

Age Band	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
16 - 20	181	2.79%	1516	3.01%	0.22%
21 - 25	652	10.05%	6231	12.37%	2.31%
26 - 30	902	13.91%	7550	14.98%	1.08%
31 - 35	789	12.16%	6297	12.50%	0.33%
36 - 40	775	11.95%	6238	12.38%	0.43%
41 - 45	721	11.12%	5836	11.58%	0.47%
46 - 50	689	10.62%	5402	10.72%	0.10%
51 - 55	738	11.38%	5425	10.77%	-0.61%
56 - 60	559	8.62%	3718	7.38%	-1.24%
61 - 65	309	4.76%	1680	3.33%	-1.43%
66 - 70	117	1.80%	407	0.81%	-1.00%
71 +	54	0.83%	90	0.18%	-0.65%
Total:	**6486**	**100.00%**	**50390**	100.00%	

Gender	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
Female	4963	76.52%	41109	81.58%	5.06%
Male	1523	23.48%	9281	18.42%	-5.06%
Total:	**6486**	**100.00%**	**50390**	**100.00%**	

Disability	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
No	4227	65.17%	35563	70.58%	5.40%
Not Declared	655	10.10%	4936	9.80%	-0.30%
Undefined	1432	22.08%	8434	16.74%	-5.34%
Yes	172	2.65%	1457	2.89%	0.24%
Total:	**6486**	**100.00%**	**50390**	**100.00%**	

Ethnic Origin	Trust Headcount	Trust Headcount %	Trained Headcount	Trained Headcount %	Variance
A White - British	4167	64.25%	30925	61.37%	-2.88%
B White - Irish	64	0.99%	553	1.10%	0.11%
C White - Any other White background	365	5.63%	3510	6.97%	1.34%
C3 White Unspecified	0	0.00%	12	0.02%	0.02%
CA White English	5	0.08%	28	0.06%	-0.02%
CC White Welsh	2	0.03%	7	0.01%	-0.02%
CF White Greek	3	0.05%	19	0.04%	-0.01%
CH White Turkish	1	0.02%	15	0.03%	0.01%
CK White Italian	11	0.17%	182	0.36%	0.19%
CN White Gypsy/Romany	8	0.12%	162	0.32%	0.20%
CP White Polish	9	0.14%	82	0.16%	0.02%
CS White Albanian	1	0.02%	37	0.07%	0.05%
CX White Mixed	2	0.03%	2	0.00%	-0.03%
CY White Other European	37	0.57%	363	0.72%	0.15%
D Mixed - White & Black Caribbean	34	0.52%	210	0.42%	-0.10%
E Mixed - White & Black African	15	0.23%	139	0.28%	0.05%
F Mixed - White & Asian	21	0.32%	135	0.27%	-0.05%
G Mixed - Any other mixed background	41	0.63%	349	0.69%	0.06%
GA Mixed - Black & Asian	1	0.02%	0	0.00%	-0.02%
GC Mixed - Black & White	1	0.02%	9	0.02%	0.00%
GD Mixed - Chinese & White	1	0.02%	0	0.00%	-0.02%
GE Mixed - Asian & Chinese	1	0.02%	14	0.03%	0.01%
GF Mixed - Other/Unspecified	3	0.05%	12	0.02%	-0.03%
H Asian or Asian British - Indian	487	7.51%	4572	9.07%	1.56%
J Asian or Asian British - Pakistani	60	0.93%	457	0.91%	-0.02%
K Asian or Asian British - Bangladeshi	26	0.40%	180	0.36%	-0.04%
L Asian or Asian British - Any other Asian background	103	1.59%	991	1.97%	0.38%
LE Asian Sri Lankan	8	0.12%	21	0.04%	-0.08%
LH Asian British	3	0.05%	7	0.01%	-0.04%
LK Asian Unspecified	4	0.06%	10	0.02%	-0.04%
M Black or Black British - Caribbean	78	1.20%	618	1.23%	0.03%
N Black or Black British - African	284	4.38%	2584	5.13%	0.75%
P Black or Black British - Any other Black background	25	0.39%	119	0.24%	-0.15%
PC Black Nigerian	3	0.05%	19	0.04%	-0.01%
PD Black British	7	0.11%	43	0.09%	-0.02%
PE Black Unspecified	1	0.02%	0	0.00%	-0.02%
R Chinese	31	0.48%	284	0.56%	0.08%
S Any Other Ethnic Group	63	0.97%	550	1.09%	0.12%
SC Filipino	9	0.14%	154	0.31%	0.17%
SD Malaysian	1	0.02%	0	0.00%	-0.02%
SE Other Specified	7	0.11%	61	0.12%	0.01%
Undefined	90	1.39%	97	0.19%	-1.20%
Z Not Stated	403	6.21%	2858	5.67%	-0.54%
Total:	**6486**		**50390**		

Equality & Diversity Training

Equality and diversity training remains mandatory for all staff and is included on the Trust's Induction for all new staff. All existing staff have to refresh their equality and diversity training every 3 years. To ensure staff are able to access this subject, we offer this training through e-learning and workbook/assessment.

All staff attending the equality and diversity training are given an awareness of the nine protected characteristics under the Equalities Act 2010 and the adverse impact on clinical care if they are not respected.

Conclusion

In conclusion access to training and learning and development is for all staff and has improved on previous years and it is thought this is largely due to the fact there has been a more flexible approach applied to learning that removes barriers to access for groups with protected characteristics. Given that all mandatory training subjects can now be accessed through workbook/assessment sheets and e-learning, individuals have more opportunities to access it at any time during their working hours whether those hours are within the working hours of 9.00am to 5.00pm or during hours they work outside of these times.

The Trust has continued to explore innovative ways of delivering training and this has led to some courses being adapted for those staff groups such as within Domestic Services and the International Nurses that have been recruited to the Trust in the last year.

Learning and Development continues to communicate to staff the Trust's Mandatory Training Policy. This policy ensures that all staff are aware of the mandatory and role specific training they are required to undertake and for the Trust to be compliant against its' regulatory requirements.

A prospectus is also made available to all staff detailing the clinical training that is available.

Appendix 1

Equality and Diversity Workforce Data – 1st April 2016 – 31st March 2017

Staff in Post by Age and Pay Group

Age Group/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
16 - 20	9	30	33	5	1	1							79
21 - 25	2	25	109	25	32	142	34	5				34	408
26 - 30		38	106	34	43	183	107	21	8		1	107	648
31 - 35		29	110	45	35	132	93	45	17	1		70	577
36 - 40		26	89	42	42	132	90	70	25	27		47	590
41 - 45	1	25	92	39	43	126	94	67	25	45	3	23	583
46 - 50		31	107	56	45	96	79	63	33	58	9	9	586
51 - 55		47	119	68	63	81	78	88	41	38	8	8	639
56 - 60		49	107	47	36	66	54	51	28	33	1	7	479
61 - 65		26	46	29	31	35	16	23	5	11	4	1	227
66 - 70		8	19	6	5	9	2	5		4	2		60
71 +		4	1	1		1				1		2	10
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	4886

Staff in Post by Disability and Pay Group

Disabled/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
No	12	210	718	281	263	696	466	285	125	118	16	170	3360
Not Declared		40	25	17	21	135	31	26	11	32	9	119	466
Undefined		79	157	88	82	143	127	119	44	66	3	16	924
Yes		9	38	11	10	30	23	8	2	2		3	136
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Staff in Post by Sexual Orientation and Pay Group

Sexual Orientation/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Bisexual		3	9	2	1	15	5					3	38
Gay		3	6	2	2	6	3	2	2	1		1	28
Heterosexual	12	211	769	303	284	707	517	311	136	120	19	213	3602
I do not wish to disclose my sexual orientation		72	80	50	55	202	63	52	22	41	8	78	723
Lesbian		1	2	2		5	3	3	1			1	18
Undefined		48	72	38	34	69	56	70	21	56	1	12	477
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Staff in Post by Gender and Pay Group

Gender/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Female	7	200	804	331	324	882	560	376	132	73	15	162	3866
Male	5	138	134	66	52	122	87	62	50	145	13	146	1020
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Staff in Post by Religious Belief and Pay Group

Religious Belief/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Atheism	2	34	139	31	50	95	100	44	18	12	4	19	548
Buddhism		4	1	3	1	3		2	1	5		8	28
Christianity	7	152	500	220	179	542	334	214	109	52	13	76	2398
Hinduism		1	15	5	4	15	9	7	4	36		33	129
I do not wish to disclose my religion/belief		73	112	57	73	197	95	65	23	44	9	84	832
Islam	1	1	8	5	5	21	5	4	1	11		70	132
Jainism								2	1	1		1	5
Judaism						1							1
Other	2	30	93	41	30	68	53	32	6	2	1	4	362
Sikhism			3	1		2		4	1	3		1	15
Undefined		43	67	34	34	60	51	64	18	52	1	12	436
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Staff in Post by Marital Status and Pay Group

Marital Status/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Civil Partnership		3	12	2		8	9	7	1			1	43
Divorced		20	63	41	40	45	43	42	9	7	4	2	316
Legally Separated		6	19	5	5	7	10	4	3	2		1	62
Married	1	129	442	206	176	482	352	287	121	168	19	135	2518
Single	11	146	361	129	141	397	209	80	39	14	3	112	1642
Unknown		20	15	8	9	19	17	9	8	21	1	35	162
Widowed		7	16	3	2	4	2	3		1		1	39
NULL		7	10	3	3	42	5	6	1	5	1	21	104
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Staff in Post by Ethnic Origin and Pay Group

Ethnic Origin/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
White - British	7	201	709	318	323	495	515	363	151	104	24	56	3266
White - Irish		6	8	4	2	13	6	7	5	2		1	54
White - Any other White background		52	66	18	5	85	19	10	4	10	1	19	289
White English		2				2						1	5
White Welsh				1									1
White Greek			1		1								2
White Turkish												1	1
White Italian			1			6	2		1				10
White Gypsy/Romany						8							8
White Polish		1	2	1		1	2					1	8
White Albanian						1							1
White Mixed			1										1
White Other European		2	1			13	3			1		4	24
Mixed - White & Black Caribbean		1	3	4	2	6	4					1	21
Mixed - White & Black African	1	1				2	1			1		2	8
Mixed - White & Asian		2	1		3	2	3			3		1	15
Mixed - Any other mixed background		1	7	5	2	7	1	3		2		3	31
Mixed - Black & White				1									1
Mixed - Asian & Chinese						1							1
Mixed - Other/Unspecified												1	1
Asian or Asian British - Indian		8	43	12	15	124	26	17	7	59		52	363
Asian or Asian British - Pakistani	1		1	3	3	2	1	1		4		31	47
Asian or Asian British - Bangladeshi			1	2		5	2	2		1		3	16
Asian or Asian British - Any other Asian background		4	20	1	3	18	3	3	2	11		19	84
Asian Sri Lankan												2	2
Asian British			1										1
Asian Unspecified		2											2
Black or Black British - Caribbean	2	9	14	3	5	16	4	6		1		2	62
Black or Black British - African		16	28	9	5	85	27	10	3	3		15	201
Black or Black British - Any other Black background		2	4	2	1	2	1						12
Black Nigerian						1							1
Black British		1		1		1	2						5
Chinese		1		1		5	3	2	2	4		10	28
Any Other Ethnic Group	1		7	4	1	16	2	3	1	4		16	55
Filipino						9							9
Other Specified			1							1		2	4
Undefined												1	1
Not Stated		26	18	7	5	78	20	11	6	7	3	64	245
Total	**12**	**338**	**938**	**397**	**376**	**1004**	**647**	**438**	**182**	**218**	**28**	**308**	**4886**

Sickness Absence Episodes

Sickness Episodes by Age and Pay Group

Age Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
16 - 20	7	86	172	17	6	14						302
21 - 25		73	447	69	61	341	52	7			20	1070
26 - 30	10	78	398	81	83	435	206	37	6	1	78	1413
31 - 35		43	298	100	80	336	163	65	20		32	1137
36 - 40		29	220	117	92	339	177	119	46		27	1166
41 - 45		33	255	89	64	323	216	100	31	12	9	1132
46 - 50		61	303	111	84	253	114	89	32	3	3	1053
51 - 55		83	317	159	150	182	156	120	76	5	2	1250
56 - 60		87	223	111	79	126	86	64	39	5	1	821
61 - 65		38	108	62	45	69	35	29	2	2		390
66 - 70		12	38	12	6	12	1	4				85
71 +		2	1	2						1		6
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Disability and Pay Group

Disabled	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
No	7	403	2168	659	505	1588	802	378	168	11	116	6805
Not Declared		76	51	52	43	406	62	36	17	11	48	802
Undefined		128	450	191	162	337	282	196	65	7		1818
Yes	10	18	111	28	40	99	60	24	2		8	400
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Sexual Orientation and Pay Group

Sexual Orientation	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
Bisexual		4	22		2	37	7				2	74
Gay		4	12	4	5	29	14	1	1	7		77
Heterosexual	17	423	2301	747	566	1673	958	444	194	14	136	7473
I do not wish to disclose my sexual orientation		113	220	104	118	537	110	69	42	4	34	1351
Lesbian		4	18	2		12	2	5	2			45
Undefined		77	207	73	59	142	115	115	13	4		805
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Gender and Pay Group

Gender	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
Female	17	357	2441	796	661	2135	1037	567	187	10	102	8310
Male		268	339	134	89	295	169	67	65	19	70	1515
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Religious Belief and Pay Group

Religious Belief	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
Atheism		75	468	65	91	215	187	79	28	2	13	1223
Buddhism		5	1	3	3	11		5			5	33
Christianity	12	277	1338	519	357	1315	588	297	173	12	42	4930
Hinduism		1	22	4	9	29	20	10	9	2	28	134
I do not wish to disclose my religion/belief		130	333	129	154	515	178	79	27	5	34	1584
Islam		9	20	9	8	35	8	10	1	3	46	149
Jainism								1	3			4
Judaism											1	1
Other	5	53	397	136	66	170	115	46	1			989
Sikhism		2	11	2		7		5	1		3	31
Undefined		73	190	63	62	133	110	102	9	5		747
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Marital Status and Pay Group

Marital Status	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
Civil Partnership		5	38	2		20	9	8	4			86
Divorced		43	138	99	78	106	87	76	23		2	652
Legally Separated	10	14	69	11	28	23	33	9	9			206
Married		198	1195	485	331	1155	636	387	165	19	72	4643
NULL		12	31	9	19	138	13	12	6	1	6	247
Single	7	315	1232	306	275	928	397	125	32	2	74	3693
Unknown		25	46	12	14	52	27	13	13	7	18	227
Widowed		13	31	6	5	8	4	4				71
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Sickness Episodes by Ethnic Origin and Pay Group

Ethnic Origin	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other Medical	Total
White - British	17	404	2240	731	634	1197	966	529	207	19	31	6975
White - Irish		8	23	9	4	23	16	7	7			97
White - Any other White background		85	150	48	16	177	24	18	8	1	12	539
White Unspecified							2					2
White English		4				3						7
White Welsh				2								2
White Greek			1		8							9
White Italian			1			7	2		2			12
White Gypsy/Romany				1		36						37
White Polish			7	4			1				1	13
White Albanian						1						1
White Mixed			4									4
White Other European		2	2			30	4				1	39
Mixed - White & Black Caribbean		2	7	7	4	22	9				1	52
Mixed - White & Black African		3				8					1	12
Mixed - White & Asian		4	2		4	3	5					18
Mixed - Any other mixed background		2	11	25	6	12	2	1			1	60
Mixed - Black & White				2								2
Mixed - Asian & Chinese						5						5
Asian or Asian British - Indian		10	118	19	15	307	53	19	12	7	43	603
Asian or Asian British - Pakistani			5	1	7	9	1	5			23	51
Asian or Asian British - Bangladeshi		4	1	5		9	1	4			2	26
Asian or Asian British - Any other Asian background		3	44	3	3	41	6	8	3		11	122
Asian Unspecified		1										1
Black or Black British - Caribbean		13	17	2	15	37	5	8	1			98
Black or Black British - African		31	63	34	10	214	49	14	2		8	425
Black or Black British - Any other Black background		4	4	7		9						24
Black Nigerian						1						1
Black British				4		1	8					13
Chinese		1		2		1				1	8	13
Any Other Ethnic Group			16	6	1	31	6	4			3	67
Filipino						14						14
Other Specified			4							1	3	8
Not Stated		44	60	18	23	232	46	17	10		23	473
Total	**17**	**625**	**2780**	**930**	**750**	**2430**	**1206**	**634**	**252**	**29**	**172**	**9825**

Leaving Employment

Leavers by Age Band and Pay Group

Age Band/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
16 - 20	5	13	7		1								26
21 - 25	2	6	18	6	6	18	3	1				25	85
26 - 30	2	4	17	8	5	20	13	3		1		107	180
31 - 35		2	9	5	5	13	3	8	4			67	116
36 - 40		3	4	4	5	7	4	6	1	6		44	84
41 - 45		5	8	2	4	11	4	1	2	4		15	56
46 - 50		5	9			5	5	3	7	2	1	5	42
51 - 55		5	7	2	8	13	1	6	7	1	1	5	56
56 - 60		4	9	9	5	5	5	7	1	4		1	50
61 - 65		2	13	5	8	5	3	2	1	3	1	1	44
66 - 70		1	3	1	1	1	1			1			9
71 +		1	1		1								3
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Disability and Pay Group

Disabled/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
No	7	38	82	30	32	57	29	26	17	10	1	215	544
Not Declared		6	2	4	7	19	1	2		4	1	47	93
Undefined		5	17	7	8	15	12	9	6	7	1	5	92
Yes	2	2	4	1	2	7				1		3	22
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Sexual Orientation and Pay Group

Sexual Orientation/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Bisexual			1			2						1	4
Gay					1	1						4	6
Heterosexual	7	41	85	35	33	67	33	28	14	13	2	224	582
I do not wish to disclose my sexual orientation	2	6	6	7	8	20	4	4	5	4	1	40	107
Lesbian		1	1			1							3
Undefined		3	12		7	7	5	5	4	5		1	49
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Gender and Pay Group

Gender/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Female	7	30	94	36	41	72	33	29	15	8	2	126	493
Male	2	21	11	6	8	26	9	8	8	14	1	144	258
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Religious Belief and Pay Group

Religious Belief/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Atheism	2	5	9	9	8	9	6	6	2			30	86
Buddhism		1			1	1						1	4
Christianity	4	27	50	21	19	45	18	20	12	8	2	72	298
Hinduism		1	3		2	1		3				56	66
I do not wish to disclose my religion/belief	2	8	9	6	14	20	8	4	5	6	1	45	128
Islam		1	3	2		6				2		52	66
Jainism												1	1
Judaism												1	1
Other	1	4	19	4		7	4			1		4	44
Sikhism		1				2						7	10
Undefined		3	12		5	7	6	4	4	5		1	47
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Marital Status and Pay Group

Marital Status/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
Civil Partnership			1			1							2
Divorced		1	2	4	4	7	4	3	1			2	28
Legally Separated	1	1	2			2			1			1	8
Married		16	52	20	25	42	18	20	18	14	2	100	327
Single	7	33	41	17	18	39	17	11	3	6		126	318
Unknown			4				2	2		2	1	21	32
Widowed			2		1		1						4
NULL	1		1	1	1	7		1				20	32
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Leavers by Ethnic Origin and Pay Group

Ethnic Origin/ Pay Group	Apprentice	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A - 9	Consultant	Other	Other Medical	Total
White - British	6	32	72	26	39	50	40	29	21	9	3	58	385
White - Irish		2	2			1						3	8
White - Any other White background		3	4	7	3	11		1		4		19	52
White Greek			1										1
White Italian												1	1
White Gypsy/Romany				1									1
White Polish			2										2
White Other European						1				2		2	5
Mixed - White & Black Caribbean		1	1				1						3
Mixed - White & Black African												2	2
Mixed - White & Asian												2	2
Mixed - Any other mixed background			1	1		1						4	7
Asian or Asian British - Indian		5	8	1	4	8		2	1			61	90
Asian or Asian British - Pakistani						2				1		25	28
Asian or Asian British - Bangladeshi		1	1	2		3						4	11
Asian or Asian British - Any other Asian background		1						1				13	15
Asian Mixed												1	1
Asian Sri Lankan												1	1
Asian Tamil												1	1
Asian Unspecified												5	5
Black or Black British - Caribbean	1		2			2		1	1			1	8
Black or Black British - African		5	8	2	1	6	1	3				16	42
Black or Black British - Any other Black background						1						1	2
Chinese												6	6
Any Other Ethnic Group			1			1						8	10
Other Specified												2	2
Undefined										1		4	5
Not Stated	2	1	2	2	2	11				5		30	55
Total	**9**	**51**	**105**	**42**	**49**	**98**	**42**	**37**	**23**	**22**	**3**	**270**	**751**

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**Operational Performance Report**
Agenda item	**15**
Presenter of Report	Deborah Needham Chief Operating Officer / Deputy Chief Executive
Author(s) of Report	Lead Directors & Deputies Cancer – Sandra Neale Urgent Care – Paul Saunders
Purpose	For Information & Assurance

Executive summary

The paper is presented to provide information and assurance to the Board on all national and local performance targets via the integrated scorecard.

Each of the indicators which is amber/red rated has an accompanying exception report

There is a separate report for both Urgent care and cancer performance

Related strategic aim and corporate objective	Focus on quality & safety
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks N Risk of not delivering performance standards Associated fines Patient experience Reputation
Related Board Assurance Framework entries	BAF – 1.2, 3.1
Equality Analysis	Is there potential for, or evidence that, the proposed

Enclosure K

	decision/document will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (N)
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper (N)

Actions required by the Board:

The Board is asked to:

- Note the performance report
- Seek areas for clarification
- Gain assurance on actions being taken to rectify adverse performance

NGH Corporate Scorecard – June 2017

New Indicators & Changes to Existing Indicators

MSSA – A new indicator has been added to the 'Safe' section of the scorecard, reporting on the number of hospital acquired instances of Methicillin-sensitive Staphylococcus aureus. This indicator is populated by the Infection Control Team.

Cancelled Operation Numbers (Clinical) – An additional indicator has been added to the divisional level scorecard to show the number of operations which were cancelled for clinical reasons.

Cancelled Operation Numbers (Non - Clinical) – An additional indicator has been added to the divisional level scorecard to show the number of operations which were cancelled for non-clinical reasons. Both of these indicators are populated by the Information Team.

Outliers belonging to other specialties has been renamed to 'Bed days lost to patients of other specialities'. **Outlying into other specialties** has been renamed to 'Bed days borrowed from other specialities'. These changes have been made to clarify what the indicators mean. Further changes will be made to these indicators in the following month;

- NHC will be removed from escalation bed indicators
- The following wards will be removed from all outlier indicators and reports:
    - Barratt Maternity Wards
    - Paediatrics
    - Critical Care
    - Finedon
    - Brampton
    - Compton
    - EAU
    - Benham

Developments

The Information Team are working closely with the COO, Divisional; Managers and Clinical Directors to review the content of the current scorecard. There are a large number of indicators which have been identified for development which will be released over the coming months. The following indicators are currently being developed by IT and Information and are expected to be live next month:

- Outliers changes, as per the above
- Salary Overpayments – Number
- Salary Overpayments – Value
- Low Harm Incidents
- Moderate Harm Incidents
- No Harm Incidents
- No. of Comprehensive Investigations Undertaken
- Pharmacy indicators
- Medical Records indicators

Northampton General Hospital NHS Trust Corporate Dashboard 2017-18

Corporate Scorecard

Glossary **Targets & RAG**

	Indicator	Target	APR-17	MAY-17	JUN-17
Quality of Care: Caring	Complaints responded to within agreed timescales	>=90%	67.4%	82.6%	82.0%
	Friends & Family Test % of patients who would recommend: A&E	>=86.8%	90.2%	87.0%	88.7%
	Friends & Family Test % of patients who would recommend: Inpatient/Daycase	>=95.9%	93.2%	94.1%	94.1%
	Friends & Family Test % of patients who would recommend: Maternity - Birth	>=96.6%	100.0%	100.0%	95.5%
	Friends & Family Test % of patients who would recommend: Outpatients	>=93.5%	92.5%	93.5%	92.8%
	Mixed Sex Accommodation	=0	0	0	4
	Total deaths where a care plan is in place	>=50%	50.5%	49.0%	57.4%

	Indicator	Target	APR-17	MAY-17	JUN-17
Operational Performance	Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	>=93%	90.3%	85.9%	91.8%
	Cancer: Percentage of 2 week GP referral to 1st outpatient - breast symptoms	>=93%	85.2%	72.8%	52.2%
	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - drug	>=98%	100.0%	98.4%	93.4%
	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	>=94%	94.4%	96.7%	97.1%
	Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	>=94%	100.0%	90.9%	71.4%
	Cancer: Percentage of patients treated within 31 days	>=96%	96.0%	95.4%	95.3%
	Cancer: Percentage of patients treated within 62 days of Consultant Upgrade	>=85%	84.6%	86.6%	75.0%
	Cancer: Percentage of patients treated within 62 days of referral from screening	>=90%	96.4%	85.7%	88.8%
	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	>=85%	80.2%	72.9%	73.4%
	Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	>=99.1%	99.4%	99.7%	99.3%
	RTT over 52 weeks	=0	0	0	
	RTT waiting times incomplete pathways	>=92%	92.3%	92.0%	
	A&E: Proportion of patients spending less than 4 hours in A&E	>=95%	87.4%	85.3%	88.7%
	Ambulance handovers that waited over 30 mins and less than 60 mins	<=25	91	141	139
	Ambulance handovers that waited over 60 mins	<=10	12	12	19
	Average Ambulance handover times	=15 mins	00:12	00:14	00:13
	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	=0	1	3	1

	Indicator	Target	APR-17	MAY-17	JUN-17
Quality of Care: Effective	Crude Death Rates	1	1.2%	1.3%	1.0%
	Emergency re-admissions within 30 days (elective)	<=3.5%	3.1%	2.8%	3.0%
	Emergency re-admissions within 30 days (non-elective)	<=12%	16.1%	14.9%	14.2%
	Length of stay - All	<=4.2	4.2	4.9	4.3
	Maternity: C Section Rates - Total	<27.1%	28.2%	27.0%	28.3%
	Mortality: HSMR	100	98	99	97
	Mortality: SHMI	100	95	95	96
	Stranded NEL patients >=75yrs (LOS > 7 DAYS)	<=45%	49.3%	52.3%	47.7%
	# NoF - Fit patients operated on within 36 hours	>=80%	68.7%	81.4%	76.1%
	Stroke patients spending at least 90% of their time on the stroke unit	>=80%	88.0%	94.0%	95.8%
	Suspected stroke patients given a CT within 1 hour of arrival	>=50%	85.4%	100.0%	96.2%

	Indicator	Target	APR-17	MAY-17	JUN-17
Finance and Use of Resources	Bank & Agency / Pay %	<=7.5%	12.9%	11.8%	12.3%
	CIP Performance	>=0		(109) Adv	
	Income	>=0	(1,032) Adv	45 Fav	562 Fav
	Non Pay	>=0	144 Fav	255 Fav	(206) Adv
	Pay	>=0	35 Fav	(178) Adv	(298) Adv
	Surplus / Deficit	>=0	(640) Adv	362 Fav	101 Fav
	Waivers	=0	4	5	5
	Waivers which have breached	=0	3	0	0

	Indicator	Target	APR-17	MAY-17	JUN-17
Quality of Care: Safe	Dementia: Case finding	>=90%	99.0%	96.2%	98.1%
	Dementia: Initial diagnostic assessment	>=90%	100.0%	100.0%	100.0%
	Transfers: Patients moved between 10pm and 7am with a risk assessment completed	>=98%	98.3%	97.8%	100.0%
	Transfers: Patients transferred out of hours (between 10pm and 7am)	<=60	60	46	42
	VTE Risk Assessment	>=95%	95.3%	95.6%	95.0%
	Ward Moves (>2)	=0	108	132	132
	Ward Moves (>2) Context	=0%	3.5%	3.7%	3.9%
	Delayed transfer of care	=23	59	90	66
	Falls per 1000 occupied bed days	<=5.5	5.3	3.3	4.2
	Harm Free Care (Safety Thermometer)	>=94.1%	92.9%	96.0%	93.2%
	Never event incidence	=0	1	0	0
	Number of Serious Incidents Requiring Investigation (SIRI) declared during the period	=0	0	0	1
	C-Diff	<=1.75	2	0	5
	MRSA	=0	0	0	0
	MSSA	=0	1	0	1

	Indicator	Target	APR-17	MAY-17	JUN-17
Leadership & Improvement Capability	Medical Job Planning	>=90%	0%	0%	0%
	Percentage of all trust staff with mandatory training compliance	>=85%	85.5%	85.8%	86.5%
	Percentage of all trust staff with role specific training compliance	>=85%	81.0%	81.0%	81.8%
	Percentage of staff with annual appraisal	>=85%	83.6%	85.0%	85.0%
	Sickness Rate	<=3.8%	3.2%	3.5%	3.5%
	Staff: Trust level vacancy rate - All	<=7%	11.1%	11.4%	11.9%
	Staff: Trust level vacancy rate - Medical Staff	<=7%	10.7%	11.2%	10.0%
	Staff: Trust level vacancy rate - Other Staff	<=7%	13.8%	13.5%	13.6%
	Staff: Trust level vacancy rate - Registered Nursing Staff	<=7%	10.2%	10.3%	10.4%
	Turnover Rate	<=8%	9.8%	10.0%	9.9%

Run Date: 13/07/2017 13:53 Corporate Scorecard Run by: JohnsonCJ

Northampton General Hospital NHS Trust

Corporate Scorecard
June 2017

Delivering for patients:
2017/18 Accountability Framework for NHS trust boards

The corporate scorecard provides a holistic and integrated set of metrics closely aligned between NHS Improvement 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 trajectory for the reminder of the year.

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
A&E: A&E Performance	Externally mandated	Finance, Investment and Performance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
A&E: Proportion of patients spending less than 4 hours in A&E	>=95%	90.5%	92.2%	89.1%	84.8%	83.3%	83.2%	81.3%	78.1%	86.7%	87.4%	85.3%	88.7%

Driver for underperformance:	Actions to address the underperformance:
• Specialty waits • Bed capacity • Vacancies within medical staffing equating to 17 WTE across all of the grades (3 WTE in post since April 2017 report) • Increased acuity is still well above baseline and in upper quartile. • Capacity within department • Increased attendances • Decreased discharges in assessment areas	• 1st assessment delay action plan in place, reduction seen in 1st assessment breaches. • A&E trackers role defined, ensure they are now tracking each patients against ED operational standards and escalating. • Overnight review meeting to take place if performance less than 90% • Medical staffing rota review and implementation August 2017 • Consultant and NIC 'Command and Control' of department, SOP written and implemented • Early escalation to speciality teams should patients be waiting more than 30minutes (professional standards). • Exploring options of different ways of working in assessment areas. • Acute Physician start date confirmed (July 2017) • General Practitioners in ED interviews completed 1x GP offered job • Early escalation to EMAS if multiple ambulance arrivals in quick succession (10 or more crews within the hour). • Urgent Care Tracker trial completed, role to be implemented permanently • NIC now carry a bleep to ensure contactable throughout department, and to ensure aware of all cardiac arrest, trauma and security calls (early escalation of multiple incidents).

Lead Clinician:	Lead Manager:	Lead Director:
Dr T Dyer	Paul Saunders	Deborah Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Average Ambulance Handover Times	Externally mandated	Directorate Management Board	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Ambulance handovers that waited over 30 mins and less than 60 mins	<=25	275	239	151	229	220	247	147	303	159	91	141	139
Ambulance handovers that waited over 60 mins	<=10	47	15	11	47	21	36	35	61	23	12	12	19

Driver for underperformance:

- Acuity remains high across the Trust, although we have seen reduction.
- Bed capacity within Trust
- Multiple ambulance arrivals in quick succession
- Increased attendances to A&E based on previous years data
- Inaccurate data collection (ambulance arrivals)
- Fast Response Cars booking mobile to hospital and not calling clear at scene
- Ambulance Turnaround screen has not been recognising some crews PIN numbers, thus showing as delays. Escalated to EMAS.

Actions to address the underperformance:

- In absence of HALO, crews to be requested to double up.
- Clinical guidance being written to support crews remotely with GP advice between 0800-2300hrs, awaiting access to System One escalated to CCG
- Two FIT bays (F9, F10) designated for ambulance off load and handover.
- Early escalation to EMAS silver to request HALO should the need arise.
- Discussion with EMAS Regional Operations Manager (ROM) to ensure admission avoidance MDT message is put out to crews, and to make aware of Trust pressures.
- Early escalation to EMAS/Ops room if multiple ambulance arrivals in quick succession (10 or more per hour).
- If Trust status BLACK corridor to be staffed to support ambulance turnaround.
- Reception staff to use and handover crews who have brought patients into Resus, this will free the nurse to ensure safe patient care.
- Trackers to escalate any ambulance delays approaching 25 minutes.
- Black Breaches requested from EMAS so they can be validated
- Ambulance Handover to be implemented on PAU/Maternity

Lead Clinician:	Lead Manager:	Lead Director:
Dr Tristan Dyer	Paul Saunders	Deborah Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Stranded patients >75yrs (LOS > 7 DAYS)	Internally set	Finance, Investment and Performance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Stranded patients >75yrs (LOS > 7 DAYS)	<=45%	51.8%	50.8%	56.4%	51.4%	55.5%	55.6%	52.6%	56.2%	51.7%	49.3%	52.3%	47.7%

Driver for underperformance:	Actions to address the underperformance:
• There still remains high numbers of delayed transfer of care (DTOC) within the trust. However the number of stranded patients has reduced to its lowest level. • There are a number of patients within the stranded patients who have very complex discharge needs. • There have been concerns around SPA (Single Point of Access) function and tracking which is under review led by the CCG. • Increase in waits for Social Care assessment and Social Care packages.	• Stranded patient meetings are held weekly which is executively led. • Good engagement from all multi-disciplinary members • Clinical engagement remains good. • Discharge Matron continues to lead on stranded patient meetings and offers support, guidance and challenge when needed • Training will begin across the trust by the CCG concerning trusted assessor. • Business case agreed to fund discharge coordinators across base wards to improve the discharge process and communication with patients and relatives

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Naomi Walters	Deborah Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Ward Moves > 2	Internally set	Finance, Investment and Performance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Ward Moves (>2)		Not applicable until Nov 2016				124	142	122	124	163	102	132	132
Ward Moves (>2) Context						3.8%	3.9%	3.7%	3.9%	4.5%	3.5%	3.7%	3.9%

Driver for underperformance:	Actions to address the underperformance:
• Clarify the number of moves that needs to be monitored. For some patients there are three moves as normal. ED to Assessment area to base ward to Discharge suite Avery or Dickens Unit. • High bed occupancy driving the use of escalation areas. The use of escalation areas puts this figure higher however we are using these areas to keep patients safe. • Some patients moved to accommodate infection control precautions.	• Number of medical outliers remains 40-50 patients. • Further embedding of Red/Green days to drive down LOS will enable patients to get to the most appropriate ward first time. • Pull model in Medicine to be strengthened to ensure the 'right patients are pulled to the 'right ward' with Clinician input to prioritise move order on clinical need. • Operational site team focus on daily process with inpatient capacity management in attempts to minimise any unnecessary moves. • Guidelines on target still required.

Lead Clinician:	Lead Manager:	Lead Director:
Not applicable	Rebecca Conroy	Debbie Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Complaints responded to within agreed timescales	Externally mandated	Quality Governance Committee	June 2017

Performance and Trajectory:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Complaints responded to within agreed timescales	=>90%	87.5%	80.3%	88.6%	93.2%	93.2%	96.9%	88.0%	96.9%	88.0%	67.4%	82.6%	82.0%

It should be noted that the figures have been pulled forward by two months to show a completed scorecard. In this respect June's % relates to the complaints that were received in April but were responded to in June.

Driver for underperformance:	Actions to address the underperformance:
For April's complaints the following should be noted: • 40 complaints received • 1 complaints agreed up to 20 days (lower complexity) • 37 complaints agreed up to 30 days (high complexity) • 2 complaints agreed up to 40 days (significant complexity) • 15 extension requests issued • 7 holding letters sent • 3 complaints reopened **Reasons for underperformance:** • Increased level of complexity – identified at 66% over the last 3 years • Newly appointed Complaints Officer has reduced level of competency at this stage while training continues • Ongoing sickness covered (complaints officer) • 3 extension requests required due to complaints resources • 12 extension requests required due to divisional / directorate pressures.	• Review of processes and workload undertaken to look for further efficiencies - new process being piloted (in June) • Prioritise Complaints Service activities • Currently looking at contingency planning moving forwards • Temporary staff utilised to cover increase in complexity • Weekly complaints report is issued to highlight any complaints out of time.

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Lisa Cooper	Carolyn Fox

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Friends and Family Test % - Inpatient/Daycase	Externally mandated	Quality Governance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Friends & Family Test % of patients who would recommend: Inpatient/Daycase	>=95.8%	90.5%	91.5%	91.8%	92.1%	93.0%	92.9%	94.0%	92.7%	93.6%	93.2%	94.1%	94.1%
Friends & Family Test % of patients who would recommend: Maternity - Birth	>=97.1%	95.5%	98.9%	96.6%	99.2%	99.0%	98.8%	97.9%	98.6%	94.0%	100.0%	100.0%	95.5%
Friends & Family Test % of patients who would recommend: Outpatients	>=93.3%	91.6%	91.3%	91.8%	91.7%	92.6%	93.2%	93.0%	93.7%	92.7%	92.5%	93.5%	92.8%

Driver for underperformance:	Actions to address the underperformance:
• It is evident when reviewing the data set across the past 12 months that despite underperformance there is a continued upward trajectory, this is particularly evident within Inpatient and Day cases where we see a month on month improvement and have done for a number of months consecutively. • As with Inpatient & Day Case areas we have also seen improvements within Outpatients. Following a number of static months, December and February saw levels reach above the national averages. It should be noted that results for Outpatients are around 1% lower than the national average. • June saw the FFT Inpatient & Day Case results reach their highest levels to date of 94.2% satisfaction. When comparing 15/16 results to 16/17, there has been a 3.1% increase in the average recommendation rates. • For Maternity births the response rate has depreciated meaning the drop in in recommendation rate is the result of 1 negative response.	• Many actions are being undertaken to address performance all of which are evidently having an effect, particularly within Inpatient and Day Case areas. • Two further local surveys have now commenced with ward specific data produced and circulated. This has provided areas with specific improvement areas to focus on based around the national inpatient survey. As this is based on the things which are the most important to patients it is likely to have a positive impact on FFT as an overall barometer for satisfaction. • A number of projects are going to take place based on the survey results detailed above. This is likely to have an impact on scores for the FFT. • Patient Experience now has a number of volunteers helping with card collections and data entry meaning data sets are becoming increasingly more representative of our population.

Lead Clinician:	Lead Manager:	Lead Director:
N/A	Rachel Lovesy	Carolyn Fox

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Clostridium difficile Infection Trust attributable (post 3 days) / MSSA Incidents	CDI Externally Mandated MSSA internally Mandated	Infection Prevention Steering Group	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
C-Diff	<=1.75	1	3	0	1	4	2	1	1	4	2	0	5
MSSA		N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	1	0	1

Driver for underperformance:	Actions to address the underperformance:
• The driver for underperformance is the trust trajectory for *Clostridium difficile* infection (CDI) for 2017-2018 which is 21 trust attributable CDI • The driver for underperformance is an internally set trajectory for Meticillin Sensitive *Staphylococcus aureus* (MSSA) of no more than 14 patients develop MSSA for 2017/2018	• Post Infection Reviews have been performed on all patients that have developed CDI. • A briefing paper on all CDI cases to date is being presented at the July Infection Prevention Steering Group (IPSG). • A Surgical CDI collaborative has been set up as 4 of the 7 cases to date were in the Surgical Division. • To continue to work within the CDI forward plan • To continue to work within the MSSA forward plan

Lead Clinician:	Lead Manager:	Lead Director:
Dr Minassian	Wendy Foster	Dr Minassian

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Harm Free Care (Safety Thermometer)	Externally mandated	Quality Governance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Harm Free Care (Safety Thermometer)	>=94.1%	93.2%	94.3%	94.0%	93.1%	94.1%	95.3%	93.2%	94.3%	95.1%	92.9%	95.9%	93.2%

Driver for underperformance:	Actions to address the underperformance:
• Hospital acquired Pressure Ulcers remain above national target • There has been a slight increase on the number of in patient falls	• Actions are in place to continually reduce pressure damage • Second 90 day rapid improvement project commenced working with 4 wards. • Wards are trialling 'tests of change' specifically focussing on early identification, devices to reduce shearing and friction damage • Patient Falls Prevention team have been involved with the national NHSI 90 day Collaborative with two wards from the Trust involved. 'Tests of change' and action plan implemented over the last month to focus on high risk patient falls. Internal 90 day Improvement Collaborative to commence in the Autumn across the Trust

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Fiona Barnes	Carolyn Fox

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Cancer Access Targets	Externally Mandated	Finance, Investment and Performance Committee	June 2017 for Validated May 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Cancer: Percentage of 2 week GP referral to 1st outpatient appointment	>=93%	96.3%	96.5%	96.8%	97.3%	96.4%	97.7%	96.1%	98.2%	96.5%	90.3%	85.9%
Cancer: Percentage of 2 week GP referral to 1st outpatient - breast symptoms	>=93%	91.8%	93.3%	100.0%	91.3%	96.0%	95.0%	95.5%	98.4%	94.1%	85.2%	72.8%
Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	>=94%	100%	63.6%	83.3%	100.0%	81.8%	100.0%	88.2%	93.3%	100.0%	100.0%	90.9%
Cancer: Percentage of patients treated within 31 days	>=96%	96.9%	96.1%	97.5%	96.8%	96.4%	98.0%	97.4%	100.0%	97.3%	96.0%	95.4%
Cancer: Percentage of patients treated within 62 days of referral from screening	>=90%	93.3%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	92.0%	90.0%	96.4%	85.7%
Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	>=85%	80.0%	76.9%	71.5%	81.6%	81.6%	85.9%	80.4%	79.6%	76.3%	80.2%	72.9%

Driver for underperformance:	Actions to address the underperformance:
62 Day Standard – 72.9% 8 tumour sites breached the standard in May reaching 72.9% against the required 85% for the 62 day standard. The Trust treated 85 patients which is back in line with average treatments over 2016, however 23 of these treatments were not within the required 62 days. Breast has recovered their number of treatments in May in line with previous averages, with Colorectal, Upper GI, Head & Neck and Skin treating more than their average treatments. Breach analysis shows diagnostic delays still contributing to performance and has been validated by a network audit of NGH	**Operational Focus for next period** The Trust will continue to focus on reducing its legacy patients to within acceptable limits, which in turn will allow focus on those patents earlier in the pathway, this should improve performance. The Cancer Services team are currently undertaking a back to basics review of their tracking methodology and will be working with the Somerset Cancer registry, CWT database provider to provide refreshed training for al MDT co-ordinators. All co-ordinators have recently completed and passed the Understanding Cancer E-Learning package. Alternative capacity for the Breast tumour site and Oncology service are under investigation. Each tumour site has provided monthly trajectories, the Cancer Services

patients across 4 pathways in the last month: All teams have worked incredibly hard over the past three weeks in order to reduce the number of leagcy patients, those on pathways in excess of 62 days, reducung from 89 patients to 47, the momentum needs to be sustained in order to reduce this further to within acceptabel numbers of 15-20 for only patient choice or clinically based reasons for waiting on a cancer pathway The average request to report is continuing to reduce for MRI which is hovering around 12 – 13 days the average request to test is 6 – 7 days. CT average request to report is also reducing but is still at 17 – 18 days the average request to test is at 15 days and to address this Radiology are creating an additional 6 urgent 2WW slots per day on the third scanner this should ensure the request to test reduces, the report time does not seem to be an issue as it is currently 2 – 3 days. Radiology attendance at MDT remains a risk and has been shared with the Chief Executive, Cancer Services have drafted a proforma to share with Radiology prior to any MDT where there is no representation in order to secure as much information as possible and to minimise patients not being discussed which creates delays to patient pathways. Oncology have secured 2 locum medical oncologist's starting later in the year but are still struggling to secure clinical oncologists. Capacity issues continue supporting Colorectal, Urology and Breast but this is now being felt across all tumour sites due to the current staff covering multiple sites. **Urology-2 breaches** • 1 patient had diagnostic delays to their pathway but then was unavailable for 6 weeks due to unrelated surgery healing time.	team are currently developing a tool in order to micro manage performance in order to support reaching 85% for the 62 day standard in line with national directives by September, this will be supported longer term by the embedding of changes developed over the past 11 months.

• 1 patient had a diagnostic delay which then delayed MDT discussion and would have been treated in time if the diagnostic happened in a timely manner. **<u>Colorectal – 5 breaches</u>** • 2 patients were scheduled for treatment on time but then were delayed due to fitness issues. • 3 patients had a diagnostic delay which then delayed MDT discussion and would have been treated in time if the diagnostic happened in a timely manner. **<u>Head and Neck – 8 breaches</u>** • 1 patient had diagnostic delays but also had a complex pathway to diagnosis. • 1 patient had diagnostic delays but also experienced delays at securing an OPA and treatment starting in Oncology due to capacity issues. • 3 patients had a diagnostic delay and would have been treated in time if the diagnostic happened in a timely manner. • 1 patient had a diagnostic delay and would have been treated in time however they were an inpatient for a week during their pathway. • 3 patients were referred from Milton Keynes late and were treated in time by NGH, these are currently shown as 1.5 breaches to NGH due to the delays around the national breach allocation, and these would not sit with NGH once resolved. • 1 patient was undecided about their treatment options was to be treated at MK but then was returned to NGH for surgery. **<u>Haematology –1 breach</u>** • 1 patient was transferred late from the lung pathway and required investigations at UHL, this delayed their treatment in time by 1 week.	

Upper GI –2 breaches • 1 patient had a complex pathway with multiple diagnostics and MDT discussions in order to reach a diagnosis • 1 patient was a late tertiary referral from KGH for Oncology treatment and was not fully worked up before being sent to NGH and therefore required further investigations. • 1 patient had diagnostic delays prior to referral to UHL. Their treatment was delayed due to the patient taking 51 days to decide on which option to proceed with. **Gynaecology –1 breach** • 1 patient was delayed due to the nature of their surgical treatment plan requiring two surgeons to complete the procedure and 1 was on annual leave. **Lung 2 breaches** • Both patients had multiple investigations prior to a diagnosis being reached. 1 patient took time out from the pathway to decide on a treatment plan and 1 patient was an inpatient during their time on the pathway. **Breast 2 breaches** • 1 patient had a complex diagnostic pathway which was delayed and would have been treated in time if the diagnostic happened in a timely manner. • 1 patient was scheduled for treatment on time but then was delayed due to fitness issues. **2WW Standard- 86%** As in April issues in the Breast tumour site continue to impact on the	

standards with the Trust reaching 86% against a standard of 93% for 2ww referrals. 71.8% of the breaches are attributed to the breast service of which 7% were due to patient delays. The Trust is currently exploring options to increase capacity in this site. **2WW Breast Symptomatic Standard –72.8%** The Trust reached 72.8% against a standard of 93% for breast symptomatic, 47 patients were not seen within 14 days, 2 of which were due to patient choice. **31 Day First Treatment- 95.4%** The Trust reached 95.4% against 96% for 31 day first treatment, this was due to 8 patients across 5 sites not meeting the standard, of which 4 patients were unable to be treated due to medical fitness. **Subsequent Surgery Treatment – 90.9** The Trust reached 90.9% against a standard of 94% for subsequent surgery treatment. The standard was failed due to 1 patient not being treated on time, this was due to capacity. **62 day screening- 85.7%** The Trust reached 85.7% against a standard of 90% for 62 day screening, treating 21 patients but 3 of those not within target, 1 due to patient fitness.	

Lead Clinician:	Lead Manager:	Lead Director:
Position currently vacant	Stephanie Buckley / Sandra Neale	Deborah Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Medical Job Planning	Externally mandated	Quality Governance Committee.	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Medical Job Planning	>=90%	Not applicable until Sept 2016			0%	4.3%	51.5%	66.3%	74.3%	76.5%	0.0%	0.0%	0.0%

Driver for underperformance:	Actions to address the underperformance:
• Commencement of cycle year	• Meetings continue to be held with Directorates to outline Trust requirements and provide appropriate support. • Medical Job Plan Assurance Group meeting established to ensure consistency and an even-handed approach across the Trust, as well as compliance with the framework, the contract and all national guidance • Divisional Assurance Panel meetings to be diarised for August with members of Exec team to review and discuss any outlier job plans.

Lead Clinician:	Lead Manager:	Lead Director:
Dr Win Zaw	Sue Jacobs	Dr Mike Cusack

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Staff Role Specific Training Rate	Internally set	Workforce Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Percentage of all trust staff with role specific training compliance	>=85%	77.0%	76.4%	75.1%	76.5%	77.1%	78.1%	79.0%	79.7%	81.2%	81.0%	81.0%	81.8%

Driver for under performance:	Actions to address the underperformance:
• Lack of awareness of Role Specific subjects due to these being separated from the previous list of 23 Mandatory subjects. • Lack of insight into the importance of Role Specific Training due to not being called Mandatory • Positions not being aligned to Role Specific Training subjects • System (OLM) not flexible enough to report on staff requirements to undertake RSET and having the lowest dominator being set at position level not assignment level	• Increase awareness of the importance of undertaking RSET as well as mandatory training. • Work continues in aligning Role Specific subjects to new positions as they are created. • We are investigating the capacity of setting role specific training against assignment as opposed to position.

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Adam Cragg	Janine Brennan

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Staff Turnover Rate	Internally set	Workforce Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Turnover Rate	<=8%	9.8%	9.6%	9.9%	9.8%	9.6%	9.2%	9.4%	9.7%	9.8%	9.8%	10.0%	9.9%

Driver for underperformance:	Actions to address the underperformance:
• Increased Trust activity and effect on areas used as escalation areas	• Development of education initiatives via the apprenticeship levy. • OD undertaking work to improve staff engagement. • Management Leadership programmes. • Analysis of Exit Interviews to enable a better understanding of the drivers for turnover.

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Adam Cragg	Janine Brennan

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Staff Vacancy Rate	Internally set	Workforce Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Staff: Trust level vacancy rate - All	<=7%	11.1%	11.9%	11.1%	10.9%	10.6%	10.9%	10.7%	10.7%	10.6%	11.1%	11.4%	11.9%
Staff: Trust level vacancy rate - Medical Staff	=<7%	11.6%	12.90%	10.00%	10.3%	11.0%	9.9%	9.0%	9.7%	10.0%	10.7%	11.2%	10.0%
Staff: Trust level vacancy rate - Other Staff	=<7%	10.6%	11.50%	11.10%	11.3%	10.8%	11.0%	10.9%	11.0%	11.1%	13.8%	13.5%	13.6%
Staff: Trust level vacancy rate - Registered Nursing Staff	=<7%	12.2%	12.10%	11.50%	10.5%	10.1%	10.9%	11.1%	10.5%	10.0%	10.2%	10.3%	10.4%

Driver for underperformance:	Actions to address the underperformance:
• There is a national shortage of nursing staff along with a shortage within other professional allied specialities & medical staff.	• Trust Open Days in difficult to recruit areas • Practice Development continue to forge links with local University to recruit Students • Dedicated roles within HR for recruitment and retention • More structured approach to Medical Staffing recruitment • Increased use of social networking and web site development to maximise the exposure of the Trust to potential candidates. • Increase usage of apprenticeship schemes • Overseas recruitment for nurses continues • Attendance at job fayres to enhance Trust brand and maximise recruitment

Lead Clinician:	Lead Manager:	Lead Director:
Not Applicable	Adam Cragg	Janine Brennan.

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	Externally mandated	Finance, Investment and Performance Committee	June 2017

Performance and Trajectory:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	=0	0	2	2	0	0	2	2	1	1	1	3	1

Driver for underperformance:	Actions to address the underperformance:
• Hospital No: 383931 – PC • Referred from GP Dec 16 • Initial appointment – 12th Dec 16 • Awaiting CT – 23rd Jan 17 • TCI 22nd Feb 17 – Cancelled day before no beds • Pt requested to stay with Mr Evans • TCI 3rd May 17 - Cancelled day before no beds • TCI 8th May 17 – short notice – cancelled no beds – 28day breach 5th June 17 • TCI 14th June 17 – Pt treated • Discharged from hospital 15th June 17	• Cancelled 3 times due to no bed. Patient wished to stay with Mr Evans and was listed on the next available theatre session that did not have a cancer case on.

Lead Clinician:	Lead Manager:	Lead Director:
Mr DC Hunter	Lorraine Warden	Deborah Needham

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
# NoF - Fit patients operated on within 36 hours	Externally mandated	Assurance Committee: Finance, Investment and Performance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
# NoF - Fit patients operated on within 36 hours	>=80%	57.1%	88.5%	80.0%	96.0%	48.5%	93.9%	63.1%	86.3%	85.7%	68.7%	81.40%	76.1%

Driver for underperformance:	Actions to address the underperformance:
• Continuing failure to prioritise fractured NOF for surgery • Inadequate trauma operating time.	• Trauma operating time to be increased from October 2017.

Lead Clinician:	Lead Manager:	Lead Director:
Mr Gregor Kerr	Lindsay Woodbridge / Fay Gordon	Dr M Cusack

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Maternity C-Section Rates	Externally mandated	Quality Governance Committee.	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Maternity: C Section Rates - Total	<27.1%	27.8%	29.6%	28.1%	26.3%	27.5%	28.4%	24.5%	25.0%	28.9%	28.2%	27.0%	28.3%

Driver for underperformance:	Actions to address the underperformance:
• Total CS rate amber *(Note – benchmark for CS rate changed in April 2017 to reflect most recent NHS Digital statistics.)*	• Continue monitoring – discussed at Governance meeting, Consultant meeting and Midwifery Leads meeting. • Ongoing Emergency Caesarean Section reviews to ensure appropriateness of decision making. • CTG training to be updated to further improve CTG interpretation and decision making – half day training now well established and first full day session was held in April with good feedback. • Matron – Intrapartum Lead to work on labour ward to support normality and provide challenge and support in clinical decision making. • Continue with debriefs following all Caesarean Sections – work ongoing to improve documentation of this – Agreement to utilise Medway, awaiting Medway software update which is now imminent. • Ongoing Elective Caesarean Section audits – good compliance. • Birth After Caesarean Clinic – working towards multidisciplinary clinic.

Lead Clinician:	Lead Manager:	Lead Director:
Mrs Sue Lloyd / Mr Owen Cooper	Sandra Neale	Dr Mike Cusack

Scorecard - Exception Report

Metric underperformed:	Externally mandated or internally set:	Assurance Committee:	Report period:
Mixed Sex Accommodation	Externally Mandated	Finance, Investment and Performance Committee	June 2017

Performance:

Indicator	Target	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Mixed Sex Accommodation	0	0	0	0	8	0	0	0	0	6	0	0	4

Driver for underperformance:	Actions to address the underperformance:
• Poor resolution of avoiding mixed sex breaches by the site team and Eleanor Ward staff • No working policy • Confusion regarding roles and responsibility	• Policy written and sent to Deputy Director of Nursing to progress • Further meeting planned to confirm policy and shared decision making • Site Team informed that all breaches should be avoided unless clinically indicated. • Support ward to make manage speciality patients and bed locations

Lead Clinician:	Lead Manager:	Lead Director:
Not applicable	Rebecca Conroy	Debbie Needham

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**NHS Property and Estates – why the estate matters for patients**
Agenda item	**17**
Presenter of Report	Charles Abolins, Director of Facilities and Capital Development
Author(s) of Report	An independent report by Sir Robert Naylor for the Secretary of Health
Purpose	To inform the Board

Executive summary

This report was published in March 2017. The report analyses some of the current issues facing the NHS estate and sets out a series of recommendations to address these.

The report highlights the importance of developing a modern fit for purpose estate releasing surplus NHS land, increasing efficiency and addressing backlog maintenance. It also clearly flags a link with the governments housing ambitions through release of surplus NHS land for housing development.

The government has welcomed the review and had already accepted some of the key emerging recommendations by identifying £325 million capital investment over the next 3 years to support the development of estates related components of local STP's.

Attached is an On the Day Briefing from NHS Providers which provides a summary of the findings and re-accommodations.

The full report is available at:
https://www.gov.uk/government/publications/nhs-property-and-estates-naylor-review

Related strategic aim and corporate objective	
Risk and assurance	

Enclosure L

Related Board Assurance Framework entries	
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? 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)? No
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? No Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)? No
Legal implications / regulatory requirements	
Actions required by the Trust Board	

31 March 2017

on the day BRIEFING

NHS Providers

THE NAYLOR REVIEW OF NHS PROPERTY AND ESTATES: NHS PROVIDERS ON THE DAY BRIEFING

This briefing provides a summary of the findings and recommendations of *NHS Property and Estates: why the estate matters to patients.* This is an independent review undertaken by Sir Robert Naylor for the Department of Health. The review assesses national estate strategy, local delivery of estate management and capital requirements for NHS estate, and provides a view on what actions need to be taken across these areas.
This short briefing provides the following information:

- The key recommendations of the review
- The key findings of the review
- Our view of the report

If you have any questions about the content of the review or this briefing, please contact Edward.Cornick@nhsproviders.org

KEY RECOMMENDATIONS

The report makes 17 separate recommendations in total. This section of the briefing highlights the most relevant recommendations for NHS trusts and foundation trusts.

NHS Property board

The review recommends:

- The establishment of a new NHS Property Board (NHSPB) which brings together functions of NHS Property Services (NHS PS), Community Health Partnerships (CHP) and other NHS property capabilities into a single organisation. It says this body should provide leadership, and strategic direction and resource to the centre of the NHS and expertise and delivery support to STPs. NHSPB should be an arms-length from the Department of Health (DH), and have a regional structure aligned with NHS Improvement and NHS England.
- NHSPB should be run in shadow form immediately and substantively by April 2018, and should consider if the functions and assets it inherits from the abolition of Primary Care Trusts (PCTs) should be divested back to providers.
- NHSPB should produce improved guidance on estates planning, disposals and estate models that support new models of care. It should also improve the quality of existing data collections and take ownership of the development of the estates benchmarking.
- The NHSPB, in partnership with other national bodies, should review processes to ensure they are proportionate and effective

Sustainability and Transformation Plans (STPs)

The report refers to STPs as 'sustainability and transformation plans', rather than 'sustainability and transformation partnerships' as they are now referred to in the *Next steps on the five year forward view* document also published today. The review recommends:

- STPs should develop affordable estates and infrastructure plans, with an associated capital strategy, to deliver the *Five year forward view* (5YFV) and address backlog maintenance.
- STP estates plans and their delivery should be assessed against targets informed by the benchmarks developed for this review. Details on the potential benchmarks can be found in the following section of this briefing. The review says the detailed analysis from these benchmarks for individual providers and STPs will be shared with the new shadow NHS Property Board, STPs and providers for validation and comment.
- STPs and their providers, which fail to develop sufficiently stretching plans, should not be granted access to capital funding either through grants, loans or private finance until they have agreed plans to improve performance against agreed benchmarks. This will allow STPs to act as decision-making and planning units, but with access to public capital explicitly linked to achievement of property benchmark targets.

National Targets and requirements

The review recommends:

- £10bn additional capital investment is needed to deliver service transformation as evidenced in STPs. The review states that this could be found from a combination of private investment, support from the treasury and between £2.7bn and £5.7bn realised from current estate (see section below in findings for more detail).
- All national bodies should work together to develop a robust capital investment plan for the NHS by summer 2017. This should make the case for securing both public and private investment.
- The DH should provide assurance to STPs sale receipts from locally owned assets will not be recovered centrally provided the disposal is in agreement with STPs.
- HMT should provide additional funding, for a short time only, to incentivise land disposals through a "2 for 1 offer" in which public funds match disposal receipts. STPs should be incentivised to act as fast as possible rather than "continue to sit on land."
- Urgent action should be taken to accelerate the delivery of a large number of small scale and low risk developments to deliver housing. Land vacated by the NHS should be prioritised for the development of residential homes for NHS staff, where there is a need.
- There should be a continued focus on back office efficiencies. A cost reduction target of 30 per cent should be maintained by working with the wider public estate and in particular the work of the Government Property Unit.

KEY FINDINGS OF THE REVIEW

The review found that:

- Delivering the Five Year Forward View and addressing inadequate healthcare buildings and tackling backlog maintenance are the key priorities for NHS estate investment. The current public capital budget for the NHS is insufficient to meet these priorities. While the review says it "cannot precisely quantify the gap" it says the cost of implementing the 5YFV could be in the region of £5bn, and addressing backlog maintenance could cost £5bn but that is likely "a substantial underestimate."
- It therefore concludes that the likely additional capital requirement to be around £10bn, in the medium term this could be met by a combination of three sources, property disposals, private investment and public funding.

The opportunity to release value from the estate

The review found:

- This review commissioned a detailed analysis and benchmarking from Deloitte which identified a risk-adjusted opportunity of c. £1.8bn, which could be released from the acute estate. This has been combined with the review's own analysis of the estate outside the acute sector which estimates approximately £900m could be released. This means in total the review states that the NHS could release estate valued at a total of £2.7bn.
- This could be increased in the longer term if the NHS adopts a "more commercial" property approach, especially within London. The review states "if radical reconfigurations were undertaken particularly within London, or if the risks associated with planning permission and affordable housing could be mitigated…this offers a potential upper bound opportunity of £5.7bn." This is the part of the funding that could be used to supply capital to cover some the £10bn capital gap referenced above.
- The review estimates a there is a potential £0.5bn saving per year from "soft facilitates management (FM) reduction", rising to £1bn per year if both hard and soft FM are included.

Encouraging and incentivising local action

The review found:

- The review identifies the need to incentivise providers and STPs to take action as well as and address backlog maintenance
- It notes that current incentives (3.5 per cent annual cost of capital charged by DH on book values; inclusion of estate costs within the tariff etc.) are not working
- The review dismisses the idea of centralising all the management of the NHS estate (would require huge reorganisation) as well as the tweaking of existing incentives as unlikely to have sufficient influence.
- Its proposed framework therefore is to incentives STPs to deliver improvements (see STPs recommendations section above).

Creating more opportunities to build homes

The review found:

- The DH aims to identify land for 27,000- 33,000 homes by 2020. Deloitte estimates the NHS could release land to build around 30,000 homes on the acute estate, whilst the Naylor review estimates an additional 10,000 homes could be built on the non acute estate, giving a total potential opportunity of 40,000 homes.
- London STPs have around 57 per cent of the opportunity in terms of value but only 33 per cent of the housing units.

Capability and capacity to deliver

The review found:

- The review commissioned The King's Fund to undertake a review of the current estate strategy in the NHS. It found:
  - There is currently no overarching estates strategy in the NHS.
  - Skills and capacity in estates strategy and management in the NHS largely reflect traditional skills, and are not sufficient in developing a comprehensive estates strategy.
  - Many local areas have established structures for place-based estates strategy and partnership working (but the health sector has often been absent).

- The review also notes: "The creation of accountable care organisations (ACOs) would overcome the conflict of interests that currently exist between the "advisory" role of STPs and the statutory responsibilities of NHS provider trusts. Primary care services could either be incorporated into ACOs or contracted to them via confederations of primary care providers…The establishment of ACOs would incentivise acute providers to invest their property assets in primary, community and mental health services"

Funding and national planning

The review found:

- There should be a discontinuation of the practice of using NHS capital budgets to support current activity.
- Providing funding to STPs which do not demonstrate they can use it well would risk poor investment decisions. Therefore access to capital should be linked to the quality of STP plans including alignment with estate value for money and land disposals (see recommendations)
- Although the spending review 2015 settlement held CDEL flat in cash terms, this is mitigated by the intended sale of £2bn of assets, freeing up funds for investment.
- It is difficult to estimate how much capital investment the NHS will receive from the published figures because the NHS doesn't receive all of DH Capital Departmental Expenditure Limit (CDEL) - for example Private Finance Initiative (PFI) commitments are not fully taken into account and capital to revenue switches have consistently occurred.
- There is currently no overarching national picture of the aggregated NHS capital needs
- The review states that a "strong signal" from government that high quality STPs will be supported with £325m capital is a "vital step" to building momentum.

NHS PROVIDERS VIEW

This review by Sir Robert Naylor for the Department of Health of NHS Property and Estates makes a range of measured, sensible and helpful responses to the issues the NHS faces in this important but sometimes neglected area.

Establishing a new NHS Property Board to provide leadership, expertise and delivery support to Trusts and Sustainability and Transformation Partnerships (STPs) will be beneficial to our members if the new Board is effectively resourced and acts on the basis that its role is to help, support and serve the NHS frontline. We recognise that many members have had issues with the predecessor organisations and this presents a good opportunity to develop a different "the mission is to support the NHS frontline" approach.

We are particularly pleased that the review highlights the unsustainability of the current approach to capital and that significantly more capital is required to meet the maintenance backlog and ensure the NHS transforms in the way it needs to. We welcome the review's statement of clear figures in this regard - £10bn in total, £5bn to address essential backlog maintenance, and £5bn to fulfil the capital needs to deliver the *Five year forward view*. We also welcome the report's statement that closing this gap cannot just be addressed through disposals of assets, but will need additional support from the Treasury.

We welcome the recommendation that, as a minimum, any sale receipts from locally owned assets should not be recovered centrally and that the Treasury should provide additional funding to incentivise land sales through a 2 for 1 offer in which public funds match disposal receipts.

We will want to review with members whether the target of raising £2 billion property receipts and delivering 26,000 identified by the DH homes in the short term and £5 billion property receipts in the longer term are deliverable. But the methodology used suggests, at first look, that these seem reasonable targets. However, delivery of these targets will require a degree of leadership focus and development of expertise that trusts do not currently have and we should not under estimate what will be needed to develop them.

As the *Next Steps on the Five Year Forward View* document released today sets out, there is still much work to be done to fully develop STPs. We will therefore want to revisit the detailed proposals on what should be done at an STP level and what should be done at trust level in light of this development work. Specifically, the recommendation that STP estate plans should be assessed against national benchmarks, and that providers within STPs that fail to develop stretching plans should be denied access to capital until they improve against these benchmarks, need careful examination. It is worth remembering that STPs are new, have no statutory powers and are developing at different speeds, and therefore the detail of measuring their delivery in any area still requires considerable work. It may be, for example, that some estate plans and delivery items would be better owned at the level of the single trust. We would also not want to see providers penalised by having capital withheld due to issues that may occur within their wider STP, when they do not have direct statutory responsibility for these issues.

Overall, we welcome the report.

Northampton General Hospital NHS
NHS Trust

Report To	**PUBLIC TRUST BOARD**
Date of Meeting	**27 July 2017**

Title of the Report	**Annual Fire Safety Report 2016/17 including the Annual Statement of Fire Safety Compliance**
Agenda item	**18**
Presenter of Report	Charles Abolins, Director of Facilities and Capital Development
Author(s) of Report	Stuart Finn, Head of Estates and Deputy Director of Facilities David Waddoups, Fire Safety Advisor
Purpose	For assurance
Executive summary The report highlights Fire Safety statistics during the past 12 months and provides assurance regarding progress, investment and measures taken during the year to improve Fire Safety resilience within the Trust. In addition there is a briefing paper to update the Board on actions undertaken by the Trust following the Grenfell Tower fire.	
Related strategic aim and corporate objective	• To be a provider of quality care for all patients • Provide appropriate care for our patients in the most effective way
Risk and assurance	The report highlights areas of risk and proposes measures to mitigate those risks
Related Board Assurance Framework entries	BAF 5 Failure of the Estate infrastructure
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? 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)? No
Equality Impact Assessment	Is there potential for, or evidence that, the proposed decision/ policy will not promote equality of opportunity for all or promote good relations between different groups? No Is there potential for or evidence that the proposed decision/policy will affect different population groups differently (including possibly discriminating against certain groups)? No
Legal implications / regulatory requirements	Compliance with the Regulatory Reform (Fire Safety) Order 2005 and compliance with the Department of Health Fire Safety Policy contained within HTM 05-01

Actions required by the Trust Board

The Board is asked to note the actions taken to improve Fire Safety within the Trust during the past 12 months, the Annual Statement of Fire Safety Compliance and to support the ongoing investment and actions to mitigate risks related to Fire Safety on Trust premises.

The Board is also asked to note the actions taken by the Trust following the Grenfell Tower fire.

Northampton General Hospital
NHS Trust

ANNUAL FIRE SAFETY REPORT

APRIL 2016 to MARCH 2017

David A Waddoups
Fire Safety Adviser
Northampton General Hospital

1.0 Introduction

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

2.0 Governance and Assurance

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

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

Northamptonshire Fire and Rescue Service last completed a fire safety audit in 2014 which resulted in a letter to the Trust confirming that all previous actions had been addressed and the Trust's fire safety management arrangements were satisfactory. There have been no further inspections since but a request has been made by the Trust in July 17 for a re-inspection; FRS have agreed to provide a date for the inspection in the coming months.

To provide assurance to the Trust that its fire safety management complies with Health Technical Memorandum 05-01 an independent review was completed in 2014 resulting in a report and action plan. The Trust was audited again in February 2017 th subsequent report made a number of recommendations; these are monitored through the Fire Committee.
Whilst this audit was primarily for management compliance the opportunity was taken to audit general fire safety in certain patient areas of the Trust, a draft report has been received.

The report commented that the Trust did 'particularly well in terms of the management structure, management resources and underpinning fire documentation however there are a few areas of concern primarily in relation to practical training, the maintenance of fire resisting construction and fire precautions as well as the resources available in an emergency situation.

Report compliance scores:

Department of Health Fire Safety Policy.	100%
Statutory Fire Safety Duties	70%
NHS Trust Fire Safety Policies.	100%
Effective Fire Safety Management	100%
Appropriate Management Levels	100%
Fire Safety Management Roles and Responsibilities	100%
Fire Safety Protocols.	100%
Fire Safety Information Manuals.	100%
Planning and Responding to a Fire Emergency	80%
Training	100%
Reporting and Audit	100%

Report recommendations:

Statutory Fire Safety Duties

- Those sections of the hospital where the departments do not meet the guidance contained in the Firecode that evacuation exercises are undertaken.
    - This exercise is being organised to follow fire response team training in August/September 17

- Confirm the ongoing testing and maintenance procedures for the emergency lighting is in accordance with BS5266 or as otherwise stated in the document "Fire Safety Policy" – Guidance Document
    - Annual emergency lighting testing has been completed for 16/17. External testing companies are currently quoting to provide a test and compliance survey service. This will be implemented to improve on current assurance before September 17.

- A survey of compartmentation should be undertaken as a matter of urgency particularly in areas where it is not readily visible i.e. above ceilings. This survey should be repeated at intervals not exceeding 5 years. Where it is not reasonable to access voids due to the presence of asbestos sprinkler/water/mist systems should be installed.
    - Identification of site compartmentation has been completed. A survey provider is attending site in July 17 to present a programme of inspections (time scales will be a priority).

Planning And Responding To A Fire Emergency

- At least once per year the fire response team should undertake an exercise simulating a fire requiring the evacuation of at least one ward.
    - This exercise is being organised to follow fire response team training in August/September 17

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

3.0 Fire Risk Assessments

During 2016/17 all existing fire risk assessments have been reviewed and new fire risk assessments completed for all areas owned or occupied by the Trust. There are four main areas identified in these risk assessments that impact on the ability of the Trust to provide a safe environment for patients, visitors and staff.
These are; Buildings/structural, Fire alarm, Vertical evacuation and Staff training.

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

3.1 Buildings/Structural

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

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

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

It is anticipated when the 60 bed assessment hub is completed in 2018 it will be possible to vacate affected wards on a rotating programme to address these issues.

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

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

Building works incorporating Fire Safety completed during 2016/17 include:

- Completion of alterations to form new A and E FIT Stop, including improved fire barriers, fire alarm and automatic fire detection system, emergency lighting system and extension of the automatic fire suppression system;
- Completion of fire barriers to timber floors in Paddington and Disney undercroft;

Consultation has taken place with architects regarding fire safety recommendations for the proposed 60 bed assessment unit including bariatric lifts and automatic fire suppression to the ground floor car park area.

3.2 Fire alarm system

The Trust's fire alarm and automatic fire detection system continues to function correctly and has been extended and improved as building works and alterations take place to ensure that it complies with the relevant British Standards and HTM's.

Investment to improve and upgrade the system will need to extend into future years as part of a continued phased improvement and as components become unavailable/ no longer supported. These risks are being monitored and plans are in place to maintain them at an acceptable level which in turn also demonstrates to the enforcing body that the Trust is satisfactorily managing its fire risks.

The fire alarm in the Cripps PGMC building has been upgraded by replacing old BS 100 devices with the latest Autronica Autrosafe V4 devices and the opportunity taken to extend the coverage in line with current standards.

The fire alarm in the Estates areas and Combined Case building has been upgraded by replacing old BS 100 devices with the latest Autronica Autrosafe V4 devices.

The devices from these two upgrades have been placed in store to be used in the areas where BS 100 devices are still in place.

This has brought the total of fire alarm control panels whose devices have been upgraded to Autrosafe V4 to 6 out of a total of 18 control panels. The next panels for upgrade are under review.

3.3 Staff Training

It is a statutory requirement of the Regulatory Reform (Fire Safety) Order and a mandatory requirement of Firecode that all members of staff undertake fire training when they commence work, it is refreshed annually and that they take part in a fire drill. Annual fire training forms part of the Trust's core mandatory training requirements. Where patients are dependent on the staff for their safe evacuation this training is vital.

3.3.1 Training Sessions

Training is delivered by the Trust Fire Safety Adviser but is organised by the Learning and Development department through Cluster and the Review of Knowledge sessions. In addition, training within a number of departments across the Trust has also been provided by the Trust Fire Safety Adviser following requests from those areas.

E learning through the NHS Core-learning unit is approved as a means of providing fire training without attending a formal session. However it is only appropriate for staff not expected to evacuate patients and only when used every other year between face to face fire training.

In addition to existing face to face training, a fire safety work book and assessment sheet were introduced at the beginning of 2016 for all staff, these are accessed via the Intranet. The completed assessments are sent to the Fire Safety Adviser for marking and staff are expected to achieve 80% in order to pass. The failure rate has been 25% of those using this method; all those who fail are required to attend a face to face training session.

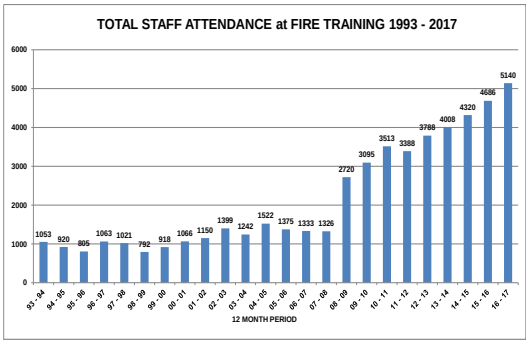
There continues to be sufficient training capacity available to staff to enable the Trust's target to be met.

3.3.2 Attendance

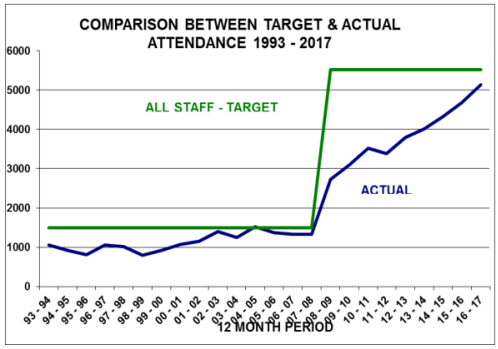
From the records of attendance during 2016/17, 5140 members of staff received training an increase of 454 over the previous year's attendance. This figure is calculated from all fire training attendees and includes volunteers, Bank staff and students. At the end of March 2017 the Trust fire training figures for Whole Time Equivalents were 80.7% compliant.

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

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



Total staff fire training attendance by year



Actual staff fire training attendance Vs target

3.3.3 Fire drills

Fire drills have continued during 2016/17 with 133 areas in date and 37 out of date. This has been calculated from the number of fire alarms activating in areas, actual evacuations and Table Top exercises. This is being monitored by the Trust Fire Committee and reported through the Trust Health & Safety Committee.

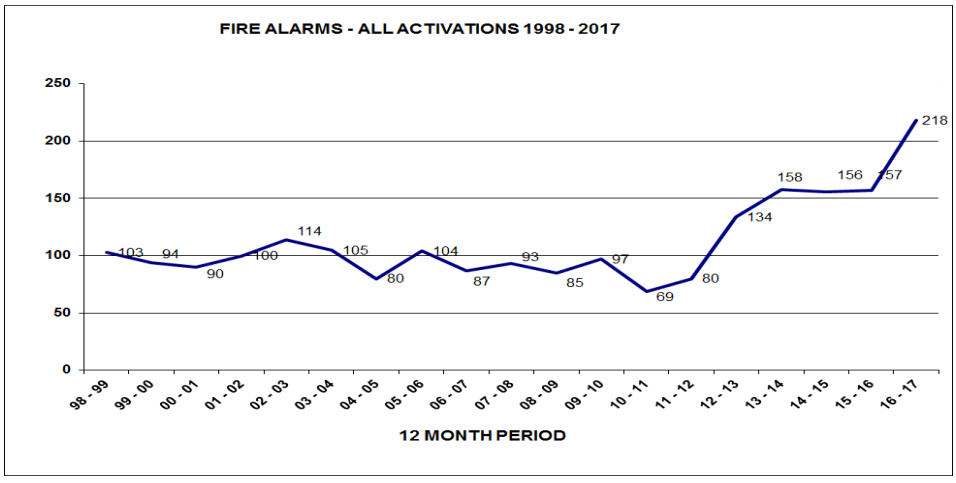
The current methods of conducting drills have been reviewed by the Trust's Fire Manager and Fire Safety Adviser and a training session has been delivered to remind managers of their responsibilities under the Fire policy and make them aware of the support available.

4.0 Fire Alarms Activations

There were a total of 218 activations of the fire alarm during the reporting period, a disappointing increase of 60 from the previous report. This is the highest number of activations of the fire alarm system since records commenced, the main cause of which has been the increase in pre-warnings (total of 147, up from 86 in 2015/16).

A number of these additional activations have been attributed to high external temperatures. Measures have been put in place to reduce the impact of the heat and the settings of the devices have been adjusted.

A review of all the existing device sensitivities is being carried out, which will identify any devices (smoke or heat detectors) that have become over sensitive due to age or contamination and will need to be replaced. This will be completed by September 17.



4.1 Fires

Three fire incidents occurred on site (6 during 2015/16), none of them activated the fire alarm system - 1 occurred in Dermatology caused by heat from a Hyfracator (electrosurgical device) setting fire to cotton wool, 1 occurred in car park 1 where a vehicle caught fire and 1 occurred in the Biomass boiler house due to incomplete combustion in the fire box producing more ash than normal which overfilled the ash container with incandescent material. On top of this container was a log book which subsequently caught fire.

4.2 Malicious calls

There was neither an increase nor decrease in the number of these calls they remained the same as 2015/16 at three.

4.3 Good intents

There was an increase of 6 in this type of call to 14 from the 8 recorded for 2015/16; these are caused by members of staff operating a call point suspecting a fire after smelling smoke/burning.

4.4 Pre Warnings

There was a large increase in pre-warnings to 147 (up from 86 in 2015/16) recorded of which 62 (up from 40 in 2015/16) were unknown causes, 43 (up from 18 in 2015/16) were caused by high temperature, 7 by members of staff burning toast, 6 by staff using aerosols, 6 by contractors creating dust, 4 by cooking, 3 by contaminated heads, 3 by steam from patients using nebulisers, 2 from air conditioning units, 2 from condensation in heads, 2 from steam from a shower and the remainder were steam leak, oil filled radiator, cleaner, upload, dust, chemical fumes and a faulty light.

As detailed in 4.0 Fire Alarms Activations, there are actions underway to address this increase.

4.5 Detector Actuations

52 actuations (down from 55 in 2015/16) of detectors can be summarised as follows – 8 unknown causes, 7 faults, 5 by members of staff burning toast, 4 by steam leaks, 3 by condensation, 3 by contractors causing dust, 3 by water leaks, 3 by members of staff cooking, 3 by contractor testing, 2 by oil leaks, 2 by staff using aerosols, 2 by test , 2 by e-cigarette vapour and the remainder were one offs by antiseptic wipes, heat from oven, overheated air con unit, human error and steam from a faulty kettle.

4.6 Water Misting System

The water misting system activated once during this reporting period by a head being accidentally struck in Estates archive store during refurbishment works – minimal damage caused.

A mechanical joint also failed during refurbishment works in A&E resulting in the system pumps activating.

4.7 Five Year Overview 2011 to 2017

Since 2011 the number of activations of the fire alarm has increased from 80 to 218 per annum; this has been caused by increases in pre-warnings (these have risen from 36 to 147) and detector activations (which have risen from 26 to 52). However during this period the number of devices on the system has increased considerably as the system has been extended.

- The largest increase in pre-warnings has been from unknown causes mostly in the old BS 100 detectors which have increased sensitivity levels due to their age and

contamination resulting in them going into pre-warning much quicker. This will be remedied when they are all changed for new Autrosafe V4 devices however in the meantime these detectors are being monitored and will be changed for new BS 100 detectors when the sensitivity increases or when several pre-warnings occur from one particular head.

- The increase in pre-warnings caused by high temperature is being addressed by increasing the temperature threshold of Autrosafe V4 detectors as they have a lower initial setting than BS 100 detectors. Also a review of all the existing device sensitivities is being carried out as detailed in 4.0 Fire Alarms Activations

4.8 Northamptonshire Fire and Rescue Service (FRS) response to emergency calls

Northamptonshire Fire and Rescue Service continues with their policy not to mobilise their resources to any Automatic Fire Alarm (AFA) between the hours of 8am-8pm. During this time the Hospital Fire Response Team has investigated the alarm activation and has only escalated to FRS if the activation has been caused by a confirmed fire.

The Trust's operational fire policy, fire procedures and risk assessments already in place are considered suitable and sufficient to ensure that the FRS change in policy has not increased the risk to patients, staff, visitors and premises.

Since 1st April 2016 there have been 53 activations of the fire alarm system between 0800h and 2000h which would previously have had an FRS response but which were successfully dealt with by the Trust's Fire Response Team. The FRS did attend on 4 occasions during this time. There were 16 actuations of the fire alarm between 2000 and 0800h resulting in 11 attendances of the FRS.

5.0 Conclusion

Whilst there have been increases in the number of activations of the fire alarm system the reasons for the increase are not considered to place the Trust at risk indeed it can be demonstrated that there is a lower level of risk due to the efficacy of the system in providing early warning.

- There fire risk assessments in place covering all of the hospital which have identified risks but there are no areas of high risk requiring immediate action.
- A total of 188 areas have in place an emergency plan detailing how they will react to a fire or the sounding of the fire alarm; 17 of these plans require annual update and the Area managers have been contacted by the Fire safety Adviser and now receive monthly status updates on their compliance.
- Current records show 117 areas out of 188 have a fire warden in place and carrying out fire safety inspections. Area managers have been contacted by the Fire safety Adviser and now receive monthly status updates on their compliance.
- Many areas have undertaken a fire drill which included the evacuation patients. Again, area managers have been contacted by the Fire Safety Adviser and now receive monthly status updates on their compliance.
- Staff training is at an all-time high and increasing.
- The hospitals management of fire safety including lines of responsibility, the provision of a fire safety policy, Fire Safety manager and Fire Safety Adviser have been audited and meet current standards.

The foregoing does not prevent a fire from ever occurring but it does indicate that the Trust has in place suitable and sufficient procedures to deal with and mitigate any fire that should occur.

Continued investment in fire safety through the annual capital plan has allowed the Trust to ensure that building/structural fire risks are eliminated or mitigated as much as practicable. Cavity barriers continue to be the biggest concern in the structural fire protection of the Trusts buildings especially in “Oxford method” construction. The continued extension of the water mist automatic fire suppression system into building works has provided increased fire protection and mitigated some of this risk. Work has been undertaken to produce up to date plans of the site annotated with compartment, sub-compartment and high risk areas fire resisting construction and the estimated site of cavity barriers. This work has enabled the programming of fire door maintenance and upgrades to be undertaken and will assist with the inspection of cavity barriers.

The fire alarm and automatic fire detection system is a fully integrated and functioning part of the fire safety measures in the hospital. It has received substantial investment in it to reach its current standard however the investment needs to continue to ensure that the system continues to maintain this high standard. The main priority involves the replacement of BS 100 devices as they are no longer supported by the manufacturer with Autrosafe V4 devices. Work is also needed to amend/correct the cause and effect, particularly in patient areas, to ensure the correct evacuation or alert signal is given however this is dependent on existing sounder circuits. In order to correct the cause and effect in some areas will necessitate the provision of addressable sounders and beacons. At present self-closing fire doors held open by electromagnetic devices are triggered from existing sounder circuits which is unsatisfactory because a) the circuits are not monitored for faults and b) it is not possible to set the correct cause and effect for the doors. Therefore the long term position is to have all self-closing fire doors held open by electromagnetic devices and fire dampers actuated by addressable interfaces.

There has been an increase in alarm activations over the previous years and although the causes have been minor, the responses to these have been timely and effective. Continued analysis of these activations has identified the majority of the increase has been in pre warnings and, within those pre warnings the most common cause has been recorded as ‘unknown’ i.e. there has been no obvious sign as to what caused the pre-warning when the Fire Response Team has investigated.
The analysis of the pre warning increase can be linked to the age of the detector heads. This has already been factored into the Estates Capital plan and there has been continued investment in the fire system including the installation of additional detectors and replacement of older ones. This investment continues in the Estates 5 year plan.

Training all Trust staff on an annual basis continues to be a challenge but training places are available to enable this to be completed. Attendance figures have continued to improve year on year but further work is still required to attain the Trust’s 85% attendance rate.

Priorities for 17/17

- Ensure all areas to have an emergency plan in place which is reviewed annually.
- Ensure all areas to undertake an annual fire drill.
- Ensure all areas have in place a fire warden who is carrying out fire safety checks.
- Continue Capital investment in fire safety through:
    - Continued phased upgrade of automatic fire detection system
    - Continued extension of automatic water mist fire suppression system
    - Completion of fire barrier inspection and remedial works
- Deliver any recommendations following Grenfell Tower fire incident

Briefing on actions at NGH following the Grenfell Tower Fire - July 2107

Following the tragic fire at Grenfell Tower housing flats in London on the 14th June 2017 a number of urgent information requests were raised by NHSI.

- On 19th June NHSI emailed a questionnaire to all NHS trusts to be returned by the following day. The questionnaire requested information on types of cladding at sites owned or occupied by the trusts. Our response confirmed we have several types of cladding on buildings from new to over 50 years old.

- The following Saturday, 24th June 17 NHSI again emailed all trusts requesting the local Fire and Rescue Service survey all sites and counter sign a letter from each CEO confirming there were no urgent fire safety risks – by Sunday, 25th June.
  Estates and FRS completed the inspection of all in patient and sleeping accommodation over the same weekend and a letter signed by the Chief Operating Officer was returned to NHSI with a letter from the FRS confirming that there were no urgent fire safety risks on site.

  The FRS made a number of minor recommendations in their letter, mostly relating to housekeeping and some maintenance issues. An action plan has been produced and is being managed by the Estates department.

- In advance of further requests and to ensure we are fully aware of any potential risks, a building surveyor was instructed to survey the NGH site and produce a report of what cladding was present. This included location, type, age, building use (ie sleeping or in patient), number of floors, etc.
  The survey confirmed that we only have 3 wards above 2 storeys with cladding – Benham, Creaton and Heart Centre. There has been no directive to test the insulation at this time but at the time of this report cladding was being removed to identify the type of insulation and the presence of fire breaks.
  From site records and experience we know the majority of site cladding to be non-combustible stone wool insulation or bonded polyurethane foam cladding. The latter cladding does not have the same non-combustible properties as the stone wool insulation but the type used on site is bonded from both sides and the risk of ignition is very low.

- 12th July, NHSI requested further information on all accommodation which do not have overnight accommodation and are 18m or more in height and have Aluminium Composite Material (ACM) cladding. We have been able to respond that we do not have any buildings or accommodation that fall within this category.

In summary:

- FRS inspected NGH and found no significant fire risks
- NGH has well developed fire management – alarm system, misting system, Fire response team, drills, wardens, fire plans, training, fire committee, etc
- An action plan is underway but does not include any significant risks
- The Trust does not have any of the ACM cladding on it's buildings
- The Trust has well established fire safety precautions in place that have been independently verified and actively reduce any risk presented by cladding.

Northampton General Hospital
NHS Trust

ANNUAL STATEMENT of FIRE SAFETY COMPLIANCE

NHS Organisation Code:	NHS Organisation Name: Northampton General Hospital NHS Trust	
I confirm that for the period 1st January 2016 to 31st December 2016, all premises which the Trust owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and:		
1	There are no significant risks arising from the fire risk assessments.	
OR 2	The Trust has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessment.	Yes
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	
*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk. Date:		
4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? If Yes outline the details of the enforcement action in Annex A – Part 1.	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? If Yes outline the details of unresolved enforcement action in Annex A – Part 2.	No
6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	Yes
7	There is a current fire safety policy in place.	Yes

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

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: *27th July 2017*

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 *21st June 17* 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)*
• Finance report • Formal Reforecast • Changing Care • SLR Report • Operational performance • IT Committee highlight report	

Key areas of discussion arising from items appearing on the agenda

- **The Trust was broadly on plan except for a shortfall in STF funding due to operational challenges**
- **Positive signs on Agency spend continuing to reduce.**
- **Changing Care programme is on plan but requires more schemes**
- **SLR continues to provide valuable insight, and divisions are keen to increase capacity.**
- **A&E continues to be challenged, unprecedented acuity for the time of year equivalent to winters of 14/15 and 15/16**
- **Cancer targets continue to be were challenging. There is increased scrutiny with bottom up planning which should get us back on track in September.**
- **PAS implementation delayed by a further few months due to unmitigated risks of implementation if we went ahead in June.**

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

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

None that are not previously identified

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

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board for 27 July 2017

Title	**Workforce Committee Report**
Chair	**Graham Kershaw**
Author (s)	**Graham Kershaw**
Purpose	**To advise the Board of the work of the Trust Board Sub committees**

Executive Summary

The Committee met o*n 21/06/2017* 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)*
Bullying & Harassment Improving quality and efficiency update Workforce performance Safe nurse staffing	

Key areas of discussion arising from items appearing on the agenda.

Mrs Brennan presented an update on Bullying and Harassment and an action plan which had been developed to address concerns about this area and the continuing poor staff survey results in this area. The committee noted the proposed actions and requested a further update on progress in November.

Mr Bryden made a detailed presentation on quality and improving efficiency which highlighted the significant progress being made across the Trust.

Mrs Brennan presented the workforce report and concern was expressed again about nurse recruitment and retention which was a significant problem across the NHS.It was agreed that we would review our recruitment and retention strategy at our next meeting.

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

Mandatory training compliance had remained above the 85% target.
Sickness continued to be below the trust target
Staff turnover had increased and was above the Trusts target.

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

Non-other than referred to above

Enclosure O

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 Note report	

Northampton General Hospital NHS
NHS Trust

COMMITTEE HIGHLIGHT REPORT

Report to the Trust Board: 27th July 2017

Title	**HMT Summary Report**
Chair	**Mr Simon Lazarus**
Author (s)	**Mr Simon Lazarus**
Purpose	**To advise the Board of the work of the Trust Board Sub committees**

Executive Summary
The Committee met on 4th July 2017 as a workshop 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**
1. Highlight report 2. Divisional updates 3. Discussion on healthcare at home	1.1, 1.2, 2.2, 3.1, 3.2,

Key areas of discussion arising from items appearing on the agenda

Divisional updates
Divisions presented their current concerns and actions being taken and any other divisional updates:

Medicine & Urgent Care
a. A&E performance
b. Recruitment of medical staff
c. Increased focus on EAU process

Surgery

Not able to attend but key issues remain:

a. RTT performance
b. Surgical Productivity
c. Capacity to deliver elective activity plan

Women's ,Childrens, Oncology, Haematology and Cancer (including Cancer Target update)
a. Cancer performance – 62 day target
b. New Head of Midwifery
c. Cancer Backlog reduction (reduced from 86 to 46)

Clinical Support services
a. Histopathology Recruitment
b. Radiology Recruitment
c. Plans to reduce turn-around time including use of a private provider

Verbal report – information only
A summary briefing was provided on:

a. KGH CEO and Chairman resignation announcement b. Forthcoming CQC visit c. Divisional Director and General Manager updated group on plans to improve cancer target performance
Any key actions agreed / decisions taken to be notified to the Board No
Any issues of risk or gap in control or assurance for escalation to the Board All areas of risk regarding quality and performance are covered in Trust Board reports and detailed on the risk register.

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 To note the contents of the report.

Northampton General Hospital
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 27 July 2017
10:00 in the Board Room at Northampton General Hospital

Time	Agenda Item		Action	Presented by	Enclosure
10:00	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr Farenden	**Verbal**
	2.	Declarations of Interest	Note	Mr Farenden	**Verbal**
	3.	Minutes of meeting 25 May 2017	Decision	Mr Farenden	**A.**
	4.	Matters Arising and Action Log	Note	Mr Farenden	**B.**
	5.	Patient Story	Receive	Executive Director	**Verbal**
	6.	Chairman's Report	Receive	Mr Farenden	**Verbal**
	7.	Chief Executive's Report	Receive	Dr S Swart	**C.**
10:30	**CLINICAL QUALITY AND SAFETY**				
	8.	Medical Director's Report	Assurance	Dr M Cusack	**D.**
	9.	Director of Nursing and Midwifery Report	Assurance	Ms C Fox	**E.**
	10.	Same Sex Accommodation Board Statement of Compliance	Assurance	Ms C Fox	**F.**
10:55	**OPERATIONAL ASSURANCE**				
	11.	Finance Report	Assurance	Mr S Lazarus	**G.**
	12.	Workforce Performance Report	Assurance	Mrs J Brennan	**H.**
	13.	Equality and Human Rights Workforce Annual Report 2016/2017	Assurance	Mrs J Brennan	**I.**
	14.	Equality and Human Rights Workforce Monitoring Report	Assurance	Mrs J Brennan	**J.**
12:05	**FOR INFORMATION**				
	15.	Integrated Performance Report	Assurance	Mrs D Needham	**K.**
	16.	Sustainability and Transformation Plan Update	Receive	Mr C Pallot	**Verbal**
	17.	Naylor Report NHS Property & Estates	Receive	Mr C Abolins	**L.**
12:30	**ANNUAL REPORTS**				
	18.	Fire Safety Annual Report	Receive	Mr C Abolins	**M.**
12:45	**COMMITTEE REPORTS**				

Time	Agenda Item		Action	Presented by	Enclosure
	19.	Highlight Report from Finance Investment and Performance Committee	Assurance	Mr P Zeidler	**N.**
	20.	Highlight Report from Quality Governance Committee	Assurance	Ms O Clymer	**Verbal.**
	21.	Highlight Report from Workforce Committee	Assurance	Mr G Kershaw	**O.**
	22.	Highlight Report from Hospital Management Team	Assurance	Mr S Lazarus	**P.**
13:00	**23.**	**ANY OTHER BUSINESS**		Mr P Farenden	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Trust Board will be held at 09:30 on Thursday 28 September 2017 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).