UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Public Trust Board

Thursday 25 March 2021

09:30

Via ZOOM
Northampton General Hospital

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 25 March2021
09:30 via ZOOM at Northampton General Hospital

Time	Agenda Item		Action	Presented by	Enclosure
09:30	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr A Burns	**Verbal.**
	2.	Declarations of Interest	Note	Mr A Burns	**Verbal.**
	3.	Minutes of meeting 28 January 2021	Decision	Mr A Burns	**A.**
	4.	Matters Arising and Action Log	Note	Mr A Burns	**B.**
	5.	Staff Story - Learning from incidents	Receive	Mr M Metcalfe	**Verbal.**
	6.	Chairman's Report	Receive	Mr A Burns	**Verbal**
	7.	Group Chief Executive's Report	Receive	Mr S Weldon	**C.**
	8.	Hospital Chief Executive's Report	Receive	Ms E Doyle	**D.**
PERFORMANCE					
	9.	Integrated Performance Report	Assurance	Ms E Doyle Board Members	**E.**
	10.	Facing the challenge of elective recovery	Assurance	Ms J Fawcus	**F.**
STRATEGY & CULTURE					
	11.	Staff Survey	Assurance	Mr M Smith	**G.**
	12.	The People Plan	Assurance	Mr M Smith	**H.**
	13.	Group Digital Strategy	Assurance	Mr A Callow	**I.**
	14.	Equality, Diversity and Inclusion – BAME Staff Support	Assurance	Mr M Smith	**J.**
GOVERNANCE					

Time	Agenda Item		Action	Presented by	Enclosure
	15.	Terms of Reference for Ratification – • Group Finance & Performance Committee Terms of Reference • Quality Governance Committee • Finance & Performance Committee • Hospital Management Team	Approval	Ms C Campbell	**K.**
CLOSING ITEMS					
	16.	Questions from the Public (Received in Advance)	Information	Mr A Burns	**Verbal.**
11:50	**17.**	**ANY OTHER BUSINESS**		Mr A Burns	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Public Trust Board will be held at 09:30 on 27 May 2021 in the Location TBC at Northampton General Hospital.

RESOLUTION – CONFIDENTIAL ISSUES:

The Trust Board is invited to adopt the following:

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

Minutes of the Public Trust Board

Thursday 28 January 2021
09:30 by ZOOM teleconference

Present		
	Mr D Moore	Non-Executive Director (Chair)
	Mr S Weldon	Group Chief Executive Officer
	Mrs D Needham	Hospital Chief Executive Officer
	Mr M Metcalfe	Medical Director
	Ms S Oke	Director of Nursing, Midwifery and Patient Services
	Ms J Houghton	Non-Executive Director
	Mr J Archard-Jones	Non-Executive Director
	Prof T Robinson	Associate Non-Executive Director
	Ms R Parker	Non-Executive Director
	Ms D Kirkham	Associate Non-Executive Director
	Mr C Holland	Interim Chief Operating Officer
	Ms A Gill	Non-Executive Director
	Mr A Callow	Chief Digital Information Officer
In Attendance		
	Ms C Campbell	Director of Corporate Development Governance and Assurance
	Mr M Smith	Chief People Officer
	Mr S Finn	Director of Facilities and Capital Development
	Ms K Spellman	Interim Director of Strategy and Partnerships
	Ms K Palmer	Executive Board Secretary
	Ms B Agboola	Interim Director of Finance
	Mr H Nemade	Cancer Lead (Cancer Strategy)
	Mr O Cooper	Divisional Director – Womens, Childrens, Oncology and Haematology (Ockenden Report)Font has changed
	Ms P Ryan	Associate Director of Midwifery (Ockenden Report)
Apologies		
	Mr A Burns	Chairman

TB 20/21 067 **Introductions and Apologies**

Mr Moore greeted those present to the meeting of the Public Trust Board. He advised that Mr Burns was unable to attend therefore he would be chairing.

Mr Moore welcomed Mrs B Agboola to her first Public Trust Board as Interim Director of Finance, Mrs K Spellman to her first Public Trust Board as Interim Director of Strategy and Mr A Callow to his first Public Trust Board as Group Chief Digital Information Officer

TB 20/21 068 **Declarations of Interest**

There were no declarations of interest.

TB 20/21 069 **Minutes of the Public Trust Board held on 26 November 2020**

The minutes of the Public Trust Board held on 26 November 2020 were presented and **APPROVED** as a true and accurate recording of proceedings.

TB 20/21 070 **Matters Arising and Action Log Public Trust Board**

The Matters Arising and Action Log were considered and noted.

Action Log Item 126 – completed.
Mr Smith apologised for the lateness of circulating the document. The reason for this was due to information changing on a weekly basis.

Action Log Item 124 – deferred until March.

The Board **NOTED** the Matters Arising and Action Log.

TB 20/21 071 Patient & Staff Vlogs

Mr Moore advised that cancer was a key item on the agenda. The delivery of excellent care to patients was what the group was about. The patient story for today focused on a cancer patient and cancer was a thread which would be running through January's Board agenda.

Ms Oke introduced the patient vlog which patient Colin discussed his cancer treatment and journey at NGH. Colin had received a cancer diagnosis following the discovery of an unexplained lump. The patient vlog highlighted the impact on individual and their family in the midst of the COVID19 pandemic. It was a reminder to maintain access for all patients who required support during this difficult time.

The patient vlog was shared with the Trust Board.

Colin stated that he had a cyst on his jaw and now also in bowel. He was an inpatient at NGH on a cancer ward receiving treatment. He remarked that he had been well looked after and the staff had been lovely.

Colin commented that whilst watching television he had felt lump the size of pea and therefore went to the doctor who immediately advised this it was most likely cancer. He was referred straight in for CT scan and biopsy which had come back negative. Colin then had a PET scan and saw the surgeon who confirmed that it was cancer.

Colin advised that he had just done his second course chemotherapy. The treatment, explanation and professionalism of staff had been good. He mentioned that COVID19 had not been brought up. He stressed that there was a need to remember other illnesses existed as well as COVID19 and needed to be treated somewhere. He has had cancer for 8 months.

Colin commented that this partner had not been able to come in due to COVID19. He understood why this was as the staff and patients needed to be protected.

Colin stated that the nurse had spent a good hour explaining what Colin needed to do in regards to his treatment. He noted the importance of access to specialised nurses. He had then written the information in to a diary to refer back to which had been helpful. This minimised the risk of when administering his own medication as he did not want to make a mistake.

Ms Oke remarking on the challenges patients face in seeking help and support The Trust's focus would be on how it could improve this.

Mr Moore advised that it did paint a fascinating picture and it was good to see an air of optimism.

Mrs Needham thanked Colin for sharing his story. She had found it quite powerful. Mrs Needham commented that at present we were surrounded by world

of COVID19 and the Board should not forget that there are other patients out there. It can be quite scary coming in to the hospital with COVID19 patients.

Ms Houghton echoed Mrs Needham's thoughts. She believed that Colin was a fantastic advert for the population of Northamptonshire for coming in to hospital. The Trust needed to get the message out that when you have concern; you need to make contact with a doctor.

Mr Weldon thanked the wonderful cancer team for maintaining treatment for many people who unfortunately suffered from cancer. The consequences of COVID19 had to be delayed some treatments and this would be talked about in today's Trust Board.

Mr Weldon was doing national work in terms of access to treatment and elective access. This had been prioritised in the year ahead, as move out of COVID19. The Trust needed to set the scene as to where the Trust was now and the aspiration for the year ahead. This was also a key strategic aim.

Mr Moore echoed the words of thanks. He was clear of the message that cancer was a key priority for the Trust. He agreed with Ms Houghton about using the patient story to help the population of Northamptonshire.

The Board **NOTED** the Patient Vlog.

TB 20/21 072 Chairman's Report

Mr Moore presented the Chairman's Report.

Mr Moore advised of the new appointment of Mr A Callow who had taken on the Group Digital & Information Officer role.

Mr Moore commented that Mrs D Needham had secured the role of CEO at KGH. Mrs Needham had made a tremendous contribution to the Trust whilst at NGH and he wished her the best of luck. He thanked her on behalf of the Trust Board.

Mr Moore informed the Board that Mr J Evans would be taking up the post of Group Chief Financial Officer in June 2021. He had been Director of Finance in Oxford and had experience working in a Group model.

Mr Moore stated that Ms J Fawcus would move from KGH to NGH as interim COO for nine months.

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

TB 20/21 073 Group Chief Executive's Report

Mr S Weldon presented the Group Chief Executive's Report. He hoped that the New Year would be better for us all compared to 2020.

Mr Weldon noted that it had already been touched on how well the teams had provided cancer care, however on behalf of the Trust he gave a heartfelt tribute to all staff across organisation for their work. Since the last meeting of the Public Trust Board, the Trust had endured and continued to endure a much more significant wave 2 which had tested the Trust to its limit.

Mr Weldon believed it was important as the Trust moves forward, it should be thinking about our staff and how best to support them. At today's Trust Board the Board would start thinking about the People Plan. The heart of this needed to focus on staff knowing we are there for them.

Mr Weldon advised that the Trust was dealing with winter, COVID19 and the need to get the Trust's elective work back up and running. There was no single frontline group of staff during COVID19. He remarked that everyone had been on their own frontline journey in COVID19 and thanked all staff once again. The consequence of what staff had been through would be seen in months to come.

Mr Weldon acknowledged the loss of life from people in the community and also referred to the grim national figure of 100k lost lives due to COVID19. This was a milestone that was hard to comprehend and talk about in any meaningful way. All of the Trust Board expressed their deep and sincere condolences. We as healthcare providers share in those losses and grieve alongside.

Mr Weldon commented that the Trust was still in the thick of the second wave of COVID19. He referred to the need to maintain lockdown. That was the best way the community could support the Trust. He was aware that this was hard however it was the fastest way to get the virus under control and to see the benefits of the vaccination programme.

Mr Weldon advised that the vaccination hub was a phenomenal achievement here and across Northamptonshire. He thanked the people for all they had done to get programme in place and to get large numbers of people through the hub.

Mr Weldon informed the Trust Board that there would be a debate on the group strategy later on agenda. It was encouraging that this work had started whilst in the middle of a pandemic. The group strategy had been developed to make sure that the group can do best for its staff, the community and its patients. It needed to look into the future and how the group got there.

Mr Weldon added his thanks to Mr Holland for carrying the COO baton. He acknowledged that Mr Holland had held the fort in a difficult time.

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

TB 20/21 074 Hospital Chief Executive's Report

Mrs Needham presented the Hospital Chief Executive's Report.

Mrs Needham advised that today the Trust had 178 COVID19 positive patients. There was 14 in critical care. The Trust had increased its critical care capacity and move into theatres.

Mrs Needham reported that during the second wave the numbers peaked at 254 and this was higher than the first wave. The last 7 days the numbers had decreased by 75 patients and the case rates in the community had started to decrease also. This had be shown in admissions numbers however the Trust was still not down to the peak of the first wave. This was likely to be in mid to late February. Mrs Needham reminded that Board that the case rate was high and she was pleased to hear extension tier 4 to early March 2021.

Mrs Needham commented that the hospital was still really busy, with increased work load, staff covering sickness and working additional hours. The staffs were witnessing higher number deaths then they normally would do, there was staff still contracting the virus, staff were undertaking changes to their roles and increasing what they do. She noted that the staff were tired. She had recently visited SDEC and had talked to staff, though upbeat the staff were still tired.

Mrs Needham referred to research done by Kings College about how staff coped during first wave. There was almost 50% of staff who had shown symptoms anxiety, problems with drinking, PTSD and depression. One in seven were having

thoughts suicide or self-harm. She stressed that now more than ever, the need is great to look after yourself and one another. The second wave had affect staff is likely to be worst then the findings from the first wave.

Mrs Needham remarked on the negative impact COVID19 had on us all last year and the impact on the quality of life. The potential impact from this on the provision of high quality care was an area the Board needed be mindful of. The staff feel guilty cannot provide the expected care that they used to.

Mrs Needham referred to page 29 of the report pack which outlined the support put in place for staff and it would be in place for some time to come. A Health and Wellbeing risk has been raised on the risk register.

Mrs Needham congratulated the exceptional progress made with cancer and would like to praise the cancer operational teams that worked on this. The teams have done a fantastic job to make sure get pathways performing on time. The December 62 days performance was very near target.

Mrs Needham advised that this was her last Public Board at NGH. She offered her thanks to whole Trust board and especially the Executive Team who had been a massive support to her the last 6 years that she has been on the Board and also her 16 years at NGH.

Mr Archard-Jones queried whether the Trust had other comparisons from other hospitals for Cancer. Mrs Needham confirmed that the November was just below the national average.

Mr Moore commented that there had been a lot of external discussion on the new variant and he queried whether this was being seen at NGH. Mrs Needham believed that NGH was seeing a mixture and all patients are treated exactly the same.

Ms Gill noted that the Trust was fortunate to be getting support from military staff. Mrs Needham advised that these staff would not be clinical staff, however she was grateful for their help. They would be put in pairs and go to the ward areas to talk to patients, to relatives, give out food, answer phones and would be integrated into the team. The Trust would only have them for a short period.

Mr Moore thanked Mrs Needham for everything she had done and that she would be missed by all staff.

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

TB 20/21 075 Integrated Performance Report

Mrs Needham presented the Integrated Performance Report.

Mrs Needham advised that the Trust had seen improvements in cancer and recovery. The Trust was still in the middle of a pandemic and wave two was still with us. The staff were doing fantastic and not a day goes past where she does not feel proud.

<u>Medical Director</u>

Mr Metcalfe reported that the Trust had increased intensive care by 200% which had a significant impact as it had moved into main theatres. This had been done safely. The Trust had increased its capacity for NIV and CPAP, up to 36%. This had been done through careful management and the Trust had stayed safe in its Oxygen envelope. A separate consultant led respiratory rota had been developed.

Mr Metcalfe stated that the medical staff had been redistributed and the surgical teams had been moved to support medicine. The clinical assistant roles had been redeployed and these were mainly medical students. He was really proud how teams had embraced these changes.

Mr Metcalfe commented that following the approval of the academic strategy, the Trust had moved full steam ahead and developed the relevant job descriptions. He anticipated that the Professor posts would be advertised shortly.

Mr Metcalfe remarked that the Trust was one of key contributors to urgent health studies through COVID19. There had been an 80% increase rate in to recruitment into research

Mr Metcalfe reported that there had been a lot done to support international recruitment and this had included the BAME clinical fellow leads.

Mr Metcalfe stated that in regards to the VTE assess work, EPMA would be reintroduced shortly and he anticipated that this would be at the end of quarter 4 start of quarter 1.

Mr Metcalfe remarked that there had been an increase in the rate of c-sections. There was work being undertaken as there had been a change in foetal monitoring guidance. There was no safety issues but the guidance needed to be understood further.

Mr Metcalfe noted that there was a number of case review currently ongoing and these were monitored QGC.

Chief Operating Officer

Mr Holland advised that COVID19 dominated the report. The peak had risen to a high number of 260 patients. This was 50% of the general bed base. The challenge had been huge. The Trust was still delivering non-COVID19 activity and the staff have risen to this.

Mr Holland delivered an update on Cancer. In November the 62 days performance was at 76% which had been an increase of 15% in two months. The December figure, which was due to be validated soon, was approximately displaying as just under 85%. This was a 25% increase in 3 months. He thanked the teams.

Mr Holland stated that the Trust had delivered the 2ww cancer target, 31 days and 28 day faster diagnosis. The cancer targets were showing an improvement month on month. The legacy patients had reduced from 150 to 46. The number of patients waiting in excess of 104 days was now reporting 8 versus 69 in July. He believed that the challenge would be to maintain these once out of COVID19. There had been some cancer work outsourced to the independent sector however this was only at 50% of the normal level of cancer work the Trust undertook.

Mr Holland advised that urgent care performance was down 7% on the previous month and 3% lower than last year. The number of attendees was 75% of the normal number. The number of ambulances continued to climb as was the acuity of patients. The focus of ED was patient safety. The patients were not moved to their base wards until their COVID19 status was known. There was no patients based on corridors as this was not safe.

Mr Holland discussed elective care with the Board. It was noted that RTT was at

16.5 weeks after first wave and had now reduced down to 9.5 weeks. This was below the standard set by NHSi. The 52 week wait had been at 637, for November 590 and 542 in December. The concern moving forward was theatres being converted in to additional ITU capacity and the amount of work, which could go to the independent sector. He would being bringing a revised plan to the Finance & Performance Committee.

Mr Holland reported that diagnostic performance had improved. Performance had increased significantly from 46% to 78% due to all routine diagnostic procedures restarting post COVID phase 1 with all modalities now performing at over 100% of pre-COVID activity levels. Routine MRI and CT were now being booked within 6 weeks with exception of paediatric sedations and cardiac angiography CT scans. He stated that air-handling units were being put in to the Endoscopy unit. The rooms at Danetre were up and fully functional.

Mrs Needham commented that whilst some operational work was going at the Three Shires, the 52 week number would still likely increase. The Trust would insource and outsource over the end of the finical year. The Endoscopy unit at Danetre had been welcomed by patients.

Mrs Needham referred the East Midlands cancer performance. The Trust was above the East Midlands average and was in the top three for the region. This was really good progress.

Director of Nursing

Ms Oke discussed the COVID19 response and work done by IPC. The emphasis had been on maintaining the safety of staff and patients. The Trust had a proactive IPC who had been out supporting all areas. There had been a few outbreaks in December and these had been addressed. In late November there had been an increase in incidents of COVID19 cases. These had been mostly asymptomatic. There had been a decrease in hospital acquired COVID19 in to January.

Ms Oke highlighted the actions taken to support this. There had been increased ventilation on the wards, more blankets provided and the Trust had introduced swabbing on day 3 of patient stay. This had a positive impact. The Trust had also revisited the zoning policy to ensure safety maintained. All patients are encouraged to wear a mask.

Ms Oke informed the Board that the IPC BAF and the associated action plan had been taken to the Quality Governance Committee (QGC). There had been a huge increase in staff trained in PPE and also increased numbers of domestic staff. She would continue to report progress and concerns to QGC.

Ms Houghton who had Chaired the January QGC delivered an update on the Committee meeting. The Committee had covered many items. The Ockenden report was discussed in detail. The National neonatal critical care review had been looked at and the Committee had approved action plan. These were critical and it had been suggested that these were put on the Corporate Risk Register. The Committee had also discussed the good progress on cancer performance, the COVID19 vaccine and the IPC BAF. She advised that the reset report had been presented and was pleasing to see that despite context the Trust had managed to achieve the numbers on reset plan. The Committee had been informed of the Ethics Committee and the strong ToR in place for it.

Mr Archard-Jones asked if iCan had delivered any benefits yet. Mr Holland explained that it was a long-term programme stretching 18 months. The early learning from the iCan work related to a stranded and super stranded patient

point of view. He was working with the Medical Director and Director of Nursing on this and a reduction in those numbers could be seen. Mrs Needham also touched on the huge amount of partner work involvement. Both NHFT and social care had a significant effect on the super stranded patients.

Director of Finance

Mrs Agboola advised that the Trust ended the month with a small YTD surplus of £27k. The Trust had submitted a £7m deficit plan for the Phase 3 reset plan, and the Trust had reported a deficit position for the last 2 months. However this month, as part of the Region's support for the Northants System to achieve a b/even position, the Trust received non-recurrent funding support of £7.6m, of which NGH have recognised £3.8m in m9.

Mrs Agboola reported that other key items in month 9 related to Pay, as staff costs increased due to needing temporary staff to cover shifts due to sickness and self-isolation. The Trust also made enhanced payments when required to encourage staff to take up unfilled shifts so NGH could ensure that patient safety had been maintained.

Mrs Agboola commented that the Trust had accrued for £1.4m of annual leave accrual as a result of the decision to allow staff to carry forward unused leave and paying off any outstanding by the end of March. The overall accrual will be more than this and this had been included in the forecast estimates for the year. The Trust had flagged a risk of an additional £1.9m to NHSI in this regard.

Mrs Agboola remarked that there had been good progress against a number of the underlying schemes with a spend to date of £16.3m, and a further commitment of £19.6m, totalling £35.9m against a plan of £40.8m. However, as previously reported, key risk is the slippage regarding the ITU build due to delays caused by asbestos removal, and was now estimated to slip by circa, £5.6m into 21/22. The Trust was working with NHSI colleagues and are exploring all possible escalation routes to ensure funding was received in 21/22, but remained a key risk now.

Mrs Agboola informed the Board that the cash balance at the end of the month was £35.7m, as a result of the one-month block income advance received at the start of the year. The Trust understood that this will now be withdrawn in March, therefore likely to impact cash flow and this would be monitored.

Mr Moore advised that the Finance and Performance Committee had met the previous day. All discussions had already been well articulated. He noted that it was good that the Trust was not under pressure from financial point of view. He referred to the tremendous amount of work being done by the Estates Team. Mr Moore thanked Mr Finn and his staff.

Chief People Officer

Mr Smith remarked that it was important to recognise how people were feeling. He highlighted the importance of ensuring staff did not lose their annual leave entitlement this year when the staff had asked to go beyond expectations in the past year. The Trust had mandated a certain amount of leave needed to be taken. The staff need to rest before come back to workplace.

Mr Smith advised that the additional hot food provision would be in place to the end of March. There was also enhanced psychological support to staff. The Trust had a number of staff showed signs of needing additional support. The partnership with NHFT and across system whilst also using national services would help. This was very important to us.

Mr Smith reported that sickness absence over winter had increased in December and January, with additional temporary staff needed. The Trust had a good COVID19 testing service.
Mr Smith encouraged all staff to receive vaccination and for all staff groups to take the vaccine at the earliest possible opportunity.

Mr Smith reported that the Trust had seen a reduced vacancy rate and turnover had also reduced.

Mr Smith stated that the People Plan was in draft and would be shared in Private board.

Ms Gill commented that Health and Wellbeing had been a key focus at the People Committee. She thanked HR team for the tremendous support put in place. She noted that the numbers for international recruitment had been high.

Ms Gill stated that there had been a joint People Committee with KGH which had looked at the People Plan which had been co-created by staff. The Committee had opportunities to input and the response had been positive.

Ms Parker remarked that it was good to see vacancy rate go down. She asked if the Trust continued to recruit overseas due to Brexit and travel limitations. Mr Smith had received a further pool of funding to continue to recruit overseas nurses. He noted that Brexit had not yet an impact as the Trust generally recruited outside of the EU. The travel limits would be more of an impact. In the medium to longer term the Trust would look at national supply. The system workforce cell meets every week to discuss and work is being down with the University of Northampton to look at the flow between them and NGH. The pandemic had affected student learning.

Ms Houghton queried how mandatory training could be prioritised and there must hot spots across the Trust were compliance is lower than others. Mr Smith explained that all ten are core and a further breakdown of hotspots had already been agreed to come to the People Committee. He stated that most had moved to elearning and he encouraged people to take this on.

Mr Callow commented that the training rate and appraisal rate had gone down. He asked which Mr Smith was most concerned for. Mr Smith believed that both were as equally important. It was very difficult time, the in-depth appraisal had been moved to an appraisal light process. The development opportunities had also been put on pause at current.

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

TB 20/21 076 Reset and Recovery Phase 3

Mr Holland presented the Reset and Recovery Phase 3.

Mr Holland advised that the paper detailed performance against reset agreed in September. He stated that for elective and outpatient care, all key metrics were between 90% and 105%.

Mr Moore remarked that it was good to see table in the report as gives benchmarking information and the Trust did not appear to be any outlier in any areas. Mr Holland agreed.

Mr Moore asked with the reset in general was Mr Holland happy with where the Trust was. Mr Holland confirmed he was and the Trust was delivering the model well and would continue at this level.

Ms Parker commented that it was good to see Danetre up and running.

Mr Callow reinforced Mr Holland's message. When planning in September there was different circumstances and it was a credit that the numbers were where they are.

Mr Moore noted that the Trust appeared to be doing very well with virtual appointments. He asked was this mainly follow up appointments. Mr Holland explained that not necessarily however there had been a major shift from face to face to non-face to face.

Mr Smith referred to the appendix on page 78 of the report pack and the mention of NGH being a CRS trial site. Mrs Needham clarified that this related to RTT and that the Trust reported in weeks and not as a percentage,

The Board **NOTED** the Reset and Recovery Phase 3.

TB 20/21 077 Ockenden Report

Ms Oke presented the Ockenden Report. OC/PR join.

Ms Oke advised that this had been discussed at QGC in detail. The report derived from significant issues in regards to maternity safety. The Health Secretary reacted to concerns and asked for a review to be undertaken. The review led to this report. Ms Oke informed the Board that this was the first iteration.

Ms Oke explained that the Ockenden report was broken down into 7 immediate and essential actions associated maternity safety. In December 2020, NHSI distributed a tool to support providers to assess and report their current position against the Immediate and Essential Actions (IEAs) in the report and provide assurance of effective implementation to their Trust Boards, the Local Maternity System (LMS) and NHS England and NHS Improvement regional teams.

Ms Oke clarified that the self-assessment and assurance tool needed to be submitted to the LMS by 15 February 2021. The paper described the Trust position in January.

Ms Oke reported that the paper was discussed at the Maternity and Neo-natal Safety Champion Meeting and the Quality Governance Committee. There was detail of the actions on page 80 of the report pack.

Ms Gill asked how we ensured that there was good culture and compassion within maternity services at NGH. Mr Cooper explained that there was a focus on multi-professional working and the relationship was good between the professional staff. In the past there had been Freedom to Speak Up cases and now these had been tackled, the service was in a much better place.

Ms Ryan advised that the midwives felt supported on the floor and by the MDT. The culture of support was good. There was career maps, which helped them aspire, and this promoted a good culture.

Ms Kirkham commented that there was a lot of information and she asked what reassurance was there in terms of an action plan. Ms Oke confirmed that work was being done on the development action plan that underpins this. When it had been discussed by the department there had been a degree of confidence that it could be lifted and taken forward.

.

Ms Houghton remarked that there was a lot of confidence that the department could deliver against Ockenden. The Trust still needed national support and was awaiting national guidance. The team has worked closely with the LMS and KGH on a programme of external reviews, which was really positive. She believed all actions were deliverable and was an absolute must do. It was on the CRR.

Ms Houghton referred to the discussion on culture. There was a national maternity neonatal improve programme which conducted done a culture survey. This was about to be repeated and she thought that this would be a good opportunity to compare.

Ms Campbell advised that in relation to Freedom to Speak Up, the number of incidents reports by midwives had reduced in quarter 1 and quarter 2, however it needed to be taken into account that all contacts had also reduced in this period.

Mr Weldon thanked Ms Ryan and Mr Cooper for their leadership. The Maternity service was under pressure and this would be another future discussion at Trust Board. He asked if there were any issues Mr Cooper or Ms Ryan would like to bring to the Board. Mr Cooper remarked that a large amount of work had already started before the Ockden report was published. The service had been proactive with recruitment. This needed to continue. There was a need to streamline processes and he referred to the Medway issue which would be a challenge to moving forward.

Mr Moore thanked Mr Cooper and Ms Ryan for attending. It was great to see the good work being done.

The Board **NOTED** the Ockenden Report.

TB 20/21 078 COVID19 Vaccination Update

Mr Metcalfe presented the COVID19 Vaccination Update.

Mr Metcalfe advised that the county had delivered 87k vaccines. It was noted that NGH was the single largest vaccinator in the county. The county was doing well and the high-risk cohort of 80 plus had seen over 85% vaccinated. The county had also vaccinated two thirds of care home residents and had now reached two thirds of over 70s. The vaccination centre at Moulten park was open and would be delivering the Oxford vaccine. This would accelerate the rate of delivery.

Mr Smith referred to NGH being the lead employer. This was a huge testament and fantastic achievement whilst managing acute care at same time.

Mr Moore asked for Mr Metcalfe's clinical view on the second dose timeframe being increased. Mr Metcalfe supported the in change in policy. In terms of future pressures the national health service and NGH face, the first dose can widely protect the population and reduce R rate. His personal opinion was that clearly there was not same level of evidence if it had been developed over years, however he deferred to the expertise of the experts at Public Health England who had been clear and consistent with the information that high levels of protection are given in the first dose therefore he endorsed it.

Ms Gill remarked that this was a good achievement. She asked when Mr Metcalfe thought the hospital would see the benefits of the vaccination programme with reduced numbers of over 80s being admitted. Mr Metcalfe explained that the preliminary evidence from Israel showed early results, that 2 weeks after a cohort had their first vaccination, there was a significant drop in numbers by 30%, that decrease continued. He hoped this to be very soon, and there were some early signs .Ms Gill asked if this could factored in our modelling and she was informed

that this could not yet be done.

Mr Moore asked for the number of staff who had had the first dose. Mr Metcalfe did not have this figure however it was the majority of staff. Mr Smith clarified that it was approximately 7000k across the group.

Mr Moore asked if there had been focus on the BAME cohort of staff. Mr Smith confirmed that it was being promoted across the BAME cohort and on the 8 December, the first three vaccinations were from senior BAME members of staff. This had been publicised. Mr Metcalfe advised staff take up also needed to factor in staff WFH and shielding. Some have also chosen to receive their vaccination at their GPs if eligible.

Mr Archard-Jones remarked that the vaccination centre was closing at the hospital, would NGH still be able to vaccinate patients. He was informed that NGH would still be able to do this.

The Board **NOTED** the COVID19 Vaccination Update.

TB 20/21 079 Freedom to Speak Up Bi-Annual Report

Ms Campbell presented the Freedom to Speak Up Bi-Annual Report.

Ms Campbell advised that the report covered Quarter 1 and Quarter 2. There had been a decrease in the number of cases. This had been noted regionally however not nationally. She believed this had been due to the additional communications for staff and that the Trust did not suffer issues due to PPE unlike other Trusts.

Ms Campbell commented that the Freedom To Speak Up network had been very busy and were supportive of each other.

Ms Campbell stated that 5 more value ambassadors had undertaken training with some recruited from the BAME network.

The Board **NOTED** the Freedom to Speak Up Bi-Annual Report.

TB 20/21 080 Board Assurance Framework

Ms Campbell presented the Board Assurance Framework (BAF).

Ms Campbell advised that this was the Quarter 3 report and it had been to all Board Committees. The changes to the report were in delays to deadlines dates due to the COVID19 surge. All references to the Workforce Committee had changed to the People Committee.

Ms Campbell confirmed that she would be undertaking a review of the BAF in line with the update due at the end of quarter 4. This would include a review and refresh of the target scores. This was to make sure that the scores were in line with what would be achievable at the end of next financial year.
Ms Campbell updated the Board on the changes in score It was noted that BAF 1.10, delivery against the Covid recovery plan had increased score. This was due to increased gaps in control and a surge in COVID19, which has impacted delivery of reset planning. BAF 3.1 workforce capacity score had increased due to the impact of the pandemic on workforce capacity. BAF 5.3, capital funding had decreased to reflect new funding that had been received.

Mr Moore remarked that it was good to see work being planned on the target and current scores. It would be good to have an audit trail.

The Board **NOTED** the Board Assurance Framework.

TB 20/21 081 Joint People Committee Terms of Reference

Ms Campbell presented the Joint People Committee Terms of Reference (ToR).

Ms Campbell advised that this was the third Joint Committee to be submitted to the Board for approval. The ToR had been presented to the Joint People Committee on 25 January 2021. At that meeting point 7.8 which was proposed to be changed to include receiving reports from both Trusts' Freedom to Speak Up Guardians and Guardians of Safe working. Ms Campbell reported that at the Joint People Committee section 10.1, which was the process for monitoring effectiveness of the committee had been discussed. She and her KGH counterpart would have further discussion on ToR to ensure this would be aligned.

Ms Campbell remarked that these ToRs would be iterative as they develop. Mr Smith commented that the ToR would also change in line with People Plan, as it would shape the focus of the Joint People Committee in terms of priorities.

The Board **APPROVED** the Joint People Committee Terms of Reference noting the change at 7.8.

TB 20/21 082 Emergency Preparedness Annual Report

Mr Holland presented the Emergency Preparedness Annual Report

Mr Holland advised that it detailed the emergency planning arrangements at NGH. It also detailed information related to extraordinary incidents. The Trust had been fully compliant with the EPRR standards.

Mr Moore asked if surge capacity for COVID19 had been looked at. Mr Holland confirmed that it was part of the hospital plans and all areas of the hospital had been reviewed. This included what other areas can be used for as bedded capacity.

Mr Moore queried if this had all been covered in regards to estate. Mr Finn explained that £7m had been invested in to the infrastructure. The generators would be in plus 1 from March.

Mr Weldon remarked that the EPRR arrangements had been tested to the max over the past year. This was an important report and he asked the team to work with KGH from a lessons learn point of view. He asked for when the second wave recedes that this was debated.
Action: Mr Holland

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

TB 20/21 083 Strategic Cancer Plan

Mr Metcalfe presented the Strategic Cancer Plan.

Mr Metcalfe introduced Mr Nemade who was the clinical lead for this and Deputy Medical Director.

Mr Nemade presented the report and a presentation was shared.

Strategic Cancer Plan
Presentation - Trust B

Mr Metcalfe thanked Mr Nemade for his very comprehensive presentation.

Mr Moore remarked that there was a lot of work being done and it was great to see a strategy to develop cancer moving forward.

Mr Callow stated that it was a great presentation and very encouraging. He supported the use of the digital tools. He echoed the thoughts that there was a collection tools that do not speak to one another.

Ms Kirkham referred to the presentation from a strategy point of view and the tie in with the ICS side of things. The successful ICS' across world have focused on the prevention side of things. The hubs and sub hubs reflected how the ICS was likely to develop and this was interesting.

Prof Robinson agreed and commented that he was excited by ambition of strategy, with patients front and centre. This was important and there needed to be a close observation of the metrics. The Trust also needed to make sure up that it was up to date in engaging in research. Prof Robinson asked if the Trust could confirm that the resources would be available both human and financial to ensure NGH could deliver the strategy for its patients and the population of Northamptonshire.

Mr Weldon confirmed that the resources were available. There was nothing more important than treating people with cancer. He remarked that it had been an excellent presentation. He strongly supported this.

Ms Parker echoed all the comments. It was nice to see that the patient was in the middle of all of this. It was great to see a focus on prevention. When a patient was told they had cancer they hand control to medical staff. There were things that could be done that are simple and for example always leave knowing when your next appointment was. Last year it was difficult to run patient engagement sessions however the more participation from patients in these sessions the better.

Mr Moore noted all the positive comments. He wished Mr Nemade the best with the strategy as it was vital to health of Northamptonshire population.

The Board **NOTED** the Strategic Cancer Plan.

TB 20/21 084 **Dedicated to Excellence: Group Strategic Direction 21/22 – 23/24**

Mr Weldon presented the Dedicated to Excellence: Group Strategic Direction 21/22 – 23/24.

The screen was shared and Mr Weldon delivered the presentation.

210127 Dedicated to Excellence Group Stra

Ms Parker remarked that she had sat in some of the engagement sessions and the Group strategy had been welcomed.
Mr Weldon stated that the strategy had been started 6 months ago and he thanked all executives for their input. It had derived involvement from all. He noted that it had face some challenges and difficult decisions. The strategy would need to be referred to periodically to agree it was still correct.

Mr Weldon advised that all Committee Chairs needed to collectively deliver the

strategy. It needed to be on the agenda and he asked that these priorities would be debated.

Mrs Needham believed that it was a good strategy and she was fully behind it. The Trust as a whole really valued being involved in this and should continue.

Ms Houghton echoed all that that had been said. She queried whether this could be used as a lever to spread out the message in regards to the prevention agenda.

Ms Spellman supported the strategy and approach, particularly the focus on empowering staff to help improve the group. She noted the links with externals. These were key on how to develop the group clinical strategy and the ICS strategy.

Mr Weldon advised that there would be a Board development session at the end of February. There would be discussion on the ICS strategy and the opportunity to explore in detail in the wider prevention agenda.

Mr Archard-Jones queried the financial investment. Mr Weldon stated that as two separate hospitals looking at the opportunity to align investments could have a positive outcome. There would be a big investment in transformation and what could we done if funding was brought together. The Group has to absolutely make sure that it gets value for money. It was noted that the financial framework for next year was not yet clarified.

Ms Gill asked if there was any gaps in capabilities and what communication had been planned to get the strategy out to staff. Mr Weldon commented that this would be done in March.

Mr Smith remarked that it was important to hold nerve with priorities the group had chosen. There needed to attention on these priorities. This can only be a positive and was something to look forward to for the future. In regards to capabilities, the People Plan highlighted how to support people in delivering the priorities.

Mr Smith remarked that on the last page CPC/People committee needed to be swapped around.

The Board **APPROVED** the Dedicated to Excellence: Group Strategic Direction 21/22 – 23/24.

TB 20/21 065 Questions from the Public (Received in Advance)

There were no questions received in advance from the Public.

TB 20/21 066 Any Other Business

Mr Moore advised that the message from the Trust Board was that it recognised the commitment and hard work shown from staff during these hard times. The Trust Boards support was unconditional.

Ms Campbell commented that following the ICS discussion at the last Board. A Chairs action had been agreed and confirmed that this was signed off by the CEO on behalf of the Chairman.

Date of next meeting: Public Trust Board - Thursday 25 March 2021 at 09:30 via ZOOM at Northampton General Hospital.

Public Trust Board Action Log **Last update** **04/03/2021**

Item No	Month of meeting	Minute Number	Paper	Action Required	Responsible	Due date	Status	Updates
Actions - Slippage								
Actions - Current meeting								
124	Jul-20	TB 20/21 025	Equality, Diversity and Inclusion – BAME Staff Support	The Board requested a further update in 6 months	Mr Smith	Mar-21	On Agenda	
Actions - Future meetings								
127	Jan-21	TB 20/21 082	Emergency Preparedness Annual Report	Mr Weldon remarked that the EPRR arrangements had been tested to the max over the past year. This was an important report and he asked the team to work with KGH from a lessons learn point of view. He asked for when the second wave recedes that this was debated.	Mr Holland	TBC	On Track	

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	Group CEO Report
Agenda item	**7**
Presenter of Report	Simon Weldon, Group CEO
Author(s) of Report	Simon Weldon, Group CEO

This paper is for: (delete as appropriate)

☐ Approve	☐ Receive	☑ Note	☐ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

Group Chief Executive Update: March 2021

Covid-19 update

The latest wave of people being hospitalised with Covid-19 peaked in January and since then, thankfully, has been falling.

Having reached well over 400 in-patients in January, numbers had fallen to below 100 by mid-March and, as pressure eased, we were able to take stock and start to plan the resumption of many of the services we had to take down while we focused on so many extremely poorly patients.

Not only did we create extra capacity in our intensive care units, we also worked with NHS partners to create sub-acute beds in community settings, which gave us the extra capacity needed to care for the most seriously ill.

Once again, our staff rose the challenge of this latest wave with commitment and dedication to care for the people of Northamptonshire and I once again want to thank them for the amazing work they have done, and are continuing to do, as the pandemic is still very much with us.

Since the beginning of the pandemic, more than 1,100 in-patients across Kettering and Northampton have sadly died but we must be thankful that rates of positive cases in the community are now much lower and we must hope that they remain low as we continue to ease lockdown restrictions.

We have had more than a year now of what has been the toughest period in the NHS's history and I would ask that we continue to do everything we can to protect ourselves and our hospitals from another rise in Covid cases.

- Please have the vaccine as soon as you are invited to make an appointment. It is safe and the most effective protection we have against the virus
- Continue to maintain good hand hygiene
- Wear a mask or face covering
- Continue to maintain social distancing.

We still have a long way to go and if we let down our guard too soon, numbers could easily start to rise again, inevitably leading to more hospital admissions and, sadly, more people dying.

International Women's Day

To celebrate International Women's Day, we launched a new Gender Equality Network at KGH for all permanent, bank or temporary staff with a positive interest in driving forward gender equality.

We also celebrated by joining the social media campaign #ChooseToChallenge and I was pleased to see so many joining in with photographs and videos explaining how they are challenging gender inequality in the workplace. In another show of support for our female colleagues, as a group, we have become early adopters of the UK's first Menopause Friendly Accreditation scheme. The scheme will enable organisations to show their commitment to working towards becoming a menopause-friendly employer.

HealthCare Science Week

It was good to see the focus on our 260-plus pharmacy team working across NGH and KGH as part of HealthCare Science Week earlier this month.

Not only are they playing a leading role in Northamptonshire's roll-out of the Covid vaccine they continue to dispense tens of thousands of items per month to ward areas, outpatients, discharge and chemotherapy. They are also continuing to support 20 clinical trials, including two of UK's largest Covid trials.

But we should also acknowledge the full range of their duties and the key role they play in patient care, including writing and dispensing prescriptions, issuing stock, counselling patients, cross-sector work with GPs, taking part in out-patient clinics, involvement in developing IT programmes, teaching other health professionals, making chemotherapy medicines for cancer patients, investigating medication incidents and errors, and providing medicine information and advice.

Quality Summit

Following several clinical incidents between September and November 2020 I want to report on the response by Northampton Hospital. There were three core components. Firstly, expert support was provided for the staff in the teams involved in the incidents through the TRIM (Trauma Risk Management) trained specialist supporting our staff service. Secondly, thorough investigation of the individual incidents was undertaken and thirdly, a thematic review of the human factors contributing to the incidents in question and other events over the preceding two years.

This work was driven at pace, mindful of the need to protect our patients, by a working group including colleagues from all divisions and the corporate governance team. External support was generously afforded by experts from KGH and our regulators, NHSEI, (NHS England and Improvement), the CCG (Clinical Commissioning Group) and CQC (Care Quality Commission). Immediate actions were undertaken to raise awareness and refresh training on key patient safety procedures, mindful that many staff involved had been re-deployed as part of the Covid-19 or reset responses.

A Quality Summit was held on the 23rd February, with regulators and staff from five external Trusts in attendance to present the culmination of this work. Members of the teams involved in the incidents presented the individual instances and then thematic review pulling out the human factors which are attended to in ongoing actions to improve patient safety. I am delighted with the positive feedback that has been received both internally and from external stakeholders which highlighted the openness and willingness to reflect of the staff involved.

Related Strategic Pledge	Which strategic pledge does this paper relate to? 1. *We will put quality and safety at the centre of everything we do* 2. *Deliver year on year improvements in patient and staff feedback* 3. *Create a sustainable future supported by new technology* 4. *Strengthen and integrate local clinical services particularly with Kettering General Hospital* 5. *Create a great place to work, learn and care to enable excellence through our people* 6. *Become a University Hospital by 2020 becoming a centre of excellence for education and research* *(Delete as applicable)*
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks
Related Board Assurance Framework entries	BAF – please enter BAF number(s)
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) If yes please give details and describe the current or planned activities to address the impact. 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) If yes please give details and describe the current or planned activities to address the impact.
Financial Implications	None
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper

Actions required by the Board.

The Board is asked to: Note the report.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Board**
Date of Meeting	**25th March 2021**

Title of the Report	**Hospital CEO Report**
Agenda item	**8**
Presenter of Report	Eileen Doyle – Hospital CEO
Author(s) of Report	Eileen Doyle – Hospital CEO

This paper is for: (delete as appropriate)

☐ Approve	☐ Receive	x Note	☐ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

The Hospital CEO report covering key activities throughout the last two months and this is detailed within the report.

Related Group Priority	Which Group Priority does this paper relate to? 1. Patient: Excellent patient experience shaped by the patient voice 2. Quality: Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks
Related Board Assurance Framework entries	BAF – n/a
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? N If yes please give details and describe the current or planned activities to address the impact.

	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 If yes please give details and describe the current or planned activities to address the impact.
Financial Implications	Will be worked through as yet there may be costs associated with any in/outsourcing
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper

I am delighted to be writing my first HCEO report for NGH having arrived here at the beginning of March.

COVID has, of course dominated all of our lives over the past year and the hospital like most others was seriously affected by the incidence of COVID in our area.

I am pleased and somewhat relieved to say that we are out the other side of our most recent peak and our numbers are back down to 55 as I write this report with no red patients remaining in ITU.

It is of course important to recognise the extraordinary contributions of our staff over the last year, many of whom suffered personal sadness and difficulties over this period and thank them for their dedication and commitment to our patients and each other.

Post-COVID, or at least where we are now it is important to adjust to our new ways of working, many of which we will continue with. How we organise ourselves and our services is now in sharp focus and over the coming weeks and months we will moving some of our ward areas to accommodate the right numbers of patients and where possible make sure that services are not split across locations. We have a number of areas who have significant operational difficulties either with backlogs of patients and need to catch up or having been displaced due to social distancing or air handling and exchange. We need to address these issues so that we can treat as many people as we can safely and efficiently.

A particular worry for the organisation is the number of patients who have either waited over 52 weeks for treatment or approaching that length of wait. In February we had 759 patients waiting over a year and the following table details the number by specialty:

Specialty	**Number of Patients >52wks**
T&O	144
Maxillo Facial Surgery	103
ENT	94
Gynaecology	84
Ophthalmology	60
Cardiology	51
Oral Surgery	50
Urology	49
General Surgery	49
Gastroenterology	22
Pain Management	22
Vascular Surgery	9
Paediatric Orthopaedics	7
Respiratory Medicine	4
Dermatology	3
Plastic Surgery	3
Paediatric Ophthalmology	3
Paediatric Plastic Surgery	2
Total	**759**

There are also 989 patients who are currently also waiting over 45 weeks. Based on the current

trajectory we are expecting the 52-week position to be 643 patients waiting by the end of March.

This is clearly a serious position for the trust to be in even though we are not alone and the national position is not a good one. We have to agree a recovery trajectory with our teams which is realistic and also takes into account what is coming up on the horizon. The detail of the recovery approach will be reported back to board each month. The anticipated clearance of these backlogs are at best September but more likely December; this assumes that COVID will not be a significant issue for inpatients as it has been in the last 12 months.

Other constitutional standards also need some attention such as diagnostics and as a newcomer I shall be working with our team to ensure that we are in a better and more robust position as we get nearer to business as usual. I fully recognise that our staff are tired and need to recover which we will support them to do whilst getting back on an even performance keel.

Finally, I am really excited to be here and look forward to working with our teams at the hospital and the group more generally.

Eileen Doyle
March 2021

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**25th March 2021**

Title of the Report	**Integrated Performance Report**
Agenda item	**9**
Presenter of Report	
Author(s) of Report	Miss J Fawcus (Chief Operating Officer) Mr M Metcalfe (Medical Director) Mr M Smith (Chief People Officer) Mrs B Agboola (Director of Finance) Mrs S Oke (Director of Nursing)

This paper is for: (delete as appropriate)

□ Approve	□ Receive	□ Note	X Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

The paper is presented to provide information and assurance to the board on the key national performance, quality, finance & workforce KPI's.

The report is split into two sections:

1. A new format for reporting key exceptions via the integrated scorecard using Statistical process control and the NHSI methodology or reporting. (this is not complete and forms a limited number of KPI's)
2. The old format using exception reports based on Red RAG rated KPIs from the integrated scorecard. (this is a complete list of exceptions)

The old format will be presented to the board until which time the new methodology for reporting is complete and has been accepted by the board.

Report two

Each of the indicators which are red rated has an accompanying exception report for areas which require assurance and have been discussed in detail at the relevant committees of the board.

Related Strategic Pledge	Which strategic aim and corporate objective does this paper relate to? All
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks Assurance only
Related Board Assurance Framework entries	All
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (N) If yes please give details and describe the current or planned activities to address the impact. 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) If yes please give details and describe the current or planned activities to address the impact.
Financial Implications	None at this time
Legal implications / regulatory requirements	None

Actions required by the Trust Board

The Committee is asked to:

1. Note the report
2. Discuss the new format & associated metrics noting improvements required
3. Seek clarification on performance & actions being taken

Integrated Performance & Quality Report

Date: March 2021
Reporting Period: February 2021

Northampton General Hospital NHS
NHS Trust

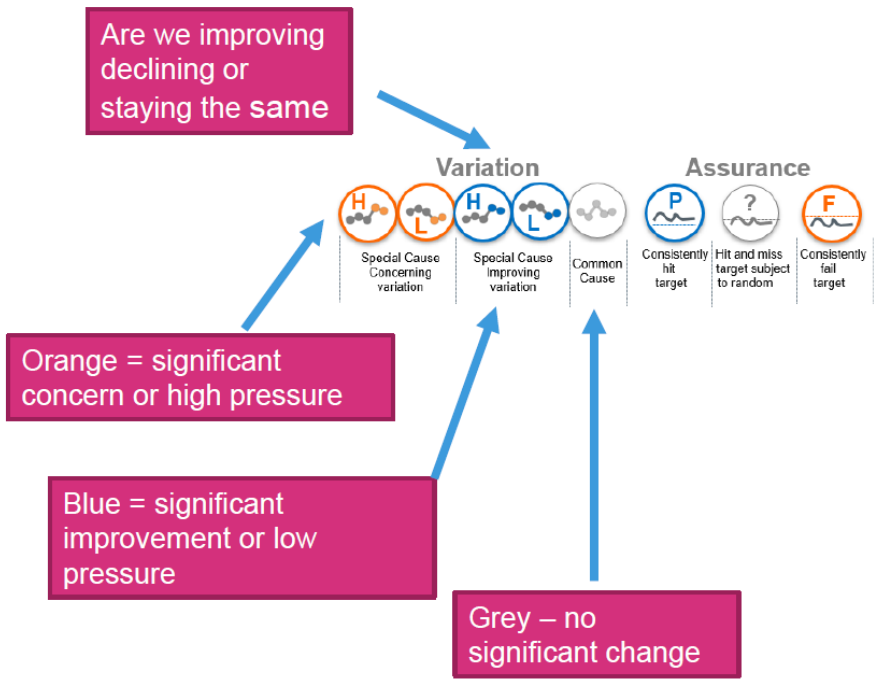
Pilot SPC Charts

Collaboration work with KGH and a wish to move to a common style of Board reporting was agreed by the Collaboration Steering Group in August 2019. Subsequently, an assessment of both Boards' report was completed, leading to eight metrics being agreed for both trusts to report on using SPC. The number of metrics moved to SPC will increase over the next few months, with the format of the Corporate Scorecard changing accordingly.

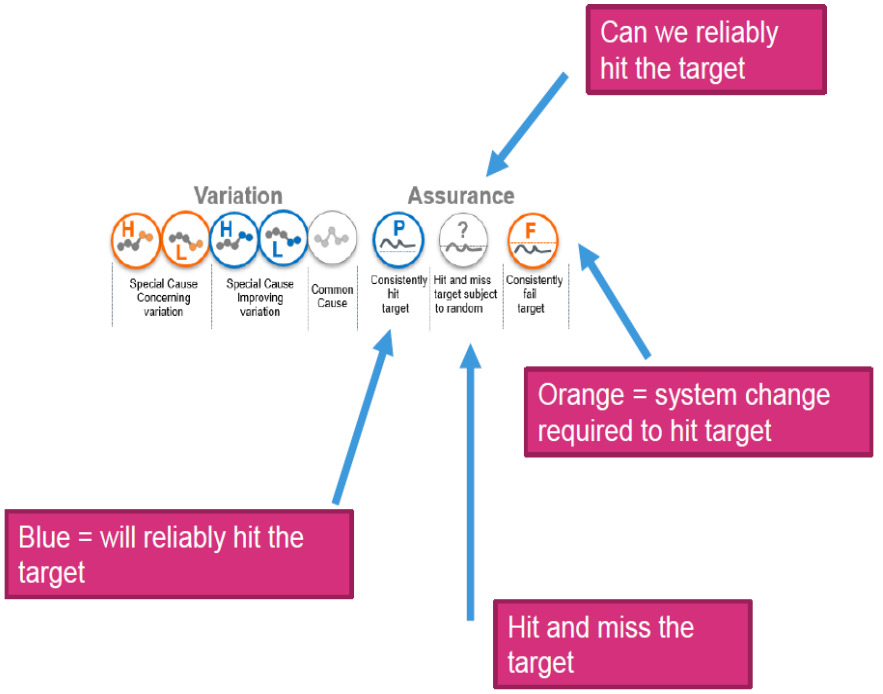
The reports that follow use the key below. A recap of using these descriptions is also included

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

High level key - variation



High level key - assurance



Domain	Metric	Target	Variation	Assurance	Chart
Safe	HOHA and COHA (C-Diff > 2 Days)	3			
Safe	MSSA > 2 Days	1			
Safe	VTE Risk Assessment	95%	Outside Control Limits	F	
Safe	Transfers: Patients transferred out of hours (between 10pm and 7am)	60	No Data Available		
Safe	Transfers: Patients moved between 10pm and 7am with a risk assessment completed	98%			

Safe Domain - Non-SPC Metrics

Section:	Indicator:	Target:	Jan-21	Feb-21	Chart
Safe	New Harms	<=2%	No Data Available		
Safe	Appointed Fire Wardens	>=85%	No Data Available		
Safe	Fire Drill Compliance	>=85%	87%	86%	
Safe	Fire Evacuation Plan	>=85%	100%	100%	

Domain	Metric	Target	Variation	Assurance	Chart
Caring	Complaints responded to within agreed timescales	90%	No Data Available		
Caring	Friends & Family Test % of patients who would recommend: A&E	86%			
Caring	Friends & Family Test % of patients who would recommend: Inpatient/Daycase	96%			
Caring	Friends & Family Test % of patients who would recommend: Maternity - Birth	97%			
Caring	Friends & Family Test % of patients who would recommend: Outpatients	94%			
Caring	Mixed Sex Accommodation	0			

Caring Domain - Non-SPC Metrics

Section:	Indicator:	Target:	Jan-21	Feb-21	Chart
Caring	Compliments	N/A	No Data Available		

Domain	Metric	Target	Variation	Assurance	Chart
Effective	Length of stay - All	4.2			
Effective	Percentage of discharges before midday	25%	Outside Control Limits	F	Page 13
Effective	# NoF - Fit patients operated on within 36 hours	80%			
Effective	Maternity: C Section Rates	29%	H	F	Page 14
Effective	Mortality: SHMI	109		P	
Effective	Stranded Patients (ave.) as % of bed base	40%	Outside Control Limits	F	Page 15
Effective	% Daycase Rate	80%	Outside Control Limits	P	Page 16
Effective	Super Stranded Long Stay Patients (ave.) as % of bed base	25%	Outside Control Limits		Page 17
Effective	Readmissions within 30 days of previous reporting month	12%	No Data Available		

Effective Domain - Non-SPC Metrics

Section:	Indicator:	Target:	Jan-21	Feb-21	Chart
Effective	Patient Ward Moves Overnight (22:00 - 06:59)	0	378	447	

Domain	Metric	Target	Variation	Assurance	Chart
Responsive	A&E: Proportion of patients spending less than 4 hours in A&E	90%	Outside Control Limits	F	Page 18
Responsive	Ambulance handovers that waited over 30 mins and less than 60 mins	25	L	F	Page 19
Responsive	Ambulance handovers that waited over 60 mins	10		?	
Responsive	Operations: Number of patients not treated within 28 days of last minute cancellations - non clinical reasons	0		?	
Responsive	Cancer: Percentage of patients treated within 31 days	96%		?	

Responsive Domain - Non-SPC Metrics

Section:	Indicator:	Target:	Dec-20	Jan-21	Chart
Responsive	RTT median wait incomplete pathways	<=10.9	9.5	10.5	
Responsive	Cancer: Faster Diagnosis Standard	>=63%	81.4%	78.0%	

Section:	Indicator:	Target:	Jan-21	Feb-21	Chart
Responsive	Unappointed Follow Ups	=0	8,503	7,787	

Domain	Metric	Target	Variation	Assurance	Chart
Responsive	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - drug	98%		?	
Responsive	Cancer: Percentage of Patients for second or subsequent treatment treated within 31 days - radiotherapy	94%		?	
Responsive	Cancer: Percentage of patients for second or subsequent treatment treated within 31 days - surgery	94%	Outside Control Limits	F	
Responsive	Cancer: Percentage of patients treated within 62 days urgent referral to treatment of all cancers	85%		?	
Responsive	Cancer: Percentage of patients treated within 62 days of referral from screening	90%		?	
Responsive	Cancer: Percentage of patients treated within 62 days of Consultant Upgrade	85%		?	
Responsive	RTT over 52 weeks	0	Outside Control Limits	F	Page 20
Responsive	Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	99%	Outside Control Limits	F	Page 21
Responsive	Stroke patients spending at least 90% of their time on the stroke unit	80%	Outside Control Limits	?	Page 22
Responsive	Suspected stroke patients given a CT within 1 hour of arrival	50%	L	P	

Domain	Metric	Target	Variation	Assurance	Chart
Well Led	Income YTD (£000's)	0	Outside Control Limits	?	Page 23
Well Led	Surplus / Deficit YTD (£000's)	0	Outside Control Limits	?	Page 24
Well Led	Pay YTD (£000's)	0	Outside Control Limits	P	Page 25
Well Led	Non Pay YTD (£000's)	0	Outside Control Limits	?	Page 26
Well Led	Bank & Agency / Pay %	7.5%	Outside Control Limits	F	Page 27
Well Led	Sickness Rate	3.8%	Outside Control Limits	?	Page 28

Well Led Domain - Non-SPC Metrics

Section:	Indicator:	Target:	Jan-21	Feb-21	Chart
Well Led	Percentage of all trust staff with mandatory refresher fire training compliance	>=85%	79.4%	No Data Available	

Domain	Metric	Target	Variation	Assurance	Chart
Well Led	Staff: Trust level vacancy rate - All	9%	Outside Control Limits	F	Page 29
Well Led	Staff: Trust level vacancy rate - Medical Staff	9%	Outside Control Limits	?	Page 30
Well Led	Staff: Trust level vacancy rate - Registered Nursing Staff	9%	Outside Control Limits	?	Page 31
Well Led	Staff: Trust level vacancy rate - Other Staff	9%	Outside Control Limits	F	Page 32
Well Led	Turnover Rate	10%	Outside Control Limits	P	Page 33
Well Led	Percentage of all trust staff with mandatory training compliance	85%	No Data Available		
Well Led	Percentage of all trust staff with role specific training compliance	85%	No Data Available		
Well Led	Percentage of staff with annual appraisal	85%	No Data Available		
Well Led	Job plans progressed to stage 2 sign-off	90%		F	Page 34

Medical Director's view

Overview

As covid pressures ease at the trust the work programme of the corporate medical portfolio resumes. This includes re-starting the job planning cycle and appraisals for consultants, quality improvement programmes for mortality reduction, development of a model for deriving an appropriate medical establishment for the trust (the first draft of which will be presented to the people committee development session in April).

Quality Summit

In response to a number of incidents during the phase 3 reset period, the culmination of the improvement work overseen by a task and finish group was presented at a quality summit. The work presented included presentations from the teams involved in the incidents, covering what had happened and how new safeguards had been introduced, and also a thematic review of never events at NGH over the last 2 years using the York classification of human factors. The summit was well attended by trust and group colleagues and other external trusts and regulators. The feedback upon the approach has been positive, in particular from external partners and regulators. NGH has been asked to support NHSEI and AHSN adopt the thematic human factors approach more broadly in the region.

AMD primary care engagement

In support of the acceleration of the development work for the integrated care system in the county, the trust is delighted to announce the appointment of Dr Tom Evans as Associate Medical Director for primary care engagement. Tom has been a local GP, has an academic appointment in education at the university of Buckingham, experience as urgent care clinical lead for Nene CCG and has worked in our Emergency Department as a registrar. This skill set places him perfectly to facilitate the require work across boundaries. An initial area of focus for Tom is the iCAN programme and he will be leading one of the pillars of this.

Academic Strategy progress

The five year business cases in support of the academic strategy have been approved by both finance committees of the group and excellent progress is being made against the work programme to delivery University Hospitals status across the group. As an illustration of this the year one income target has already been exceeded.

Deteriorating patient task lists

The patient safety team have launched the deteriorating patient task list, enabled through iBox on ward electronic white boards, and are supporting the adoption by clinical teams to improve rapid recognition and robust response for deteriorating patients.

Directors view – Director of Nursing

Friends & Family Test:

The Friends & Family Test recommenced nationally on the 1st of December 2020 and the first submission nationally was submitted on the 15th of January. At present, the hospital is still not collecting via postcards, however each ward now has an electronic tablet which contains a link to the FFT survey on it. In addition to this, the hospital has now set up a number of FFT surveys via QR codes which are included within mini postcards and posters. The hospital continues to collect the majority of the FFT feedback through SMS text messages and automated calls. The inpatient and day case Satisfaction scores have remained between 90%-95%. This is within normal variation. On comparing the figures since April, satisfaction scores average around 92%

Complaints:

Due to second wave of the COVID-19 pandemic, in January the timeframe, in which the Trust responds to complaints, was reviewed for a second time. The timeframe was revised to a maximum of 6 months where required. This was to ensure that front line clinical staff were able to focus on providing care to our acutely unwell patients allowing additional time in which to reply to complaints. Additionally, further guidance has been issued via NHS England and NHS Improvement to confirm that Trust's may extend complaints beyond 6 months for those received up to the end of April 2021. The Trust compliance rate response rate for complaints, reported in February, was 100%.

Infection Prevention & Control Service:

During February there were 3 reported cases of Clostridium difficile Toxin A & B identified as hospital onset, 2 on Finedon and 1 post discharge case, no lapses in care were identified. There were 0 reported cases of MSSA BSI reported during February.

Covid Response:

The IPC team continues to focus on leading and supporting the Trust in managing the Covid pandemic and in the safe management of reset for elective and cancer activity. The IPC Board assurance framework has been reviewed, progress has been made with particular attention being made to PPE training and increasing the provision of our domestic support team. During February there have been 2 Covid-19 patient outbreaks reported on Abington and Collingtree B wards. Contributory themes include patients in a cohort bay and patients not wearing masks. Day 1, 3, and 5 admission swabbing for COVID continues to be embedded and physical barriers between patients are now in place to limit the spread of transmission. In March the 'its ok to ask patients to wear a mask' campaign has been launched across the Trust. Daily outbreak meetings occur with attendance of the CCG, PHE and NHSE/I. Regular audits are completed which reflect positive progress made.

CPE:

An outbreak of CPE has been declared in Critical Care following 9 patients isolating the same organism. Outbreak meetings are being held regularly, again with attendance of the CCG, PHE and NHSE/I to ensure that actions are implemented to limit the onward spread of transmission. The unit has had to close to the Critical Care network during the outbreak to protect other patients. The index case was likely a patient from Eastern Europe or a patient who was transferred from a high risk CPE unit within the network, for both patients CPE admission screens were not obtained. Admission screening for all patients admitted to the unit has since been implemented and is monitored by the IPC Team.

Directors view – Chief Operating Officer

Performance - A&E 4hrs

- Performance was 73.70% for February2021, a 6% increase from January 2021 and approximately 0.2% increase from February 2020
- There were 7446 Type 1,2 & 3 attendances compared to 10,602 in February 2020
- ED Conversion rate 24.25% versus 18.99% in February 2020
- Ambulance conveyances for February 2021 were 2934 compare to 2013 in February 2020
- Ambulance conveyance conversion rate February 2021 was 38.62% compared to 20.94% in February 2020. This is reflective of the impact of the second Covid wave, winter & higher acuity
- SDEC attendances for February 2021 were 624 with a conversion rate of 11%. In February 202 the comparable numbers were 567 with a conversion rate of 9%
- Stranded patient numbers for February 2021 were an average of 270 stranded patients which is a reduction of 30% compared to February 2020
- Super stranded numbers for February for 2021 were an average of 82. This is a 50% reduction to the February 2020

Cancer waiting times

- Legacy patients, those on their pathway in excess of 62 days is 41 as of the 15/3/21, compared to 150 in July. Patients waiting in excess of 104 days now 10 versus 69 in July
- 2ww Standard was not achieved in January 2021 at 92.3% against the 93% standard and 91.4% for Breast versus 93% standard. This was a direct result of reduced capacity due to the further wave of Covid
- 62 day performance 68.4% against the 85% standard. January saw delays to diagnostics, outpatients and treatment due to Covid

Directors view – Chief Operating Officer

RTT – Average wait time

- The median wait for February was 10.5 weeks, this is the same as January
- The number over 52+ weeks for February was 759 compared to 651 in January
- February saw the Trust continue to face significant operational pressures with reduced elective capacity
- The trajectory to clear the 52wk backlog with no issues impacting on delivery would suggest a zero position by the end of September 2021. However taking into account the risk of further Covid waves, the impact on capacity and other factors such as maintaining extra capacity the trajectory will be set for the end of December 2021
- Outpatient Activity has been restored
- Reset meetings in place weekly to monitor restoration and recovery for RTT

Diagnostics – 6 weeks

- Performance for February is 20.26% against the 1% standard
- MRI, CT now being booked within 6wks
- ECHO capacity will be increased during March but still requires an estates solution

Directors view – Director of Finance

The Trust ended February 2021 with a year to date break-even position, which is consistent with the position reported last month. The breakeven position is largely driven by the System deficit support funding received (£1.2m in February) and net non-recurrent income (£0.2m) offset by increased annual leave accrual of £1.4m.

COVID-19 spend for the month is £1.5m (Month 10: £1.5m). A marginal decrease in backfill costs on site, but an increase due to the first full month of staffing the Vaccination Centre at Moulton Park.

Pay expenditure of £24.8m, (January £25.4m) shows a £0.6m reduction from January largely due to decreased Waiting list initiative (WLI) and Additional Duty Hours (ADH) payments due to a reduction in elective work in January and February. The position includes £0.4m as lead employer for the Vaccination Centre, but this is offset by income.

Agency spend is £1.5m, similar to recent months, but a continued indication of a reduction in agency cover required for sick and self isolating staff.

Non-pay spend increased in February. Underlying clinical non-pay remained lower due to reduced elective work due to COVID pressures, although there was a £0.2m increase in excluded medicines.

The Total Capital Plan for 20/21 is £42.2m. Forecast spend by the end of the year in a most likely scenario is £36.6m, generating an overall slippage of £5.6m. The main cause of this is the slippage on the Critical Care Building /Electrical Upgrade works which has had a two month delay due to asbestos being identified and removed. Discussions are being held at NHSE/I regional level on the treatment of this slippage.

Cash balance at the end of the month is £37.5m, which is in line with previous months; forecast to maintain the position in February then decrease in March as capital projects progress and no block funding received.

Directors view – Chief People Officer

Vacancy position

The overall Trust vacancy factor for January and February 2021 is 5.77% and 5.17% respectively. The vacancy factor for medical staff is 4.13%. Medical staff in clearance total 37. Recruitment agencies for hard to recruit residual vacancies are engaged and actively searching for candidates alongside internal resourcing activity. The nursing & midwifery vacancy factor for January and February 2021 is 2.31% and 1.67% respectively. 12 overseas nurses have arrived in January with a further 5 in February. 6 are scheduled to arrive in March 2021. Overall time to hire for February 2021 is an average of 14.3 weeks from authorisation to start date.

Attendance

The Trusts sickness absence rate for January and February 2021 as reported through ESR was 5.55% and 4.76% respectively. A proportion of this absence is due to Covid-19 and this absence is monitored and reported on daily basis via the Roster system. As at 15 March 2021 there were 197 members of staff absent due to Covid-19 and self isolation. The management of sickness absence and Covid-19 absence is being supported by HR Business Partners and Occupational Health. The top two reasons for non-Covid -19 related absence are Stress and Anxiety and Musculoskeletal.

PCR swabbing for outbreak areas continues and a team to support IPC has been formulated within HR to assist with the administration of this. There are currently 5 outbreak areas declared that require staff to be tested weekly for the duration of the outbreak and the results reported to PHE. Between 1 January 2021 and 28 February 2021 a total of 5168 tests have been undertaken of which 43 were positive Covid cases.

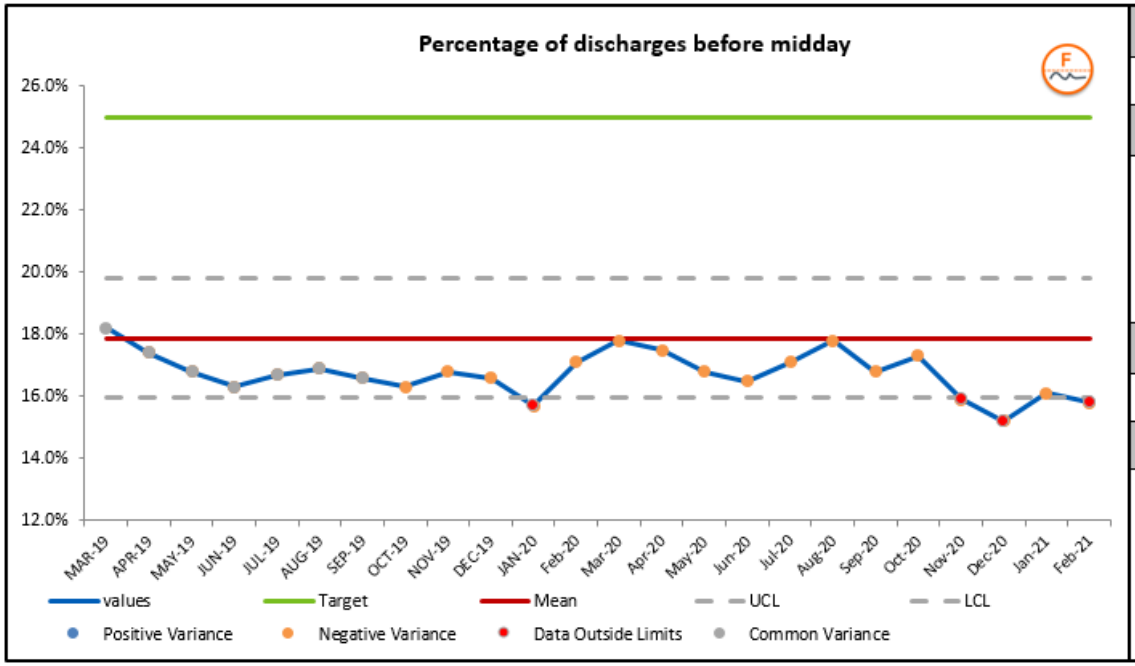
Between 1 January 2021 and 28 February 2021 HR have booked a total of 404 symptomatic staff through the drive through of which 115 were booked in February 2021. Of these 112 returned positive results for Covid of which 25 were in February 21.

Competence

The overall appraisal compliance percentages for the months of January and February 2021 are 72.98% and 73.64% respectively and remains below the 85% target. A simplified 'Appraisal Light' process continues to be available to help to facilitate further increases to the compliance percentage.

The overall statutory and mandatory training position for the months of January and February 2021 are 85.19% ands 84.25%, slightly below the Trust target of 85%. All statutory and mandatory training continues to be available via e-learning. Virtual face to face learning is now available for some courses

SPC Charts – Percentage of discharges by midday



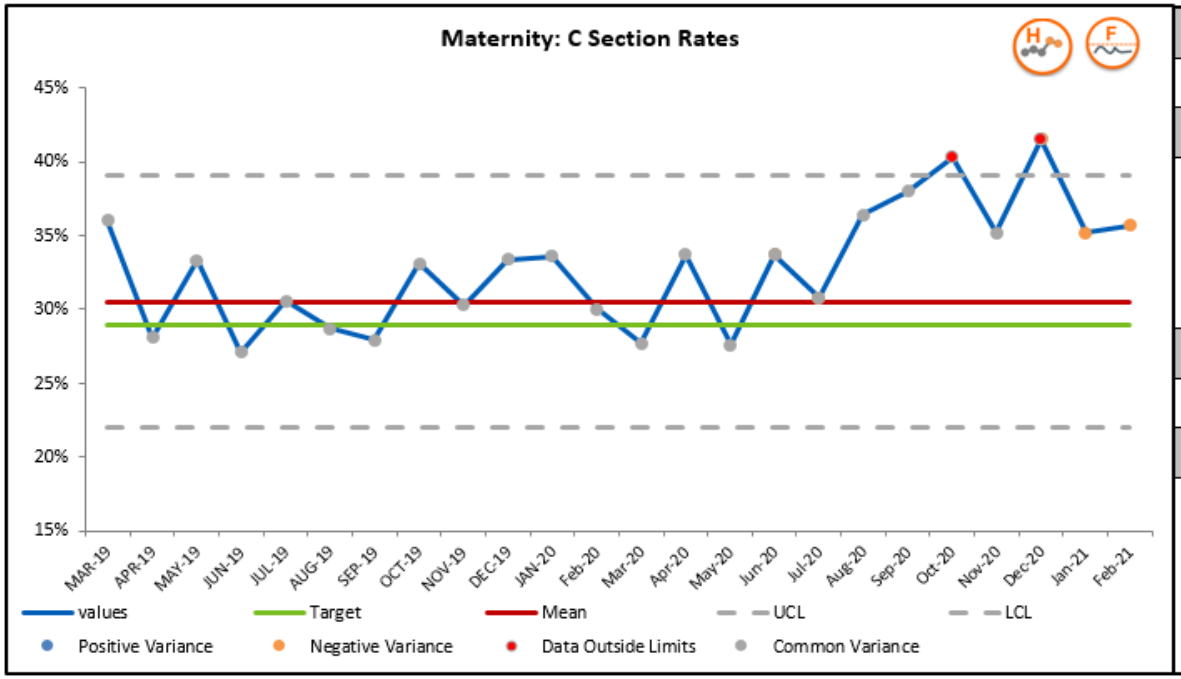
Feb-21
16%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
25%
Target Achievement
Metric is consistently failing the target

Context:
Discharges before midday has not improved in February. There are several factors contributing to this including the lack of a discharge suite and the limited capacity on patient transport due to Covid.

Actions:
The iCAN discharge pillar has completed the diagnostics phase of the programme and is now developing key work streams to support improvement

Discharge processes have been reviewed and are being relaunched in March with senior clinical and managerial input designed to improve discharge planning & escalation to unblock daily issues

SPC Charts – Maternity: C-Section Rates



Feb-21
36%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a negative performance above the mean
Target
29%
Target Achievement
Metric is consistently failing the target

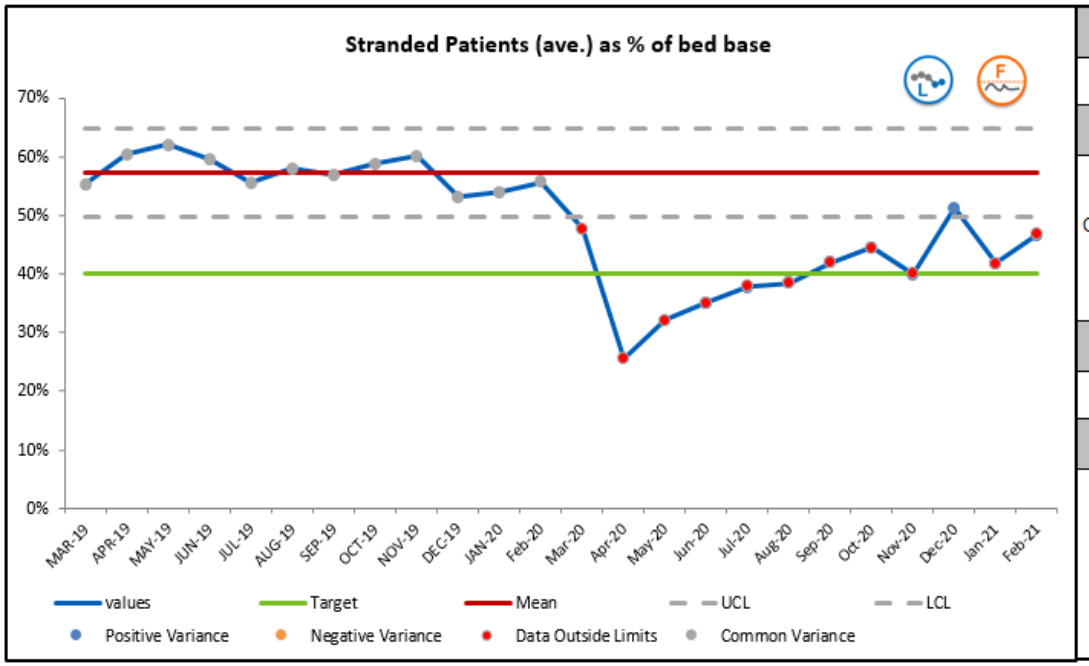
Context:
We have seen an increase in our CS rate over the last few months.

The reasons for this are multifactorial so to direct further work the team did a deep dive into the caesarean sections performed in December 2020.

Actions:
The recommendations from this audit are as follows:

Offer VBAC clinic appointments for all women with one previous caesarean section and an information leaflet in their own language. Sign post them to the website
CS at fully dilated should be investigated by the Risk Midwife and the Labour Ward manager and an obstetrician in the daily Datix meeting to review the case.
Weekly multidisciplinary team (MDT) CS meeting should take place to explore that week's CS's to assess for appropriateness and disseminate any learning
Obstetricians must discuss all cases for EMLSCS with the on-call consultant and this should be documented in the notes
A further audit of the use of oxytocin in labour is needed to ensure that the guideline is being adhered to appropriately
We have seen an increase in women requesting CS (both because of previous CS and maternal choice alone) and continue to support this choice with an appropriate pathway.
The trend for CS appears to be a downward trajectory in recent months.

SPC Charts – Stranded Patients (ave.) as % of bed base



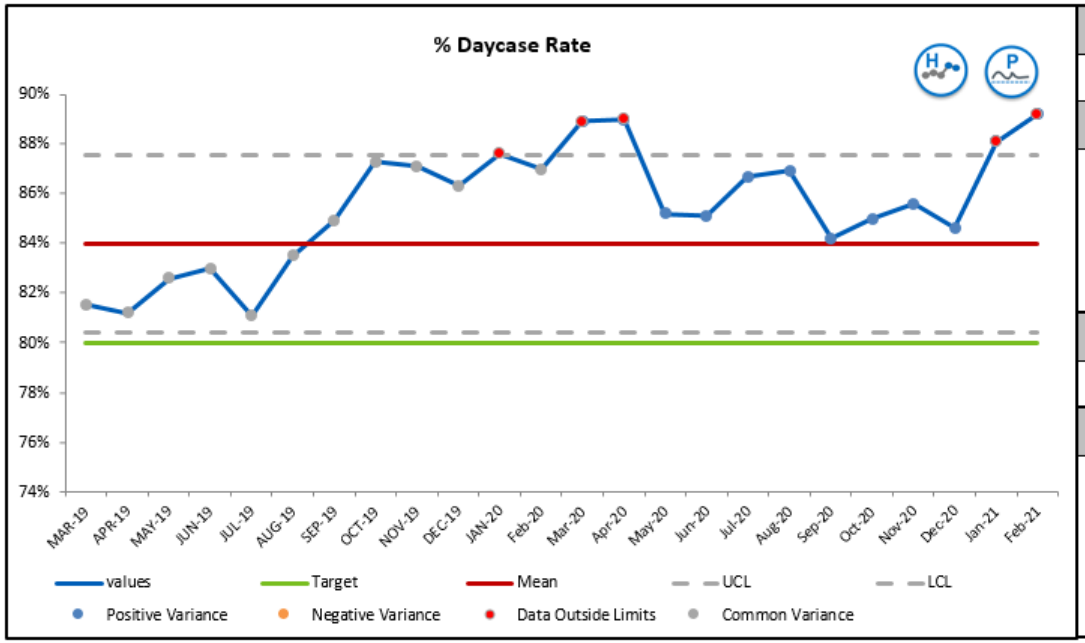
Feb-21
46.7%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance below the mean
Target
40%
Target Achievement
Metric is consistently failing the target

Context:
Whilst the percentage for February 21 is lower than February 2020 there has been an increase. This is partly due to the second Covid wave and the number of acutely unwell patients who have stayed longer than 7 days. Internal review of discharge processes has highlighted areas for improvement that have also contributed to this increase.

Actions:

- Ongoing work with the Reason to Reside Discharge Cell as a part of the ICAN Programme Flow & Grip Pillar
- Daily review of all patients with no reason to reside is to commence in March as part of a PDSA cycle

SPC Charts – % DayCase rate

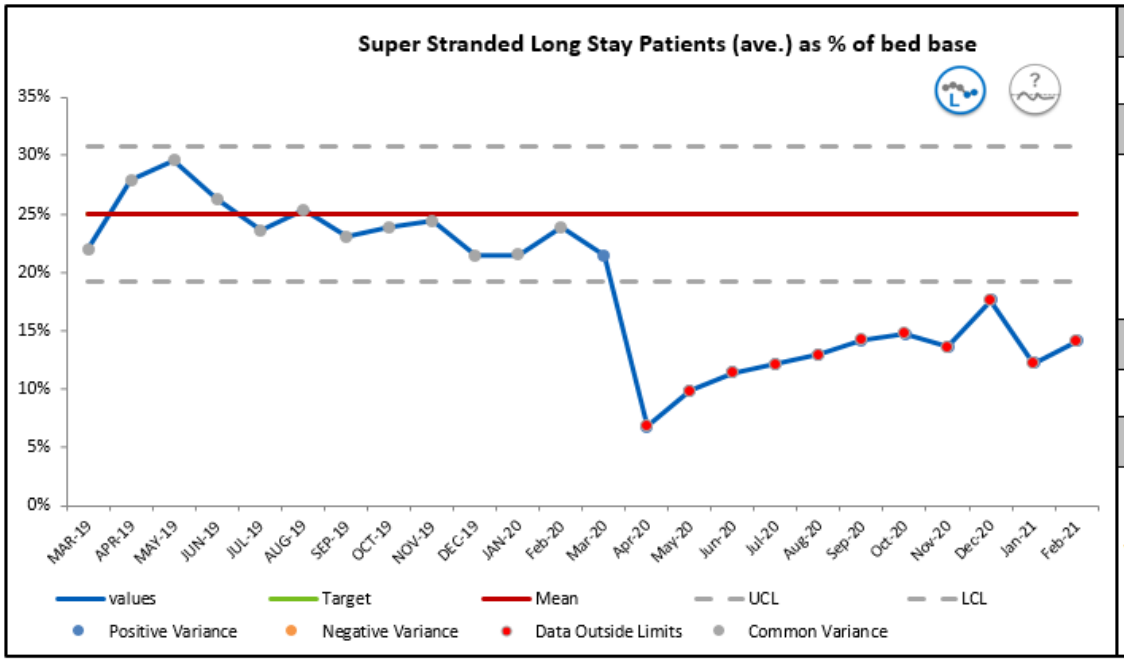


Feb-21
89.2%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance above the mean
Target
80.0%
Target Achievement
Metric is consistently achieving the target

Context:

Actions:

SPC Charts – Super Stranded Patients (ave.) as % of bed base



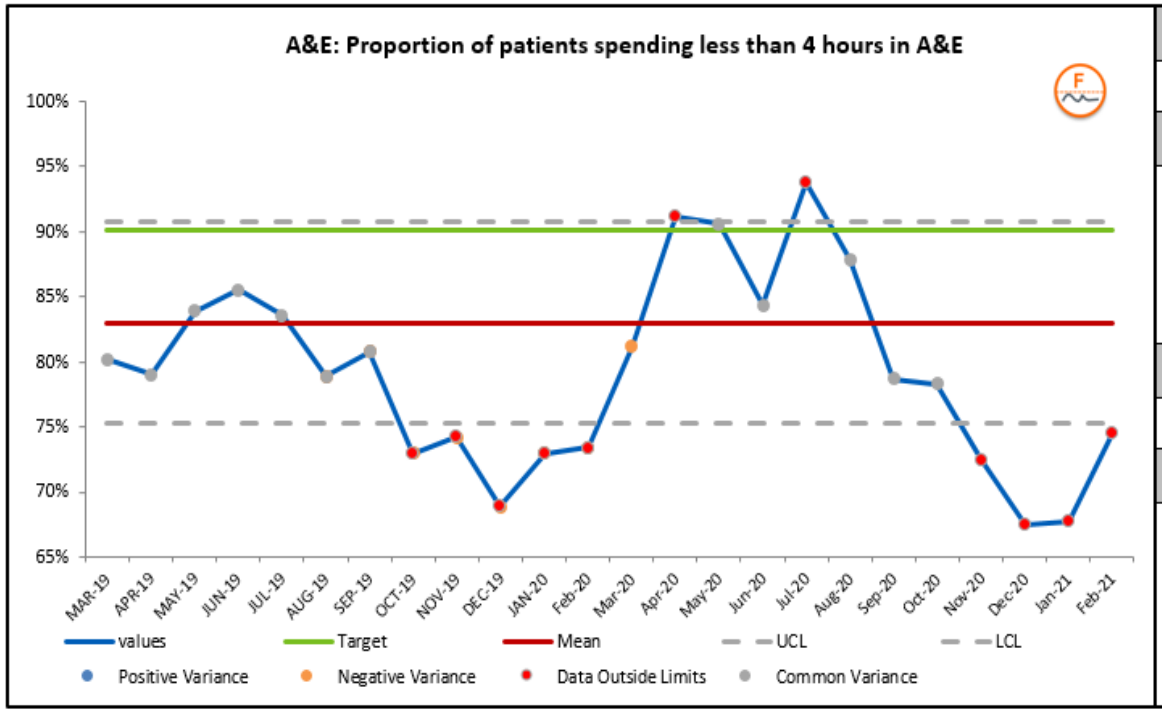
Feb-21
14.1%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance below the mean
Target
25%
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:
The Super Stranded percentage has increased but is lower than the same period in 2020. This metric has been impacted by the number of acutely unwell patients during the second wave who have experienced a hospital stay of 21days or more.

Actions:

- Ongoing work with the Reason to Reside Discharge Cell as a part of the ICAN Programme Flow & Grip Pillar
- Daily review of all super stranded patients with no reason to reside is to commence in March as part of a PDSA cycle

SPC Charts – A&E: Proportion of patients spending less than 4 hours in A&E



Feb-21
74.5%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
90.1%
Target Achievement
Metric is consistently failing the target

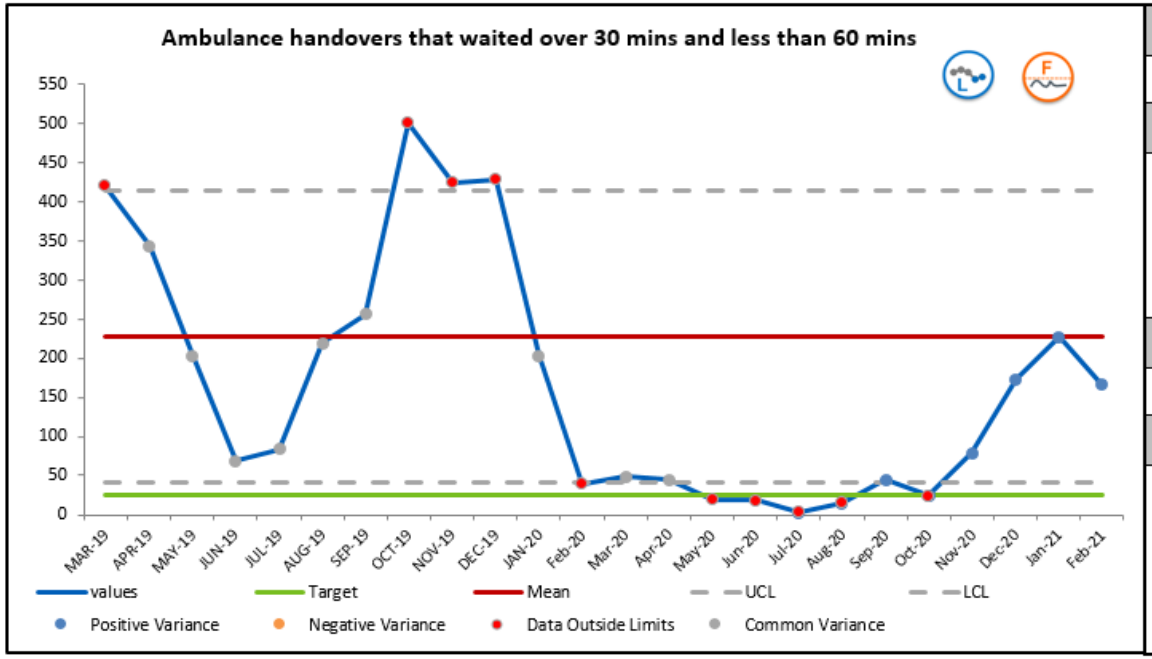
Context:

- Covid second wave & inflow into ED during February
- High acuity
- IPC challenges across the Trust
- Increased demand for medical beds
- Staffing pressures across the Trust

Actions:

Streaming pathways have been reviewed to improve the number of patients that can be streamed to alternative areas
Paramedic pathways into SDEC to ensure patients are streamed to the appropriate service
Continuation of fit2sit for all appropriate patients
Discharge processes being relaunched in March to improve flow

SPC Charts – Ambulance handovers that waited 30 to 60 mins

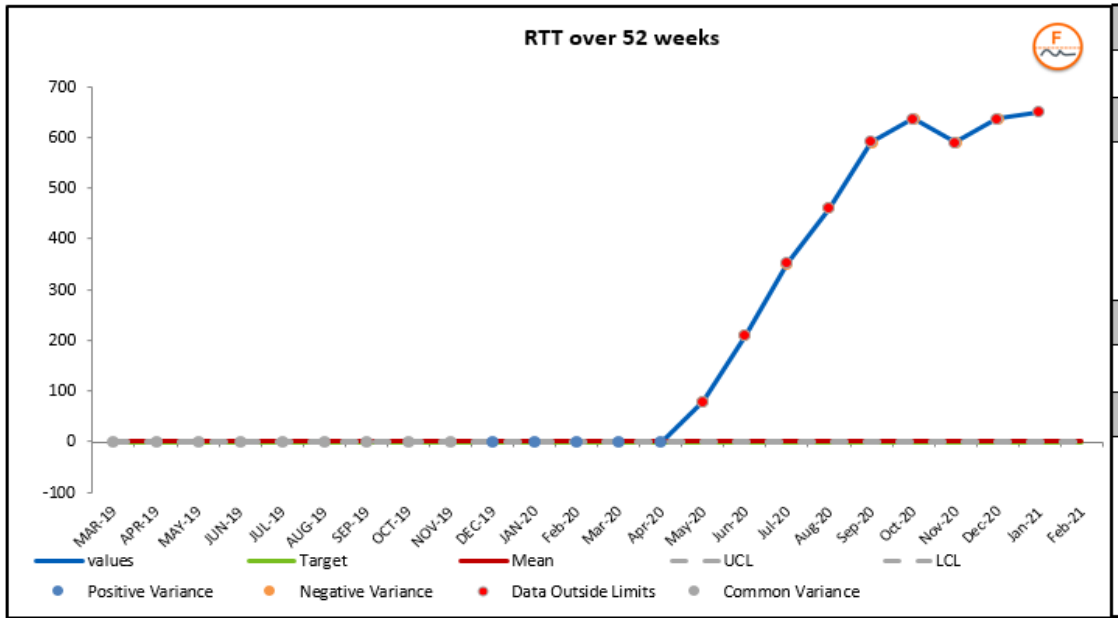


Feb-21
166
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a positive performance below the mean
Target
25
Target Achievement
Metric is consistently failing the target

Context:
Under performance has been driven by:
Flow out of the department
Increase in conveyances in February
High ambulance demand for the Covid & Resus areas

Actions:
Clinical triage to stream patients to alternative services
Continuation of fit2sit for all appropriate patients
Focus on flow out of the department through the relaunch of discharge processes and early escalation to the Site Team to assist with flow & delays

SPC Charts – RTT over 52 weeks



Jan-21
651
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
0
Target Achievement
Metric is consistently failing the target

Context:
The median wait for February was 10.5 weeks, this is the same as January

The number over 52+ weeks for February was 759 compared to 651 in January

February saw the Trust continue to face significant operational pressures with reduced elective capacity

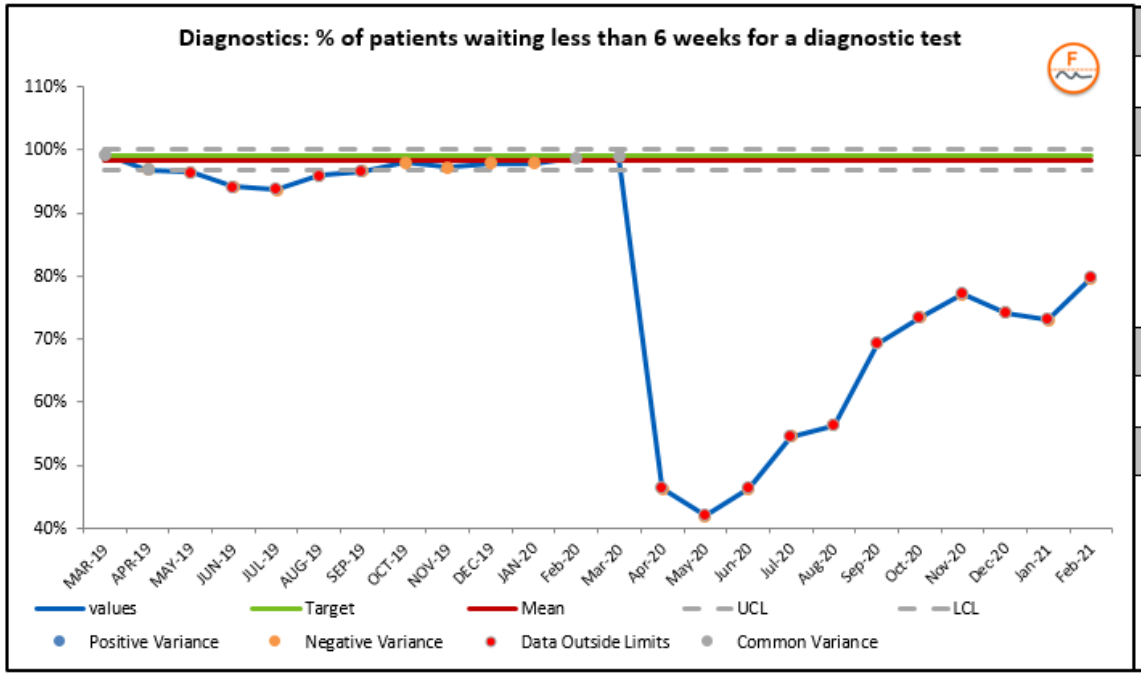
Actions:
NEC's clinical validation programme being progressed to support prioritisation of elective activity. Healthcare Communications being utilised to support administrative validation

Divisional plans to support restoration and recovery of the position now include insourcing, WLI's and restoration of base capacity

Reset meetings in place weekly to monitor restoration and recovery for RTT
External validators being used to support validation of 18-35 weeks across key specialties

The trajectory to clear the 52wk backlog has been set as the end of December 2021. The initial trajectory which assumed a full elective programme with no issues impacting on delivery predicted the 52wk position to be cleared by the end of September 2021. However taking into account the risk of further Covid waves, the impact on capacity and other factors such as maintaining extra capacity the trajectory will be set for the end of December 2021.

SPC Charts – Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test



Jan-21
73.0%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
99%
Target Achievement
Metric is consistently failing the target

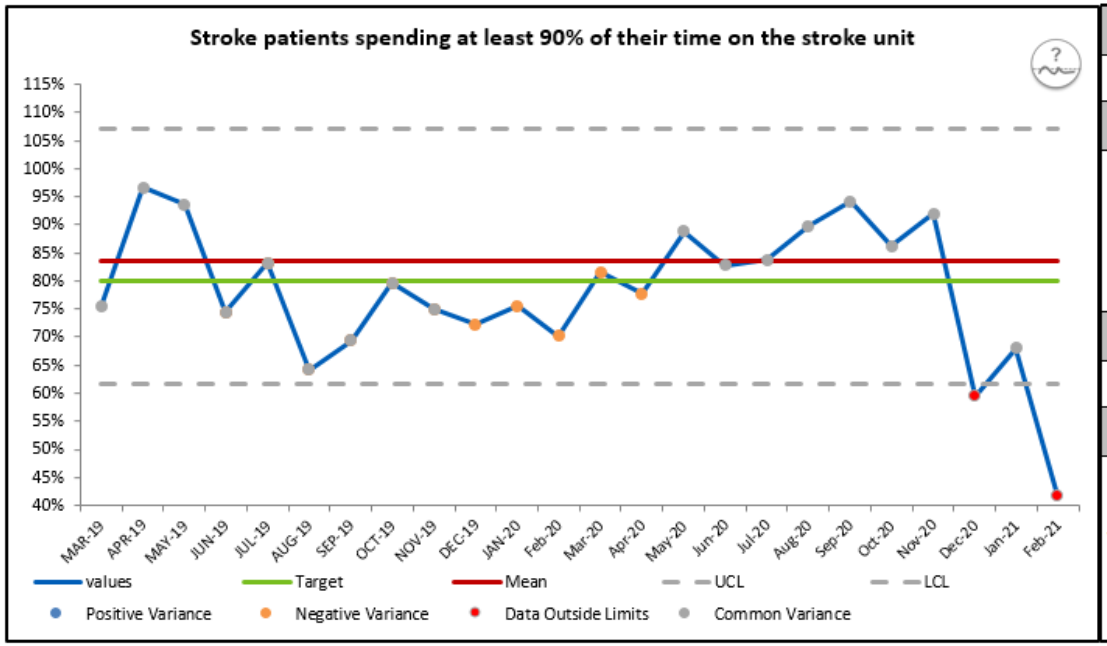
Context:

- All non-urgent diagnostic imaging was suspended during the first wave of the pandemic.
- Restoring capacity and working to evolving IPC guidelines has meant recovery has been slower.

Actions:

- Additional capacity continues across Radiology and Cardiology. Estates solution to provide sustainable ECHO capacity being agreed. Trajectory to get to 1% plus additional capacity required to be signed off in March

SPC Charts – Stroke patients spending at least 90% of their time on the strike unit



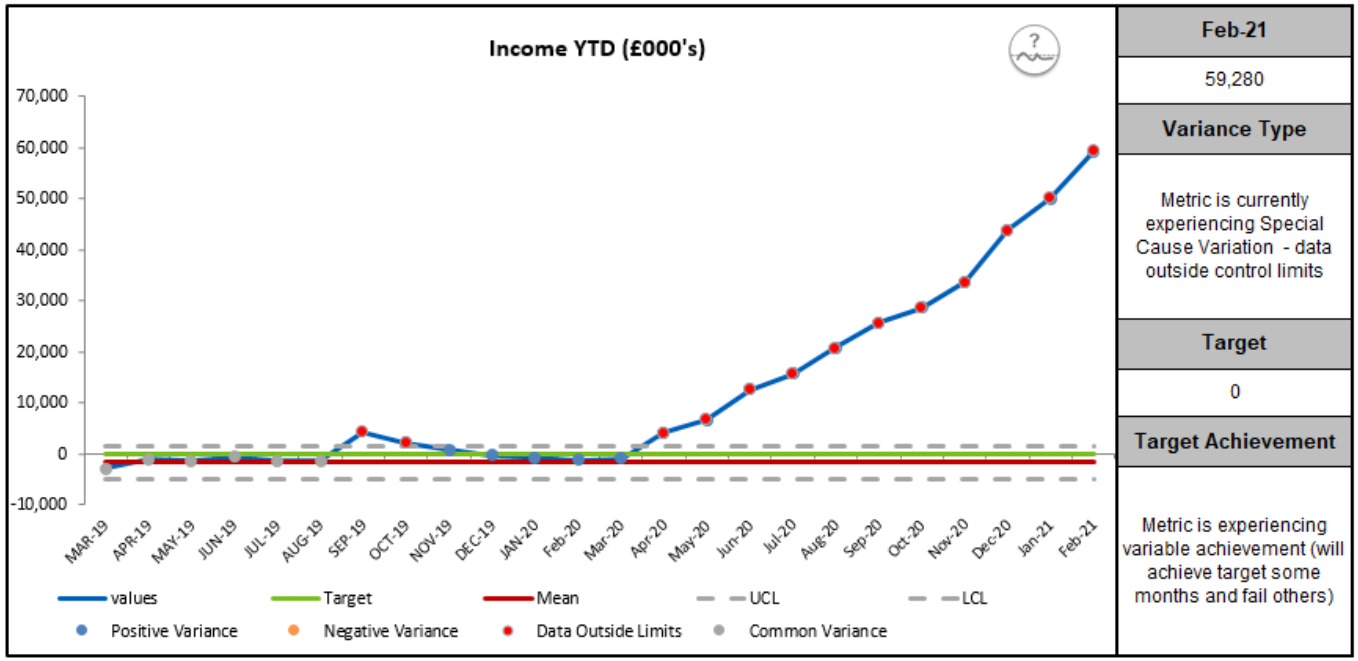
Feb-21
42%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
80%
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:

- Covid has caused non compliance and reset will include recovering this position.

Actions:

SPC Charts – Income YTD (£000's)



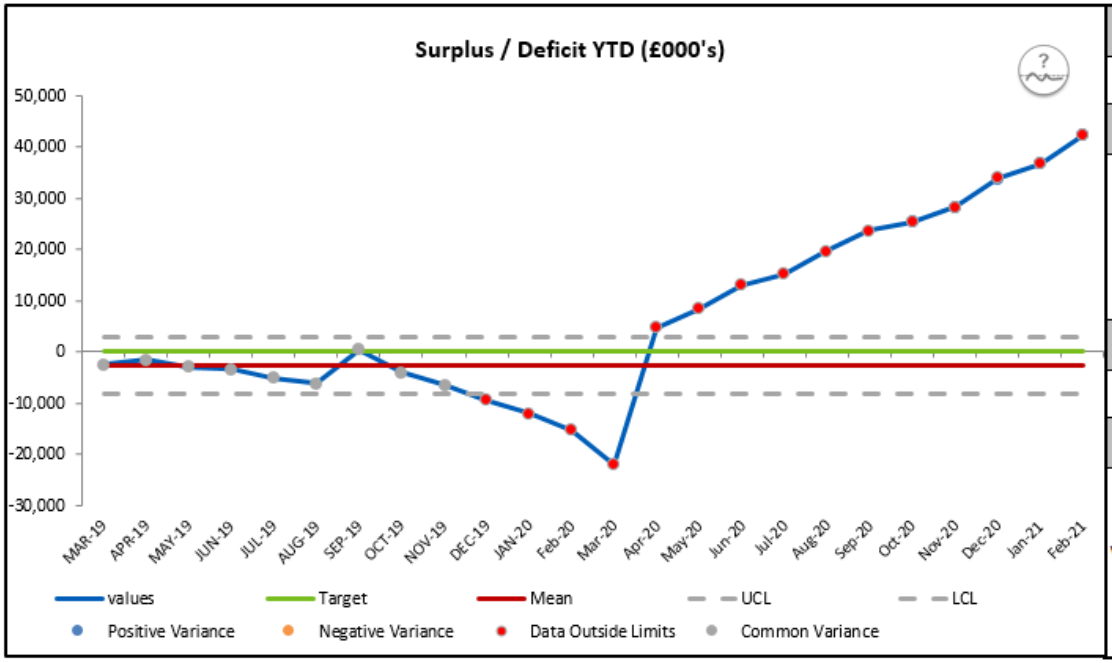
Feb-21
59,280
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
0
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:

The Trust receives block funding for the majority of its clinical income, but has also received additional income relating to COVID top-up funding, Vaccination Centre re-imbursement income and System Support funding.

Actions:

SPC Charts – Surplus/Deficit YTD (£000's)



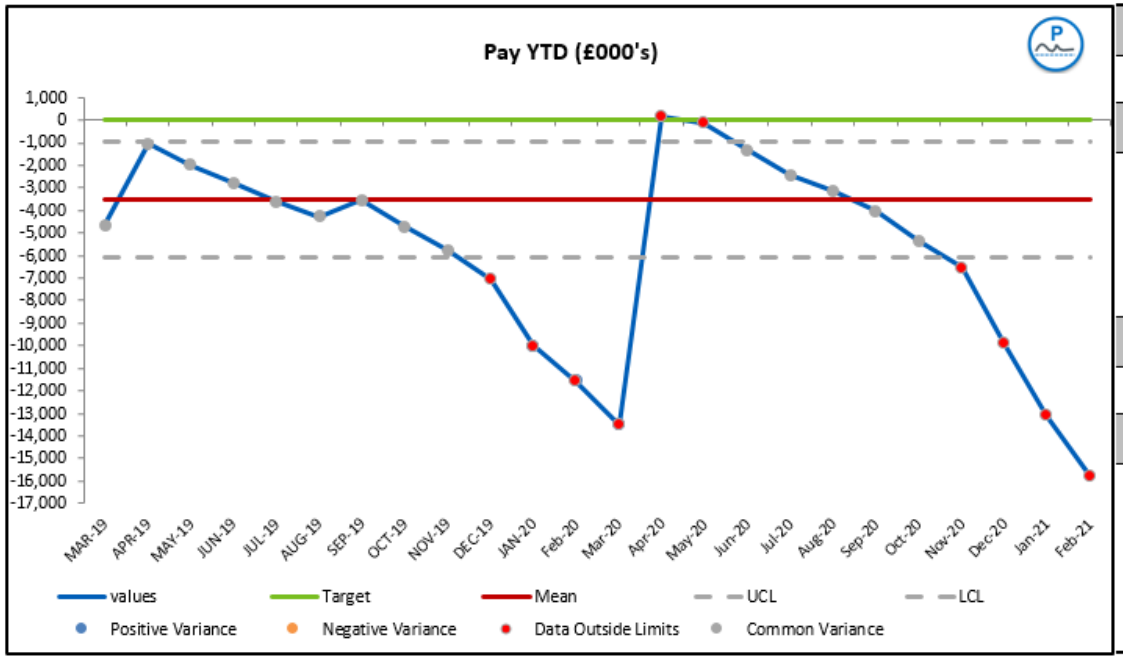
Feb-21
42,363
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
0
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:

The Trust reported a YTD break-even position at the end of February which is £5.8m better than the Phase 3 Reset Plan, due to the System Support funding received.

Actions:

SPC Charts – Pay YTD (£000's)



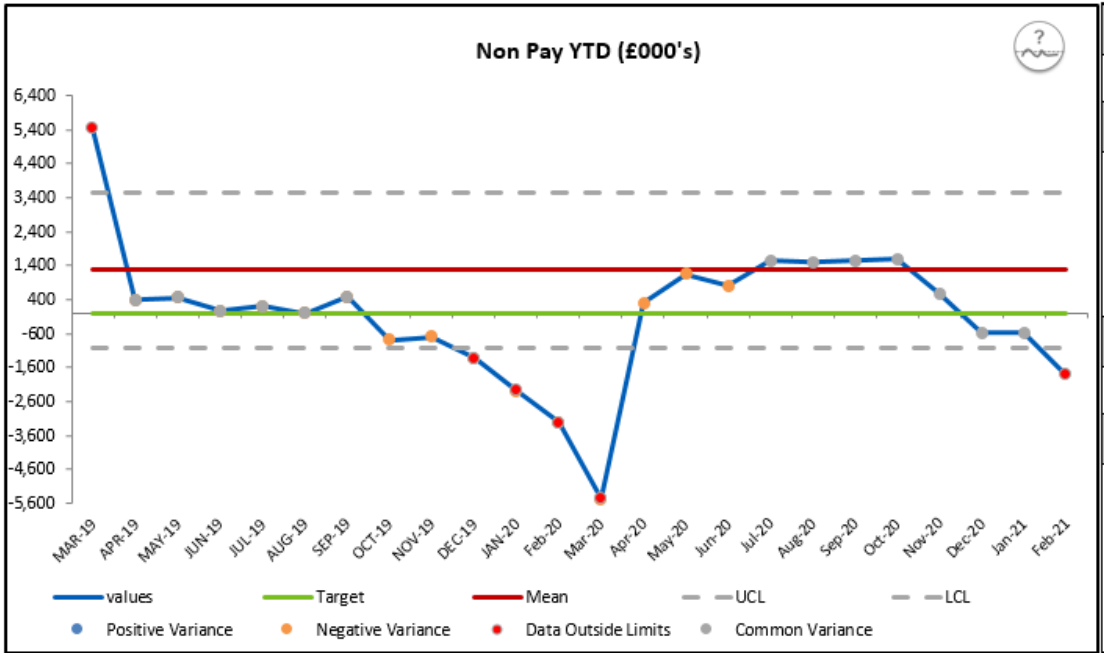
Feb-21
-15,795
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
0
Target Achievement
Metric is consistently failing the target

Actions:

Context:

- The year-to-date Pay variance against original pre-COVID plan further increased this month but is offset by non-recurrent funding received.
- COVID spend included in the YTD position is £11.6m and relates to pay costs incurred in response to COVID issues such as staff sickness self isolation, plus staffing the NGH and Vaccination Centre at Moulton.

SPC Charts – Non-Pay YTD (£000's)

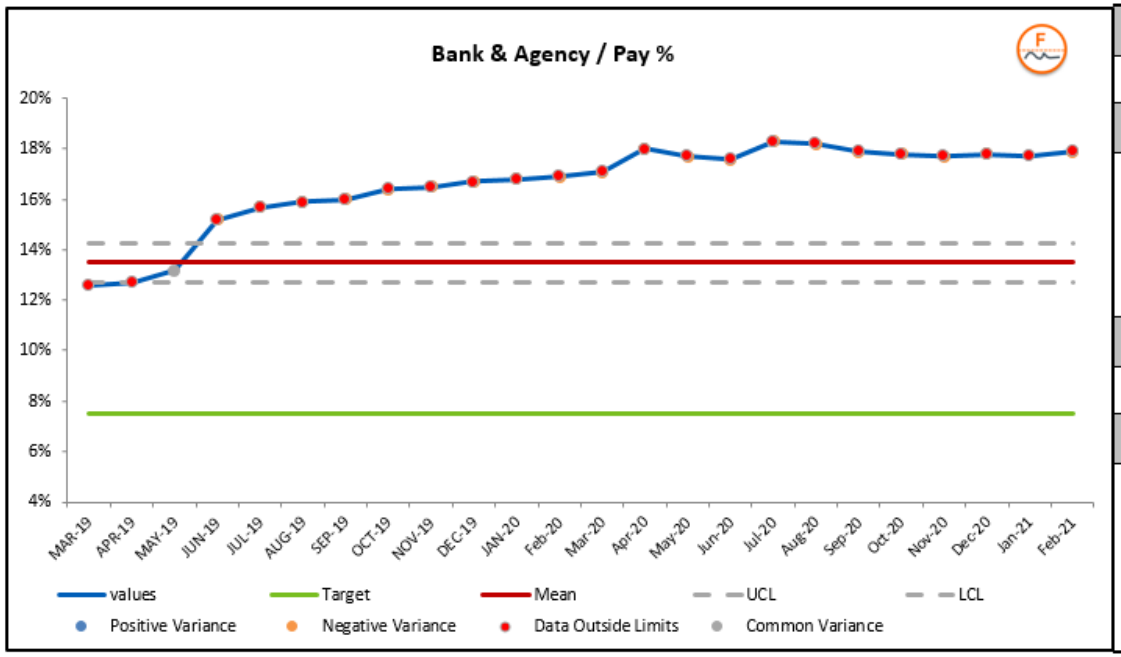


Feb-21
-1,822
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
0
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:

Actions:

SPC Charts – YTD Bank & Agency / Pay %)



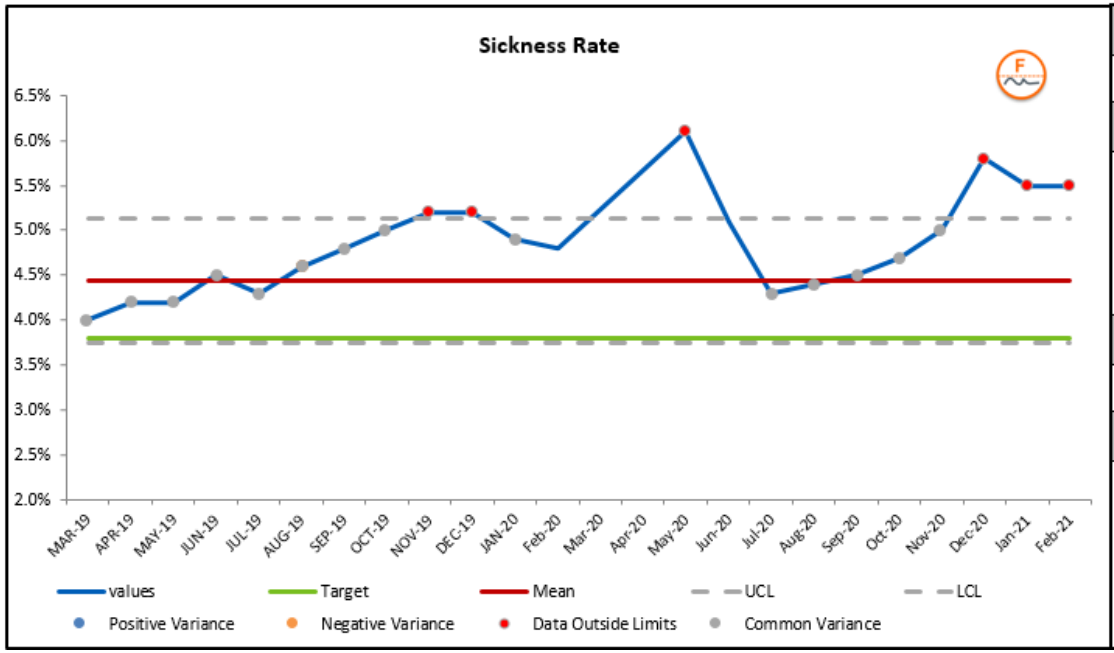
Feb-21
17.9%
Variance Type
Metric is currently experiencing Special Cause Variation - trend is showing a negative performance above the mean
Target
7.5%
Target Achievement
Metric is consistently failing the target

Actions:

Context:

- In Month 11 Temporary Staff expenditure (Bank and Agency) is £4.3m (previous month £4.3m)
- £0.9m of this spend is attributed to COVID related spend (£0.9m in Month 10)
- In February, the level of agency spend has been maintained at January levels. There has been a small reduction in COVID-related agency use.

SPC Charts – Sickness rate



Feb-21
5.5%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
3.8%
Target Achievement
Metric is consistently failing the target

Context:

- Anxiety and depression plus pregnancy related absences are high.
- As at 17 March 2021 a total of 209 staff were absent due to covid-19.

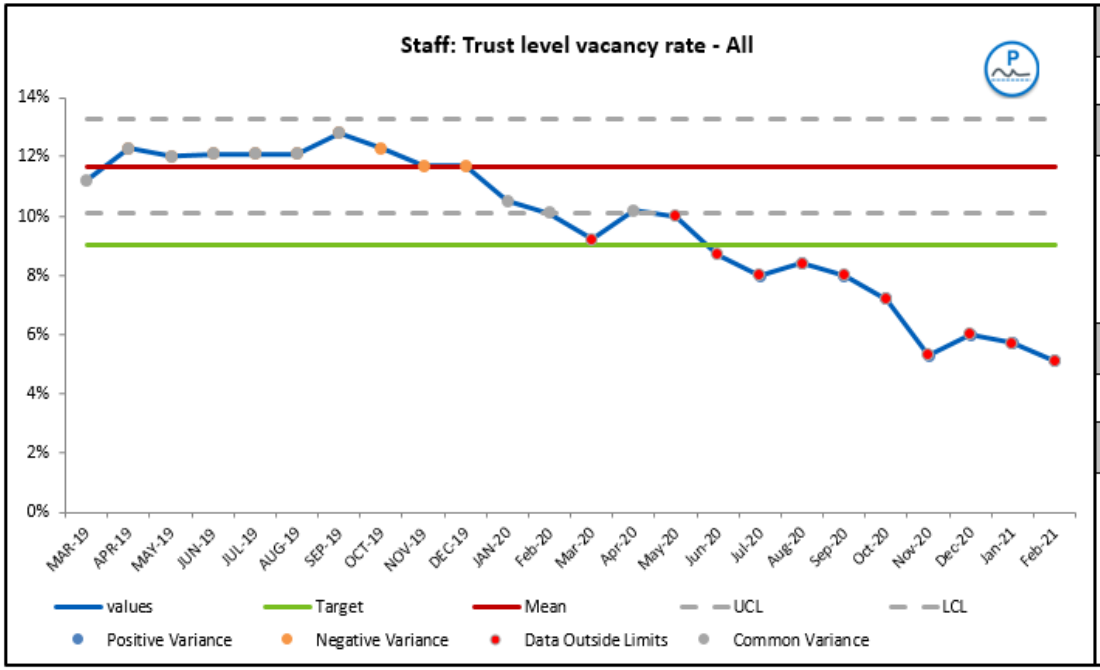
Actions completed:

- Robust sickness management continues with support from the HR Business Partners and HR Advisors.
- A number of OD initiatives to support staff are on-going including the SOS service.

Actions:

- Continue to manage sickness absence across all areas of the Trust. (On-going)
- HR Business Partners to raise sickness as part of the divisional management meetings. (On-going)
- Continue with health and wellbeing initiatives.
- Continue with OD initiative to support staff through the pandemic

SPC Charts – Staff: Trust level vacancy rate - all



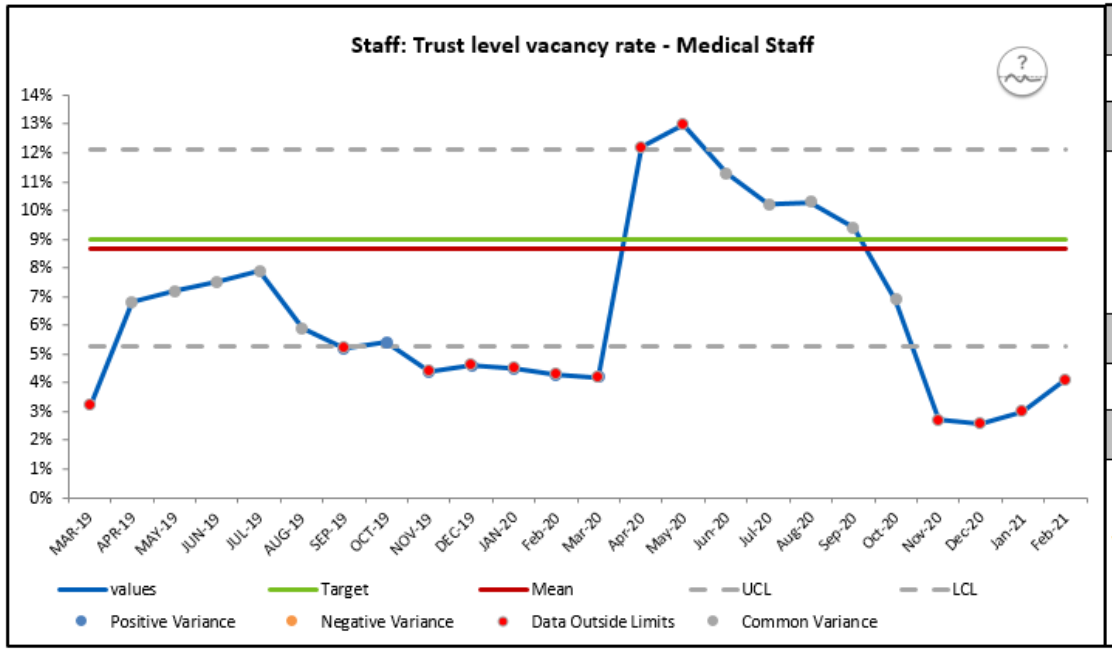
Feb-21
5.1%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
9.0%
Target Achievement
Metric is consistently achieving the target

Context:
There is a national shortage of nursing staff along with a shortage within other professional allied specialities

Actions completed:
- Overseas nurse recruitment continues.
- Hard to recruit medical vacancies identified and agencies engaged to assist.
- Best of Both Worlds microsite is in the process of being refreshed.

Actions
- Funding obtained for a collaborative on-boarding of more overseas nurses with KGH underway
- Continue sourcing candidates and complete interviews for direct and agency candidates in particular for medical staff.

SPC Charts – Staff: Trust level vacancy rate – Medical staff



Feb-21
4.1%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
9.0%
Target Achievement
Metric is experiencing variable achievement (will achieve target some months and fail others)

Context:

- There is a national shortage of certain specialties which remain persistent hard to recruit roles.

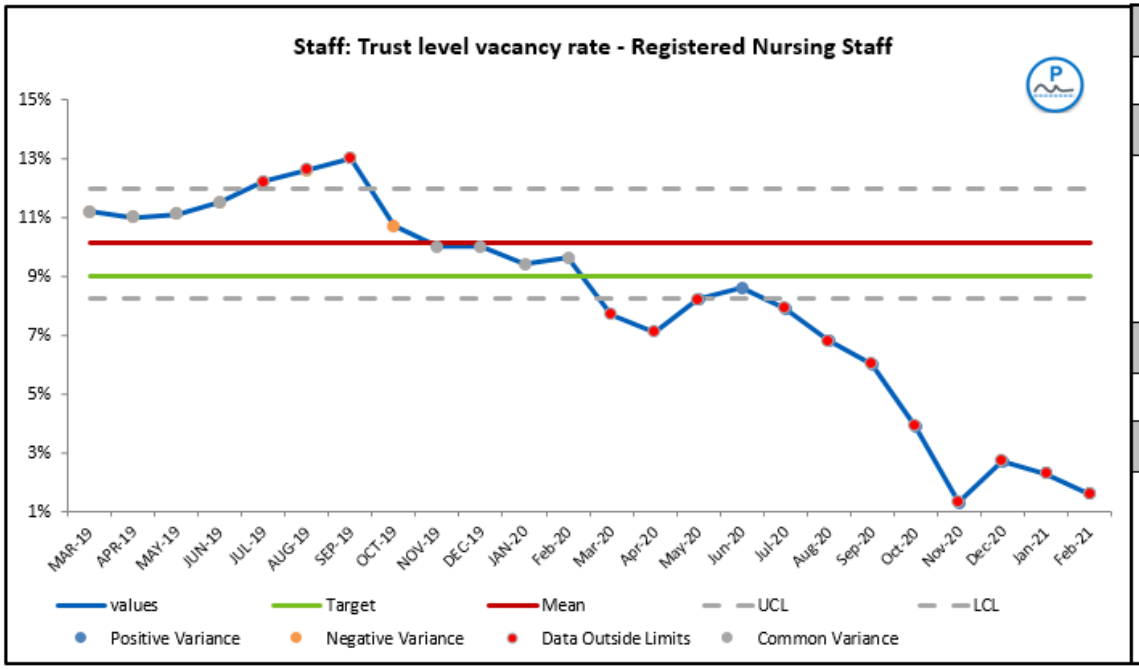
Actions completed:

- High volume of recruitment activity continues resulting in a further decrease in medical vacancy factor.

Actions:

- Collaborative recruitment initiative to look at hard to recruit vacancies to be scoped out with KGH

SPC Charts – Staff: Trust level vacancy rate – Registered nursing staff



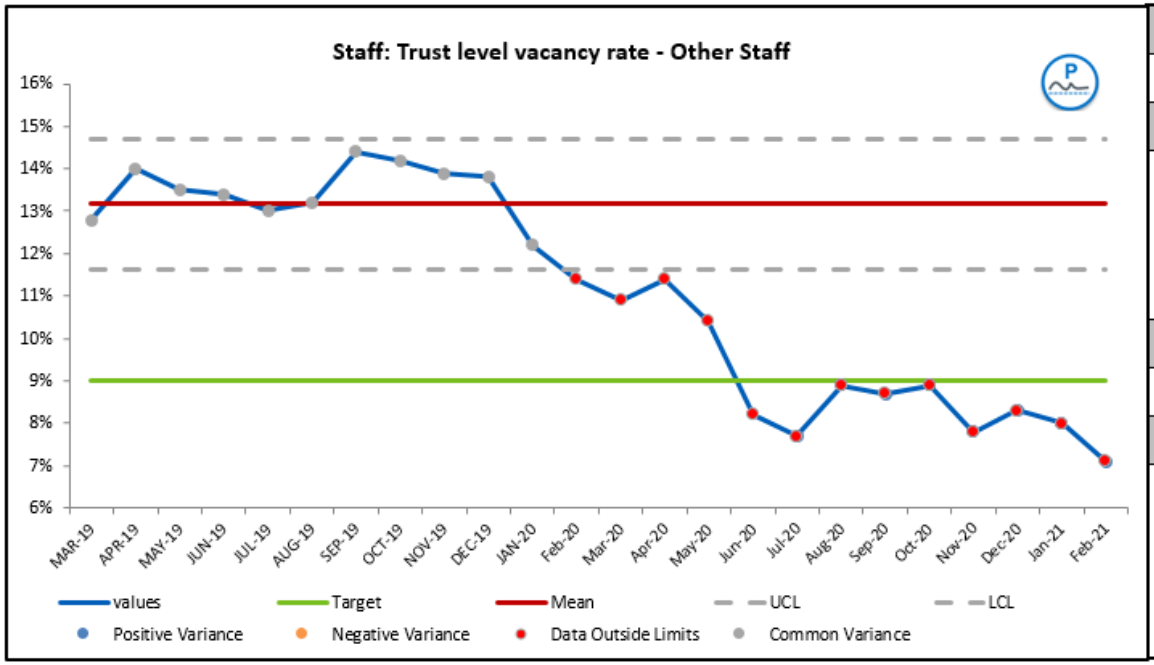
Feb-21
1.6%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
9.0%
Target Achievement
Metric is consistently achieving the target

Context:
There is a national shortage of nursing staff

Actions completed:
- Local recruitment continues – Jan 2021 Overseas recruitment of 12 nurses in January.
- Business case costings for further collaborative bid finalised.
- Establishment of a system level overseas recruitment steering group.
- Further 20 overseas nurses secured from Global Learning each attracting external funding of £7k per nurse

Actions:
- Establish procurement exercise for collaborative recruitment.

SPC Charts – Staff: Trust level vacancy rate – Other staff



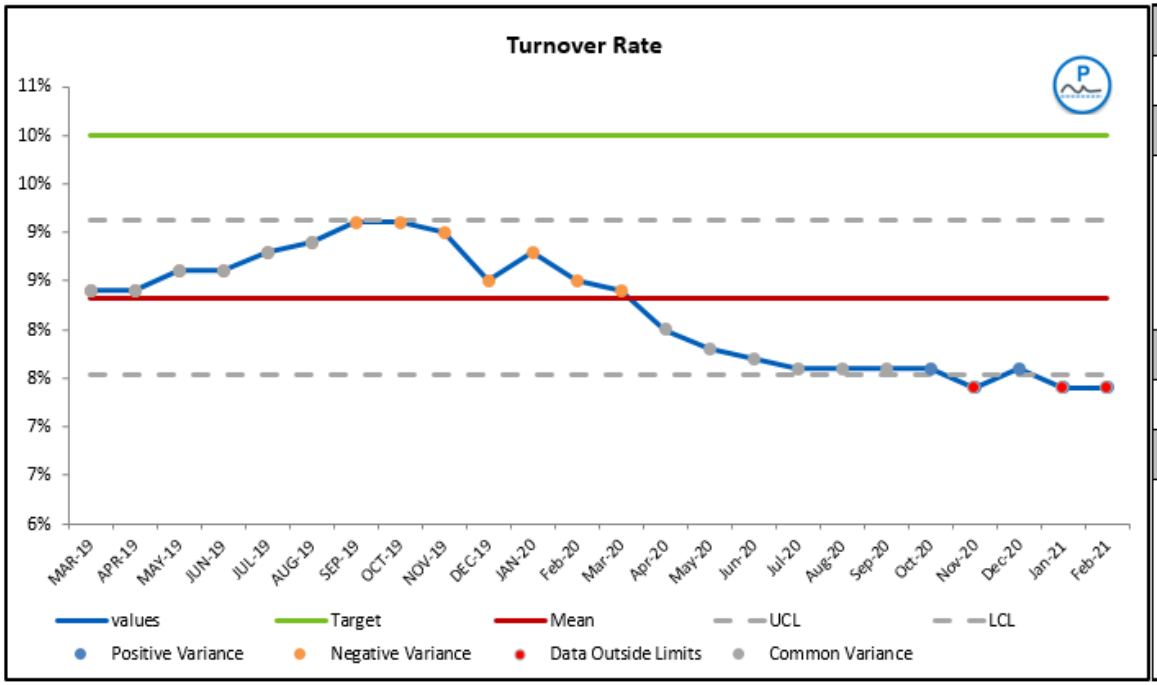
Feb-21
7.1%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
9.0%
Target Achievement
Metric is consistently achieving the target

Context:
There is a national shortage within professional allied specialities

Actions completed:
- Continue high volume recruitment.

Actions:
- Identify hard to recruit vacancies particularly within AHP staff group.

SPC Charts – Staff: Turnover rate



Feb-21
7.4%
Variance Type
Metric is currently experiencing Special Cause Variation - data outside control limits
Target
10.0%
Target Achievement
Metric is consistently achieving the target

Context:

- Turnover continues to be lower than 10% target and has been stable throughout the pandemic, however as a result of fatigue there is a risk of turnover increasing over the next 12 months

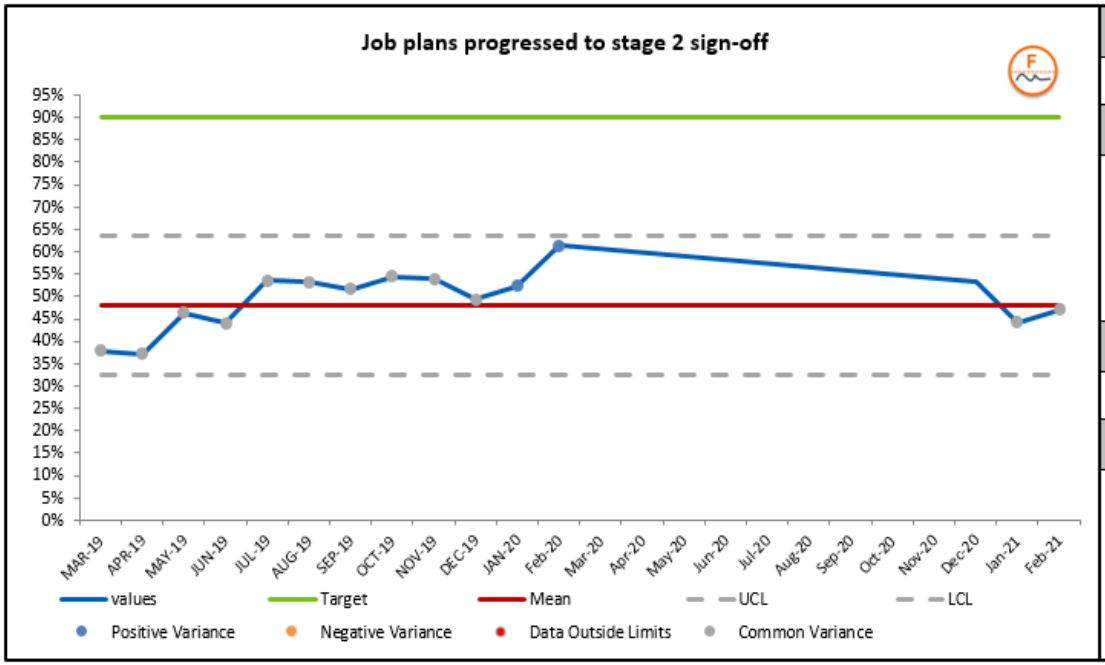
Actions completed:

- Analysis undertaken of those eligible to retire over the next 12 months as a result of special class status.
- Potential of post pandemic increase in turnover/retirements raised at regional level.

Actions:

- Exercise to sensitively scope out staff intentions to be undertake.
- Continue with staff wellbeing programmes to support staff.
- Ensure vacancies are minimised to ease pressure on existing staff

SPC Charts – Job plans progressed to stage 2 sign-off



Feb-21
47.0%
Variance Type
Metric is currently experiencing Common Cause Variation
Target
90.0%
Target Achievement
Metric is consistently failing the target

Actions:

As aforementioned, Managers and Clinical Directors are supported by the Project team to ensure progress is maintained. Changes to Job Plans are reflected in pay and tracked and reported on a monthly basis. Moving forward we are aligning job plans with the E-Rostering roll out for our senior clinical workforce which will achieve a high level of accuracy trust wide. We expect job plans to correlate with rostering patterns within the next 15 months. All job plans awaiting first and second stage sign off have been highlighted to the relevant departments to ensure timely progression and expedited to the MD when necessary.

Context:

Job planning data was rebased during September 2018 with divisions agreeing that for a job plan to be compliant it must have been reviewed within a 12 month period and progressed to second stage sign off – i.e: a job plan that is aligned with the speciality demand and, clinician availability (for the purpose of recording compliance this is the numerator). The denominator will continue to be dynamic as this is attributed to the number of all clinicians within the speciality /division, varying as new consultants either join or leave the speciality workforce and is presented as a rolling 12 month period.

Actions Taken

During February the project team have worked closely with a number of services and are been actively pursuing new postings and setting up job plans to avoid associated delays with payment. The team captured new Consultants and SAS Doctors and through liaising with those services have resolved many pay issues. At the end of February 24 amendments were made to consultants pay, some of these were historic, correcting colleagues pay as far back January 2019.

Actions completed in the last month to achieve recovery:

Due to the challenges of COVID and the restrictions of social distancing, meetings have had to take place virtually which in itself represents its own challenges and furthermore the redeployment of medical staff and extra clinical burdens has had a significant impact on the recovery of this metric. The team have supported individual amendments as have recognised the aforementioned strain on clinical facing colleagues, whether this be tweaking job plans or rectifying an individual's historic pay query and the team will continue to do so whilst those challenges are still present.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	**Preparing for Elective Recovery**
Agenda item	10
Presenter of Report	**Jo Fawcus – Chief Operating Officer**
Author(s) of Report	**Jo Fawcus – Chief Operating Officer (NGH)** **Fay Gordon – Chief Operating Officer (KGH)** **Andy Callow – Group Chief Digital Information Officer**

This paper is for: (delete as appropriate)

☐ Approve	☐ Receive	☐ Note	☑ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

During the past 12 months, the number of patients waiting for treatment as recording on the Patient Tracking List (PTL) has grown considerably across the whole of the NHS. As the current wave of Covid-19 admissions continues to decline, we now need to put in place plans to address this backlog of treatment; we refer to this as elective recovery.

This report gives an outline on the approach we plan to take and the data we'll be using to track the recovery. This can be summarised in three key actions:

- The PTL validation will completed by 31st March 2021 (although note that this is an ongoing process)
- The actions to take will be agreed by 31st March 2021
- The monitoring report will be in place by 26 March 2021

Regular Board reporting of progress will start at the next Board meeting May

Related Strategic Pledge	Which strategic pledge does this paper relate to? *1. We will put quality and safety at the centre of everything we do*
Risk and assurance	Does the content of the report present any risks to the Trust or consequently provide assurances on risks N

Related Board Assurance Framework entries	BAF – please enter BAF number(s)
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) N If yes please give details and describe the current or planned activities to address the impact. 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) N If yes please give details and describe the current or planned activities to address the impact.
Financial Implications	Subject to action planning.
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper No

Actions required by the Trust Board

The Trust Board is asked to note the outline plan for Elective Recovery and provide feedback and comment on the proposal.

Northampton General Hospital NHS Trust
Kettering General Hospital NHS Foundation Trust

Preparing for Elective Recovery

March 2021

Introduction

During the past 12 months, the number of patients waiting for treatment as recording on the Patient Tracking List (PTL) has grown considerably across the whole of the NHS. As the current wave of Covid-19 admissions continues to decline, we now need to put in place plans to address this backlog of treatment; we refer to this as elective recovery.

This report gives an outline on the approach we plan to take and the data we'll be using to track the recovery.

We will be approaching this as follows:

1.1. Ensuring we understand what the current situation is

- We need to ensure that our PTL is accurate and we can use the data with confidence
- To be completed by **31st March 2021**

2. Exploring avenues to reduce the number of patients waiting for treatment

- There will be various options we can look at across the group to prioritise and address the waiting list
- To be completed by **31st March**

3. Monitoring Progress and taking decisions on actions

- Reporting progress on a weekly basis with regular operational reviews.
- In place from **26 March 2021**

1 | Ensuring we understand what the current situation is

Understanding the current situation will require validating the PTL. The list changes continually, so undergoes a regular audit process.

Work conducted with a number of Trusts in December showed the over-reporting of the PTL – i.e. a number of patients were still showing on the list that should no longer be. We need to ensure we have validated our PTL in order to plan our actions. Reasons for removal include (but are not limited to):

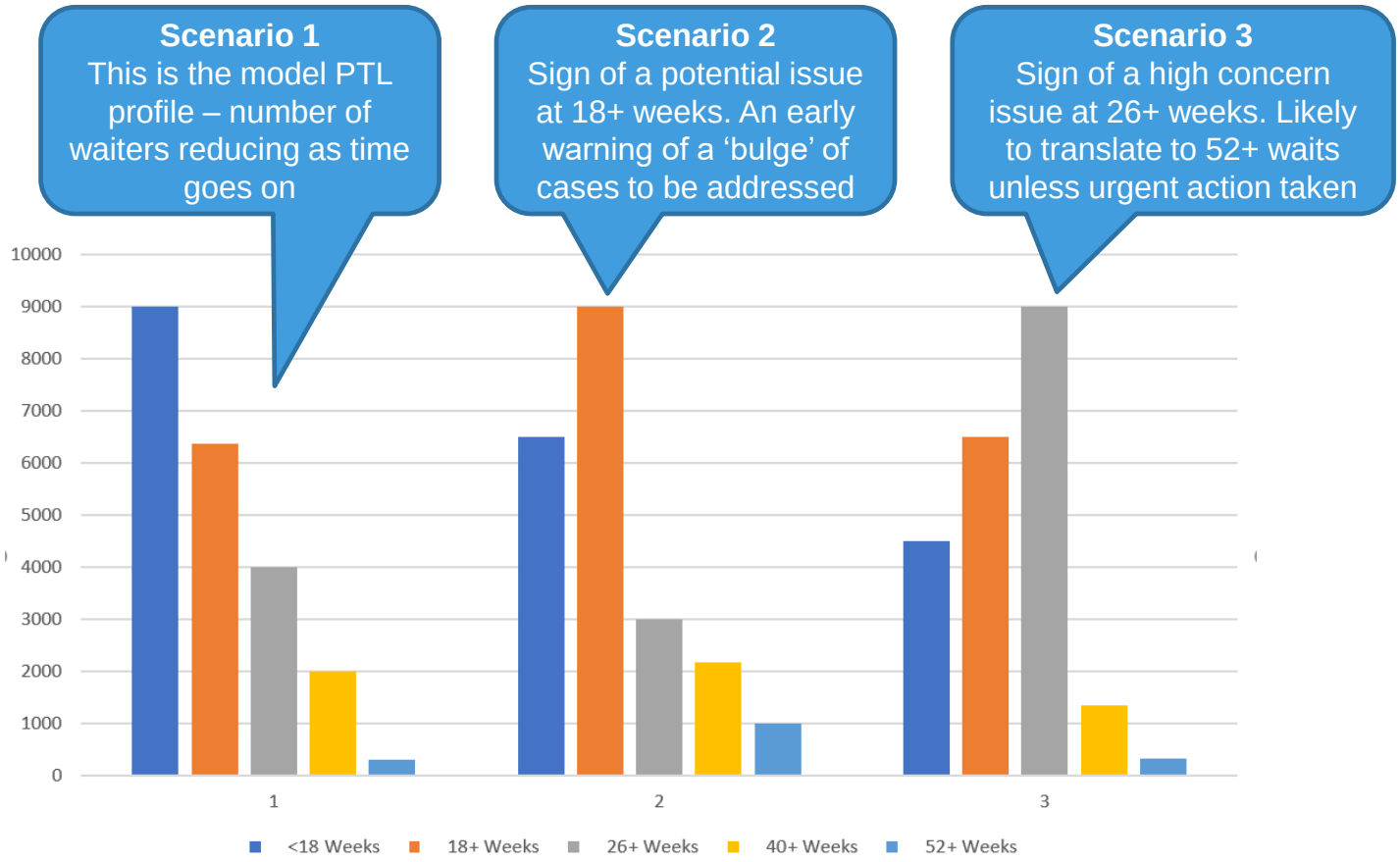
- Patient is now discharged
- Duplicate data
- Appointment cancelled by the patient
- Patient returned to primary care for non consultant-led treatment
- Patient declined treatment
- Did Not Attend with no future activity planned

Our last National audit at KGH was September 2020 and showed that KGH data was better than most Trusts. However, the main issue for KGH is capacity with the majority of patients waiting >18 weeks for their 1st OPD. NGH national audit was completed in August 2020.

- The scoping of a System level PTL has commenced via the Inpatients Collaboration Group.

1 | Ensuring we understand what the current situation is

Once we have a validated PTL, we need to look at the profile. Whilst those waiting 52 weeks or more are of grave concern, the profile of waiters over all weeks gives and indication if we're dealing with the list effectively or have a looming issue.



2| Exploring avenues to reduce the number of patients waiting for treatment

There is an opportunity to explore the transfer of patients in services where there is a variation in waiting times.

What more could we do? What would it take/cost?

- Continue to work with our IS partners
- Commission external companies to provide additional capacity
- External clinical validation of the Elective and OPD PTL
- Continue internal validation
- Explore opportunities to improve Theatre productivity and efficiency (Need to invigorate this agenda)
- OPD optimisation – are their opportunities
- Introduction of "Patient initiated follow up" concept
- Introduction of Waiting list initiatives

We will be exploring all these options and putting plans in place to progress those most appropriate.

3 | Monitoring Progress

We will shortly be reporting key metrics on a weekly basis as we track the recovery. The proposed set of data is set out below.

Data Item	Detail
COVID SitRep	Core operational metrics - occupancy, stranded and super stranded, ITU occupancy
COVID Wave 3 Summary	Trends - total inpatients, oxygen support, deaths
Short Term Forecasting	Two-week forecast of admissions, occupancy
Nosocomial cases (8+ days after admission)	COVID SitRep submission summary
COVID 19 Vaccination - Hospital Hubs activity/Doses 1 and 2 split/staff uptake (TBC)	Summary of daily Hospital Hub Return – Staff uptake detail dependant on NIMs linkage.
Total elective inpatients waiting list priority groupings	Weekly Waiting List return summary: Trust & Group view
Cancer inpatients waiting list priority groupings	Weekly Waiting List return summary: Trust & Group view
P2 Waiting list and Clearance times	Weekly Waiting List return summary: Trust & Group view
P2 Waiting list by specialty inpatients waiting list priority groupings	Weekly Waiting List return summary: Trust & Group view
P3, P4 Waiting list volume	Weekly Waiting List return summary: Trust & Group view
Group Priority Metrics (MTD position where avail)	R2R, Readmissions, RTT 52 weeks (unvalidated caveat)
Waiting List comparison with Independent Sector and System level PTL view	How do our waiting lists compare to the Independent Sector? This will indicate if the IS has capacity that can help with 52w or 18w position. What does the PTL look like across the System (TBC, currently being scoped).

This data will be reviewed at the already established governance forums such as, Trust Reset, Elective care / Cancer system Board and Tactical control meetings.

4 | Next Steps

- The PTL validation will completed by **31st March 2021** (although note that this is an ongoing process)
- The actions to take will be agreed by **31st March 2021**
- The monitoring report will be in place by **26 March 2021**

- Regular Board reporting of progress will start at the next Board meeting May

Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	NGH NHS Annual Staff Survey Results 2020		
Agenda item	11		
Presenter of Report	Mark Smith, Chief People Officer		
Author(s) of Report	Mark Smith, Chief People Officer		
This paper is for:			
□ Approve	✓Receive	□ Note	□ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

The 2020 National Staff Survey results are a really important insight into how colleagues feel working within our Trust – and how colleagues were feeling – during one of the most challenging periods the we, the NHS and indeed the country has faced in its history.

The Trust fully benchmarked staff survey results are available in the appendix and a presentation will be provided at the meeting. The full survey results were published on Thursday 11th March 2020.

It was pleasing to see that whilst we were working through these extraordinary times, caring for our patients and services users, more colleagues than ever have taken the time to respond to the survey with an increased response rate across our hospital by 10% (50% from 40% in 2019). This demonstrates engagement and the feedback from which has influenced the formation of our People Plan and approaches – and there are significant improvements in many important areas across the Trust and the group, including:

- The quality of care colleagues feel they are delivering at both hospitals
- If a relative or friend needed treatment, colleagues would be happy with the standards of care at NGH and KGH.
- A growing number of colleagues would recommend our hospitals as places to work

The survey results also show us all where we need to further improve our experiences, such as how we value and work with each other and how we contribute to improvements within our areas of work; improving our approaches with regards to equality, diversity and inclusion within our

hospital and how we support and look after our health and wellbeing – which is particularly important after 12 months of the Covid-19 pandemic response.

We have made progress in a number of areas, but work will continue to be undertaken and now through our new KGH-NGH group-wide vision, priorities and values, which were approved in January, and our People Plan, providing a detailed framework of support. The challenge for us is to ensure the plan is adopted across the group to create an inclusive place to work where people are empowered to make a difference. We will be using future results as a benchmark of our progress and will also be introducing more frequent pulse surveys in line with the plan to support action to be taken in real time.

Details of the staff survey outcomes have and will continue to be discussed at hospital briefing meetings and within a number of forums, including divisional meetings with specific results, alongside, Trust meetings including our diversity and inclusion steering group and our joint People Committee. In addition, the results have been broken down into detail and the line managers within the departments where significant improvement is required have received one to one conversations with the Trust Director of HR and OD.

Related Strategic Pledge	Which Group Priority does this paper relate to? People: An inclusive place to work where people are empowered to make a difference.
Risk and assurance	Risks to the plan inclusive of capacity and resourcing will be articulated and will inform the BAF for 2021/22
Related Board Assurance Framework entries	BAF – ALL
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (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)
Financial Implications	Potential costs associated with the people plan implementation which will be at current cost, inclusive of the health and wellbeing funding which has been made available during 2020/21.
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper CQC Fundamental Standards Health and Safety at work Act 1974 Equality Act 2010

Actions required by the Board

The Board is asked to:

- Receive the staff survey results for 2020 and specific actions which are being undertaken to address concerns raised through the survey responses.

Survey Coordination Centre

NHS England

Northampton General Hospital NHS Trust

2020 NHS Staff Survey

Benchmark Report

Contents

Introduction . . . 3

Theme results . . . 6
- Overview . . . 7

- Theme results – Trends . . . 8
  - Equality, diversity & inclusion . . . 9
  - Health & wellbeing . . . 10
  - Immediate managers . . . 11
  - Morale . . . 12
  - Quality of care . . . 13
  - Safe environment - Bullying & harassment . . . 14
  - Safe environment - Violence . . . 15
  - Safety culture . . . 16
  - Staff engagement . . . 17
  - Team working . . . 18

- Theme results – Covid-19 classification breakdowns . . . 19
  - Equality, diversity & inclusion . . . 21
  - Health & wellbeing . . . 22
  - Immediate managers . . . 23
  - Morale . . . 24
  - Quality of care . . . 25
  - Safe environment - Bullying & harassment . . . 26
  - Safe environment - Violence . . . 27
  - Safety culture . . . 28
  - Staff engagement . . . 29
  - Team working . . . 30

- Theme results – Detailed information . . . 31
  - Equality, diversity & inclusion . . . 32
  - Health & wellbeing . . . 34
  - Immediate managers . . . 36
  - Morale . . . 38
  - Quality of care . . . 41
  - Safe environment - Bullying & harassment . . . 42
  - Safe environment - Violence . . . 43
  - Safety culture . . . 44
  - Staff engagement . . . 46
  - Team working . . . 49

Question results . . . 50
- Your job . . . 51
- Your managers . . . 83
- Your health, well-being and safety at work . . . 95
- Your organisation . . . 131
- The Covid-19 pandemic . . . 147
- Background details . . . 150

Workforce Equality Standards . . . 159
- Workforce Race Equality Standard (WRES) . . . 161
- Workforce Disability Equality Standard (WDES) . . . 166

Appendices . . . 176
- A – Response rate . . . 178
- B – Significance testing - 2019 v 2020 theme results . . . 180
- C – Tips on using your benchmark report . . . 181
- D – Additional reporting outputs . . . 187

Introduction

This benchmark report for Northampton General Hospital NHS Trust contains results for themes and questions from the 2020 NHS Staff Survey, and historical results back to 2016 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: q1, q10a, q20a-d, q22-q26a, and q27a-q28 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our results website.

The structure of this report

Introduction

- Introduction
- Using the report
- Organisation details

Provides a brief introduction to the report, including the graphs used throughout.

The '**Organisation details** ' page contains key information about the organisation's survey and its benchmarking group.

Theme results

- Overview
- Trends
- Covid-19 classification
- Detailed information

The ten themes provide a high level overview of the results for an organisation.

The '**Detailed information**' sub-section contains the question results that feed into each theme.

Question results

- Your job
- Your managers
- Your health, well-being and safety at work
- Your organisation
- The Covid-19 pandemic
- Background details

Results from all questions, structured by the questionnaire sections.

Workforce Equality Standards

- Introduction
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

Shows data required for the NHS Staff Survey indicators used in the Workforce Equality Standards.

Appendices

- Response rate trends
- Significance testing of themes
- Tips on action planning and interpreting results
- Additional reporting outputs

'**Significance testing of themes**' contains comparisons for the 2020 and 2019 theme scores.

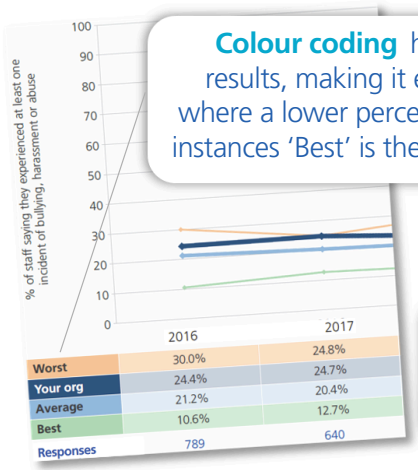
Using the report

Key features

Question number and text (or the theme) specified at the top of each slide

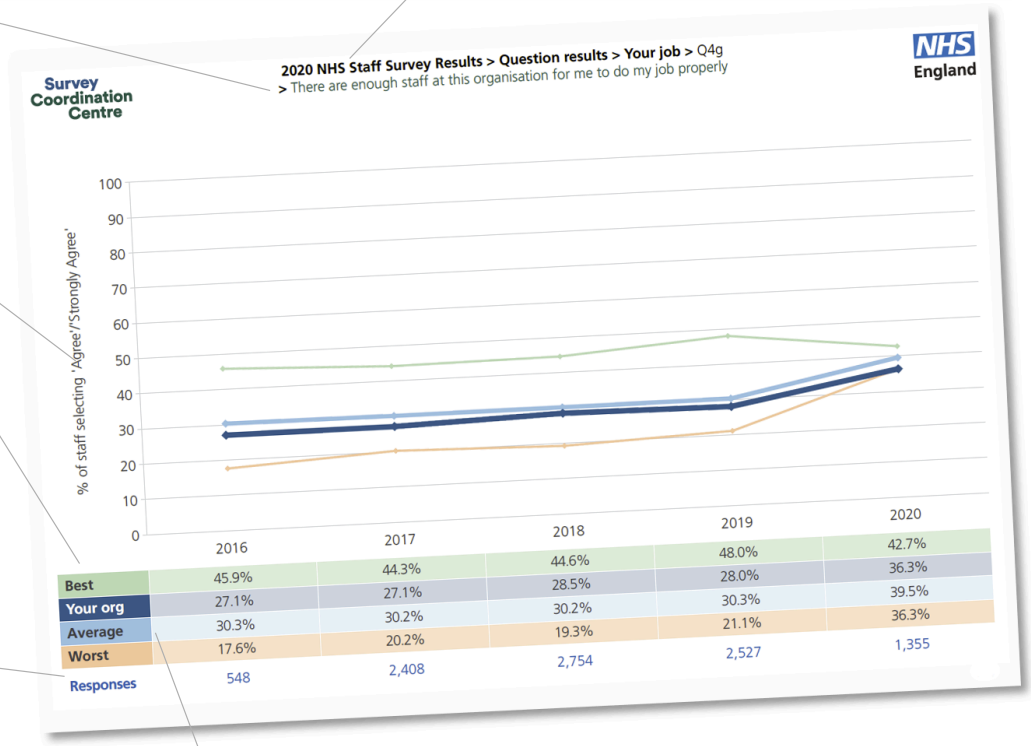
Slide headers are **hyperlinked** throughout the document. '2020 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text highlighted in bold can be used to navigate to sections and sub-sections

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!



Number of responses for the organisation for the given question

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Survey Coordination Centre

Organisation details

NHS England

Northampton General Hospital NHS Trust

2020 NHS Staff Survey

Organisation details

Completed questionnaires	2,773
2020 response rate	50%

See response rate trend for the last 5 years

Survey details

Survey mode	Mixed
Sample type	Census

This organisation is benchmarked against:

Acute and Acute & Community Trusts

2020 benchmarking group details

Organisations in group: **128**

Median response rate: **45%**

No. of completed questionnaires: **402,201**

Survey Coordination Centre

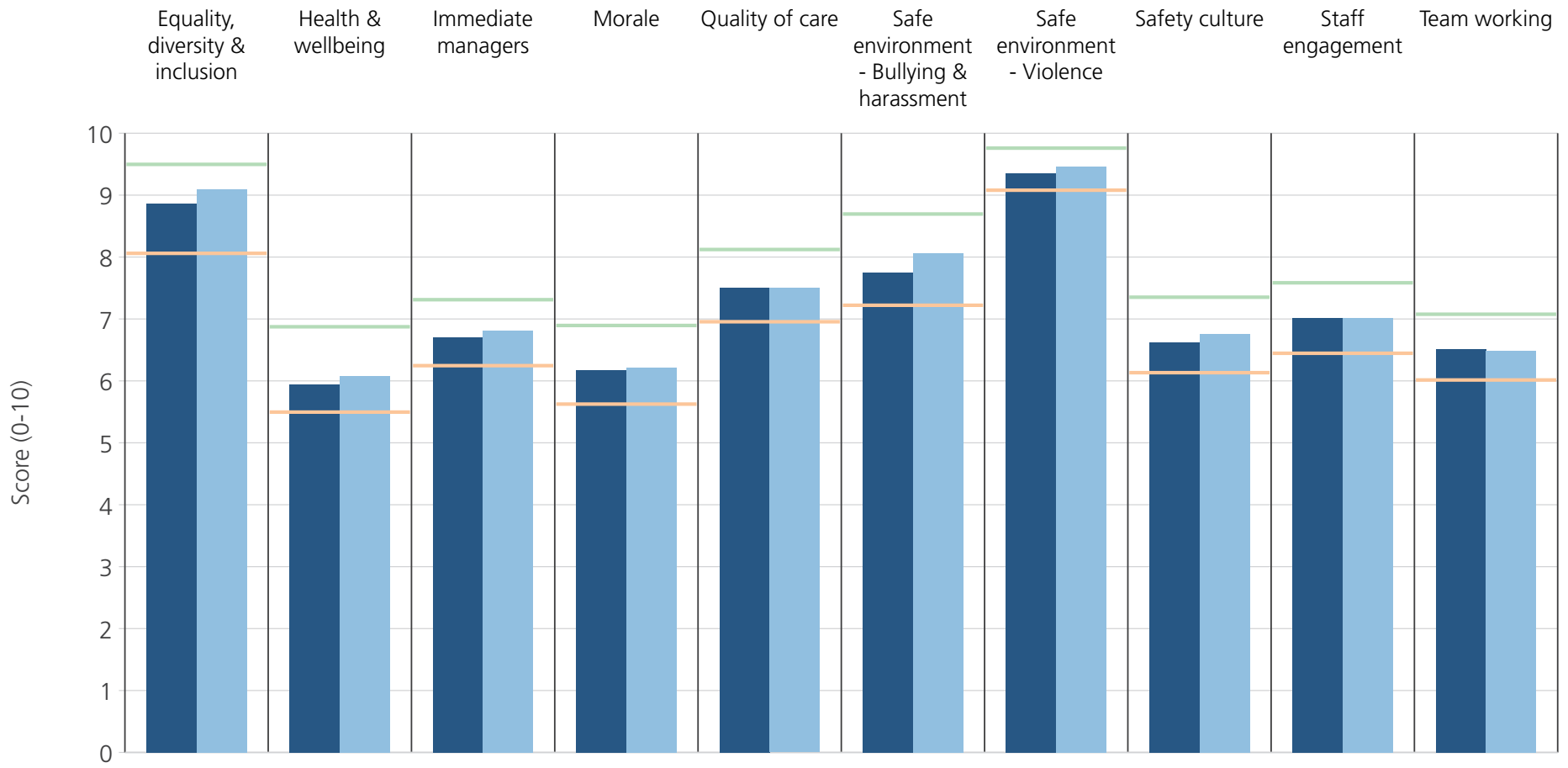
NHS England

Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	8.9	5.9	6.7	6.2	7.5	7.7	9.4	6.6	7.0	6.5
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,742	2,753	2,766	2,755	2,455	2,741	2,742	2,746	2,765	2,726

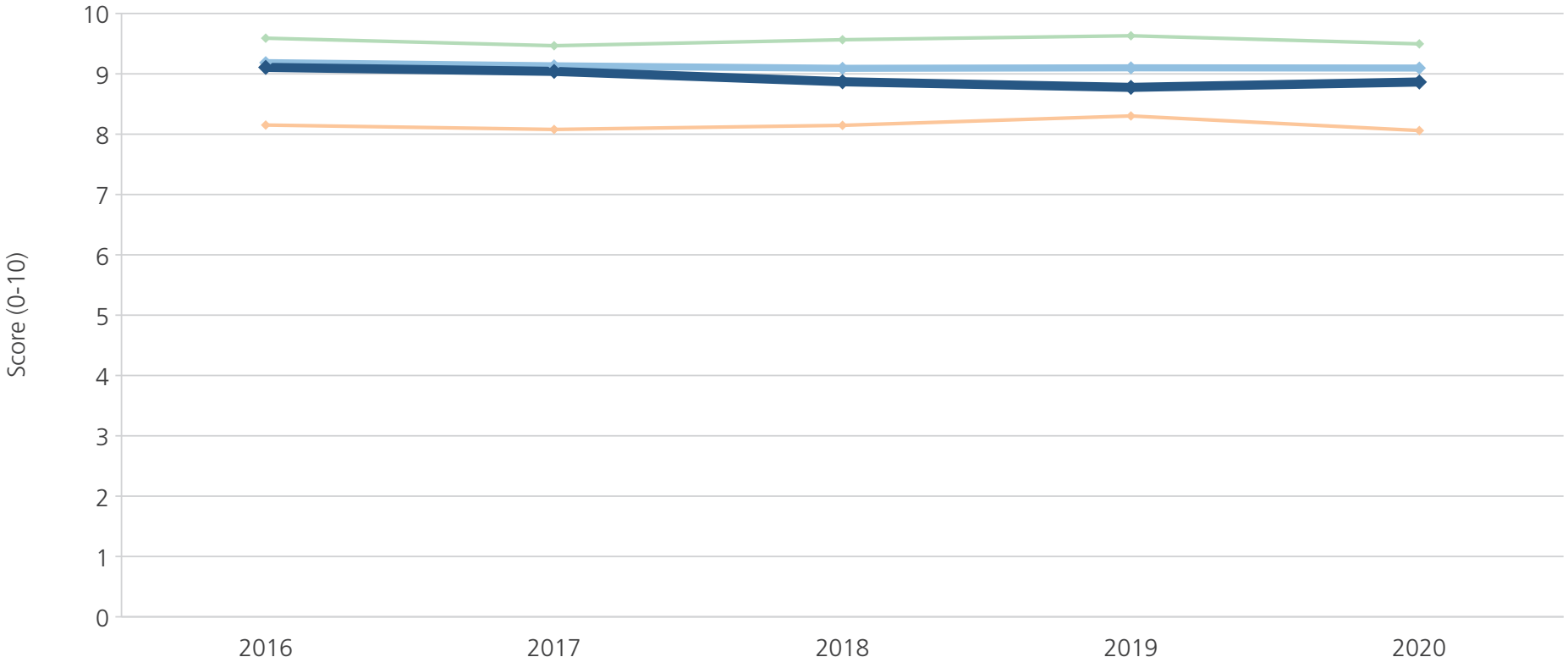
Survey Coordination Centre

NHS England

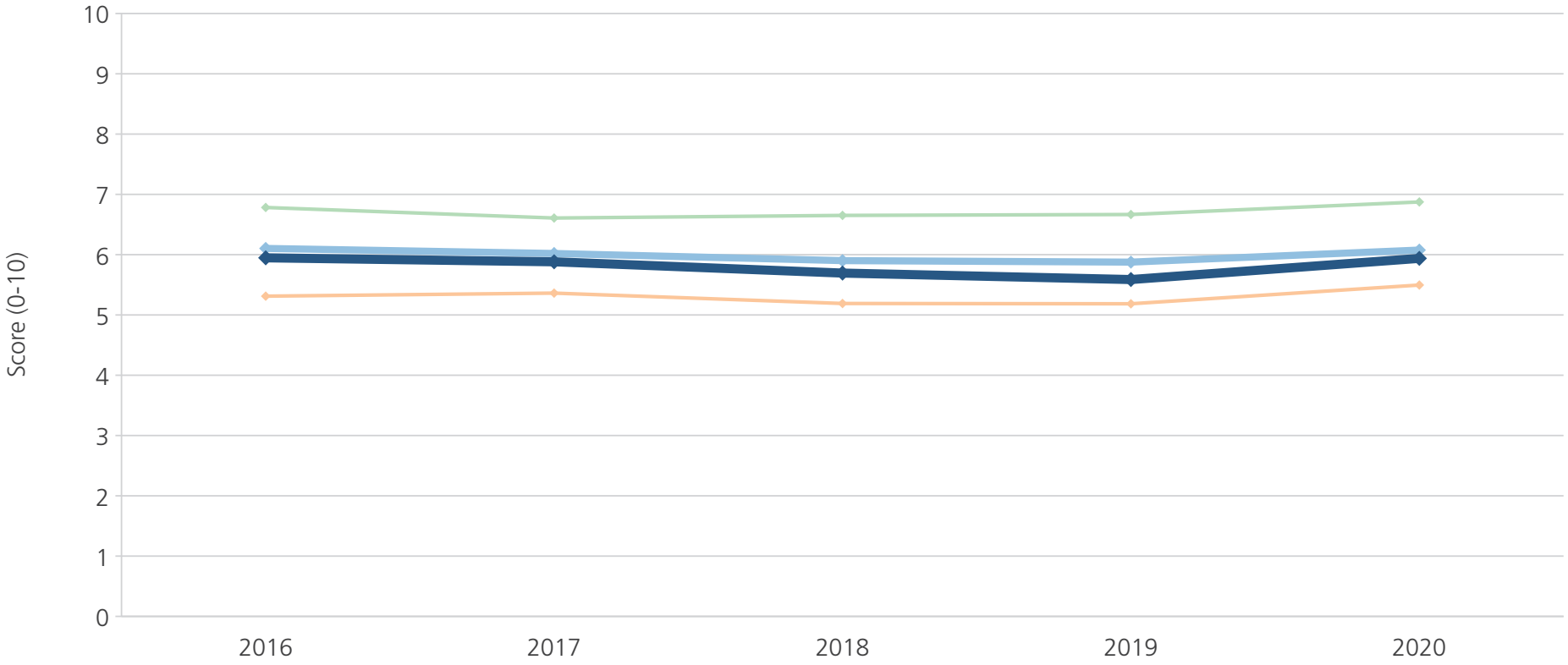
Theme results – Trends

Northampton General Hospital NHS Trust

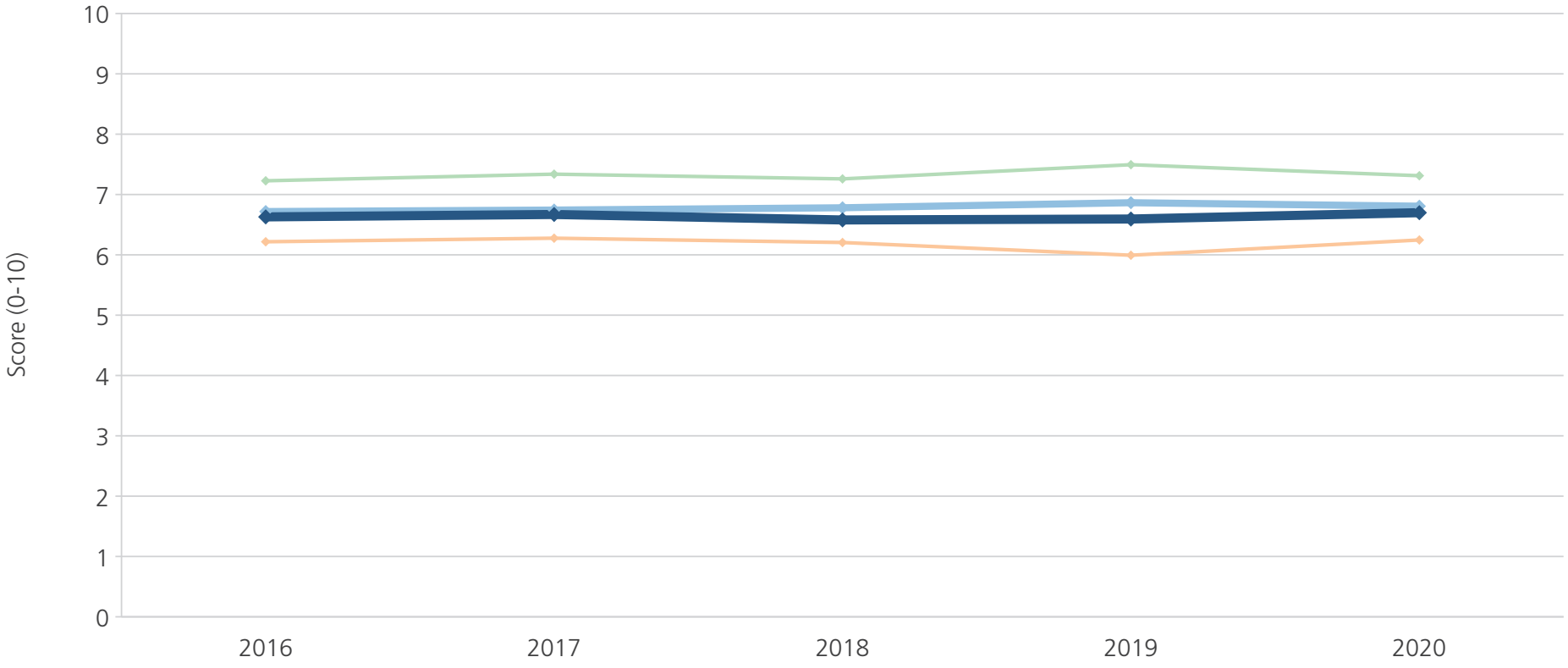
2020 NHS Staff Survey Results



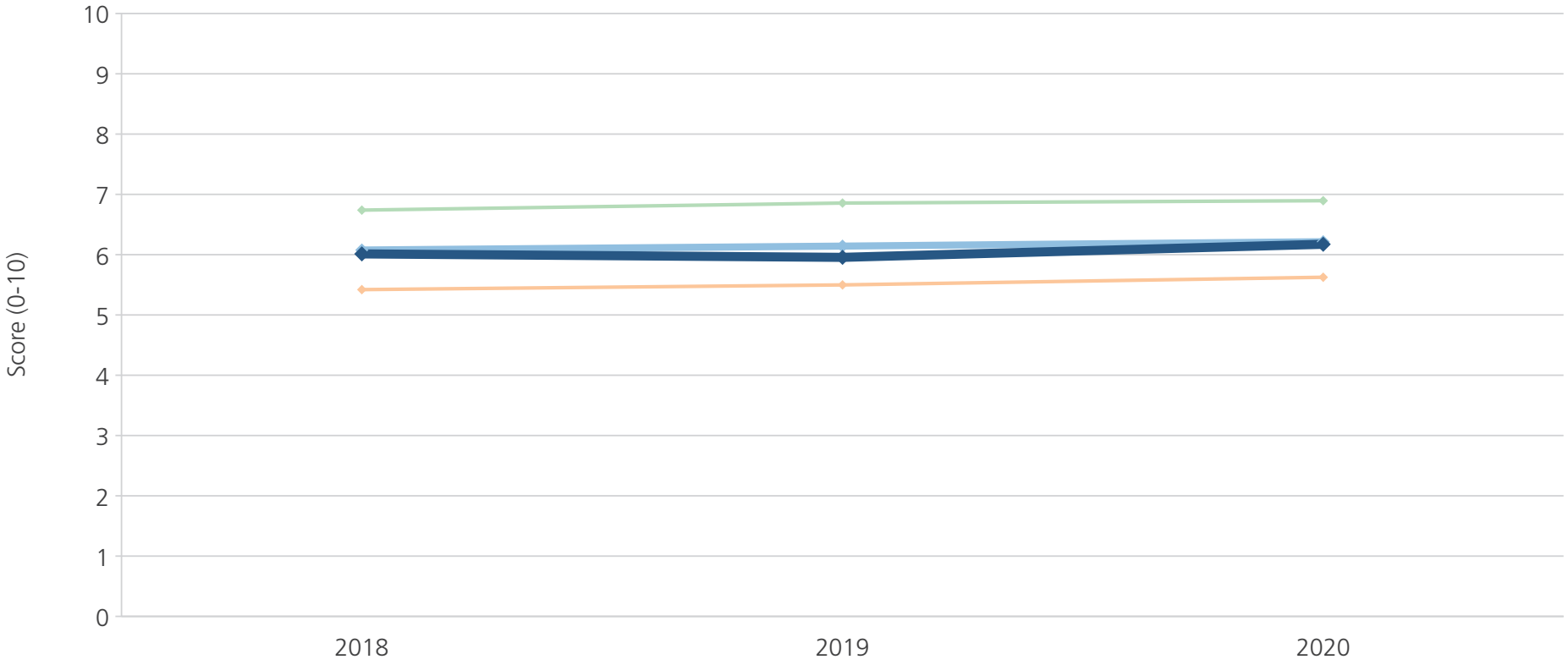
	2016	2017	2018	2019	2020
Best	9.6	9.5	9.6	9.6	9.5
Your org	9.1	9.0	8.9	8.8	8.9
Average	9.2	9.1	9.1	9.1	9.1
Worst	8.2	8.1	8.1	8.3	8.1
Responses	1,564	1,714	2,058	1,981	2,742



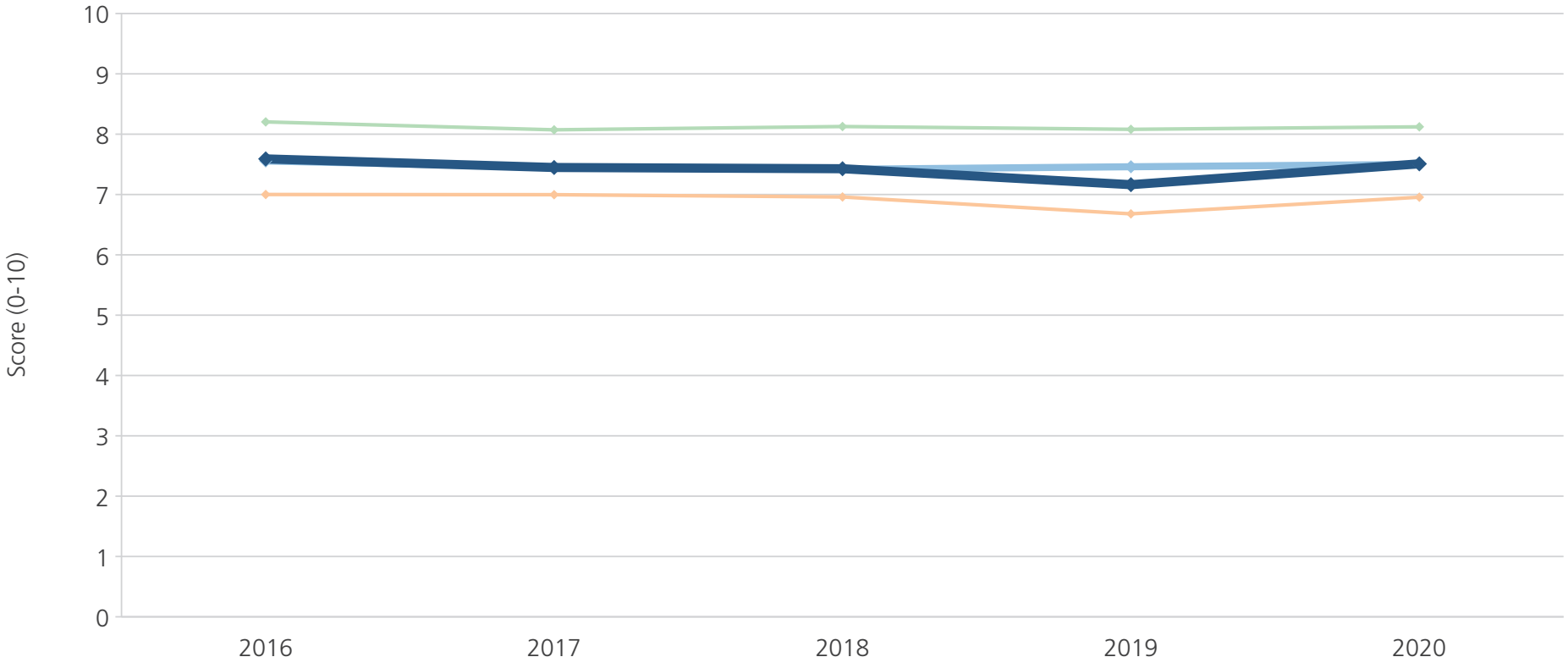
	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.7	6.9
Your org	5.9	5.9	5.7	5.6	5.9
Average	6.1	6.0	5.9	5.9	6.1
Worst	5.3	5.4	5.2	5.2	5.5
Responses	1,586	1,778	2,078	1,997	2,753



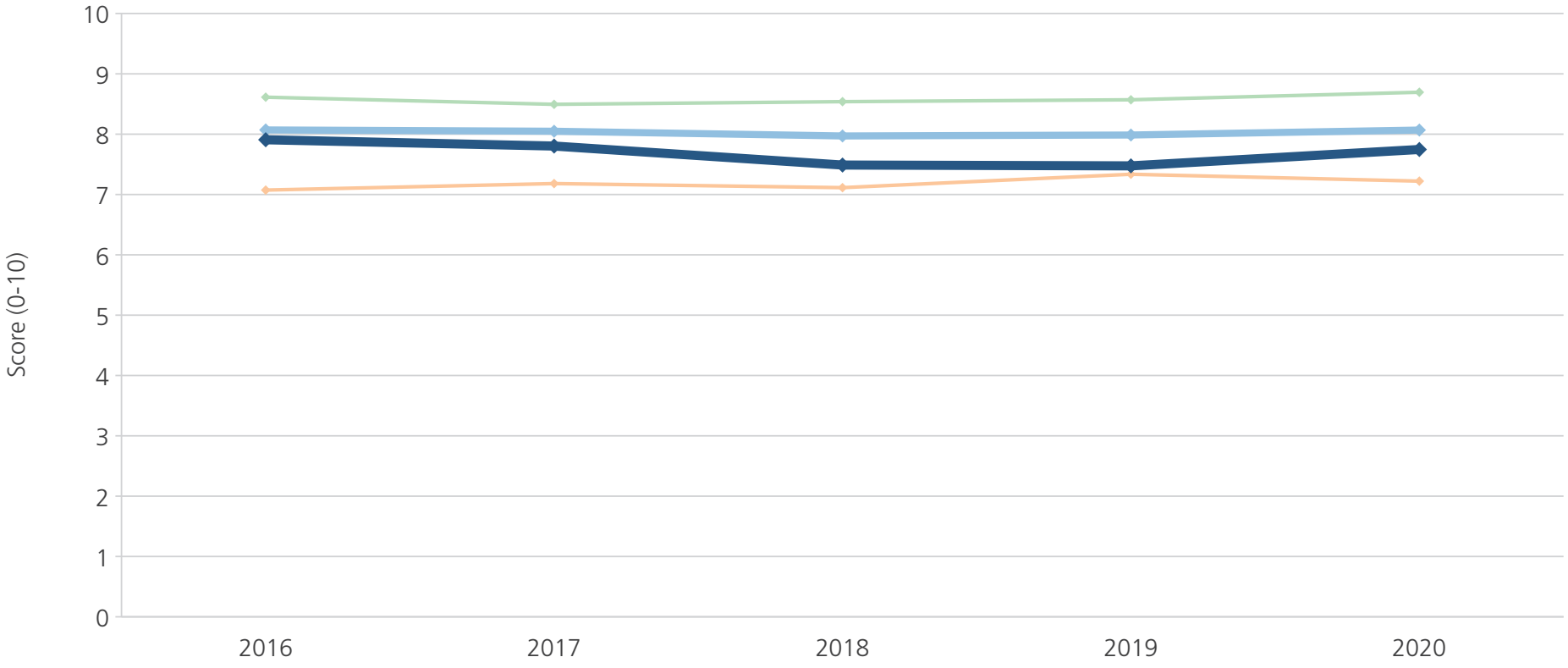
	2016	2017	2018	2019	2020
Best	7.2	7.3	7.3	7.5	7.3
Your org	6.6	6.7	6.6	6.6	6.7
Average	6.7	6.7	6.8	6.9	6.8
Worst	6.2	6.3	6.2	6.0	6.2
Responses	1,585	1,748	2,085	2,007	2,766



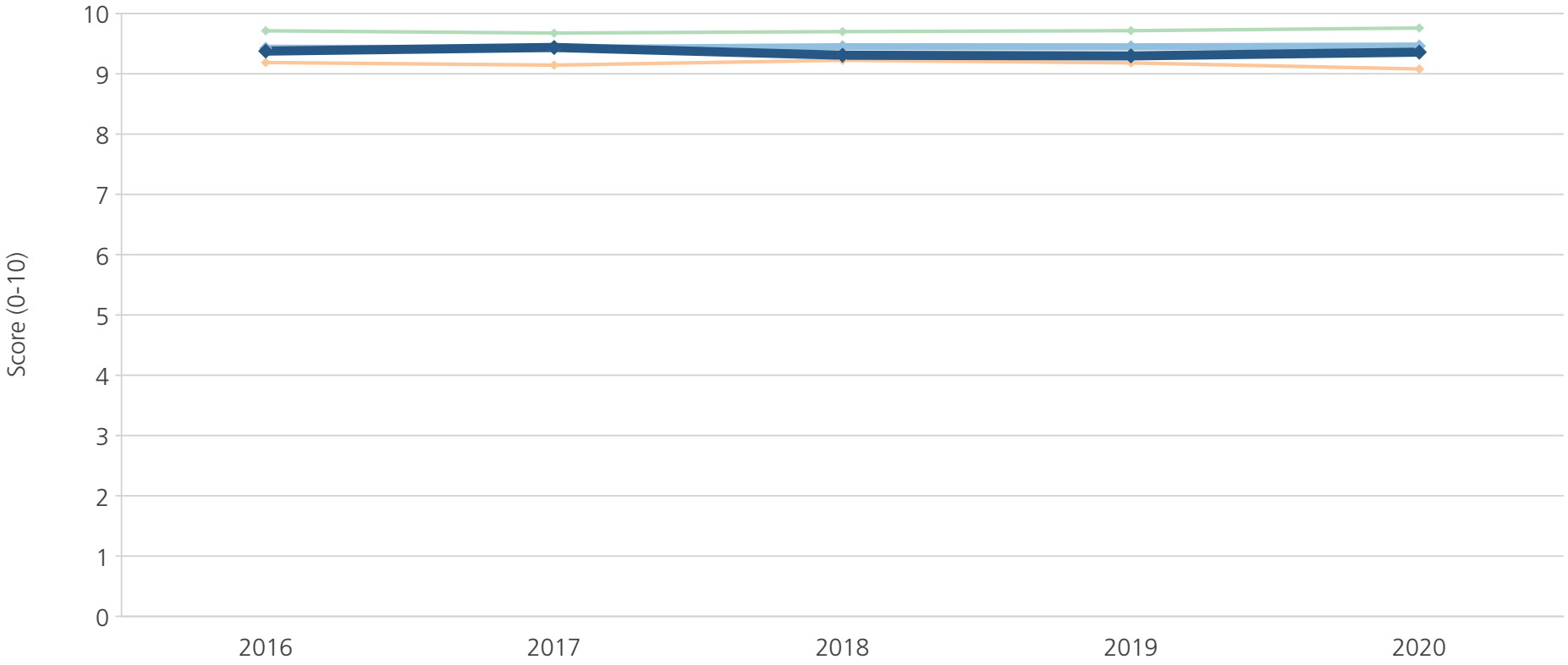
	2018	2019	2020
Best	6.7	6.9	6.9
Your org	6.0	6.0	6.2
Average	6.1	6.1	6.2
Worst	5.4	5.5	5.6
Responses	2,021	1,969	2,755



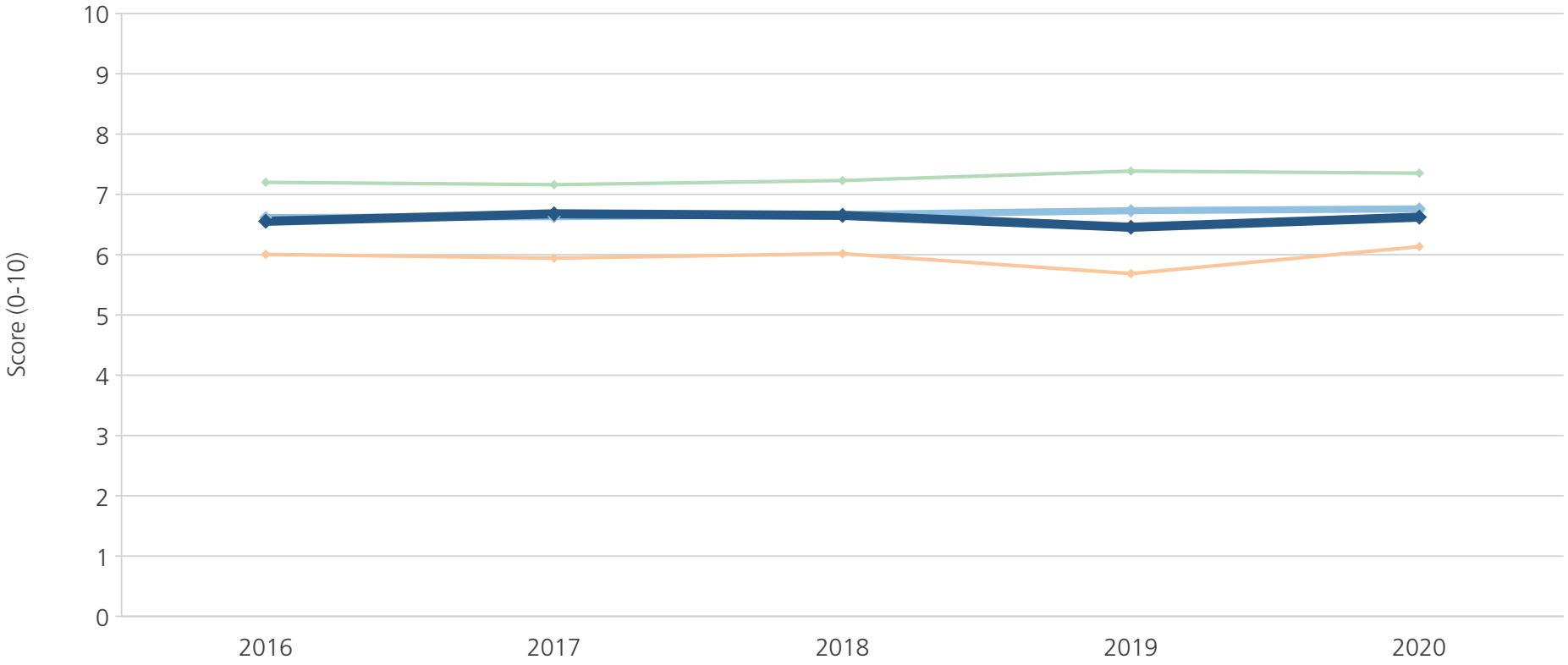
	2016	2017	2018	2019	2020
Best	8.2	8.1	8.1	8.1	8.1
Your org	7.6	7.4	7.4	7.2	7.5
Average	7.6	7.5	7.4	7.5	7.5
Worst	7.0	7.0	7.0	6.7	7.0
Responses	1,384	1,575	1,867	1,772	2,455



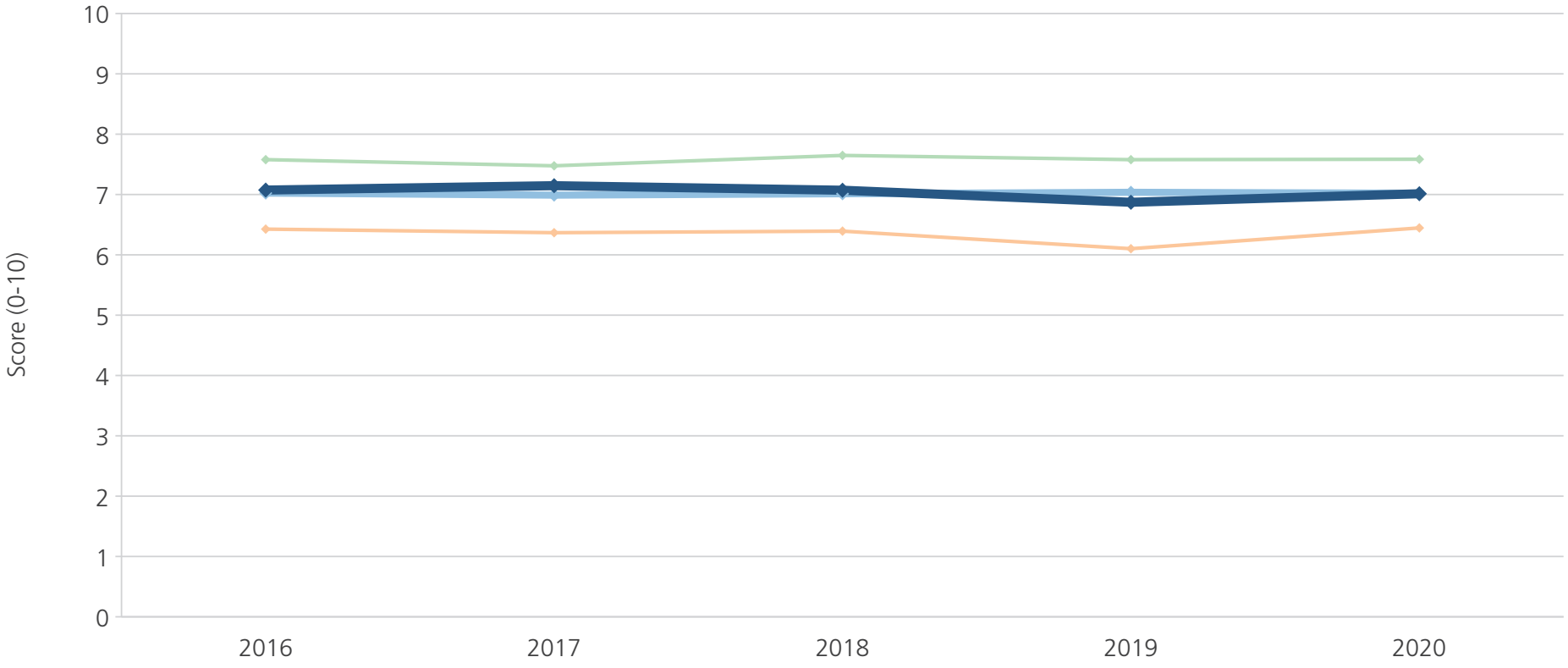
	2016	2017	2018	2019	2020
Best	8.6	8.5	8.5	8.6	8.7
Your org	7.9	7.8	7.5	7.5	7.7
Average	8.1	8.0	8.0	8.0	8.1
Worst	7.1	7.2	7.1	7.3	7.2
Responses	1,557	1,706	2,052	1,986	2,741



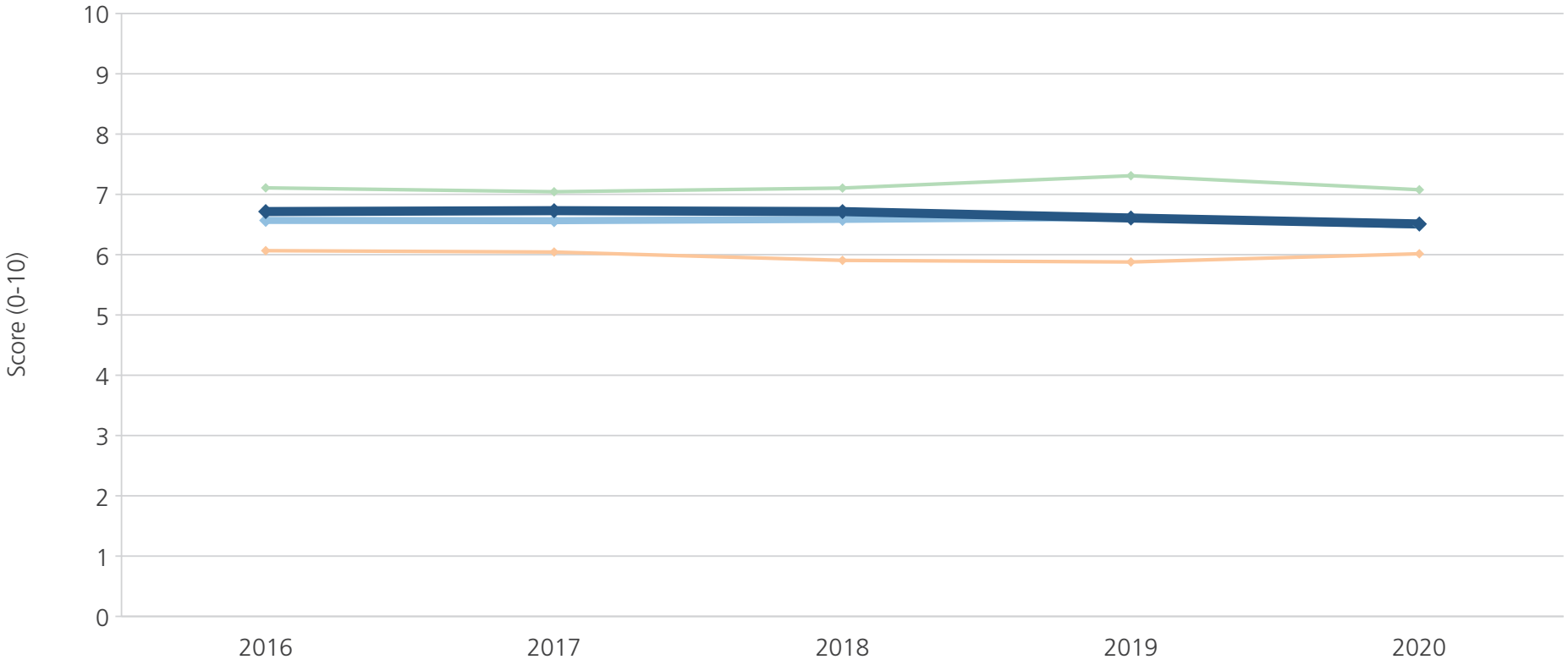
	2016	2017	2018	2019	2020
Best	9.7	9.7	9.7	9.7	9.8
Your org	9.4	9.4	9.3	9.3	9.4
Average	9.4	9.4	9.4	9.4	9.5
Worst	9.2	9.1	9.2	9.2	9.1
Responses	1,565	1,696	2,048	1,979	2,742



	2016	2017	2018	2019	2020
Best	7.2	7.2	7.2	7.4	7.4
Your org	6.6	6.7	6.7	6.5	6.6
Average	6.6	6.6	6.7	6.7	6.8
Worst	6.0	5.9	6.0	5.7	6.1
Responses	1,569	1,738	2,060	1,984	2,746



	2016	2017	2018	2019	2020
Best	7.6	7.5	7.6	7.6	7.6
Your org	7.1	7.1	7.1	6.9	7.0
Average	7.0	7.0	7.0	7.0	7.0
Worst	6.4	6.4	6.4	6.1	6.4
Responses	1,613	1,852	2,123	2,021	2,765



	2016	2017	2018	2019	2020
Best	7.1	7.0	7.1	7.3	7.1
Your org	6.7	6.7	6.7	6.6	6.5
Average	6.6	6.6	6.6	6.6	6.5
Worst	6.1	6.0	5.9	5.9	6.0
Responses	1,580	1,830	2,100	1,986	2,726

Survey Coordination Centre

NHS England

Theme results – Covid-19 classification breakdowns

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

Covid-19 classification breakdowns

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

a.	Have you worked on a Covid-19 specific ward or area at any time?	☐ Yes	☐ No
b.	Have you been redeployed due to the Covid-19 pandemic at any time?	☐ Yes	☐ No
c.	Have you been required to work remotely/from home due to the Covid-19 pandemic?	☐ Yes	☐ No
d.	Have you been shielding? ☐ Yes, for myself ☐ Yes, for a member of my household		☐ No

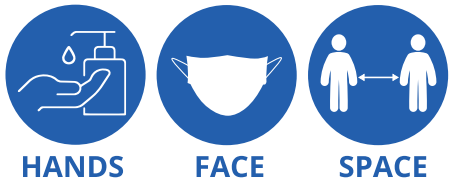
The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

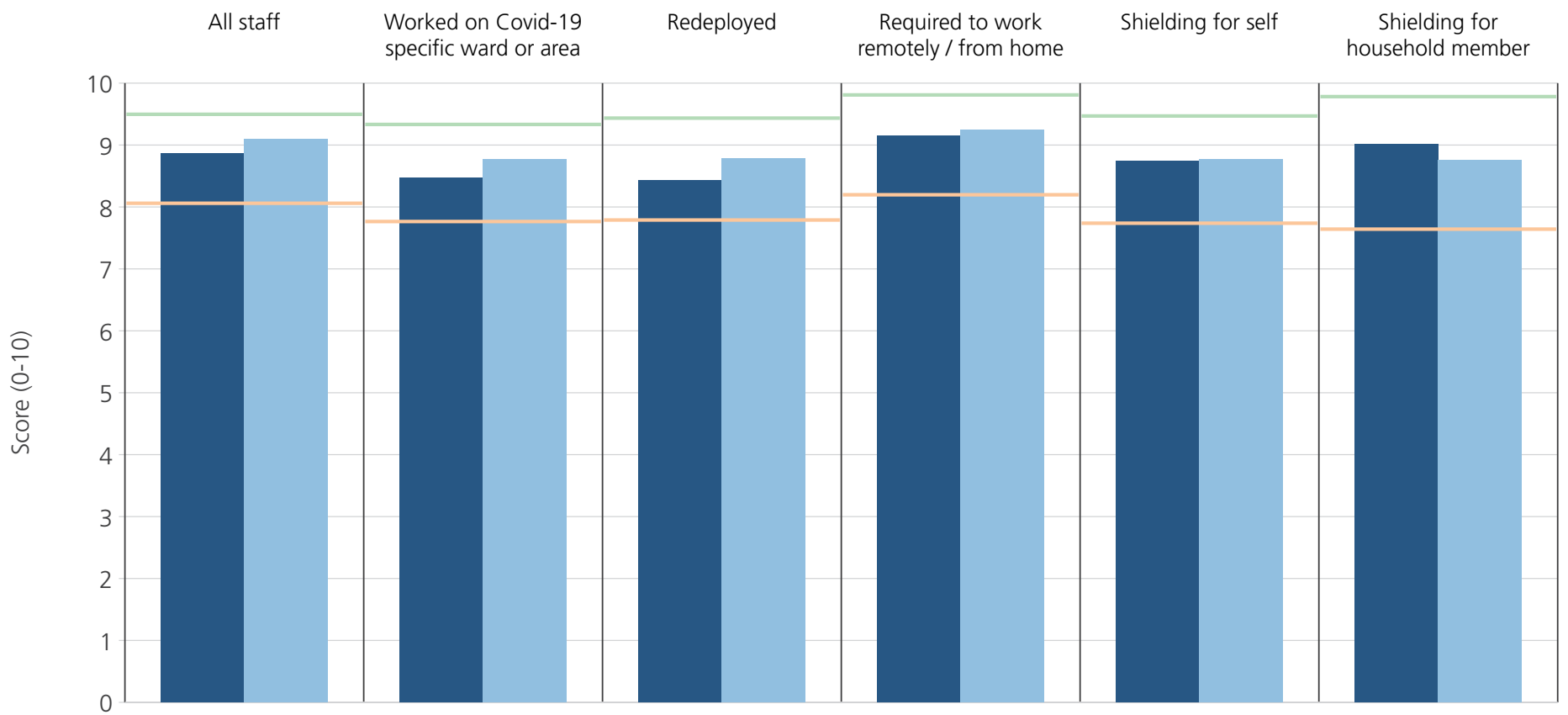
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

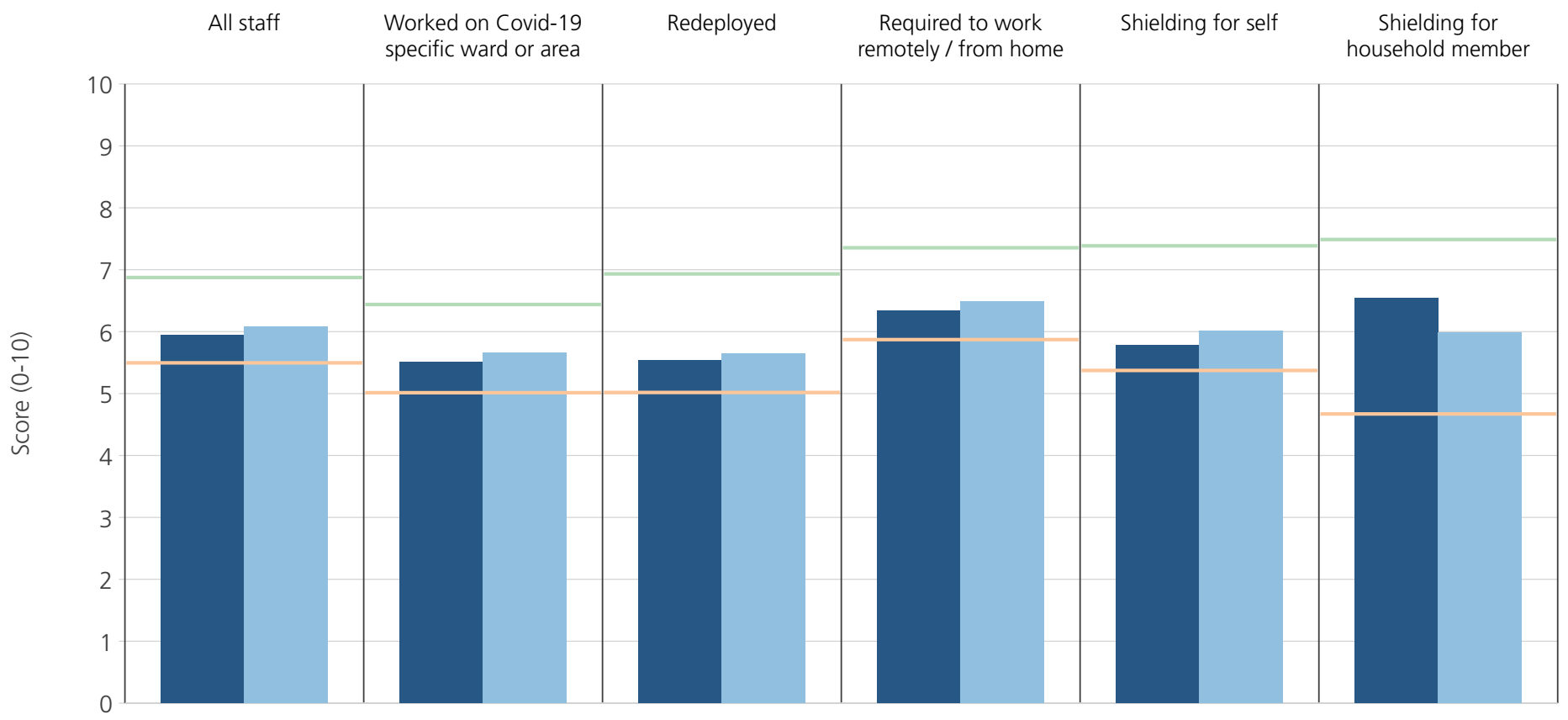
Further information

Results for these groups of staff, including data for individual questions, are also available via the online dashboards. Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

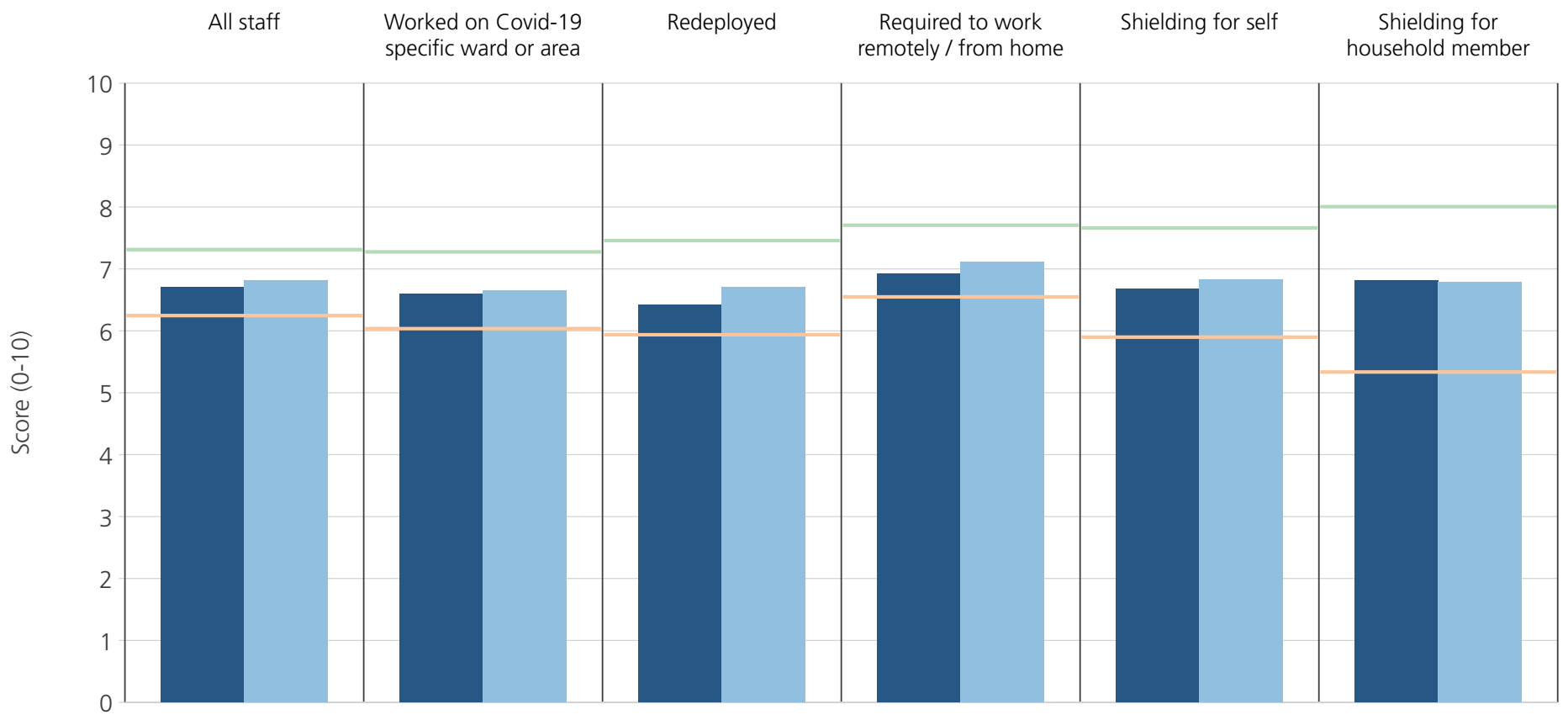




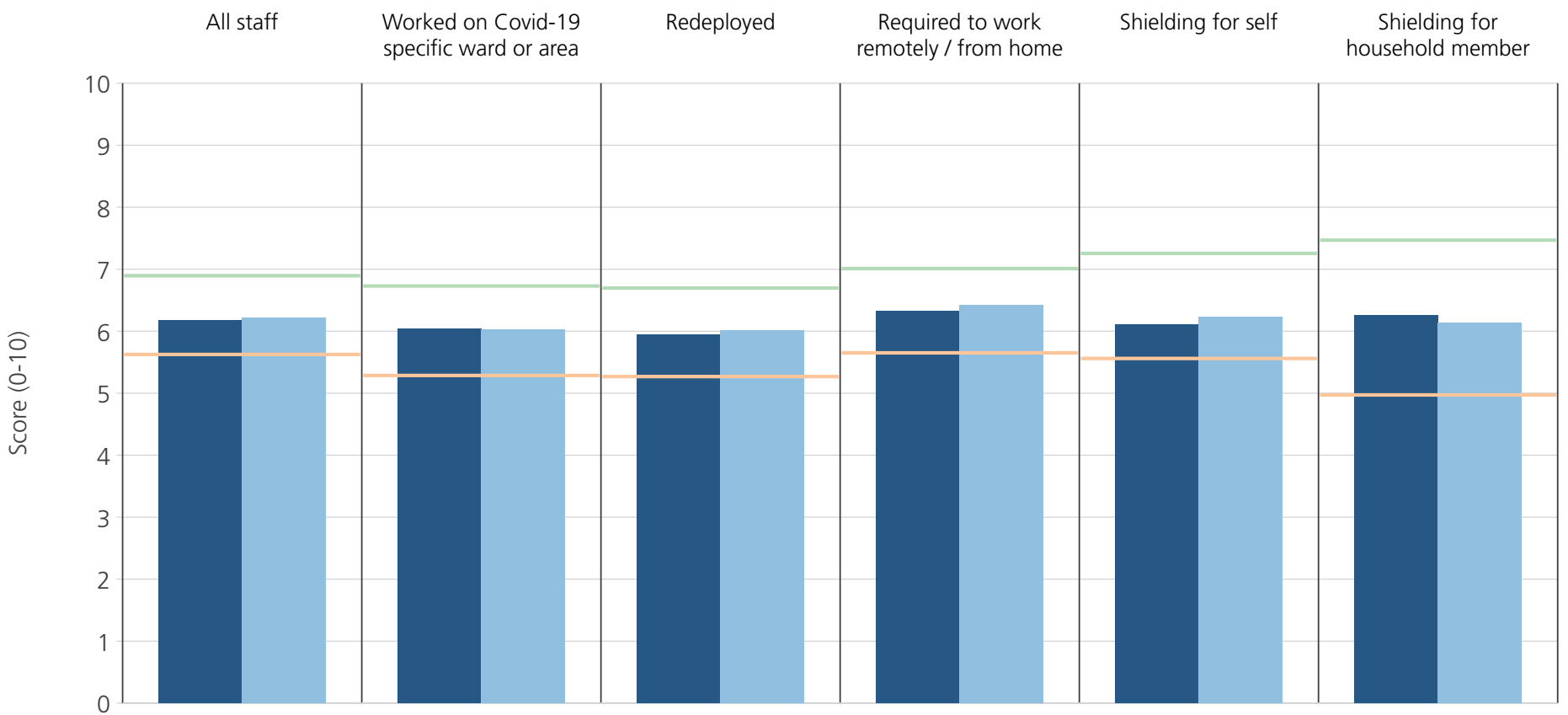
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.5	9.3	9.4	9.8	9.5	9.8
Your org	8.9	8.5	8.4	9.1	8.7	9.0
Average	9.1	8.8	8.8	9.2	8.8	8.8
Lowest	8.1	7.8	7.8	8.2	7.7	7.6
Responses	2,742	1,153	463	693	198	87



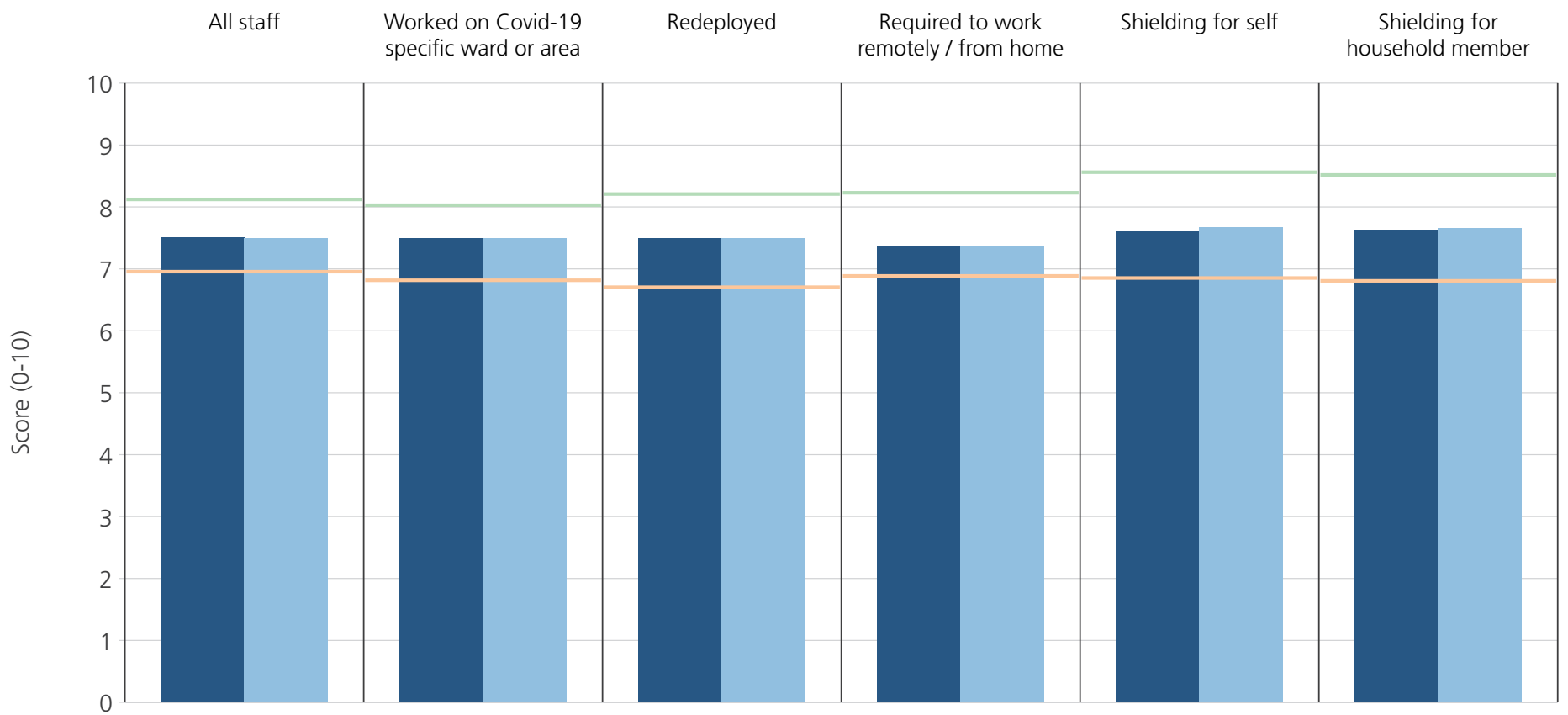
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.4	6.9	7.4	7.4	7.5
Your org	5.9	5.5	5.5	6.3	5.8	6.5
Average	6.1	5.7	5.6	6.5	6.0	6.0
Lowest	5.5	5.0	5.0	5.9	5.4	4.7
Responses	2,753	1,156	465	695	198	89



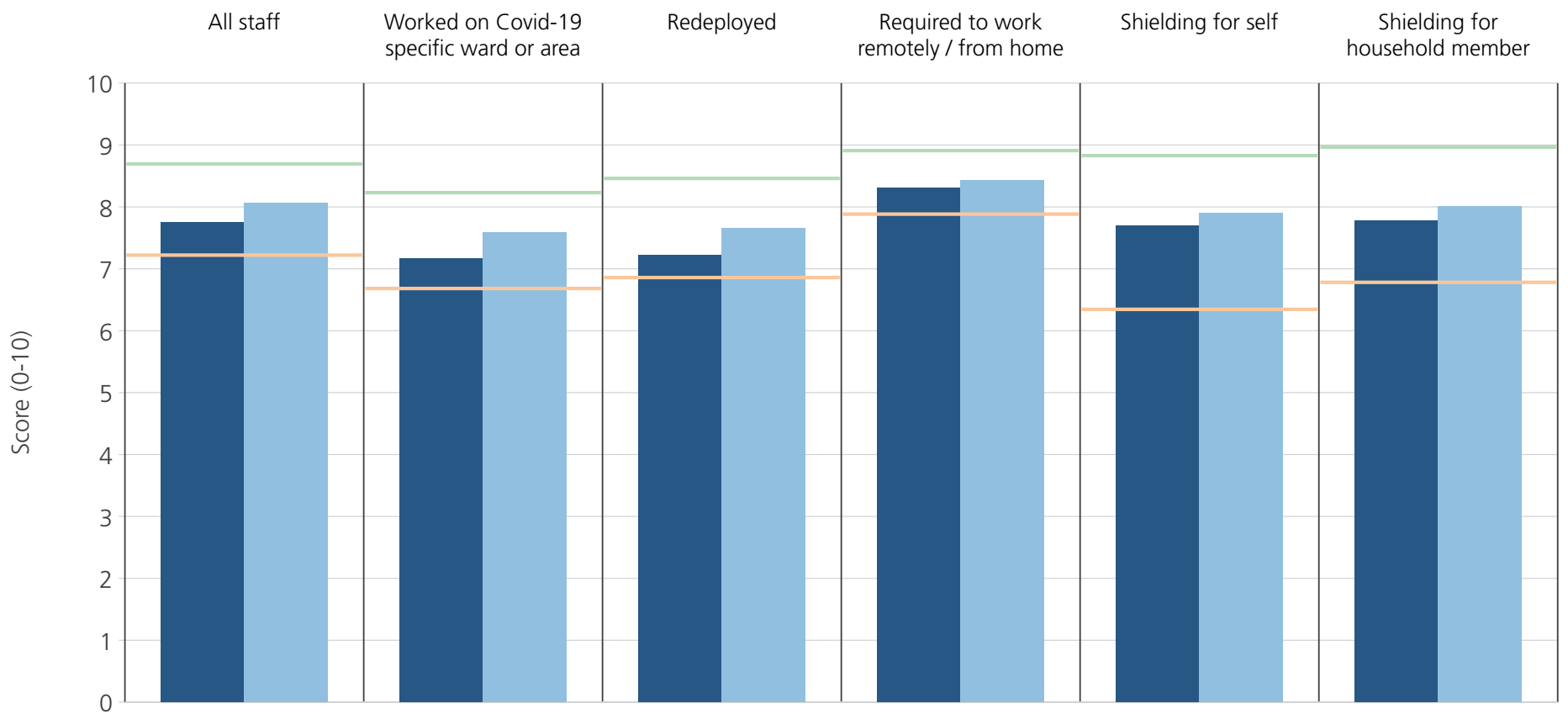
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.3	7.3	7.5	7.7	7.7	8.0
Your org	6.7	6.6	6.4	6.9	6.7	6.8
Average	6.8	6.7	6.7	7.1	6.8	6.8
Lowest	6.2	6.0	5.9	6.5	5.9	5.3
Responses	2,766	1,165	469	698	201	89



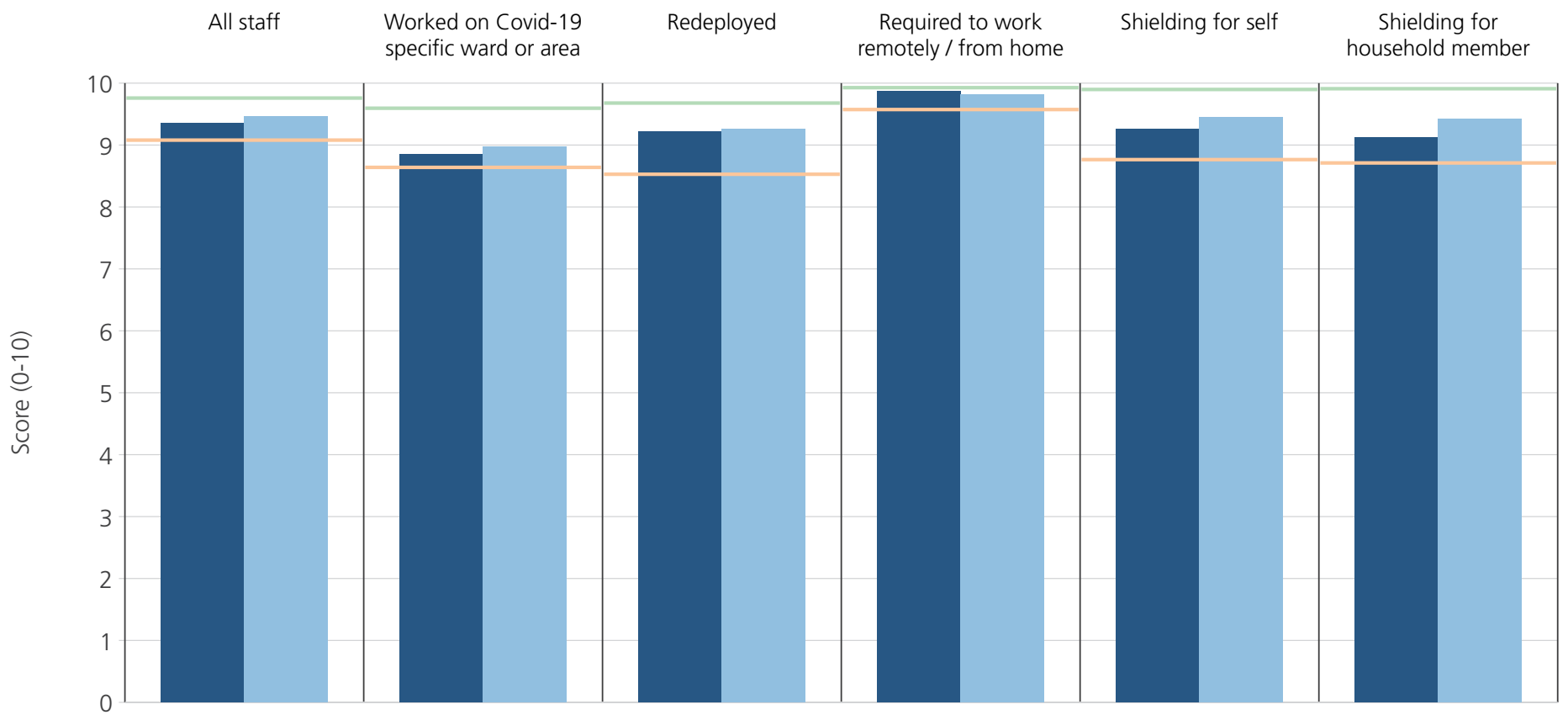
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	6.9	6.7	6.7	7.0	7.3	7.5
Your org	6.2	6.0	5.9	6.3	6.1	6.3
Average	6.2	6.0	6.0	6.4	6.2	6.1
Lowest	5.6	5.3	5.3	5.7	5.6	5.0
Responses	2,755	1,161	468	695	200	88



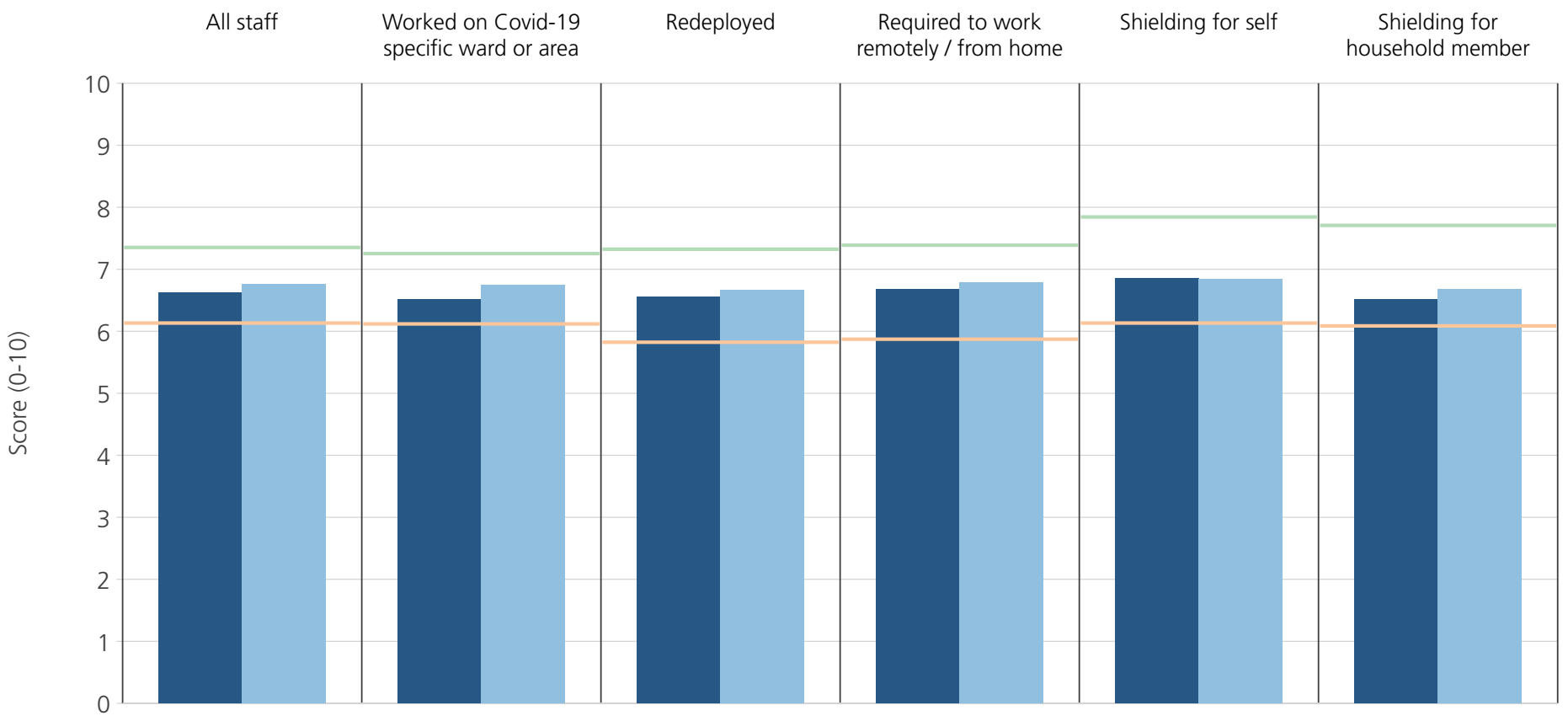
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.1	8.0	8.2	8.2	8.6	8.5
Your org	7.5	7.5	7.5	7.4	7.6	7.6
Average	7.5	7.5	7.5	7.4	7.7	7.7
Lowest	7.0	6.8	6.7	6.9	6.9	6.8
Responses	2,455	1,118	441	529	182	71



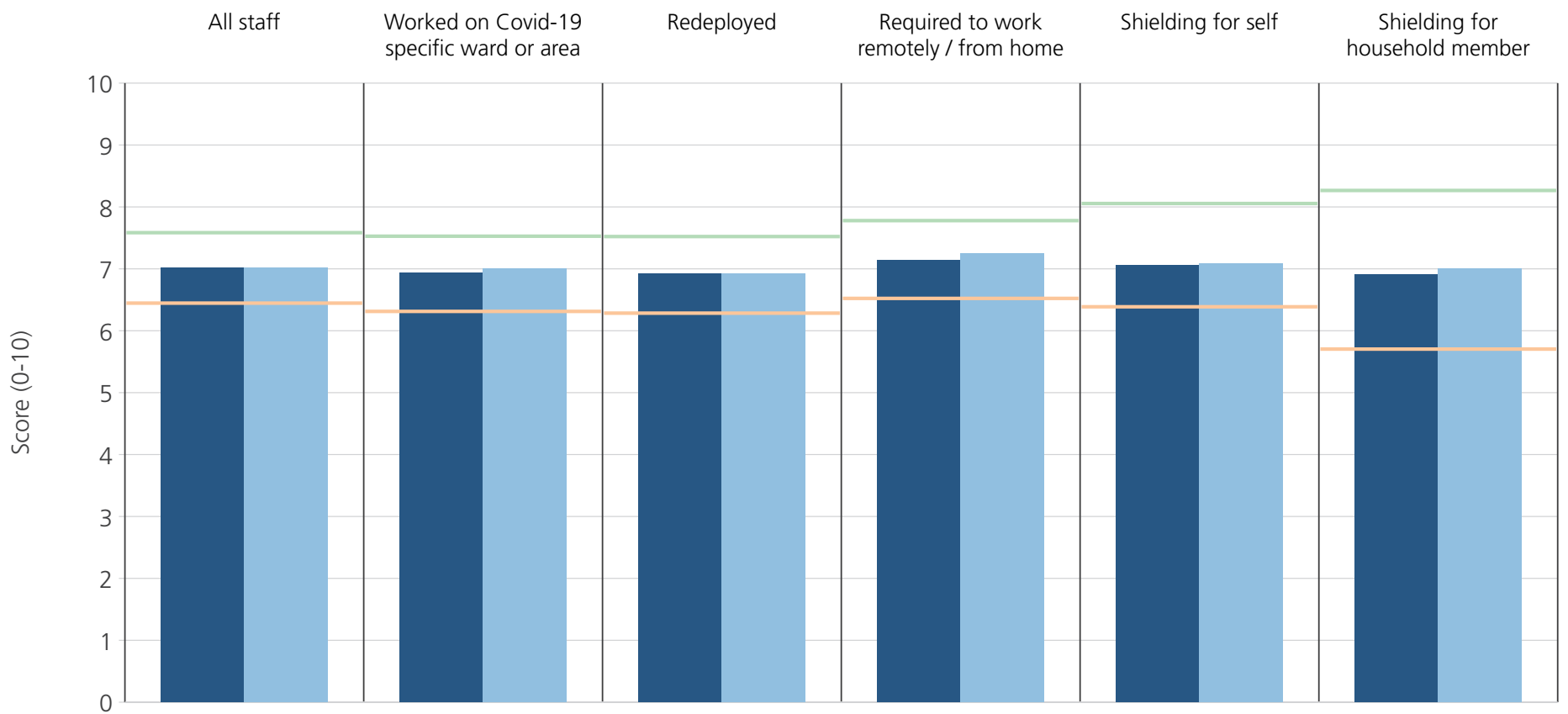
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	8.7	8.2	8.5	8.9	8.8	9.0
Your org	7.7	7.2	7.2	8.3	7.7	7.8
Average	8.1	7.6	7.7	8.4	7.9	8.0
Lowest	7.2	6.7	6.9	7.9	6.3	6.8
Responses	2,741	1,154	466	692	198	89



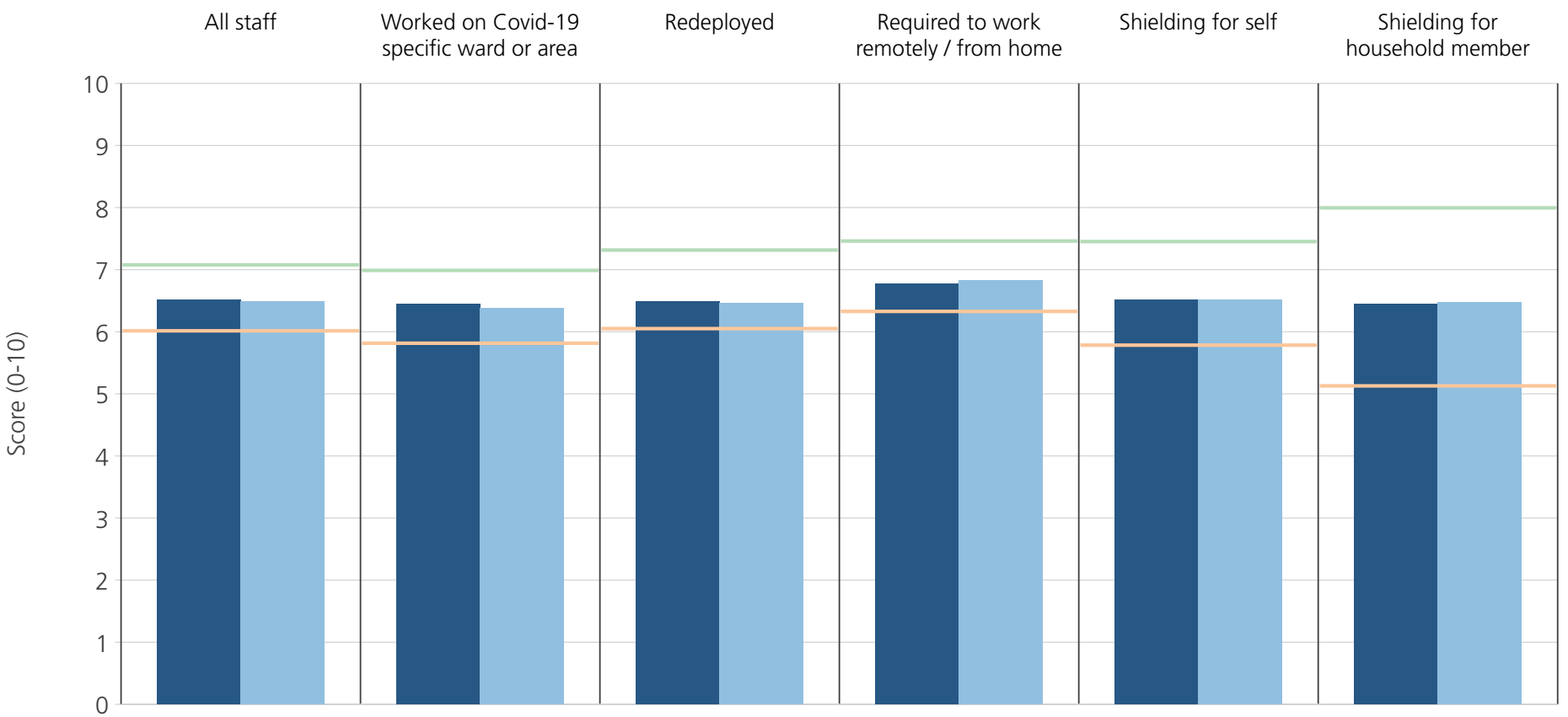
	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	9.8	9.6	9.7	9.9	9.9	9.9
Your org	9.4	8.9	9.2	9.9	9.3	9.1
Average	9.5	9.0	9.3	9.8	9.4	9.4
Lowest	9.1	8.6	8.5	9.6	8.8	8.7
Responses	2,742	1,153	465	695	198	89



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.4	7.3	7.3	7.4	7.8	7.7
Your org	6.6	6.5	6.6	6.7	6.8	6.5
Average	6.8	6.7	6.7	6.8	6.8	6.7
Lowest	6.1	6.1	5.8	5.9	6.1	6.1
Responses	2,746	1,157	467	693	198	89



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.6	7.5	7.5	7.8	8.1	8.3
Your org	7.0	6.9	6.9	7.1	7.1	6.9
Average	7.0	7.0	6.9	7.2	7.1	7.0
Lowest	6.4	6.3	6.3	6.5	6.4	5.7
Responses	2,765	1,166	468	699	200	88



	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.1	7.0	7.3	7.5	7.5	8.0
Your org	6.5	6.4	6.5	6.8	6.5	6.4
Average	6.5	6.4	6.5	6.8	6.5	6.5
Lowest	6.0	5.8	6.1	6.3	5.8	5.1
Responses	2,726	1,145	463	690	198	87

Survey Coordination Centre

NHS England

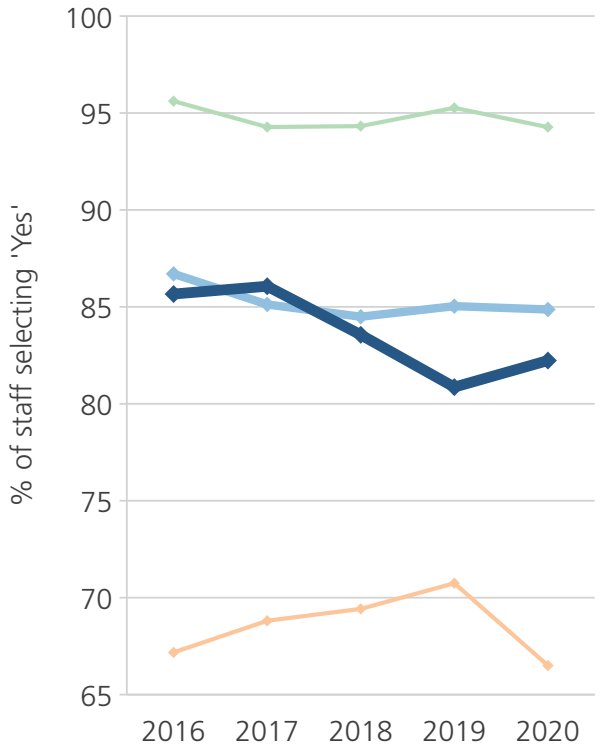
Theme results – Detailed information

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

Q14

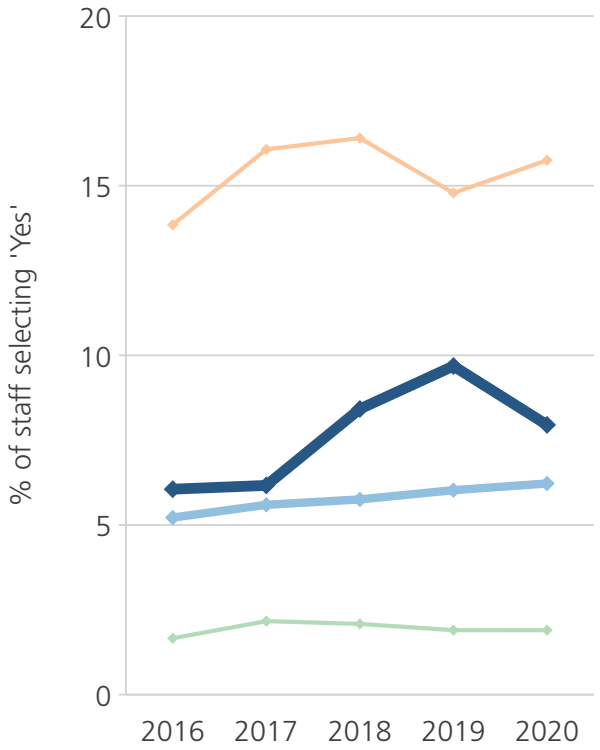
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	85.7%	86.1%	83.6%	80.9%	82.2%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a

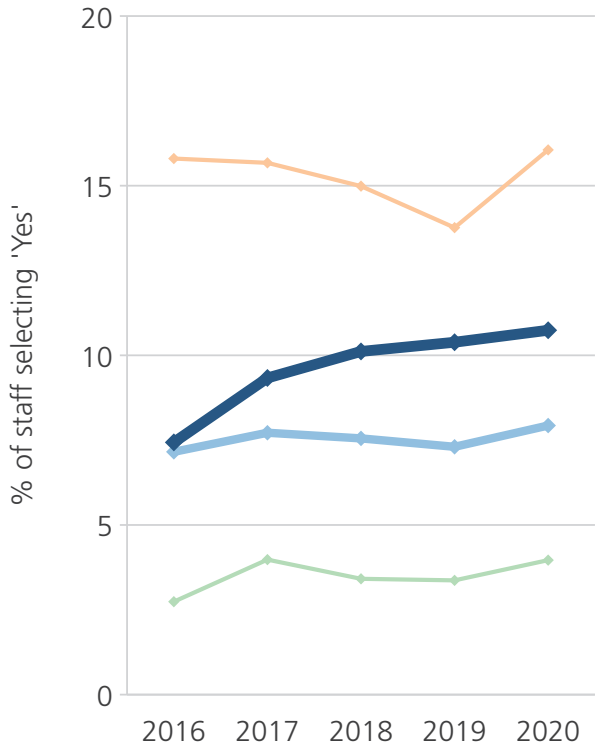
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	6.1%	6.2%	8.4%	9.7%	7.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b

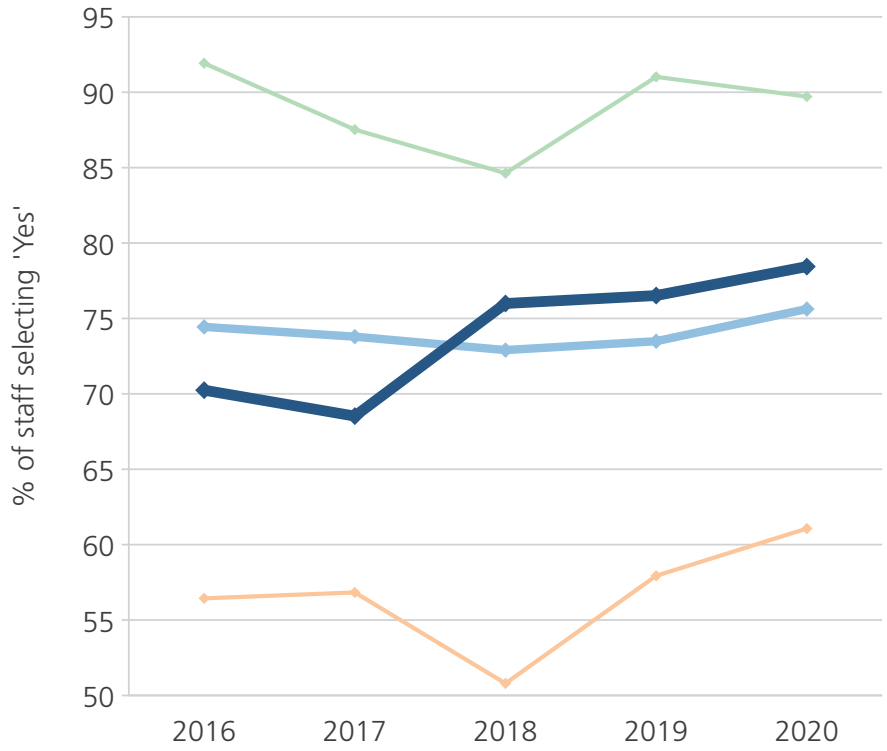
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	7.4%	9.3%	10.1%	10.4%	10.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

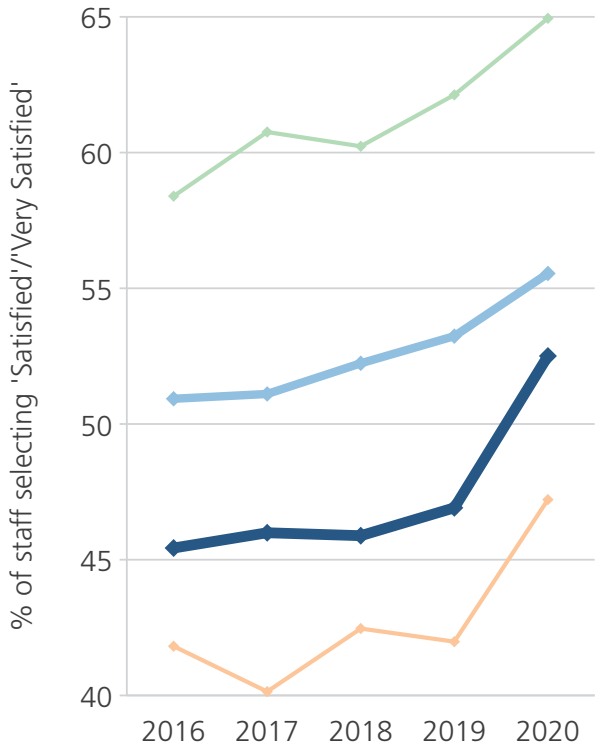
Q26b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



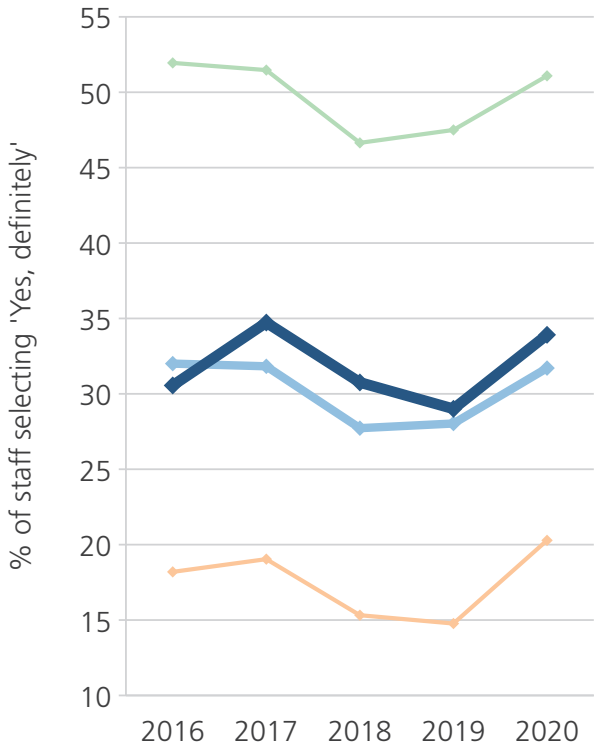
	2016	2017	2018	2019	2020
Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	70.2%	68.5%	76.0%	76.5%	78.4%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Q5h
The opportunities for flexible working patterns



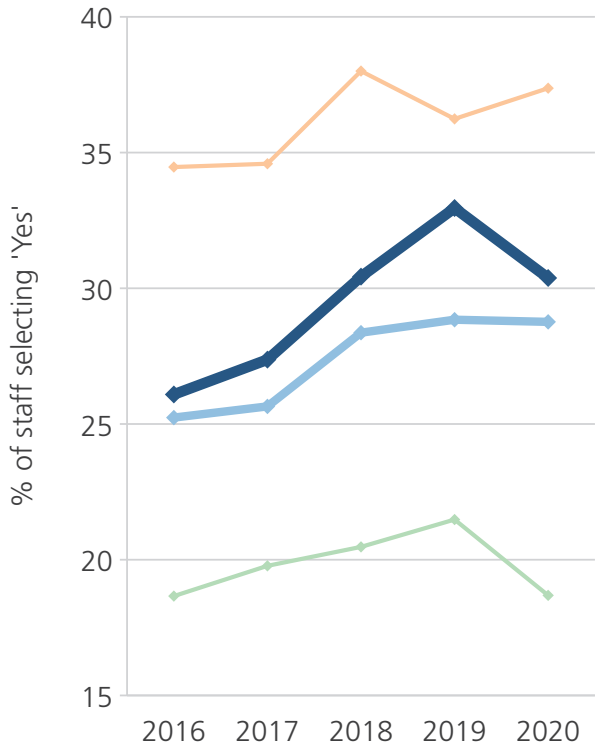
	2016	2017	2018	2019	2020
Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	45.4%	46.0%	45.9%	46.9%	52.5%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%

Q11a
Does your organisation take positive action on health and well-being?



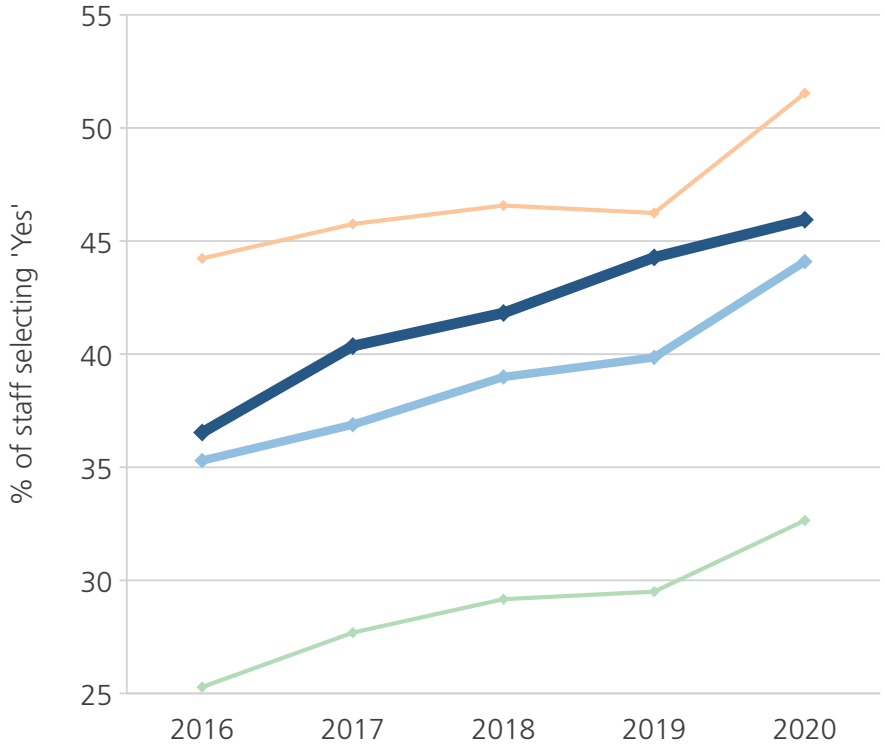
	2016	2017	2018	2019	2020
Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	30.6%	34.7%	30.8%	29.0%	33.9%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



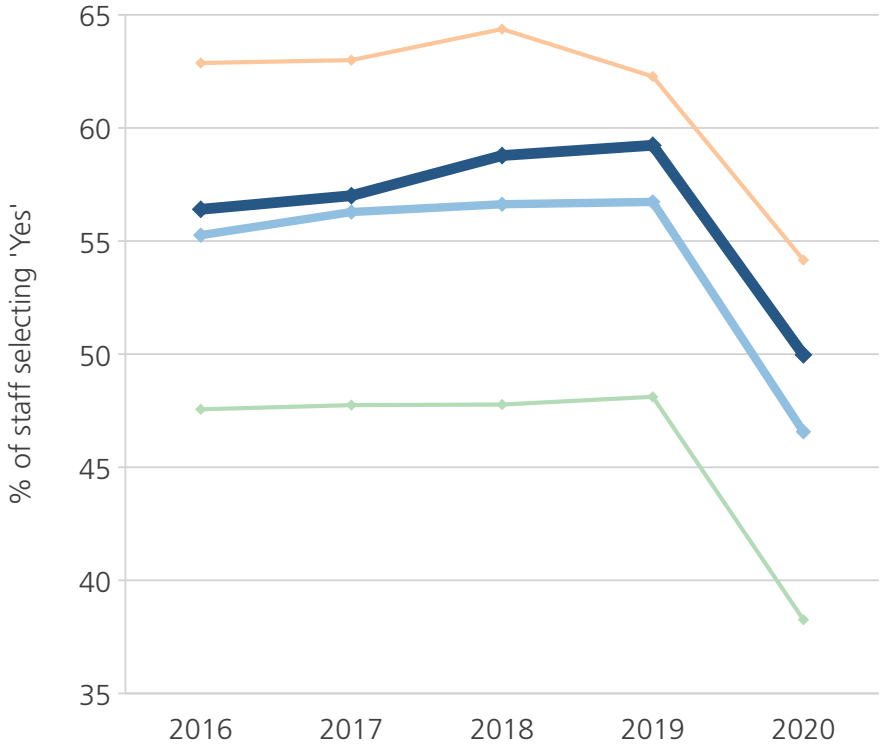
	2016	2017	2018	2019	2020
Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	26.1%	27.4%	30.4%	33.0%	30.4%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



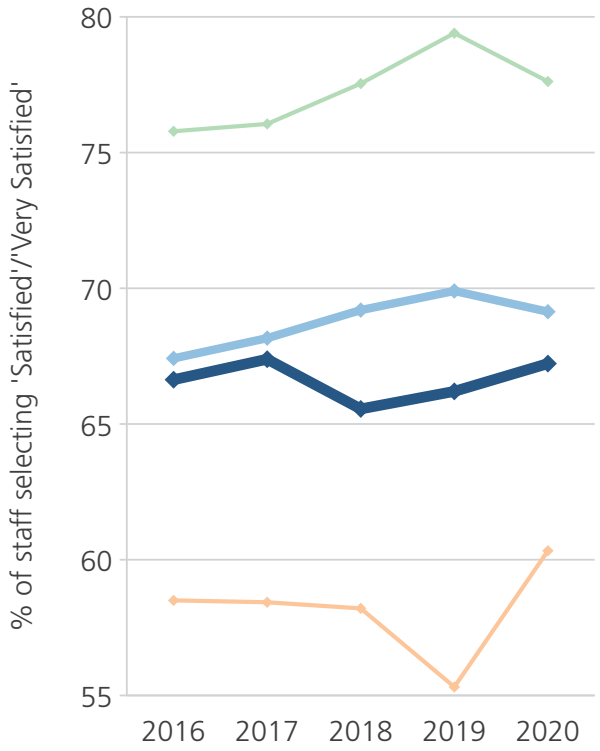
	2016	2017	2018	2019	2020
Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	36.5%	40.4%	41.8%	44.3%	45.9%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



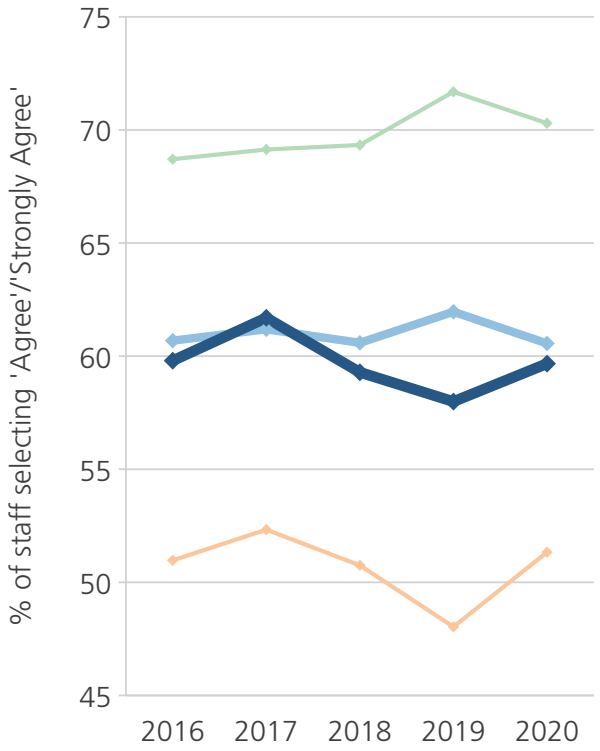
	2016	2017	2018	2019	2020
Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	56.4%	57.0%	58.8%	59.2%	50.0%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%

Q5b
The support I get from my immediate manager



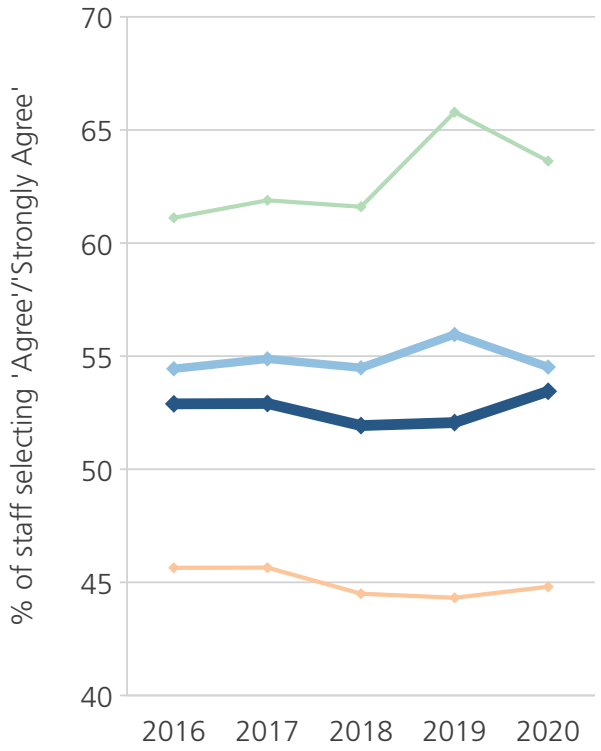
	2016	2017	2018	2019	2020
Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	66.6%	67.4%	65.6%	66.2%	67.2%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%

Q8c
My immediate manager gives me clear feedback on my work



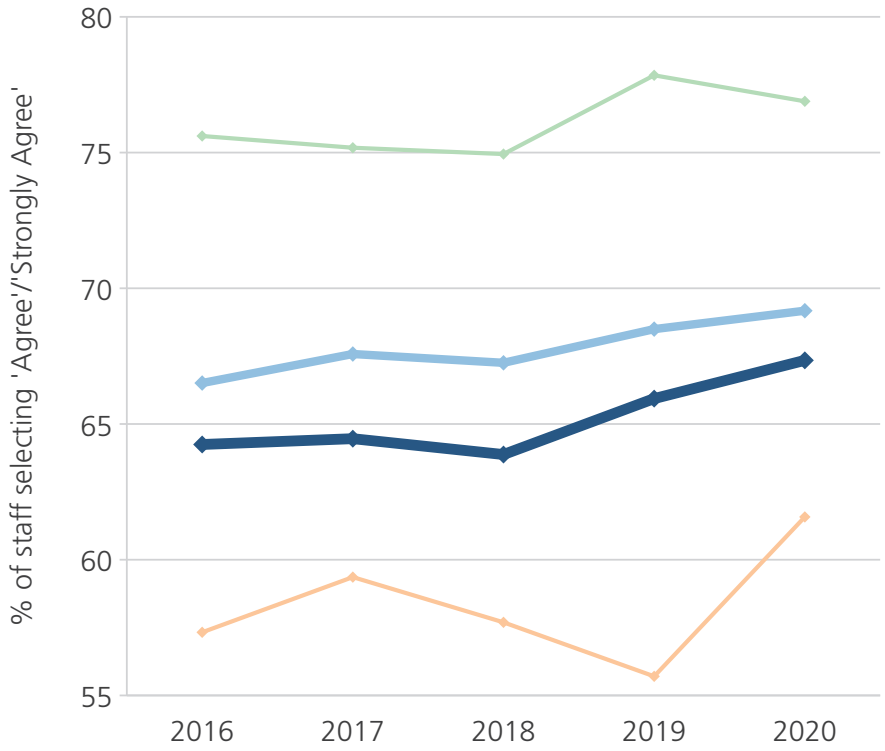
	2016	2017	2018	2019	2020
Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	59.8%	61.7%	59.3%	58.0%	59.7%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



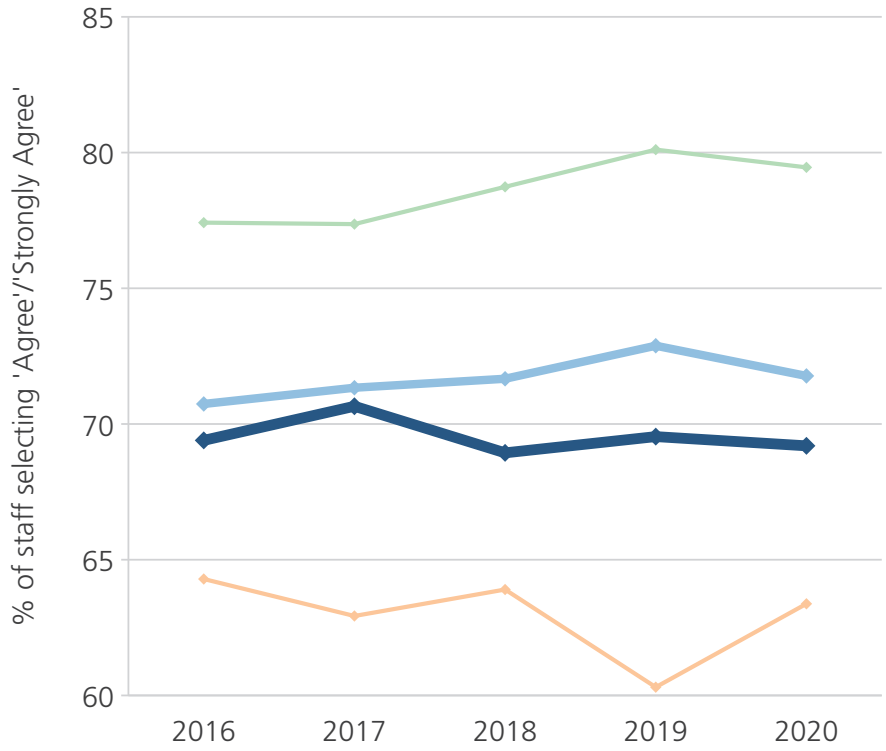
	2016	2017	2018	2019	2020
Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	52.9%	52.9%	51.9%	52.1%	53.4%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%

Q8f
My immediate manager takes a positive interest in my health and well-being



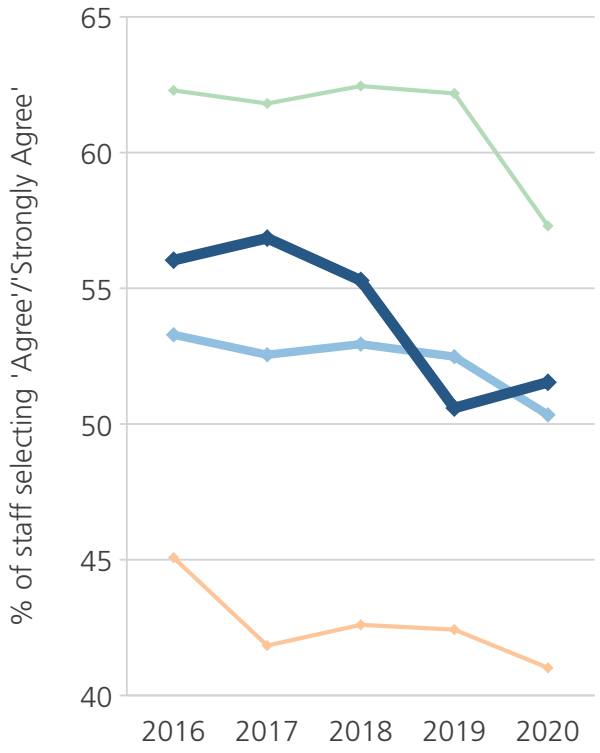
	2016	2017	2018	2019	2020
Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	64.2%	64.5%	63.9%	65.9%	67.3%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%

Q8g
My immediate manager values my work



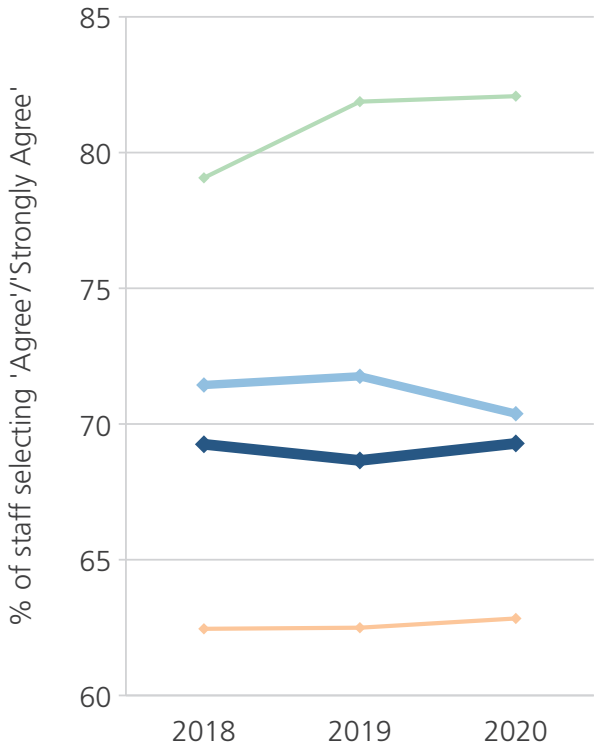
	2016	2017	2018	2019	2020
Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	69.4%	70.7%	68.9%	69.5%	69.2%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



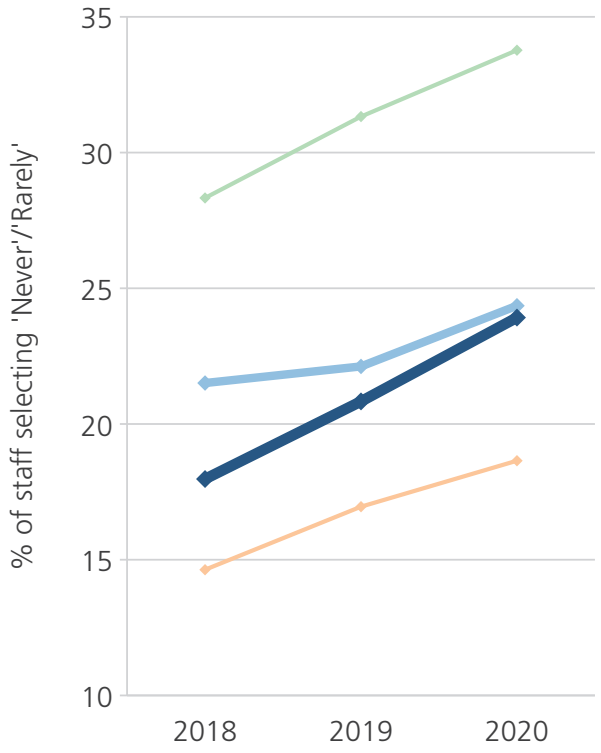
	2016	2017	2018	2019	2020
Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	56.0%	56.8%	55.3%	50.6%	51.5%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%

Q4j
I receive the respect I deserve from my colleagues at work



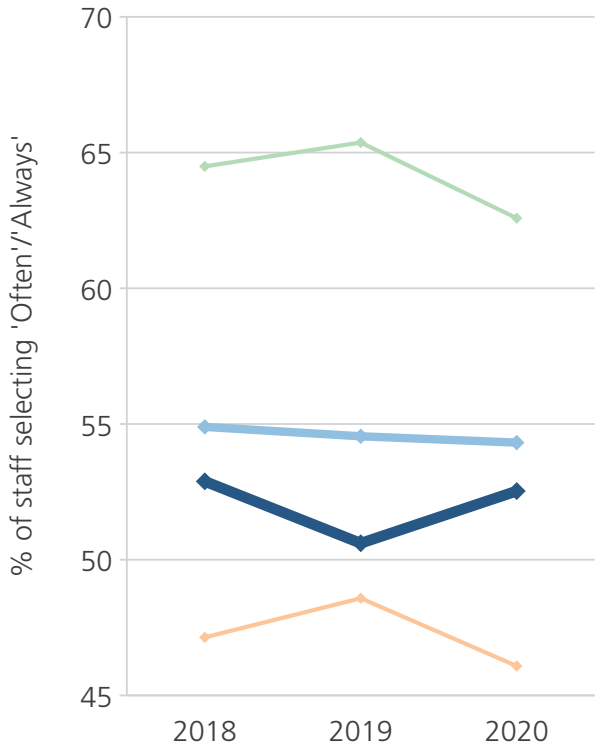
	2018	2019	2020
Best	79.1%	81.9%	82.1%
Your org	69.3%	68.7%	69.3%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%

Q6a
I have unrealistic time pressures



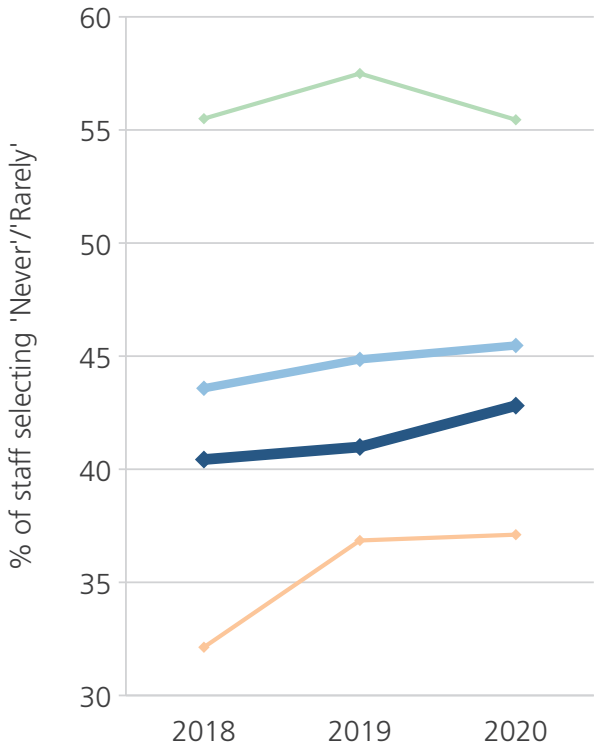
	2018	2019	2020
Best	28.3%	31.3%	33.8%
Your org	18.0%	20.8%	23.9%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%

Q6b
I have a choice in deciding how to do my work



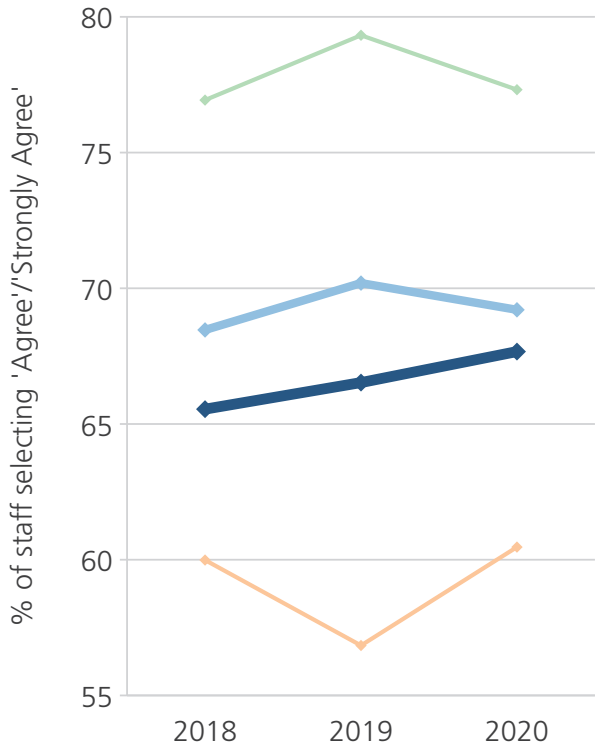
Best	64.5%	65.4%	62.6%
Your org	52.9%	50.6%	52.5%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%

Q6c
Relationships at work are strained



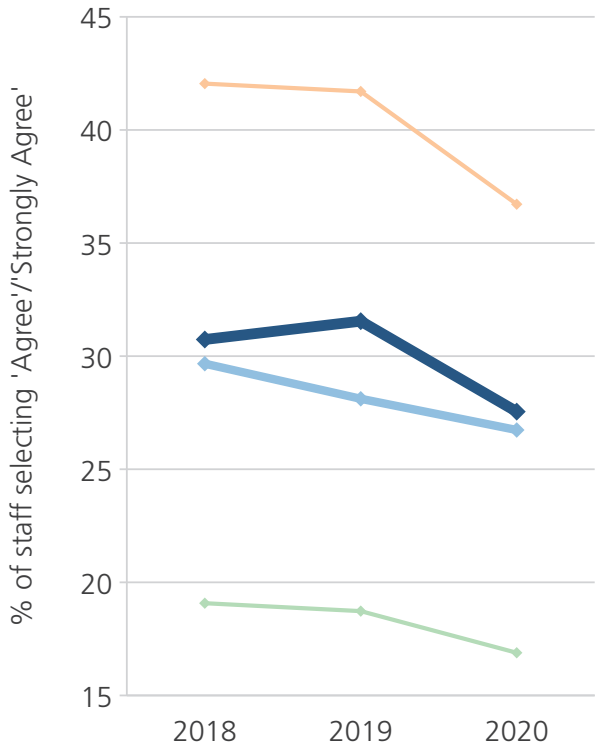
Best	55.5%	57.5%	55.5%
Your org	40.4%	41.0%	42.8%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%

Q8a
My immediate manager encourages me at work



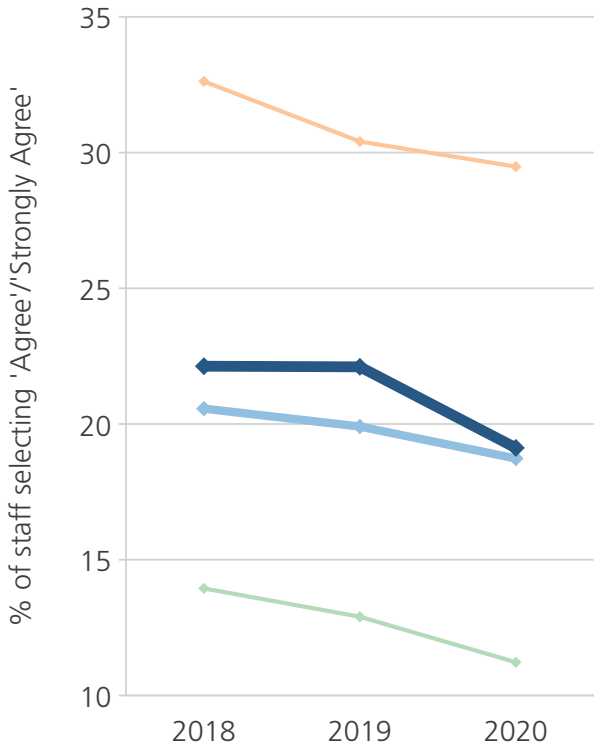
Best	76.9%	79.3%	77.3%
Your org	65.5%	66.5%	67.7%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%

Q19a
I often think about leaving this organisation



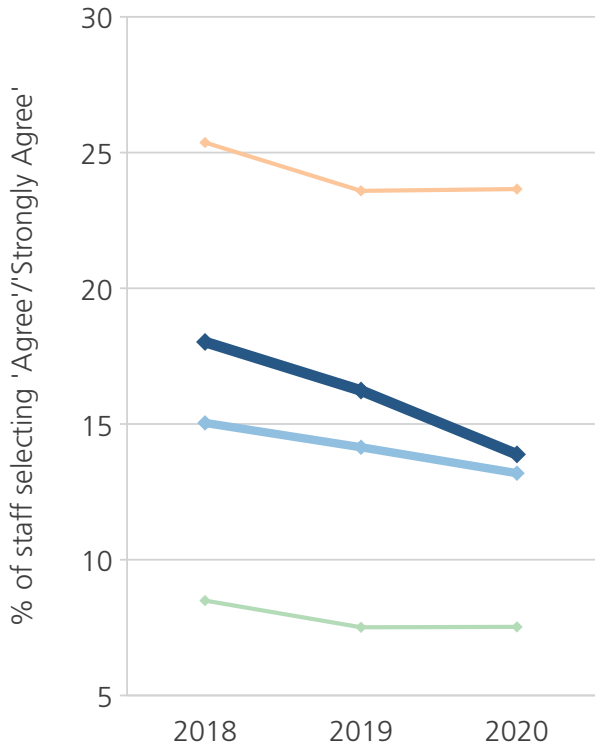
	2018	2019	2020
Worst	42.0%	41.7%	36.7%
Your org	30.7%	31.5%	27.5%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%

Q19b
I will probably look for a job at a new organisation in the next 12 months



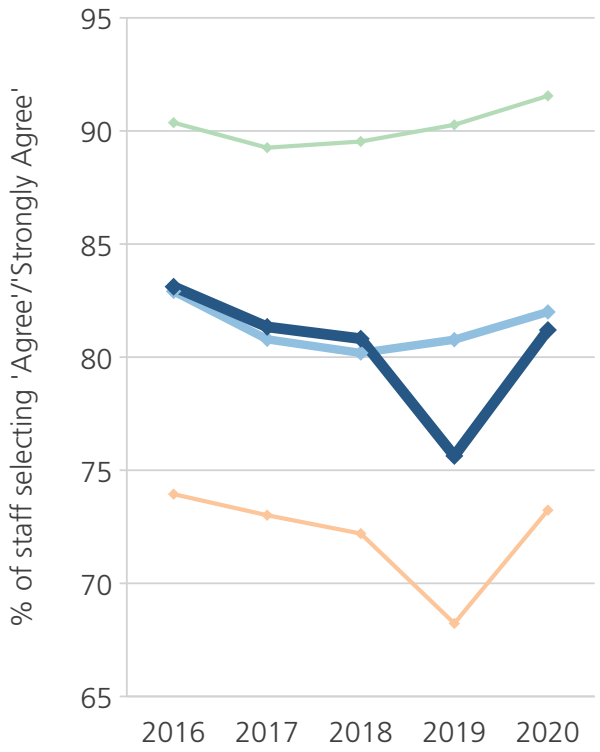
	2018	2019	2020
Worst	32.6%	30.4%	29.5%
Your org	22.1%	22.1%	19.1%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%

Q19c
As soon as I can find another job, I will leave this organisation



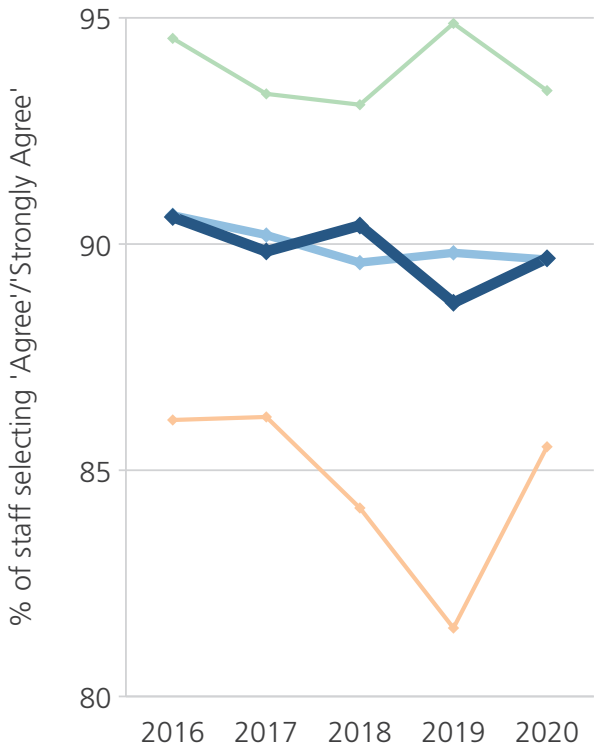
	2018	2019	2020
Worst	25.4%	23.6%	23.7%
Your org	18.0%	16.2%	13.9%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%

Q7a
I am satisfied with the quality of care I give to patients / service users



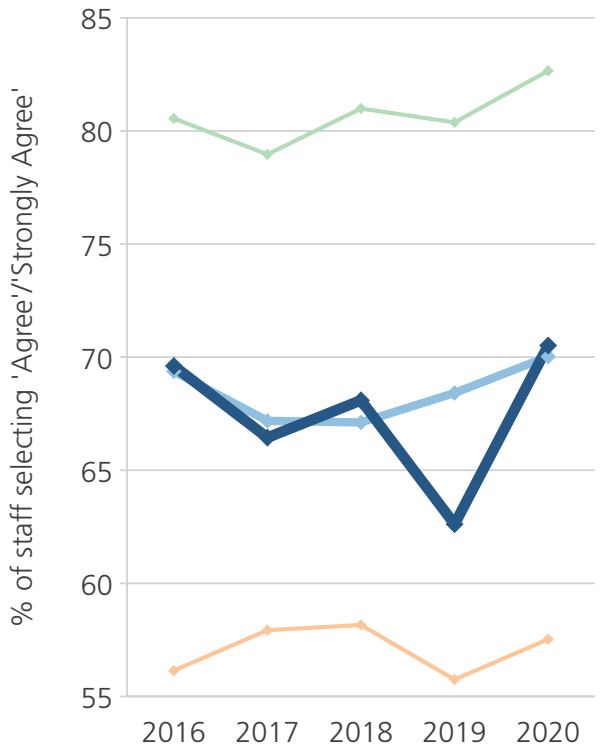
	2016	2017	2018	2019	2020
Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	83.1%	81.3%	80.8%	75.6%	81.2%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%

Q7b
I feel that my role makes a difference to patients / service users



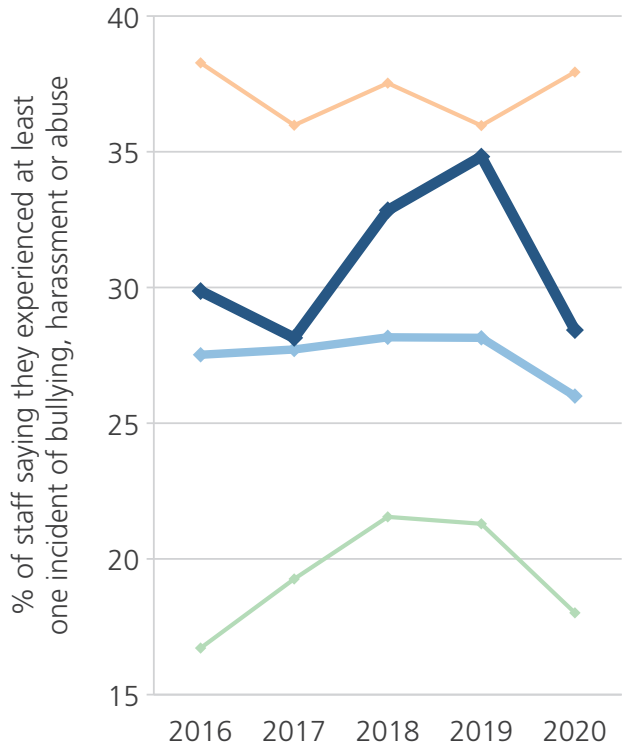
	2016	2017	2018	2019	2020
Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	90.6%	89.8%	90.4%	88.7%	89.7%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%

Q7c
I am able to deliver the care I aspire to



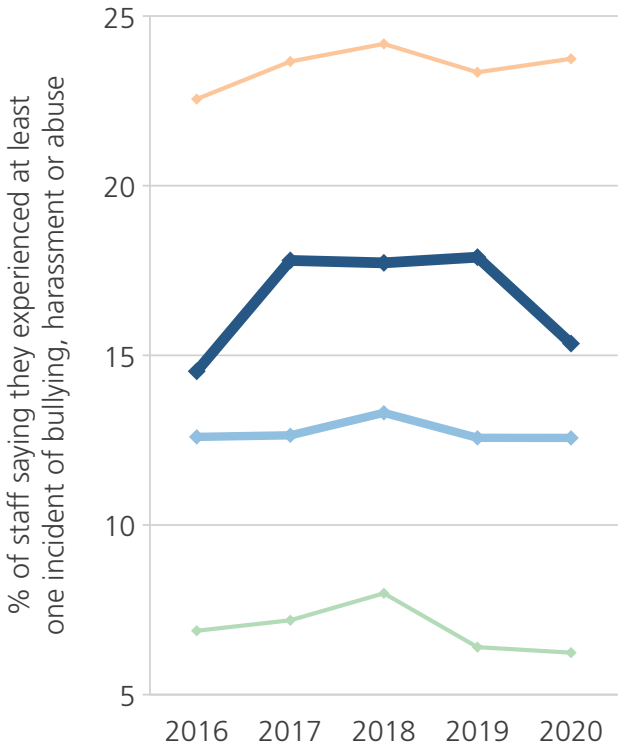
	2016	2017	2018	2019	2020
Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	69.6%	66.4%	68.1%	62.6%	70.5%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%

Q13a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



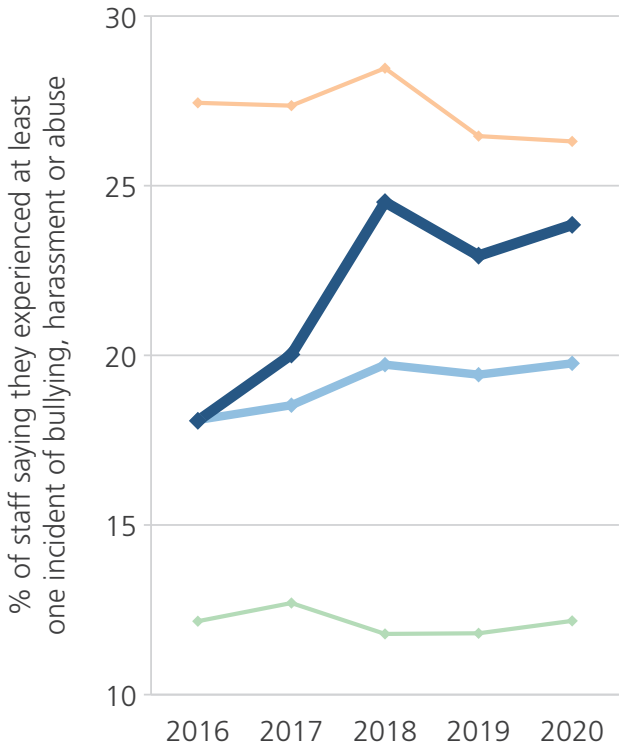
	2016	2017	2018	2019	2020
Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	29.9%	28.1%	32.8%	34.8%	28.4%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%

Q13b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



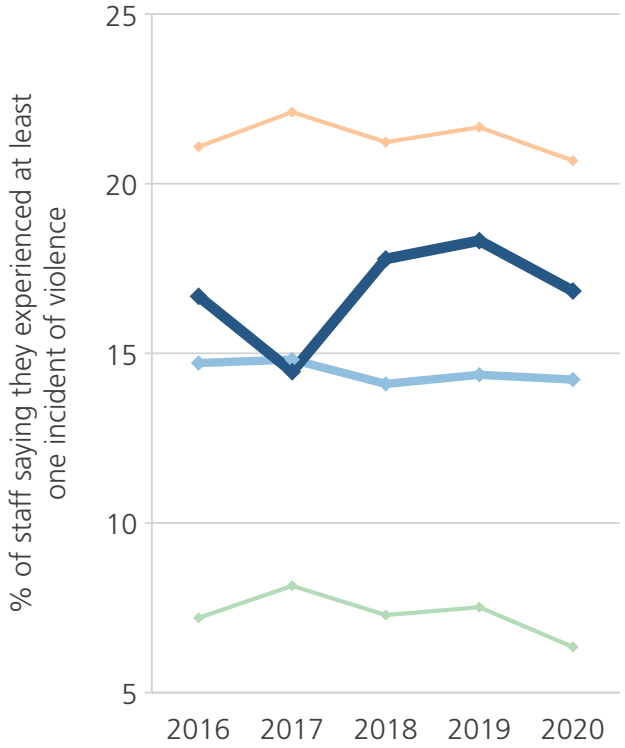
	2016	2017	2018	2019	2020
Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	14.5%	17.8%	17.7%	17.9%	15.3%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%

Q13c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



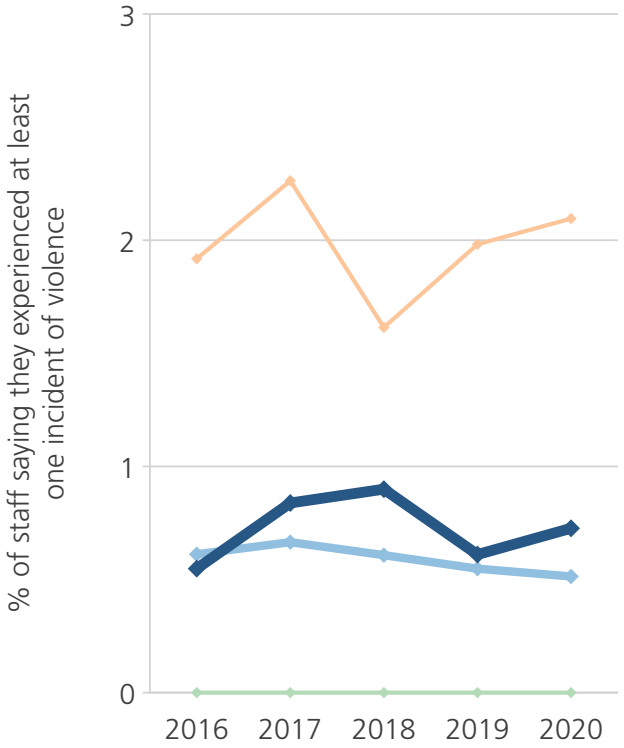
	2016	2017	2018	2019	2020
Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	18.1%	20.0%	24.5%	22.9%	23.8%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%

Q12a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



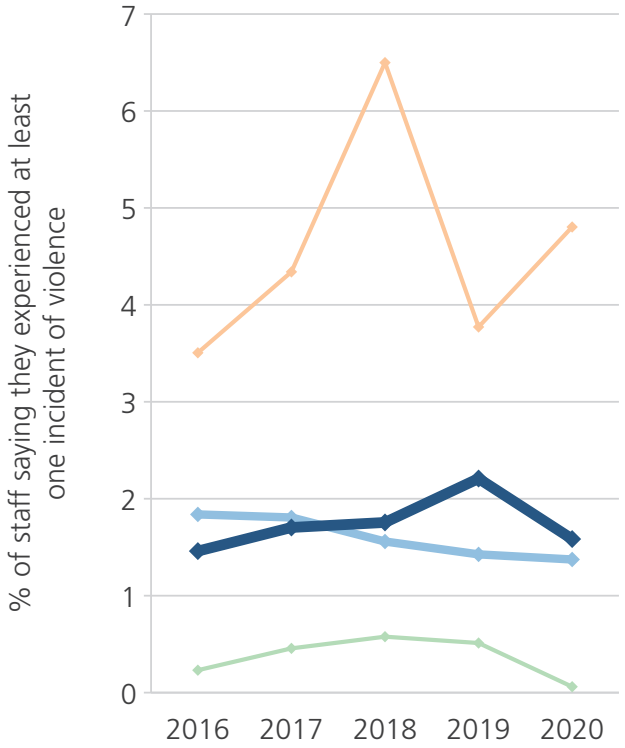
	2016	2017	2018	2019	2020
Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	16.7%	14.5%	17.8%	18.3%	16.8%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Q12b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



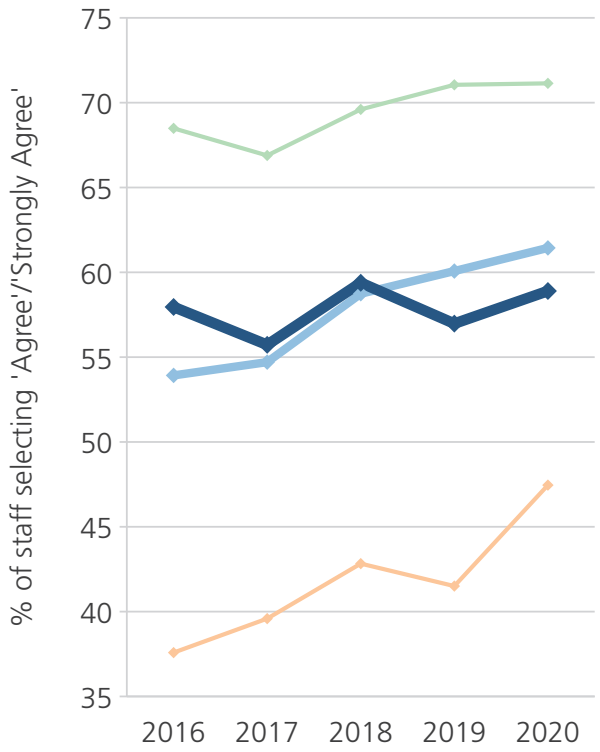
	2016	2017	2018	2019	2020
Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	0.5%	0.8%	0.9%	0.6%	0.7%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Q12c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



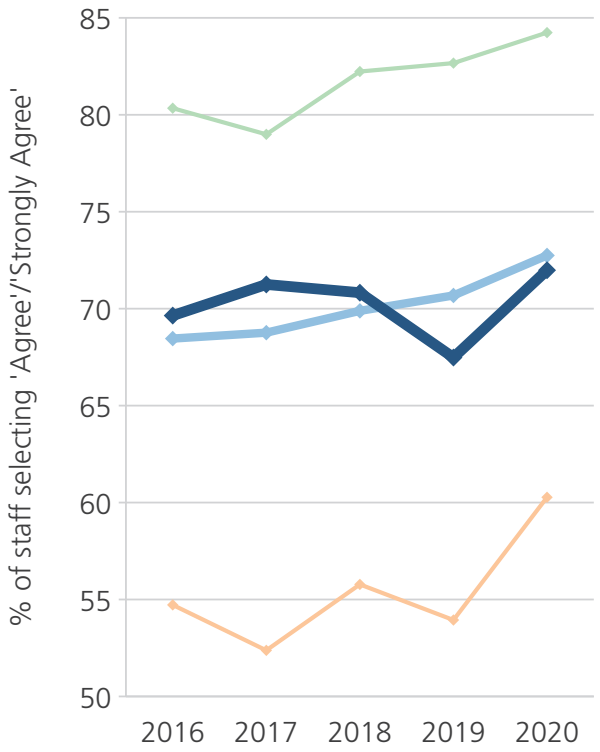
	2016	2017	2018	2019	2020
Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	1.5%	1.7%	1.8%	2.2%	1.6%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%

Q16a
My organisation treats staff who are involved in an error, near miss or incident fairly



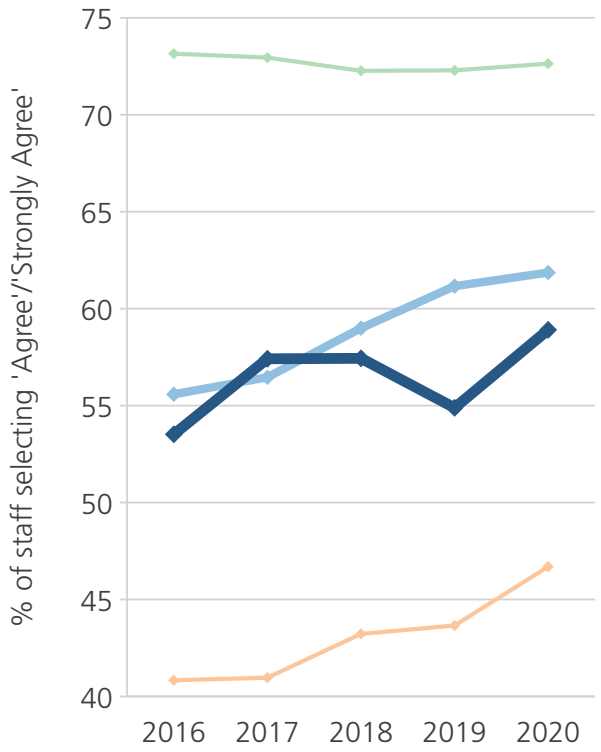
	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	58.0%	55.7%	59.4%	57.0%	58.9%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Q16c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



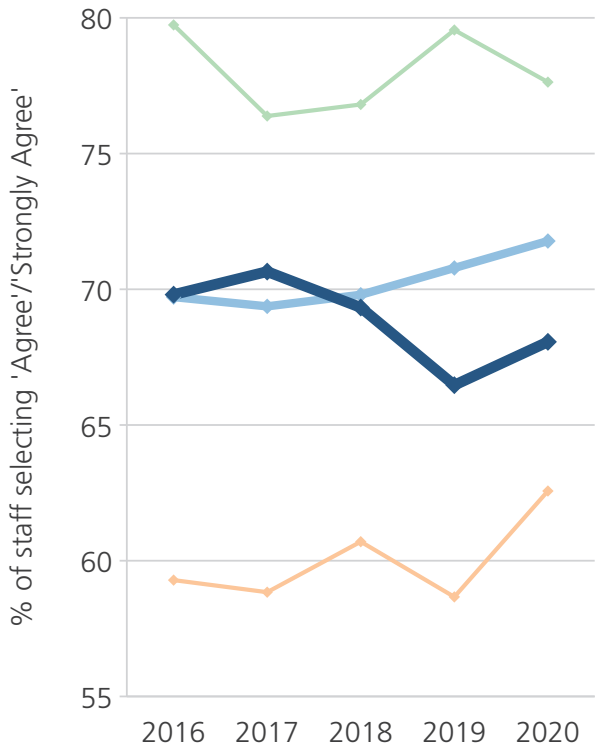
	2016	2017	2018	2019	2020
Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	69.6%	71.2%	70.8%	67.5%	72.0%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%

Q16d
We are given feedback about changes made in response to reported errors, near misses and incidents



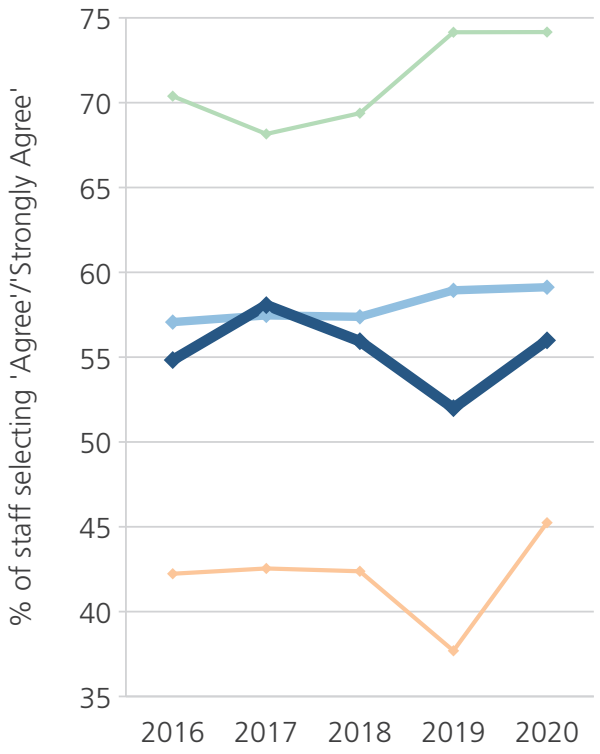
	2016	2017	2018	2019	2020
Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	53.5%	57.4%	57.4%	54.9%	58.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%

Q17b
I would feel secure raising concerns about unsafe clinical practice



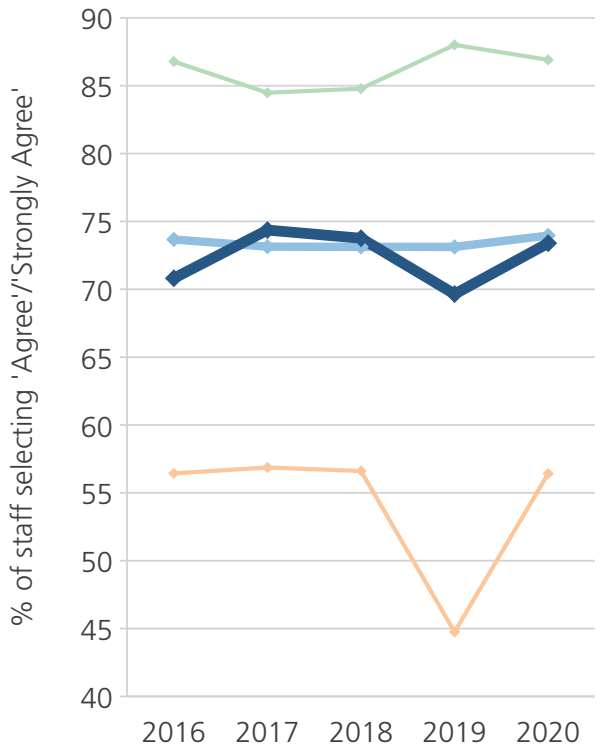
	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	69.8%	70.7%	69.3%	66.5%	68.1%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%

Q17c
I am confident that my organisation would address my concern



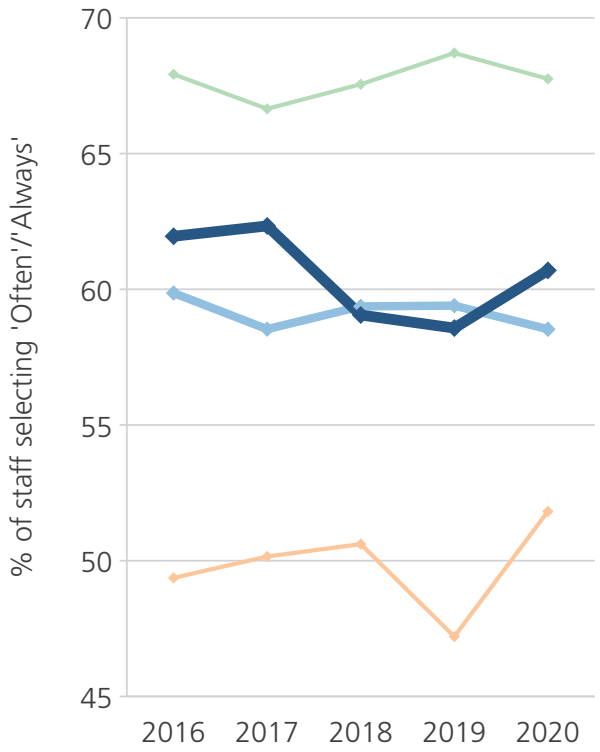
	2016	2017	2018	2019	2020
Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	54.8%	58.1%	55.9%	52.0%	56.0%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%

Q18b
My organisation acts on concerns raised by patients / service users



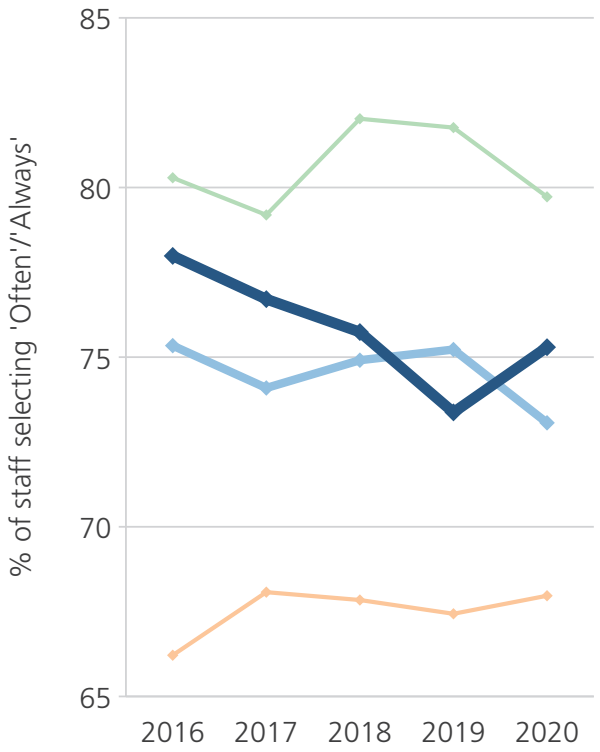
	2016	2017	2018	2019	2020
Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	70.8%	74.4%	73.8%	69.6%	73.4%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%

Q2a
I look forward to going to work



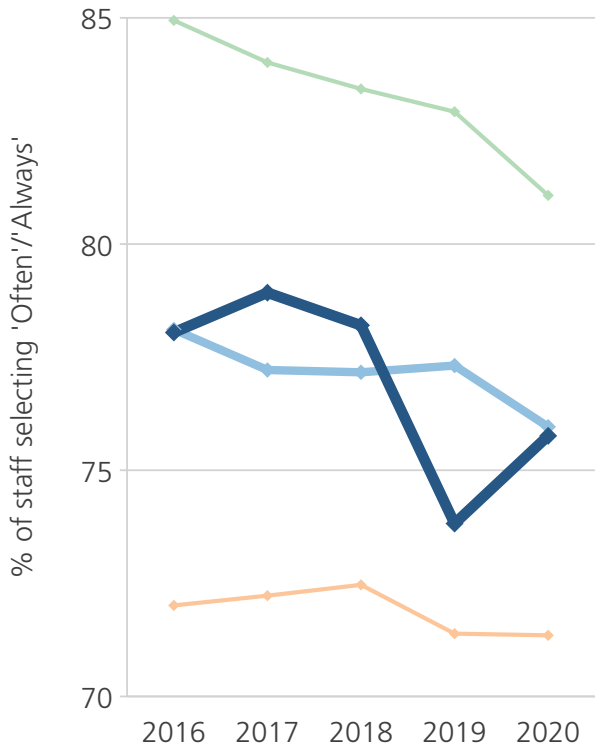
	2016	2017	2018	2019	2020
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	62.0%	62.3%	59.1%	58.6%	60.7%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%

Q2b
I am enthusiastic about my job



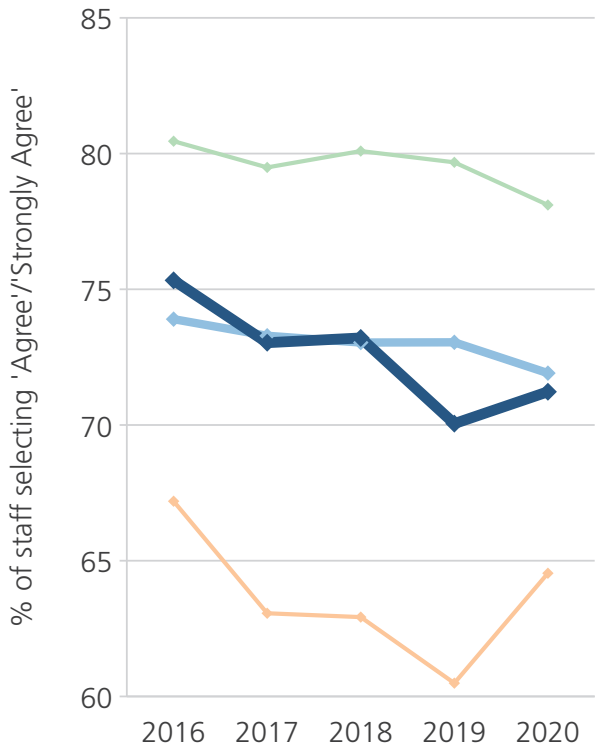
	2016	2017	2018	2019	2020
Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	78.0%	76.7%	75.7%	73.4%	75.3%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%

Q2c
Time passes quickly when I am working



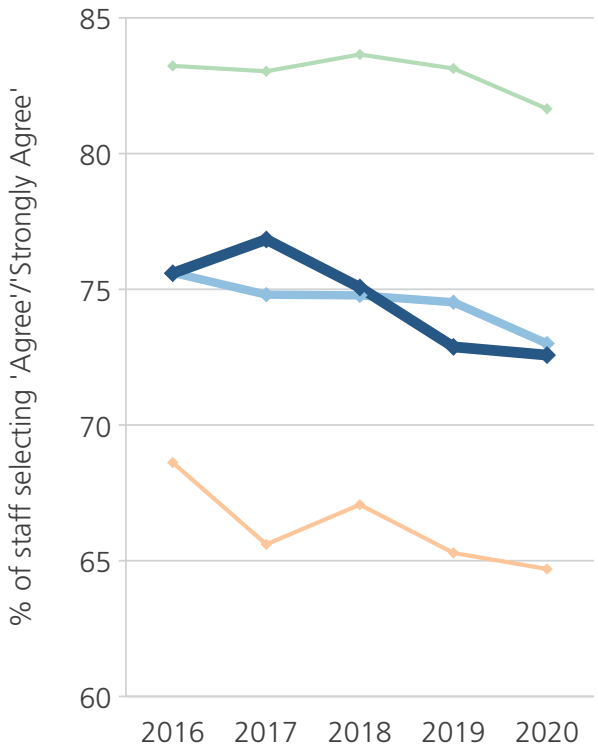
	2016	2017	2018	2019	2020
Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.0%	78.9%	78.2%	73.8%	75.8%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%

Q4a
There are frequent opportunities for me to show initiative in my role



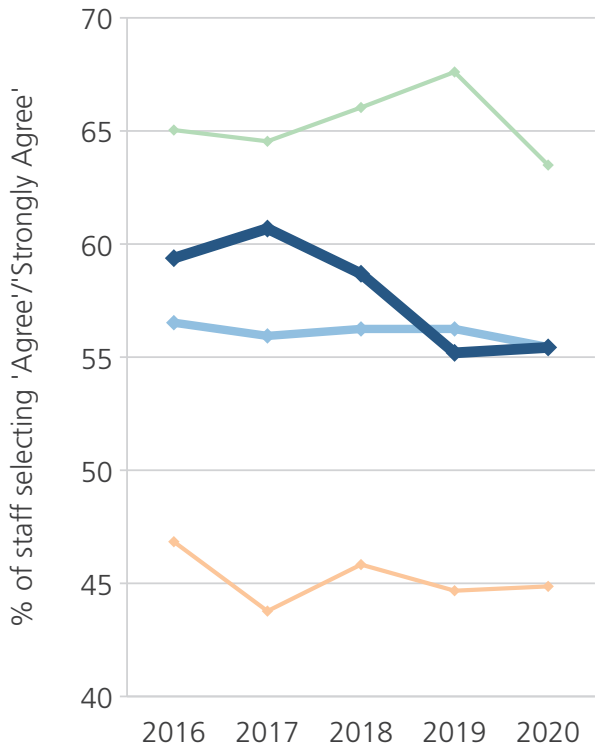
	2016	2017	2018	2019	2020
Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	75.3%	73.0%	73.2%	70.1%	71.2%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%

Q4b
I am able to make suggestions to improve the work of my team / department



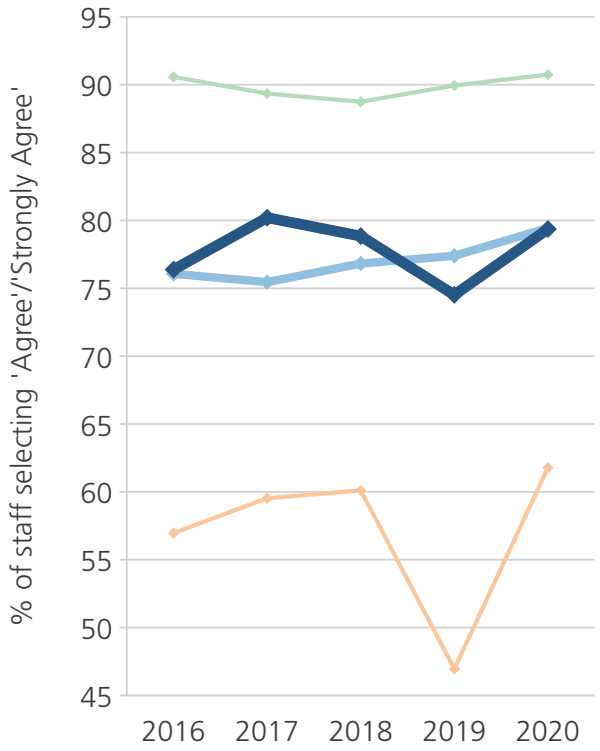
	2016	2017	2018	2019	2020
Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	75.6%	76.8%	75.1%	72.9%	72.6%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%

Q4d
I am able to make improvements happen in my area of work



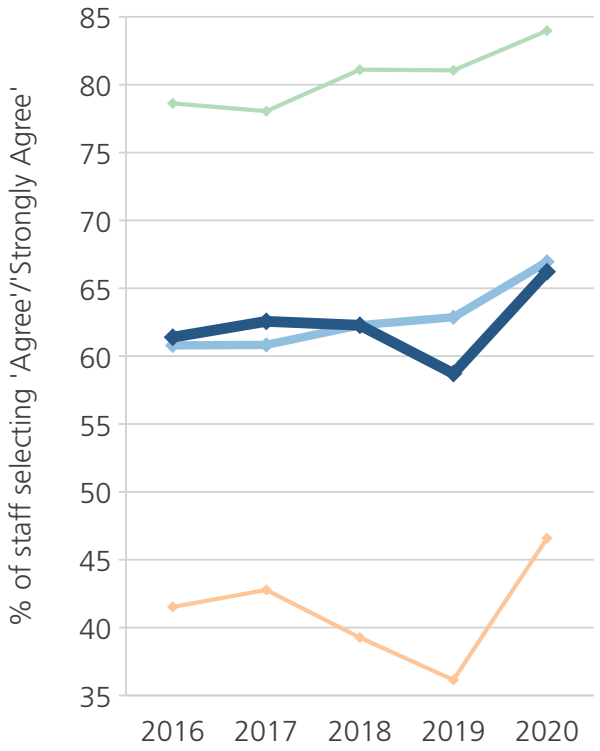
	2016	2017	2018	2019	2020
Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	59.4%	60.7%	58.7%	55.2%	55.4%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%

Q18a
Care of patients / service users is my organisation's top priority



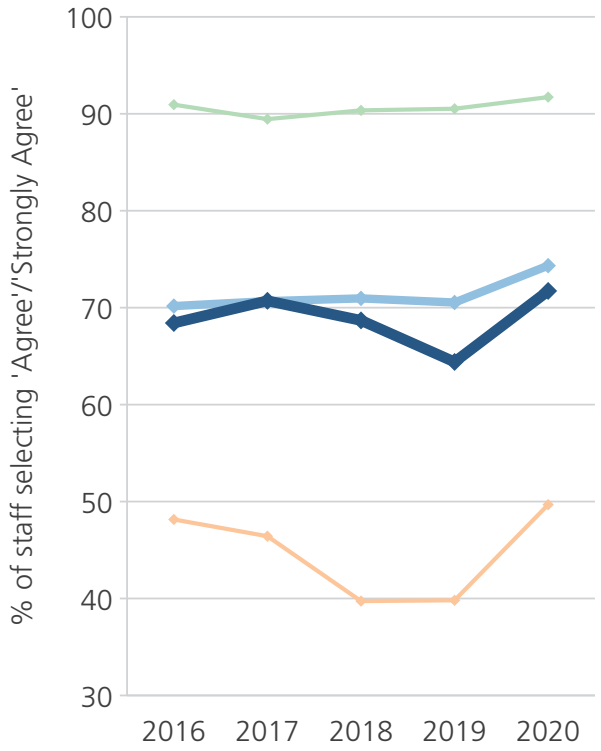
	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	76.4%	80.2%	78.8%	74.5%	79.4%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Q18c
I would recommend my organisation as a place to work



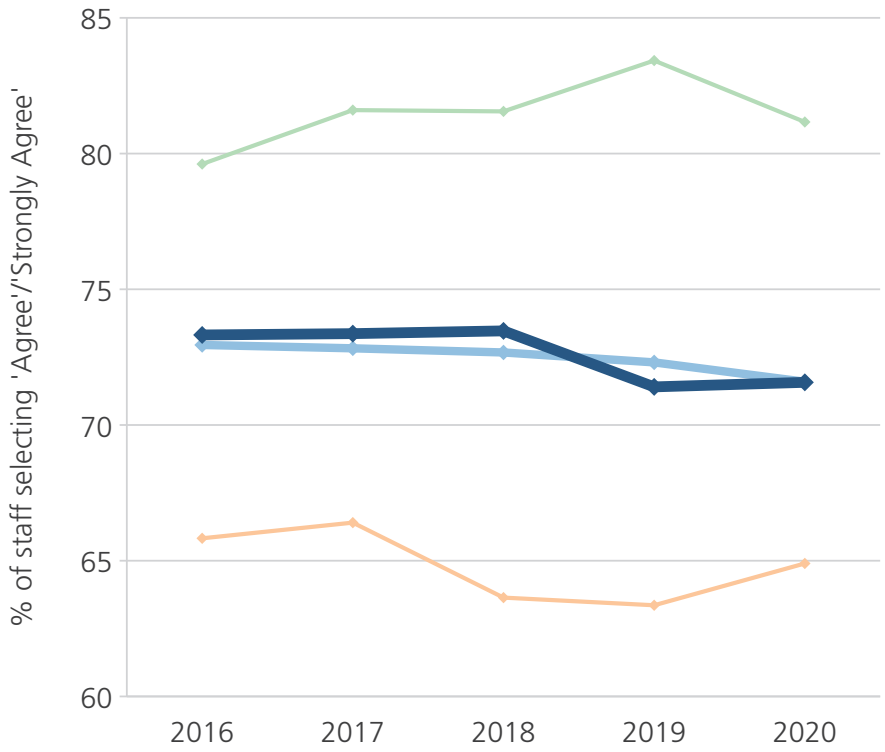
	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	61.4%	62.6%	62.3%	58.7%	66.2%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

Q18d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



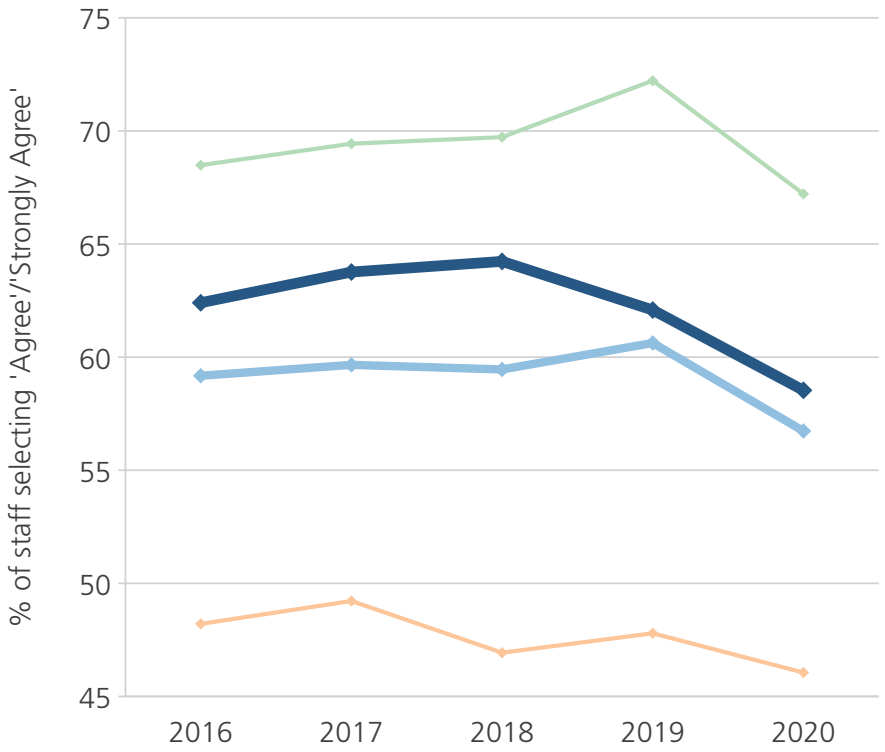
	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	68.4%	70.7%	68.7%	64.4%	71.7%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Q4h
The team I work in has a set of shared objectives



Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	73.3%	73.4%	73.5%	71.4%	71.6%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%

Q4i
The team I work in often meets to discuss the team's effectiveness



Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	62.4%	63.8%	64.2%	62.1%	58.5%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%

Survey Coordination Centre

NHS England

Question results

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

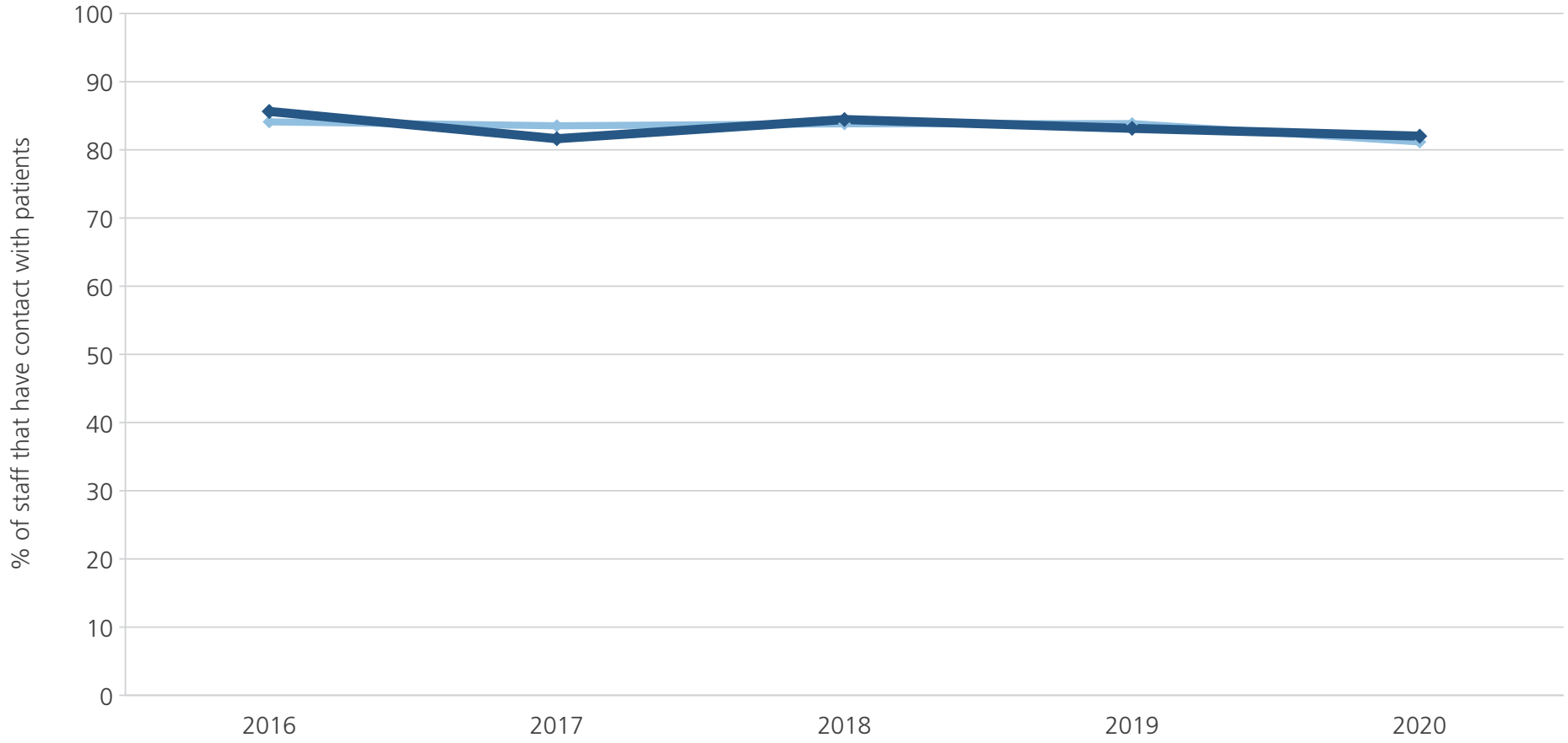
Survey Coordination Centre

NHS England

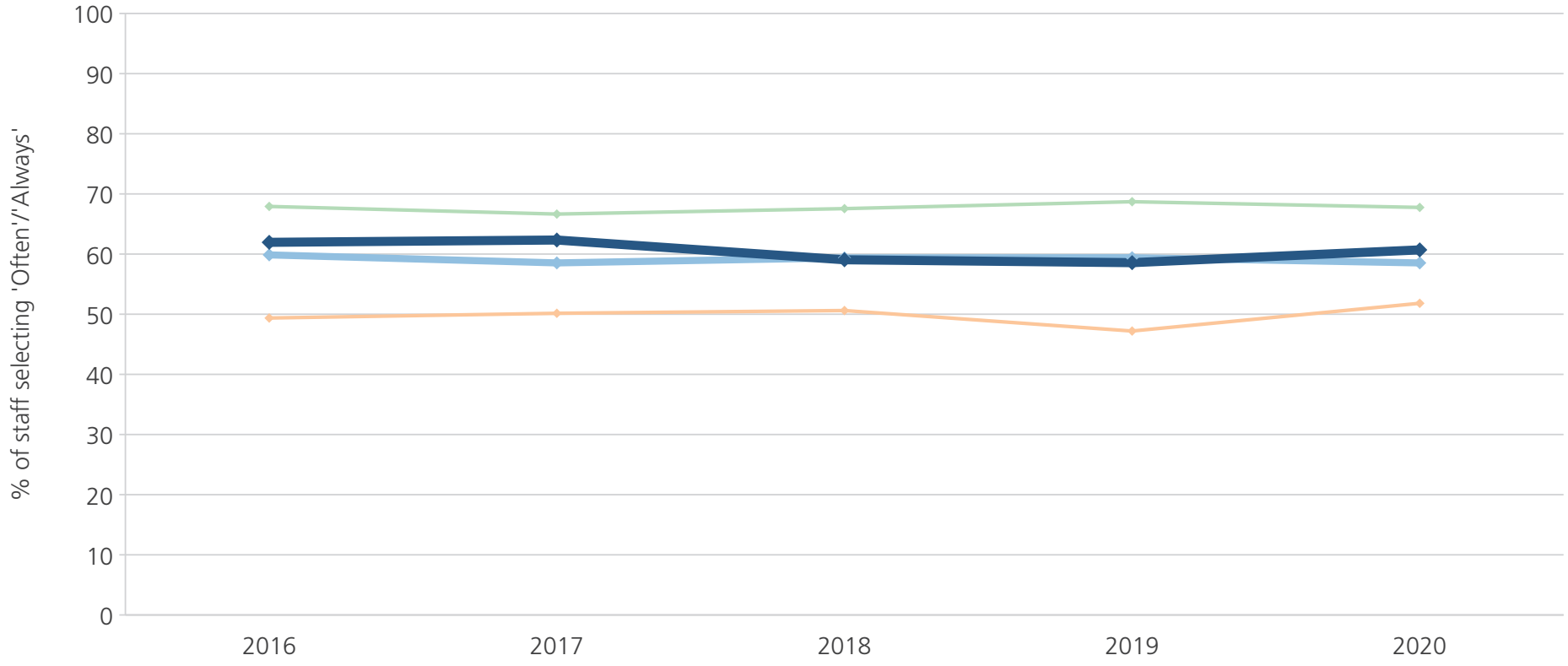
Question results – Your job

Northampton General Hospital NHS Trust

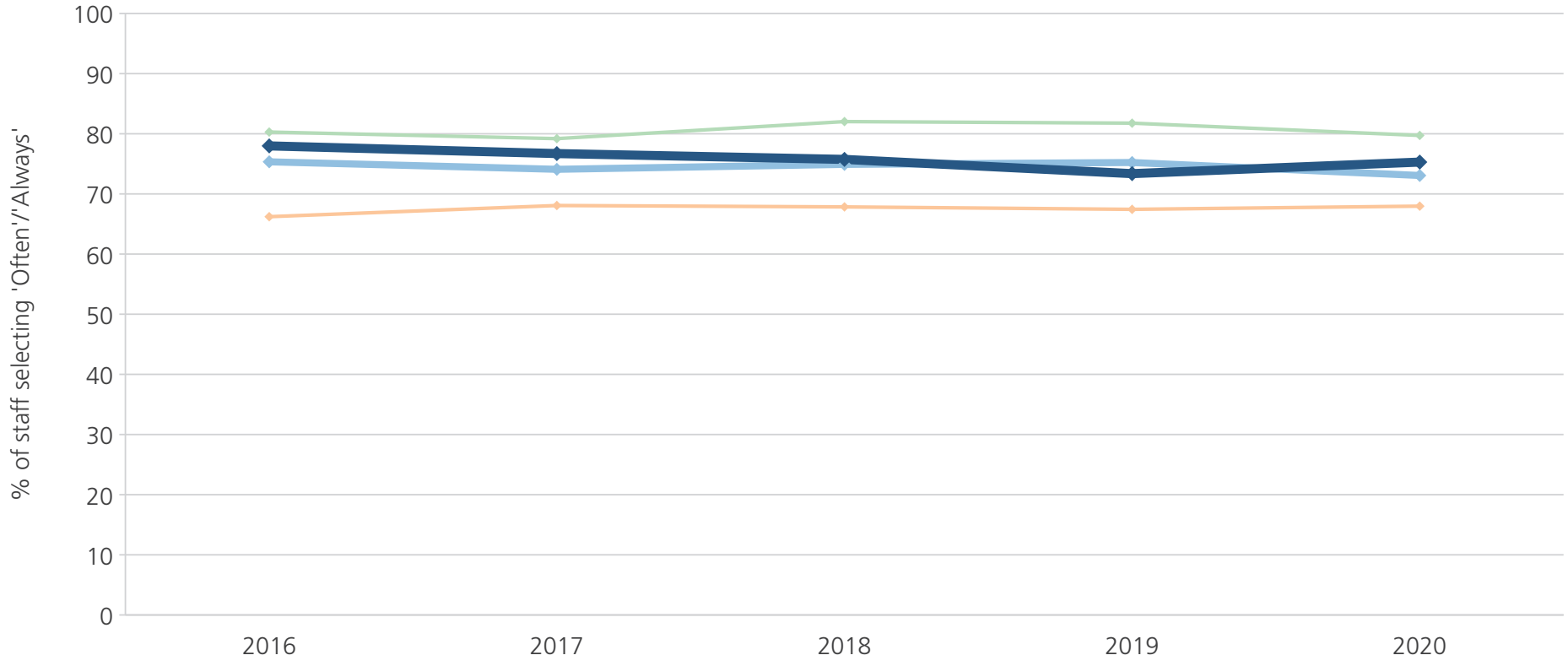
2020 NHS Staff Survey Results



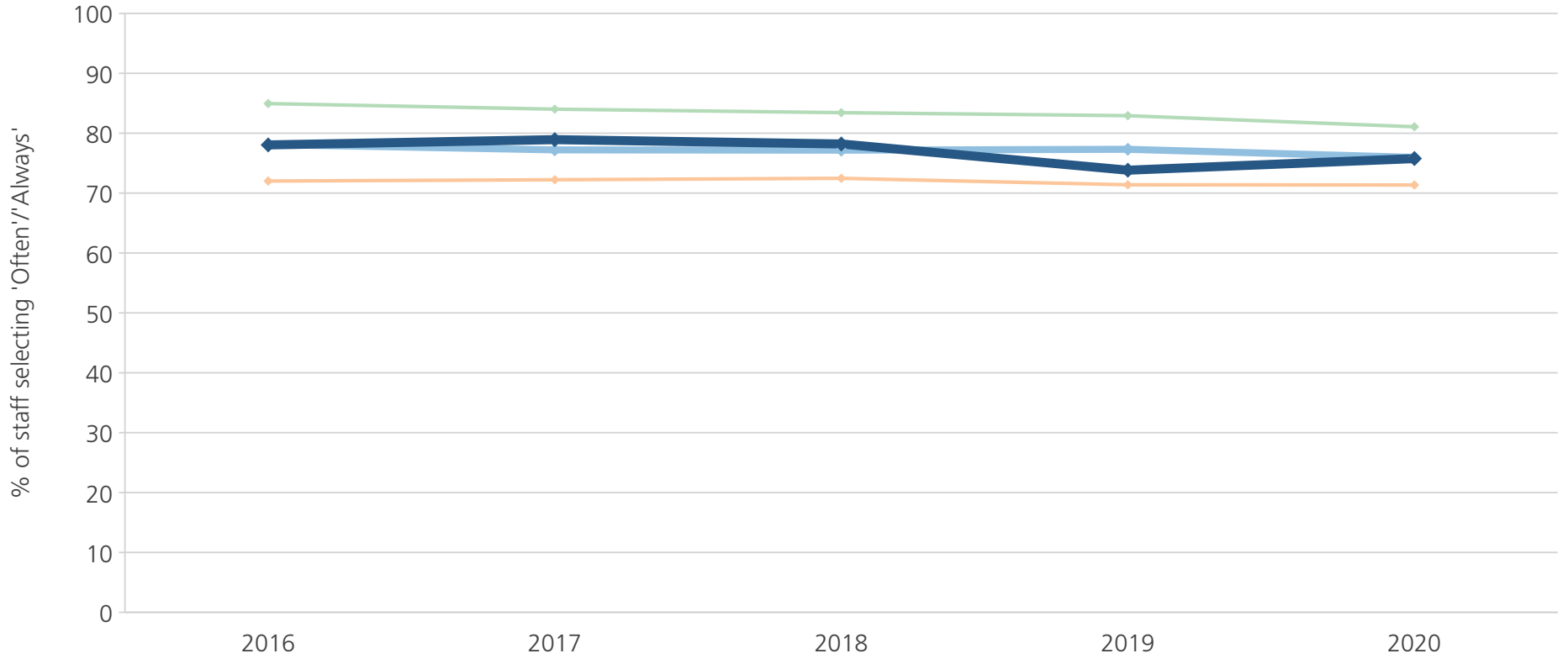
	2016	2017	2018	2019	2020
Your org	85.6%	81.6%	84.4%	83.2%	82.0%
Average	84.1%	83.5%	83.8%	83.8%	81.2%
Responses	1,601	1,742	2,063	2,006	2,751



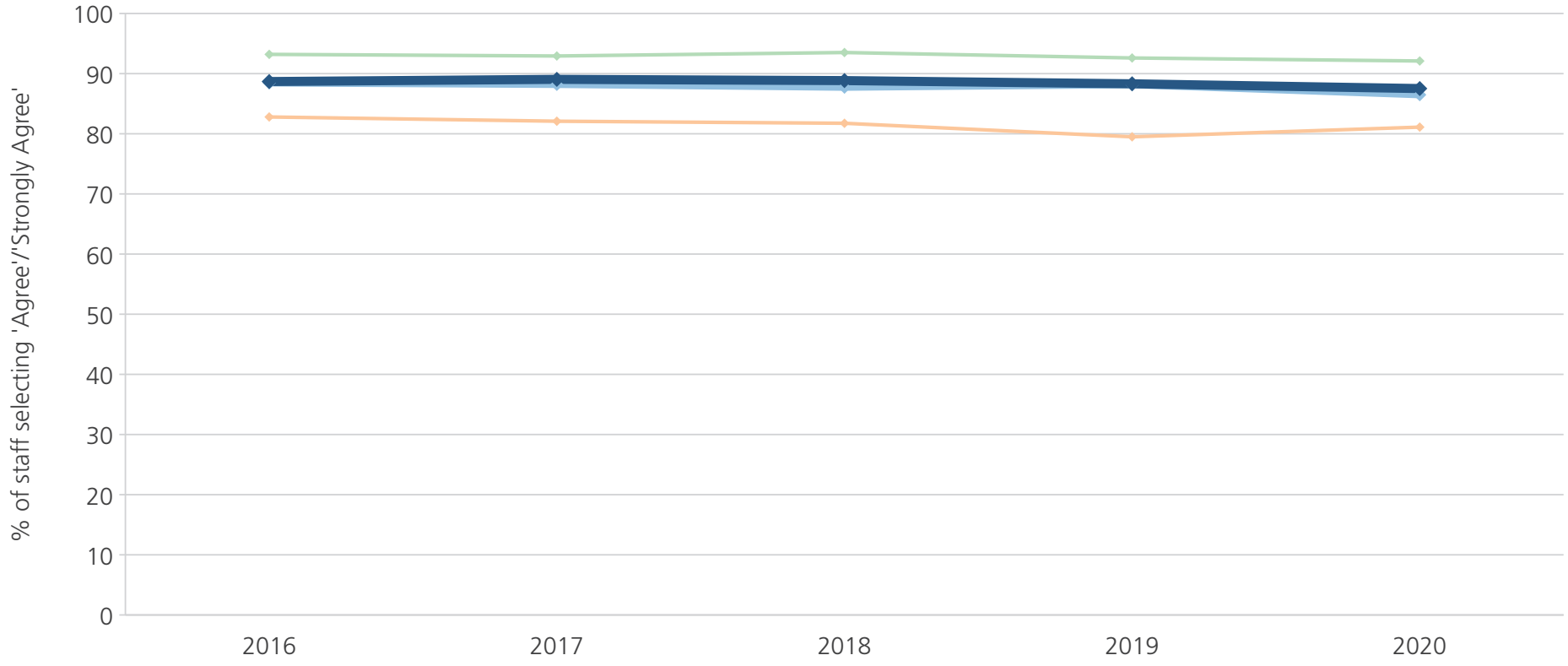
	2016	2017	2018	2019	2020
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	62.0%	62.3%	59.1%	58.6%	60.7%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%
Responses	1,609	1,844	2,111	2,004	2,754



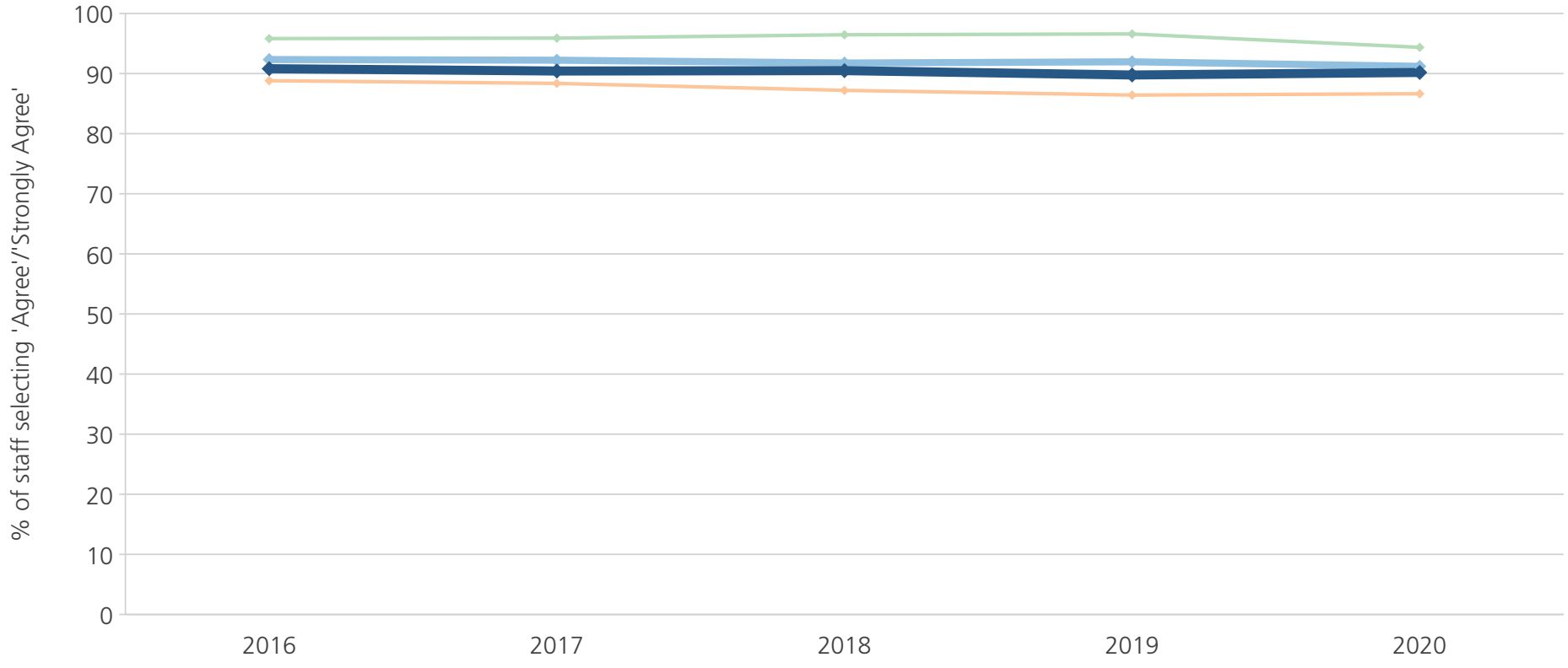
	2016	2017	2018	2019	2020
Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	78.0%	76.7%	75.7%	73.4%	75.3%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%
Responses	1,596	1,823	2,100	1,994	2,735



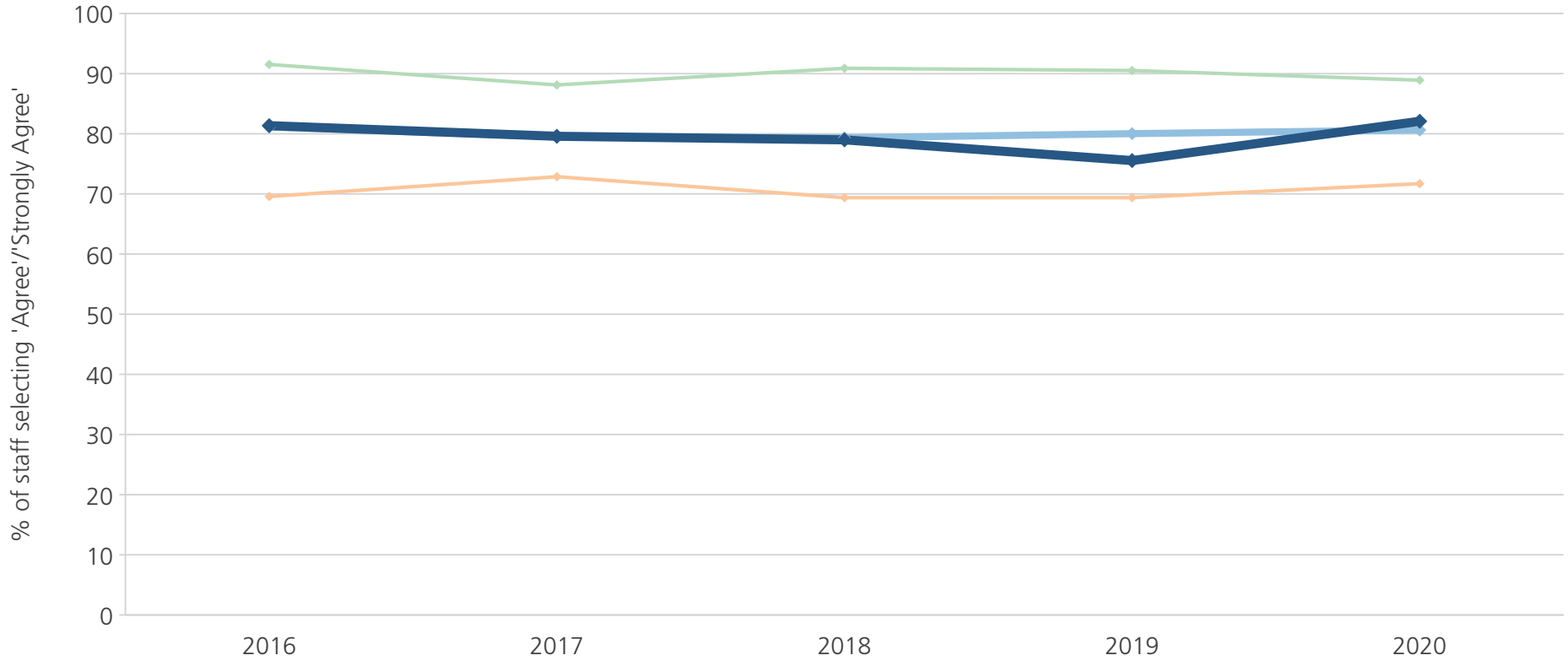
	2016	2017	2018	2019	2020
Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	78.0%	78.9%	78.2%	73.8%	75.8%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%
Responses	1,596	1,811	2,102	2,002	2,735



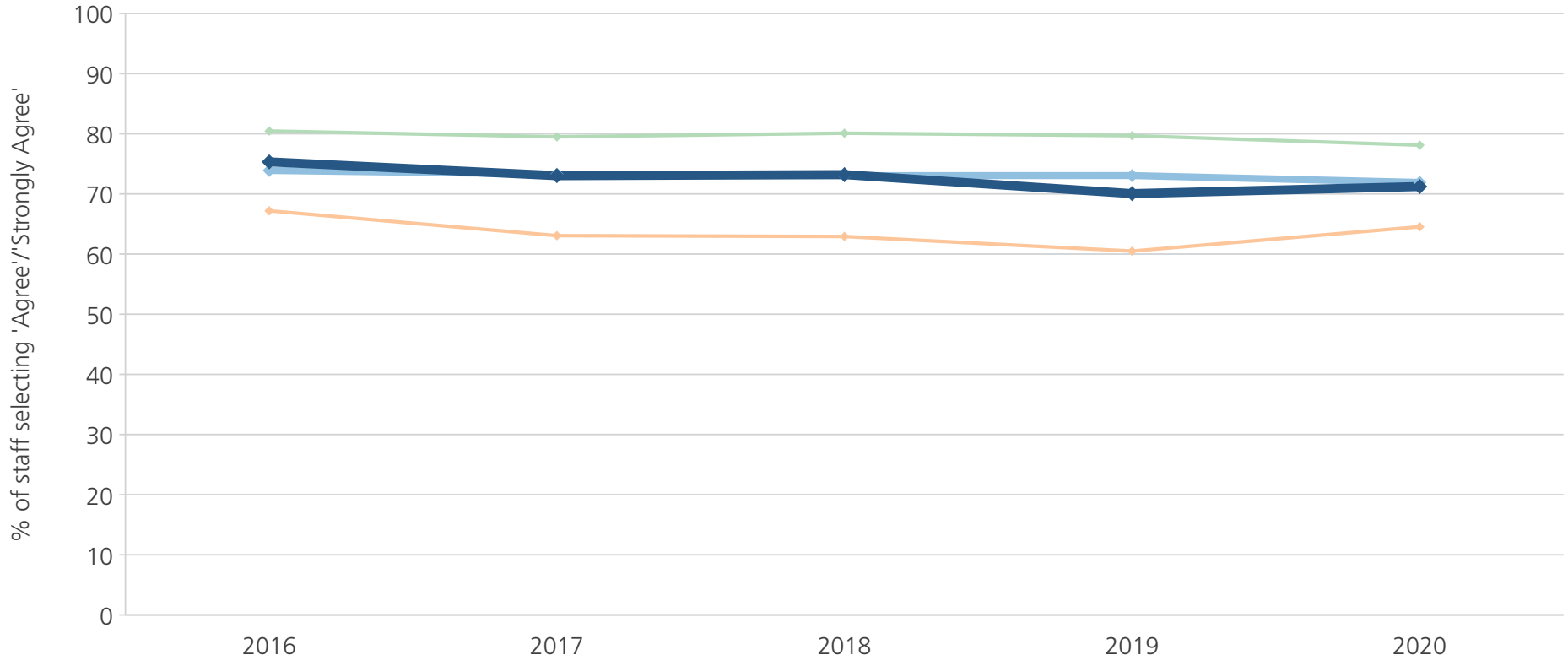
	2016	2017	2018	2019	2020
Best	93.2%	92.9%	93.5%	92.6%	92.1%
Your org	88.7%	89.1%	88.8%	88.3%	87.5%
Average	88.5%	88.2%	87.7%	88.2%	86.5%
Worst	82.8%	82.1%	81.7%	79.5%	81.1%
Responses	1,583	1,850	2,117	2,001	2,721



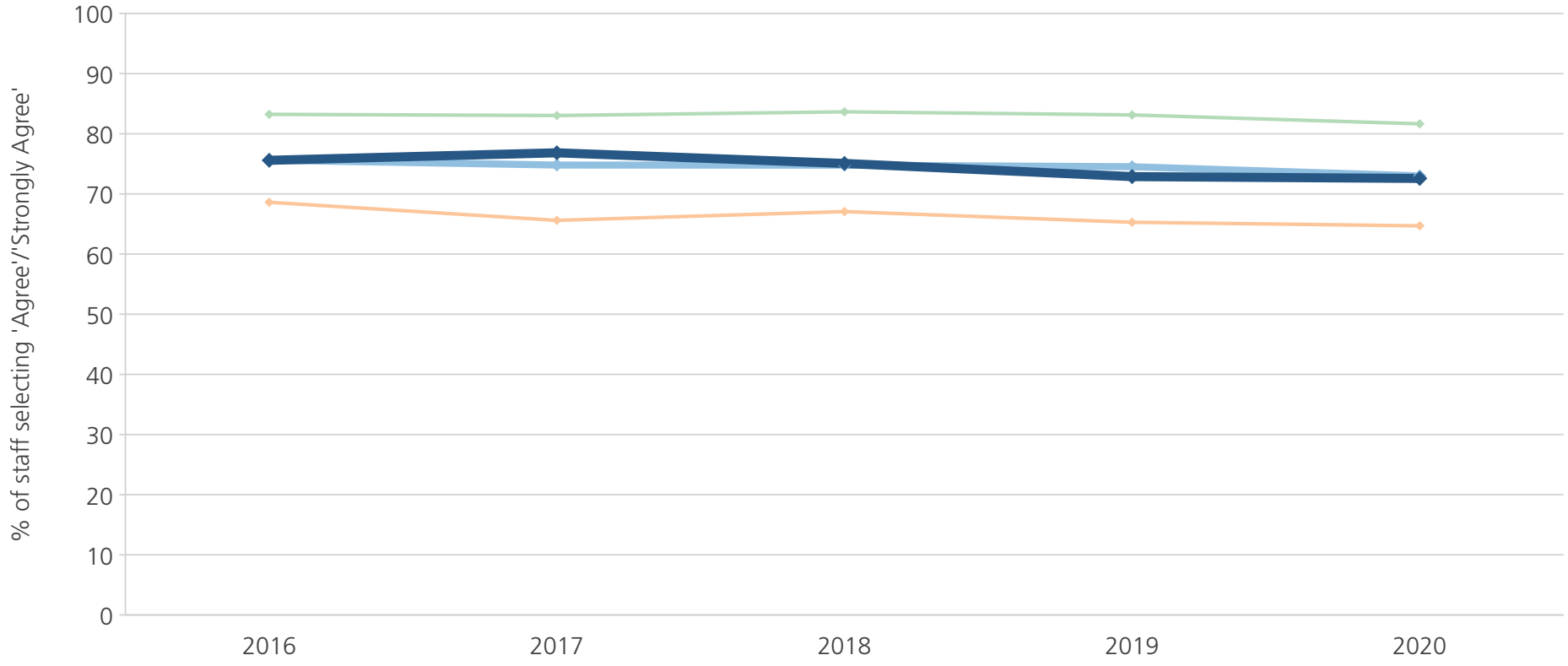
	2016	2017	2018	2019	2020
Best	95.8%	95.9%	96.5%	96.6%	94.4%
Your org	90.8%	90.4%	90.5%	89.8%	90.2%
Average	92.3%	92.2%	91.8%	92.0%	91.2%
Worst	88.8%	88.4%	87.2%	86.4%	86.6%
Responses	1,582	1,841	2,114	1,987	2,712



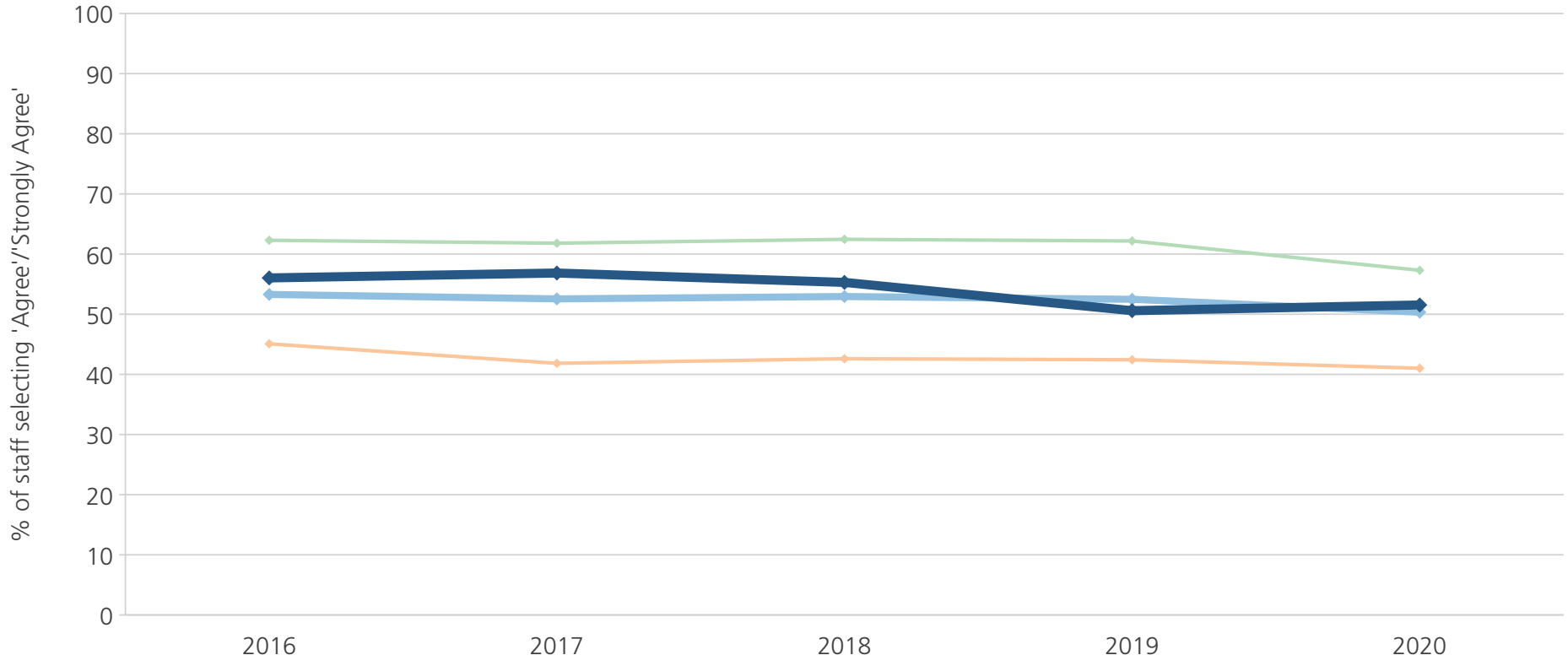
	2016	2017	2018	2019	2020
Best	91.5%	88.1%	90.9%	90.5%	88.9%
Your org	81.4%	79.6%	79.0%	75.5%	82.1%
Average	81.1%	79.5%	79.3%	80.0%	80.6%
Worst	69.6%	72.9%	69.4%	69.4%	71.7%
Responses	1,574	1,844	2,110	1,991	2,703



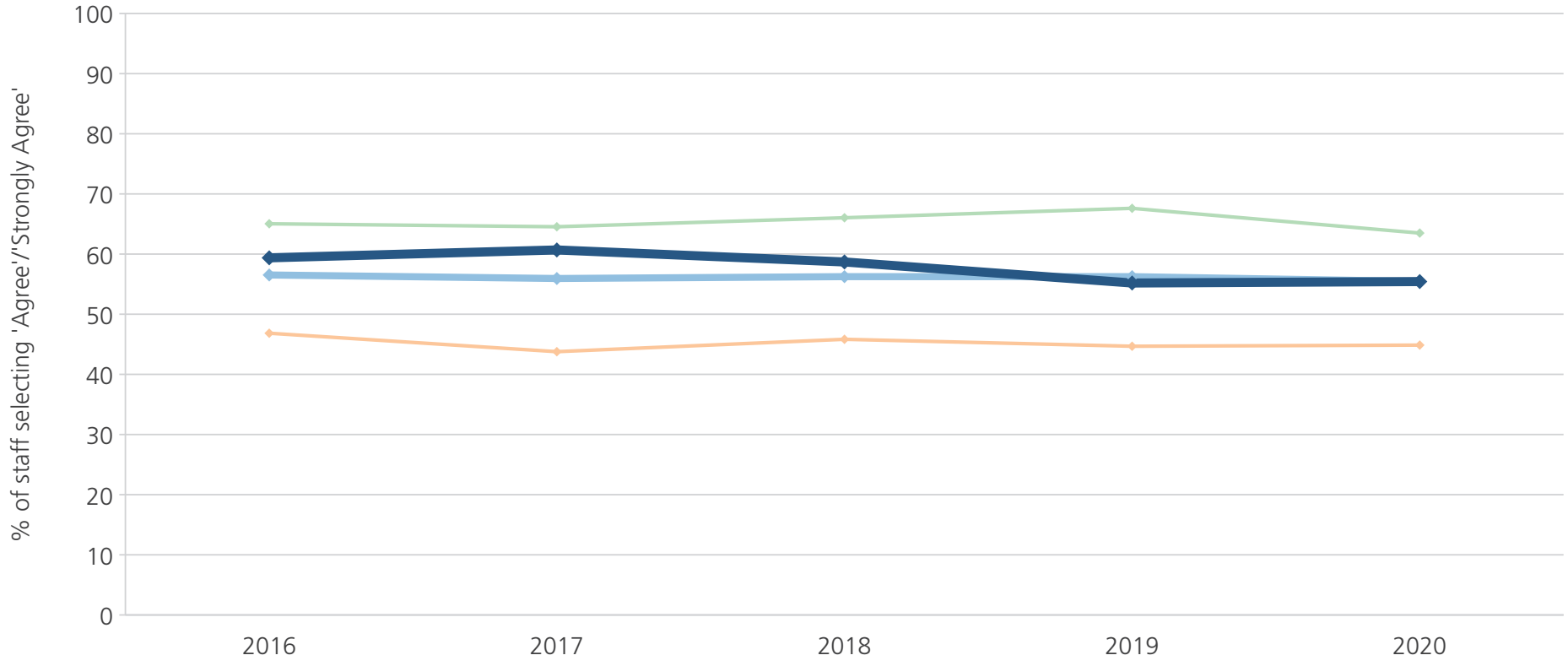
	2016	2017	2018	2019	2020
Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	75.3%	73.0%	73.2%	70.1%	71.2%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%
Responses	1,612	1,853	2,112	2,012	2,757



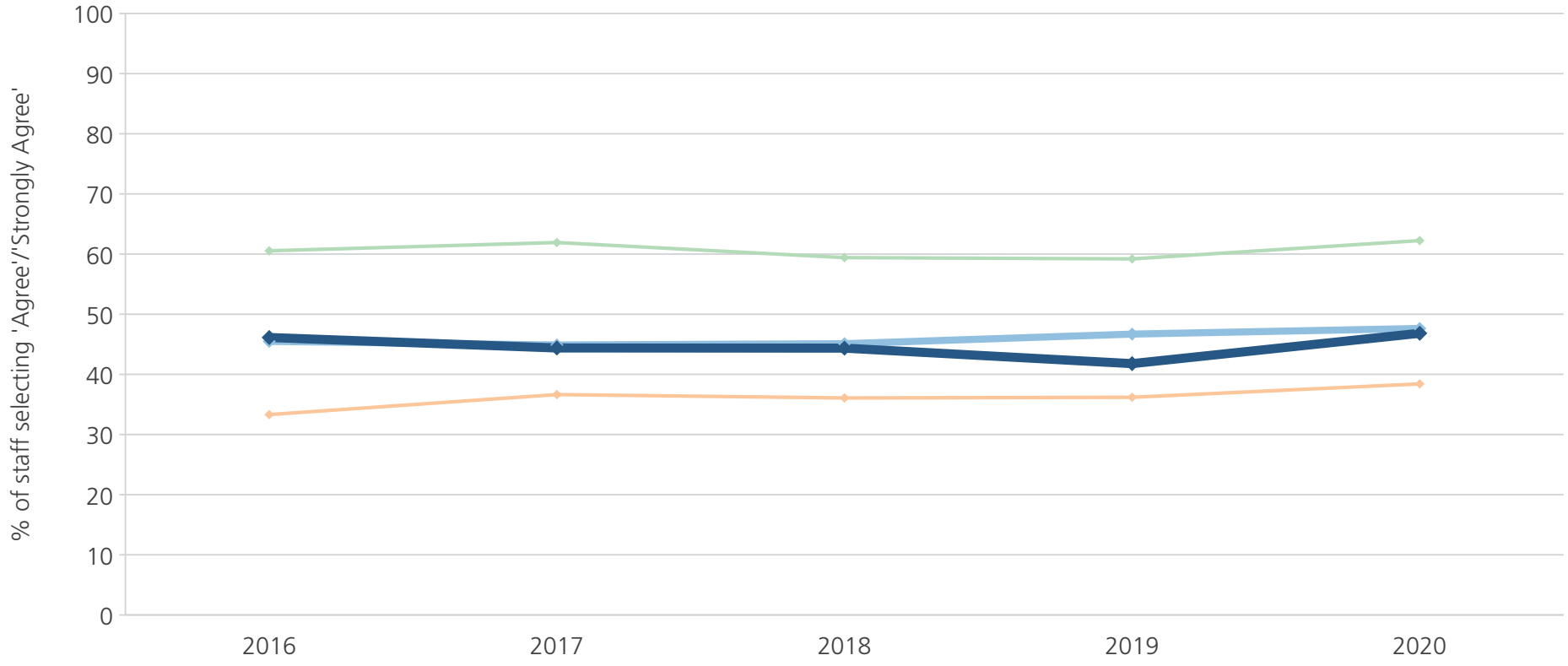
	2016	2017	2018	2019	2020
Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	75.6%	76.8%	75.1%	72.9%	72.6%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%
Responses	1,612	1,850	2,116	2,008	2,753



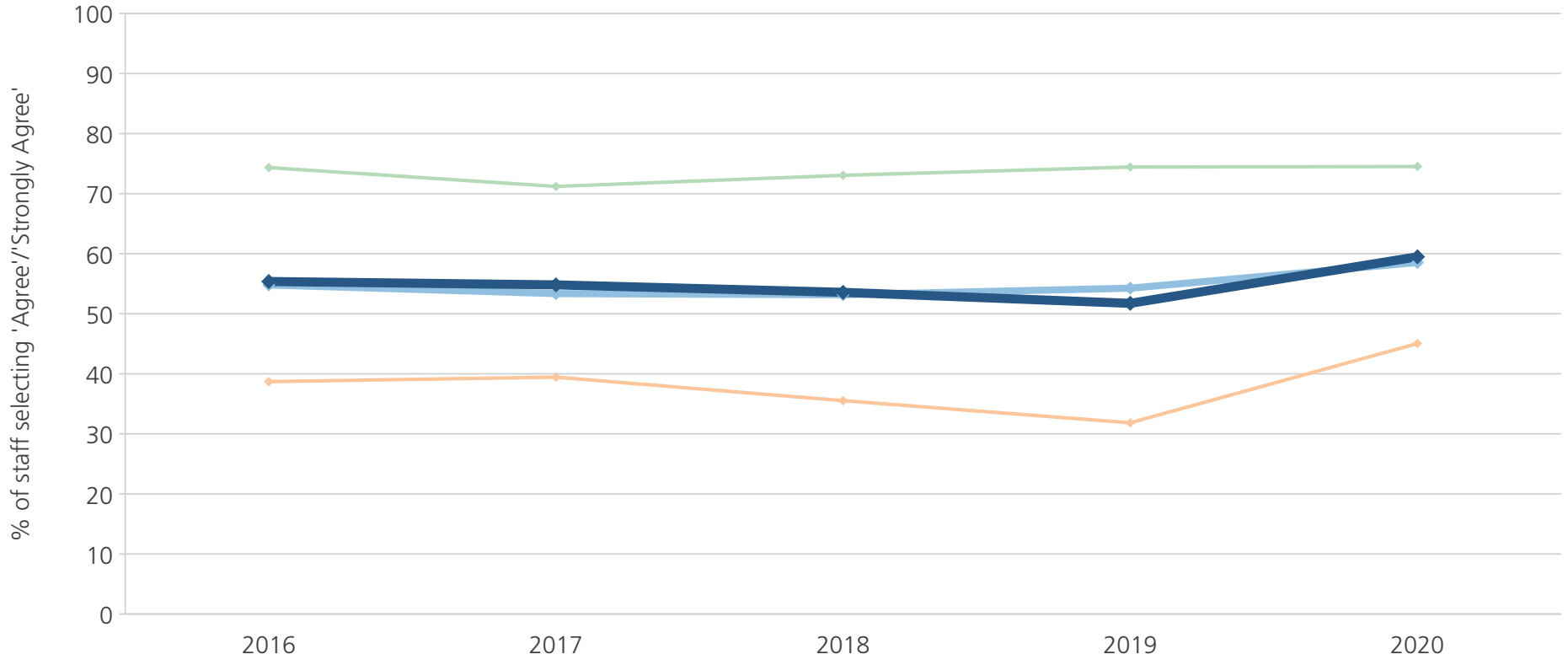
	2016	2017	2018	2019	2020
Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	56.0%	56.8%	55.3%	50.6%	51.5%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%
Responses	1,605	1,851	2,113	2,010	2,750



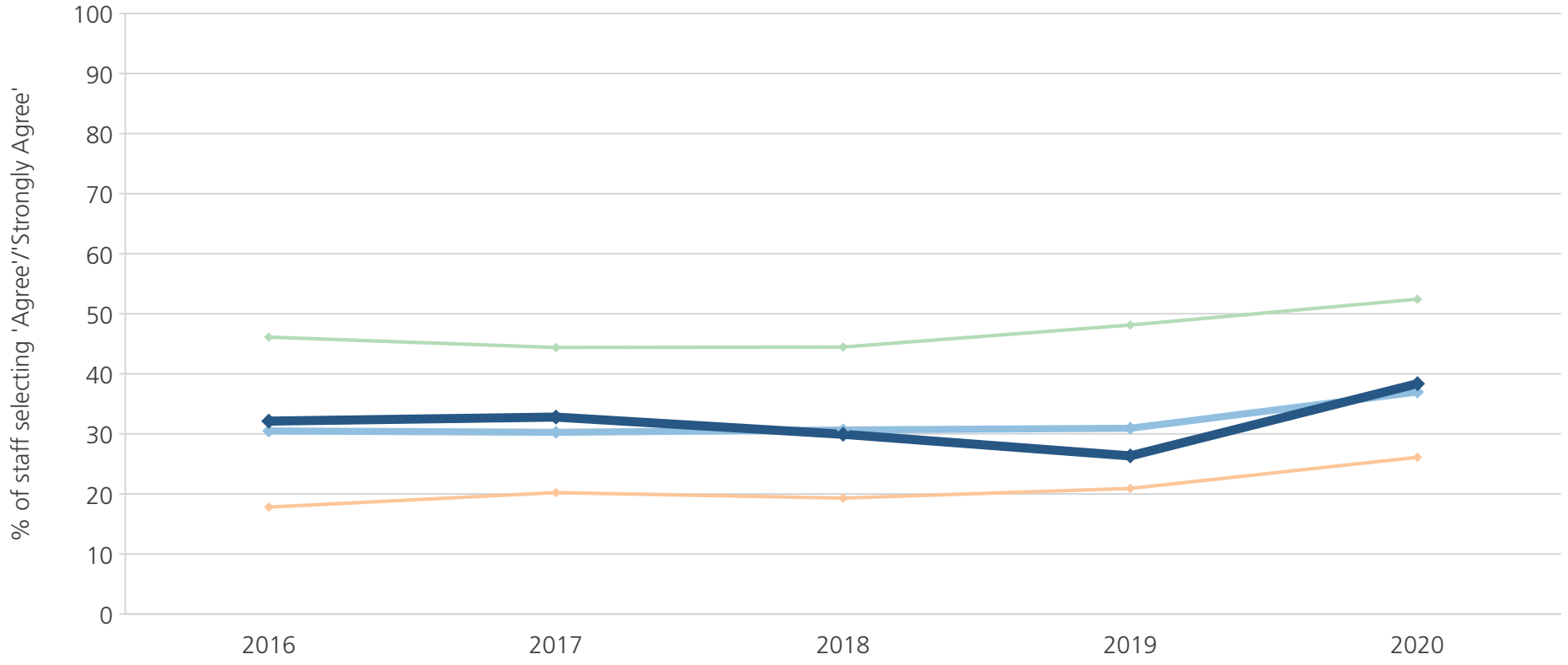
	2016	2017	2018	2019	2020
Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	59.4%	60.7%	58.7%	55.2%	55.4%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%
Responses	1,600	1,848	2,114	2,006	2,737



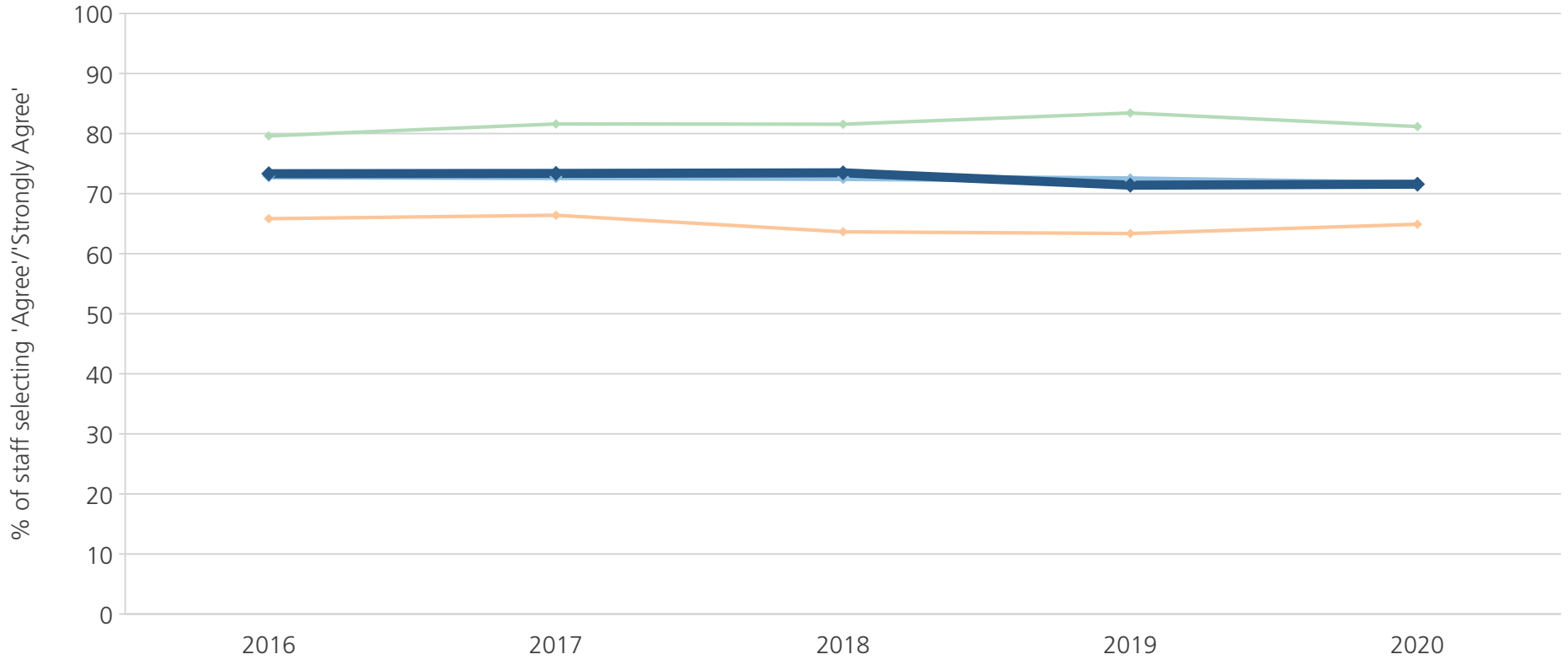
	2016	2017	2018	2019	2020
Best	60.5%	61.9%	59.4%	59.2%	62.2%
Your org	46.1%	44.4%	44.4%	41.8%	46.8%
Average	45.5%	44.9%	45.1%	46.7%	47.6%
Worst	33.3%	36.6%	36.1%	36.2%	38.4%
Responses	1,604	1,842	2,111	2,000	2,745



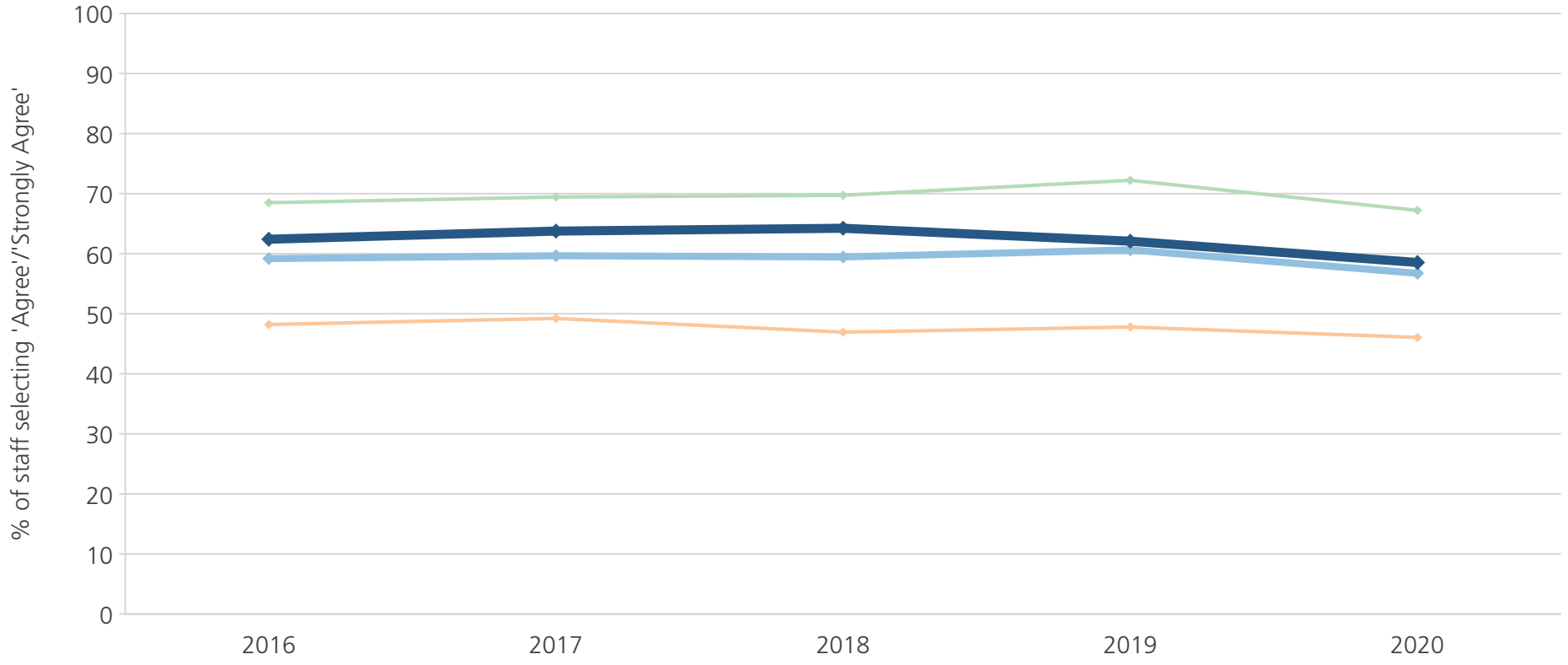
	2016	2017	2018	2019	2020
Best	74.3%	71.2%	73.0%	74.4%	74.5%
Your org	55.4%	54.8%	53.6%	51.7%	59.5%
Average	54.8%	53.4%	53.2%	54.3%	58.5%
Worst	38.7%	39.4%	35.5%	31.8%	45.0%
Responses	1,604	1,840	2,112	2,005	2,737



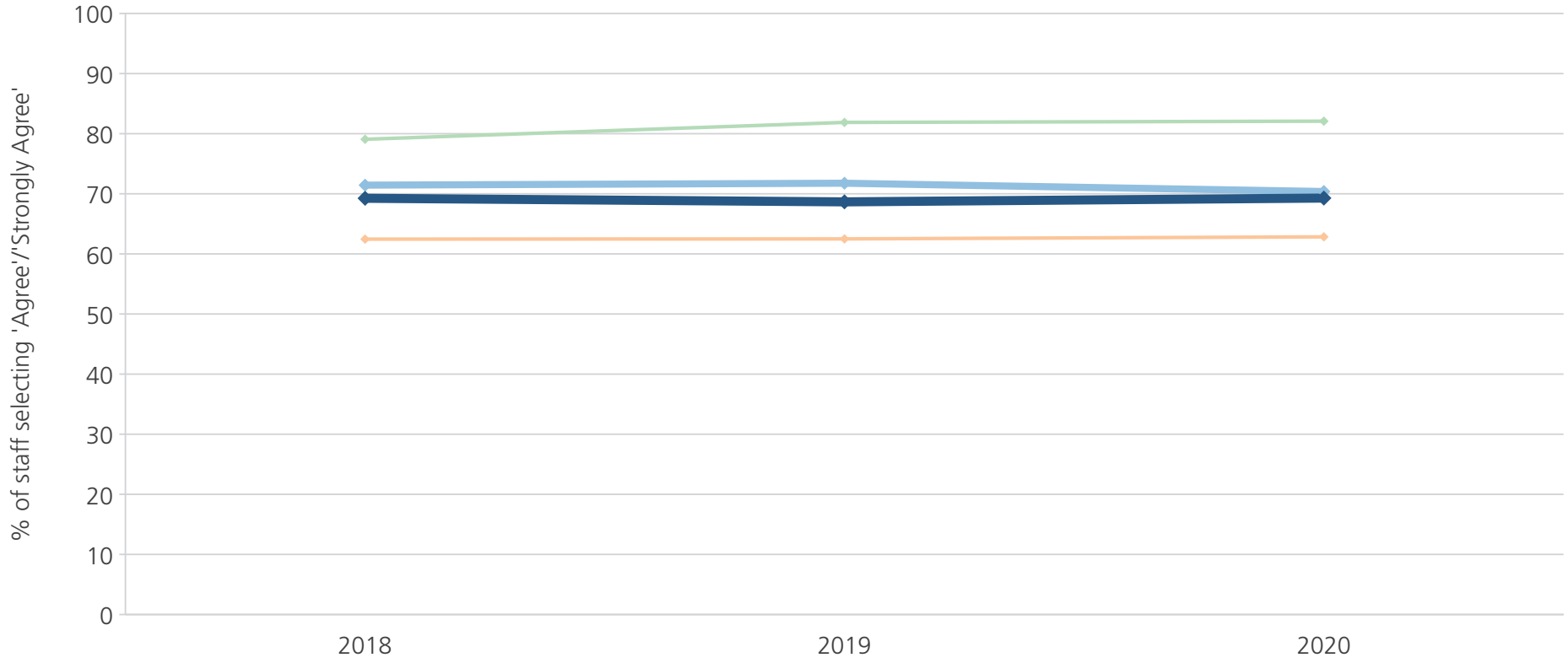
	2016	2017	2018	2019	2020
Best	46.1%	44.4%	44.5%	48.1%	52.4%
Your org	32.1%	32.8%	29.9%	26.3%	38.4%
Average	30.5%	30.3%	30.6%	30.9%	37.0%
Worst	17.8%	20.2%	19.3%	20.9%	26.1%
Responses	1,605	1,848	2,116	2,000	2,749



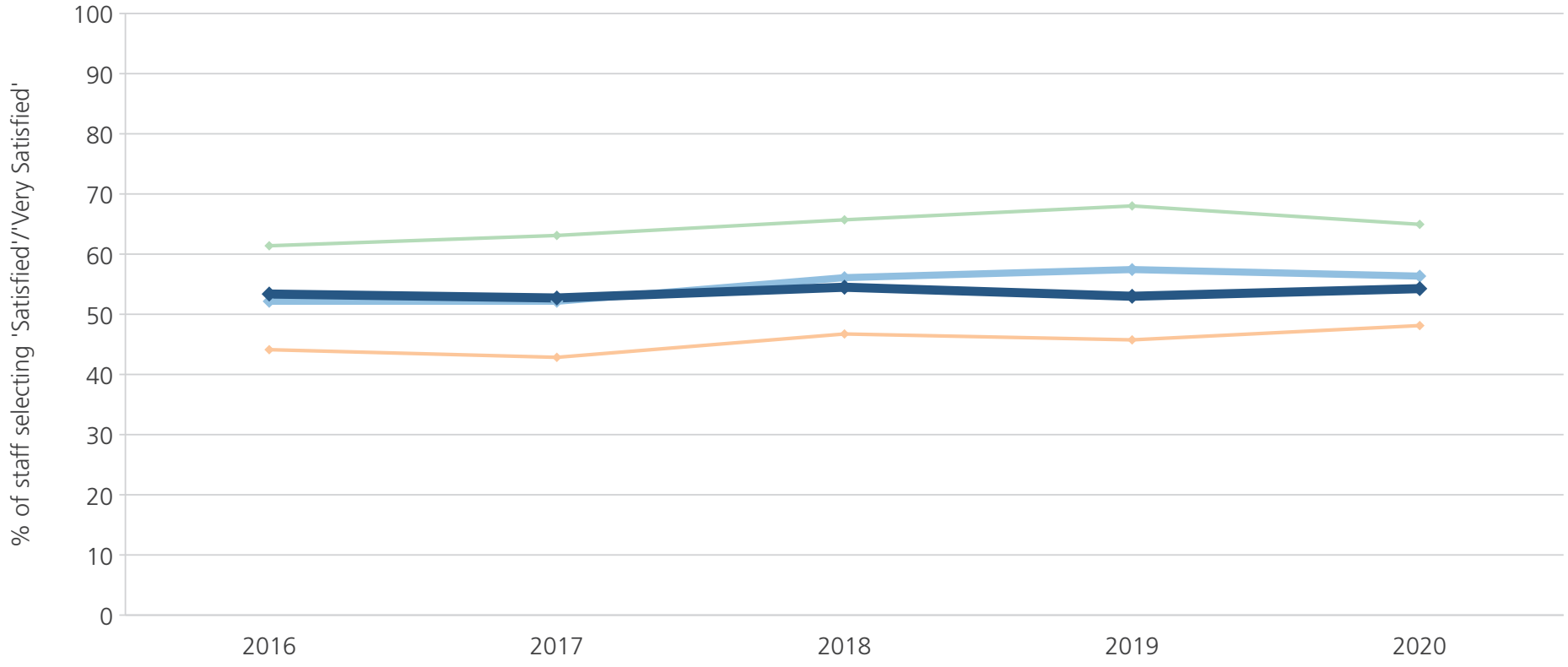
	2016	2017	2018	2019	2020
Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	73.3%	73.4%	73.5%	71.4%	71.6%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%
Responses	1,597	1,837	2,113	1,996	2,741



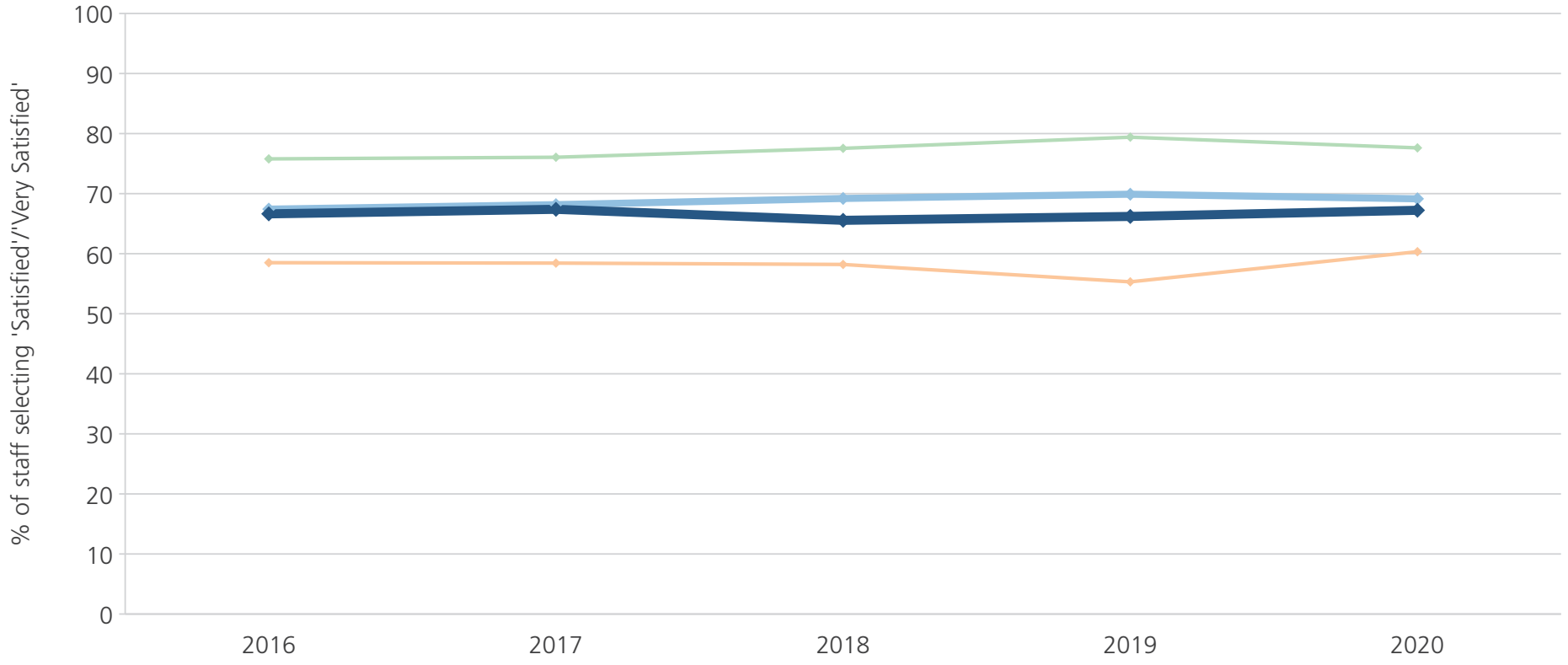
	2016	2017	2018	2019	2020
Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	62.4%	63.8%	64.2%	62.1%	58.5%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%
Responses	1,594	1,845	2,107	2,001	2,746



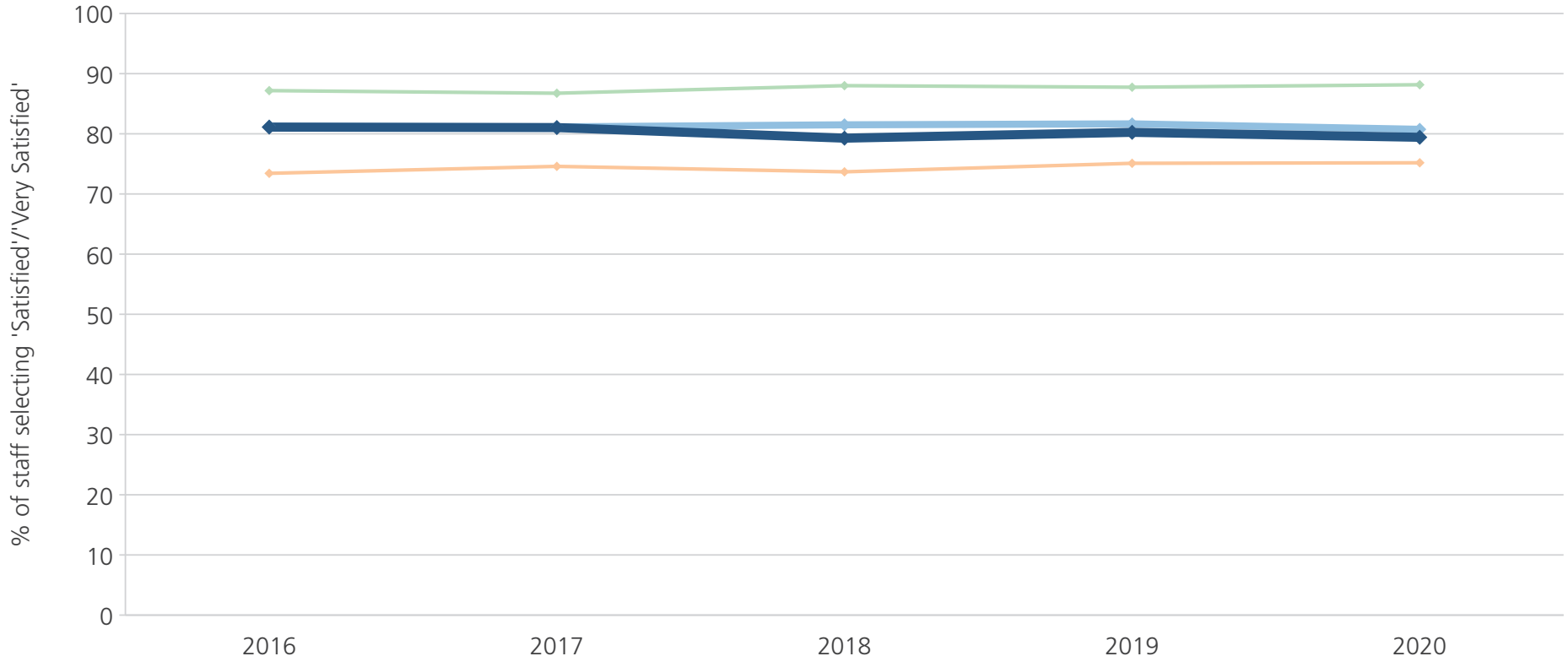
	2018	2019	2020
Best	79.1%	81.9%	82.1%
Your org	69.3%	68.7%	69.3%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%
Responses	2,120	2,002	2,745



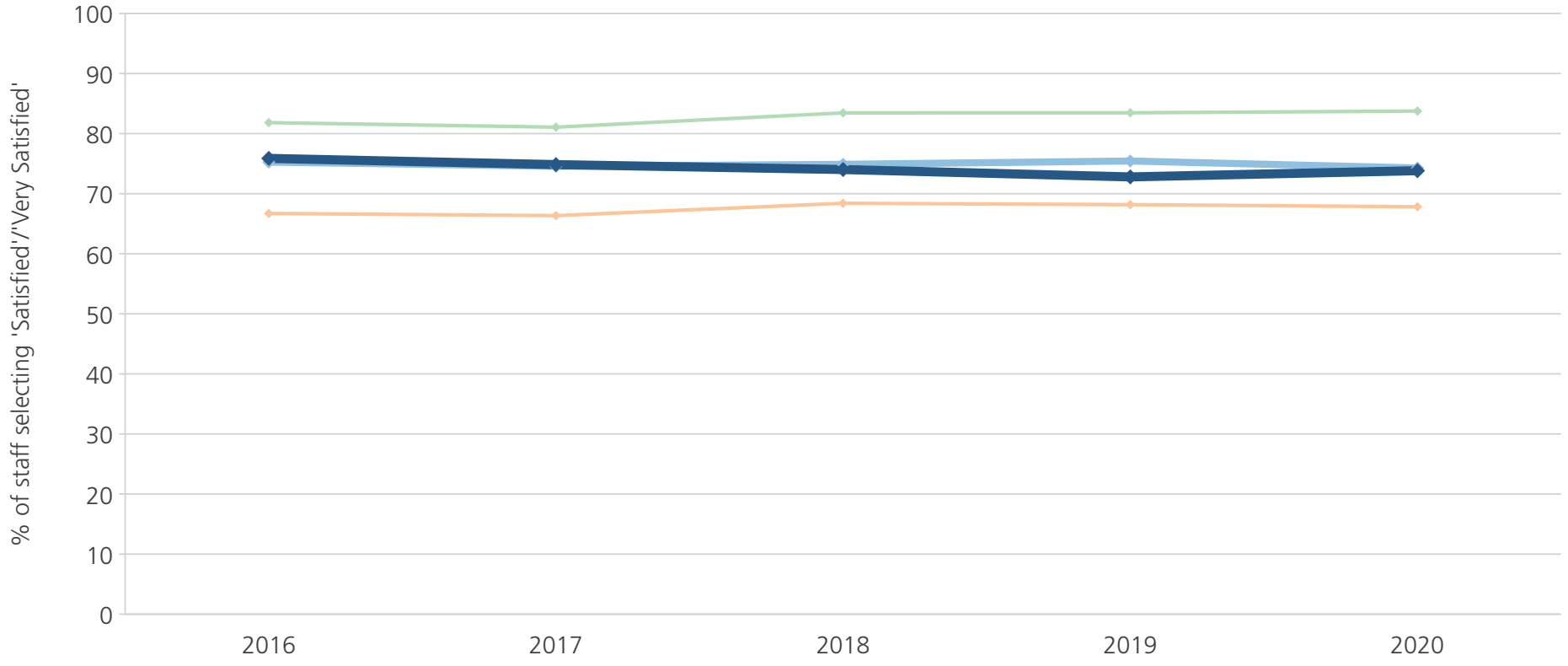
	2016	2017	2018	2019	2020
Best	61.4%	63.1%	65.7%	68.0%	64.9%
Your org	53.4%	52.7%	54.5%	53.0%	54.3%
Average	52.2%	52.2%	56.1%	57.4%	56.3%
Worst	44.1%	42.8%	46.7%	45.7%	48.1%
Responses	1,605	1,814	2,097	2,007	2,755



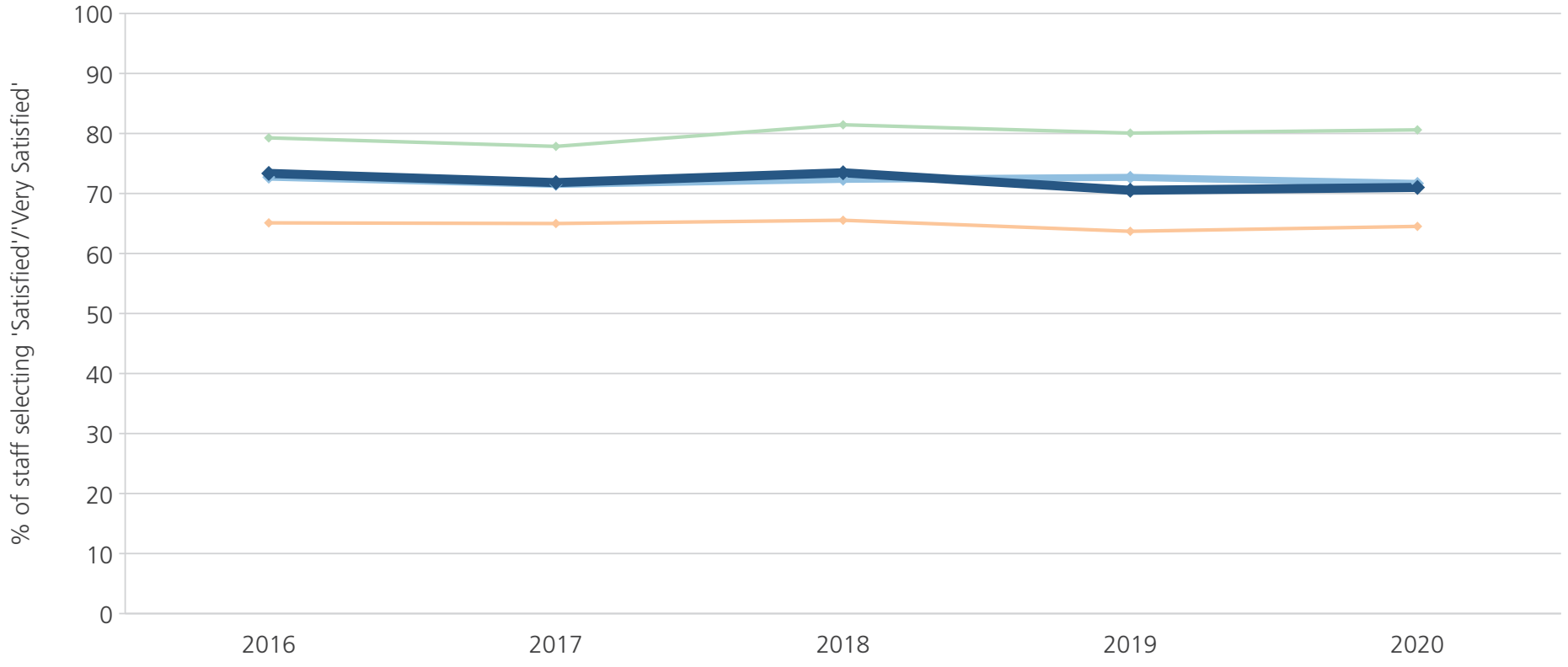
	2016	2017	2018	2019	2020
Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	66.6%	67.4%	65.6%	66.2%	67.2%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%
Responses	1,604	1,820	2,101	2,011	2,757



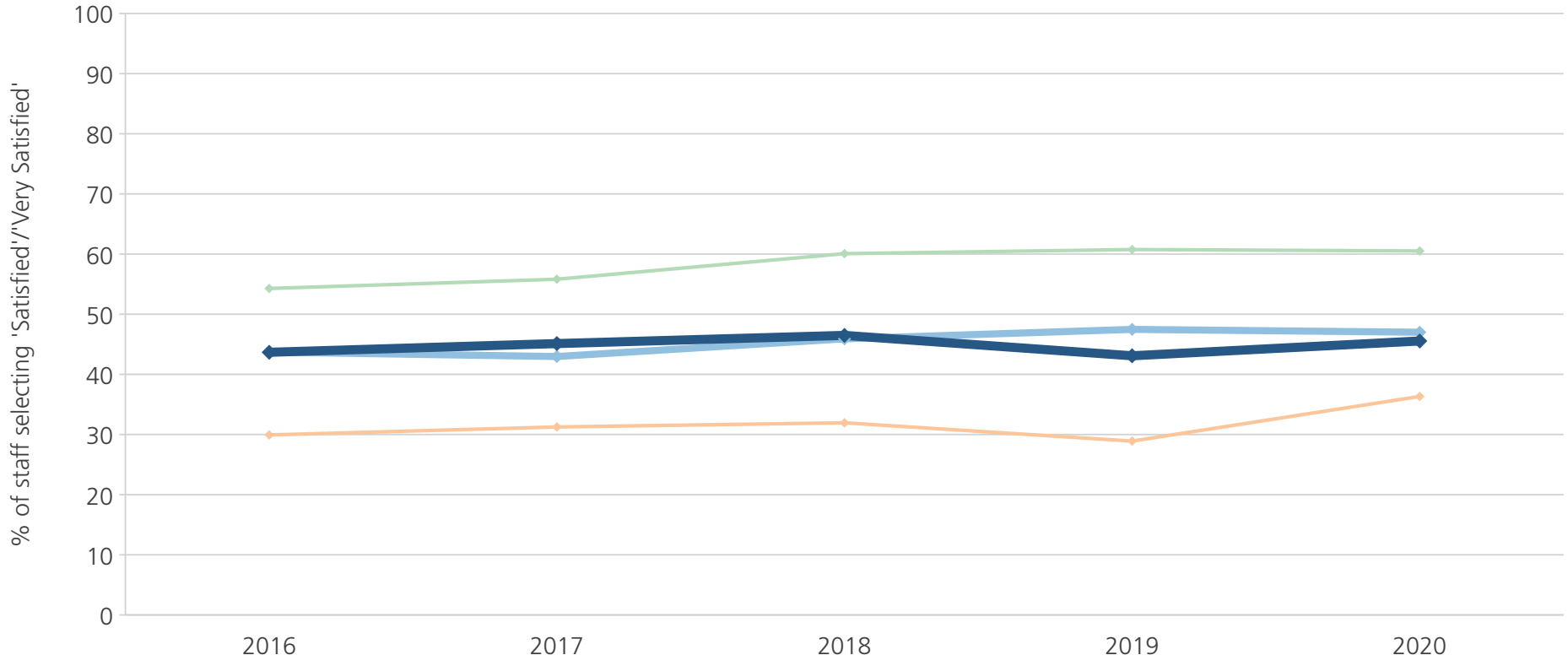
	2016	2017	2018	2019	2020
Best	87.2%	86.7%	88.0%	87.7%	88.2%
Your org	81.1%	81.0%	79.3%	80.2%	79.4%
Average	81.3%	81.2%	81.5%	81.7%	80.7%
Worst	73.4%	74.6%	73.7%	75.1%	75.2%
Responses	1,603	1,819	2,099	2,010	2,757



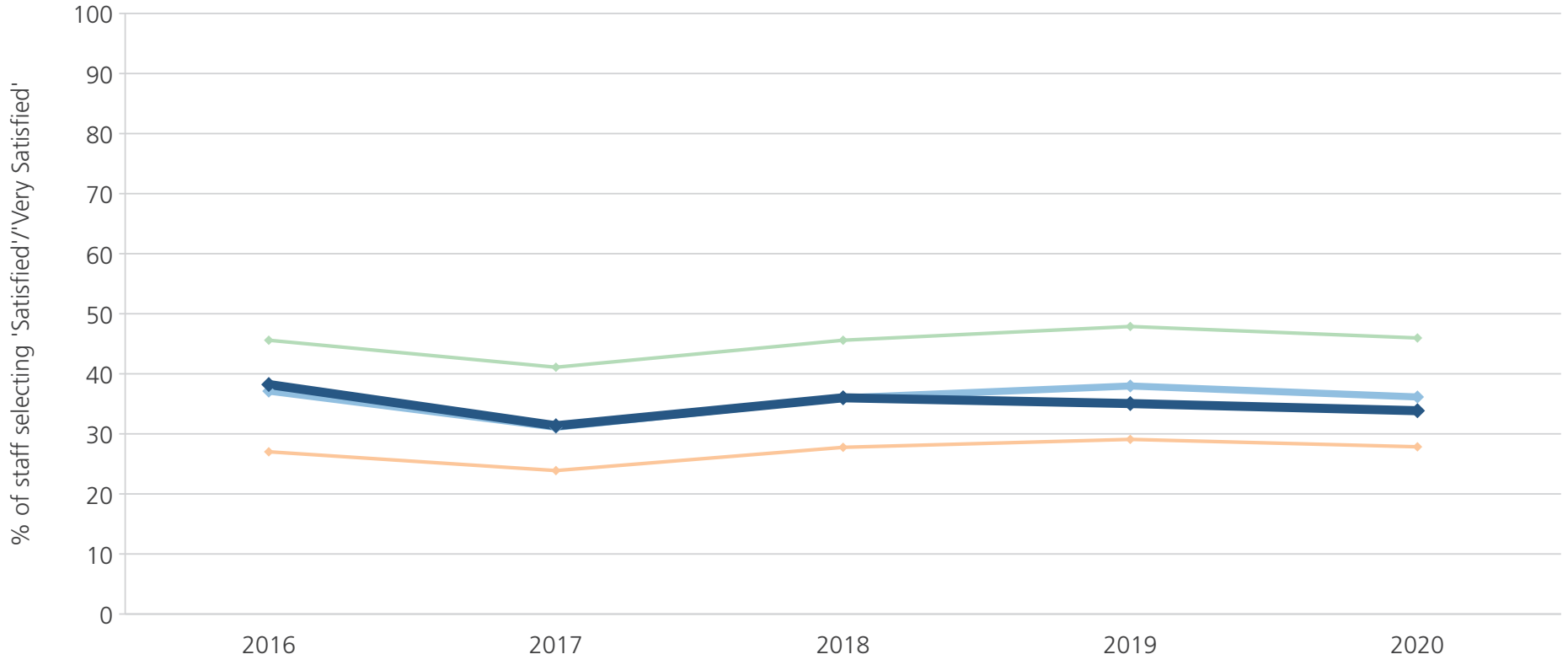
	2016	2017	2018	2019	2020
Best	81.8%	81.1%	83.4%	83.5%	83.8%
Your org	75.9%	74.8%	74.0%	72.8%	73.8%
Average	75.3%	74.6%	74.9%	75.4%	74.3%
Worst	66.7%	66.3%	68.4%	68.2%	67.8%
Responses	1,603	1,816	2,100	2,008	2,756



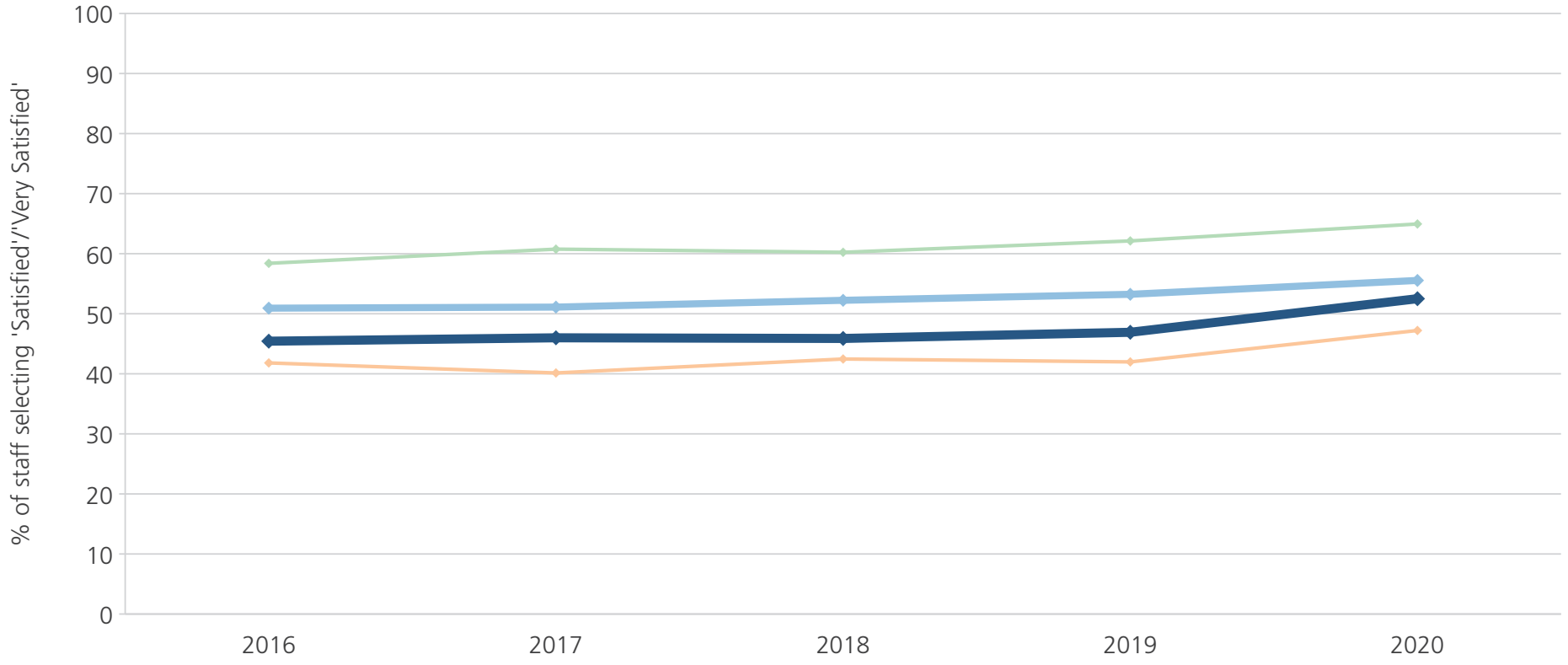
	2016	2017	2018	2019	2020
Best	79.3%	77.8%	81.4%	80.1%	80.6%
Your org	73.3%	71.8%	73.5%	70.5%	71.0%
Average	72.7%	71.5%	72.4%	72.7%	71.7%
Worst	65.1%	65.0%	65.5%	63.7%	64.5%
Responses	1,602	1,812	2,098	2,006	2,754



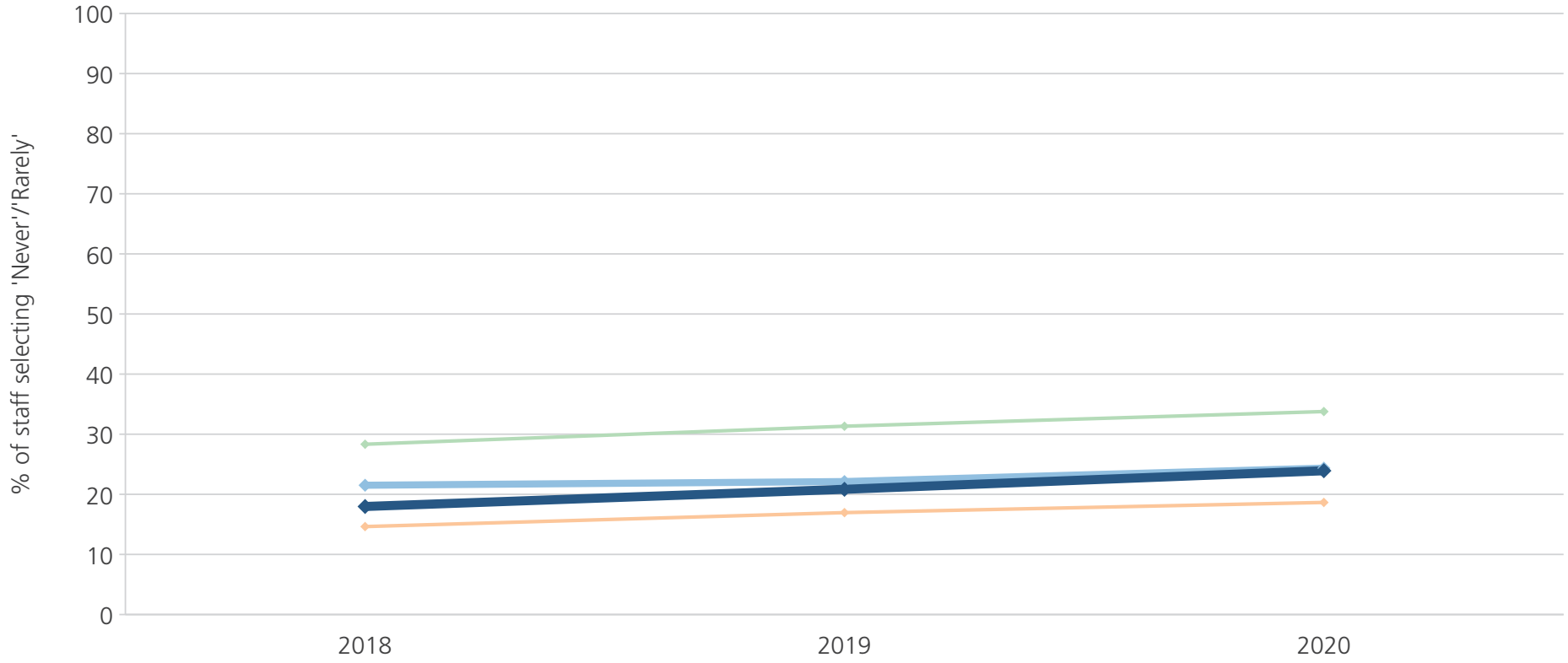
	2016	2017	2018	2019	2020
Best	54.3%	55.8%	60.1%	60.8%	60.5%
Your org	43.7%	45.1%	46.5%	43.1%	45.5%
Average	43.7%	43.0%	45.9%	47.5%	47.0%
Worst	29.9%	31.3%	31.9%	28.9%	36.3%
Responses	1,595	1,814	2,093	2,001	2,743



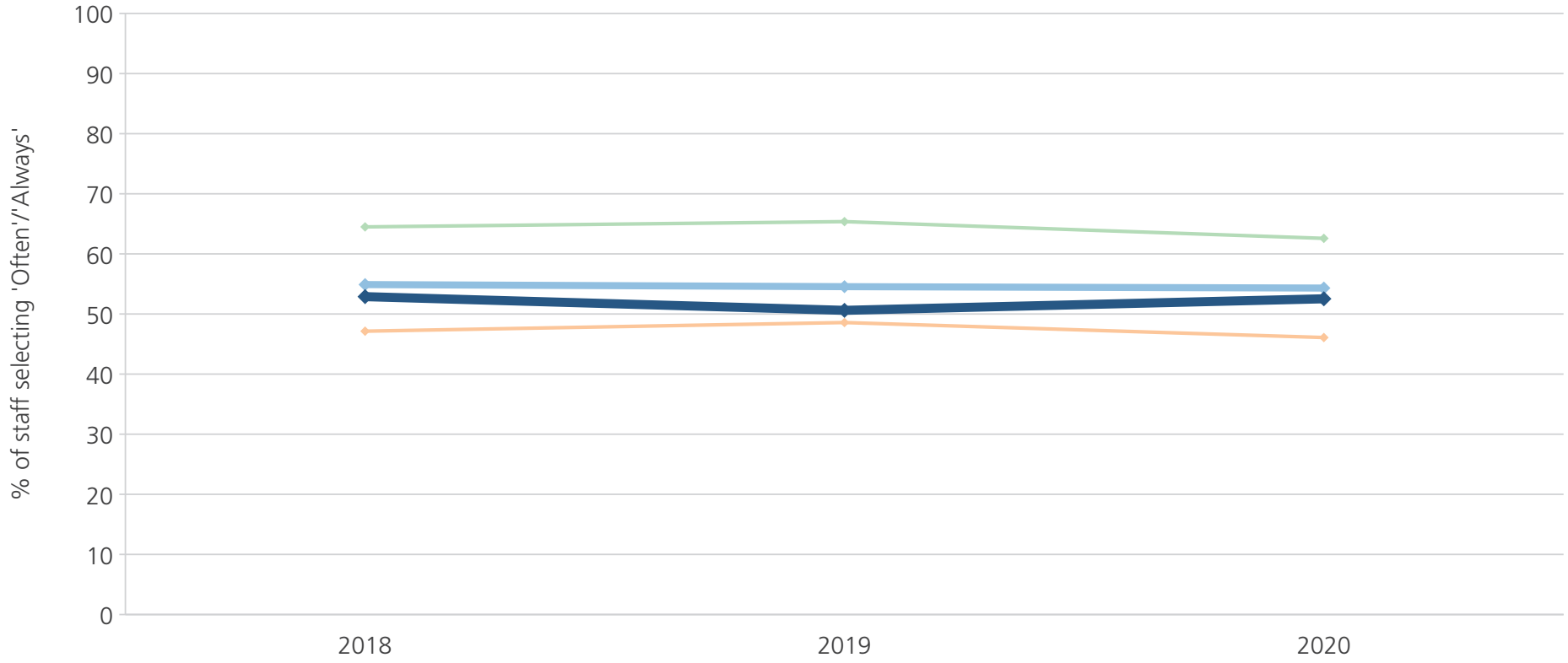
	2016	2017	2018	2019	2020
Best	45.6%	41.1%	45.6%	47.9%	46.0%
Your org	38.2%	31.4%	36.0%	35.0%	33.9%
Average	37.1%	31.1%	36.0%	38.0%	36.1%
Worst	27.0%	23.9%	27.8%	29.1%	27.8%
Responses	1,599	1,817	2,096	2,001	2,751



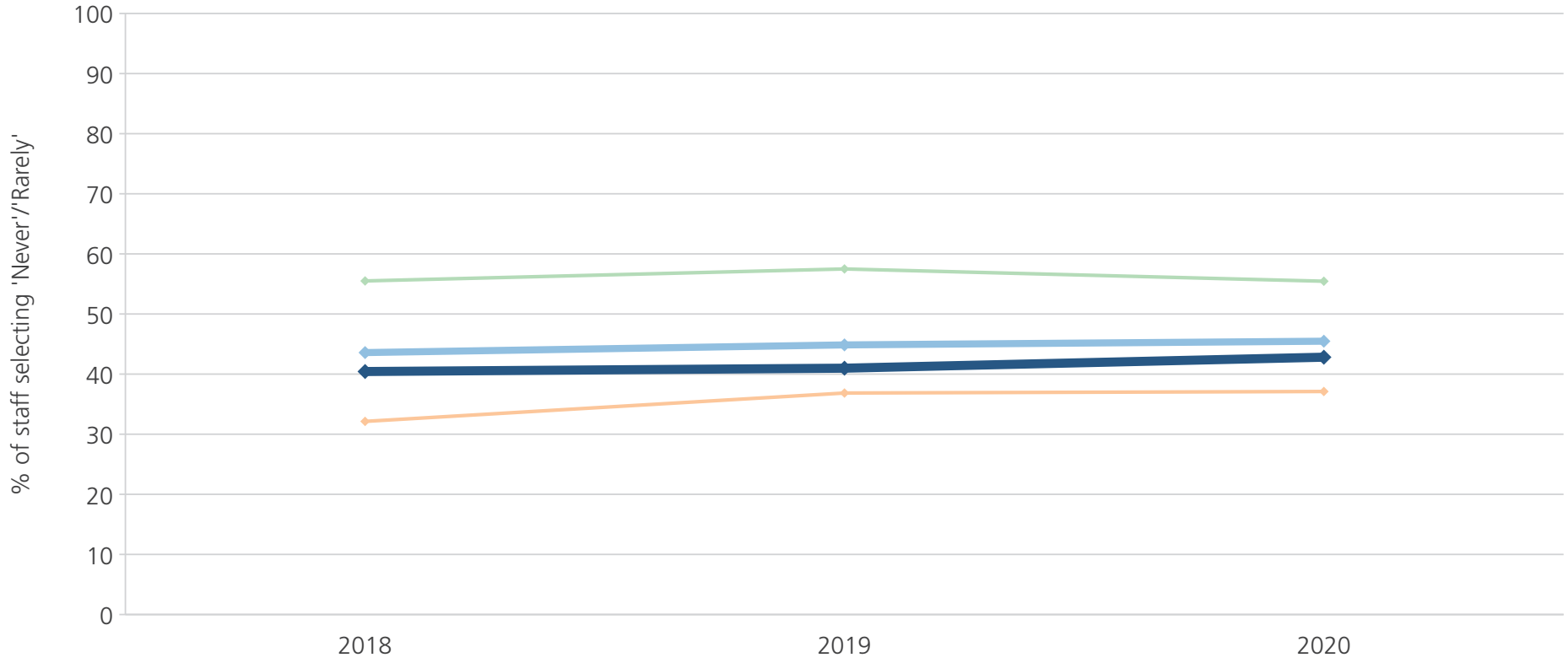
	2016	2017	2018	2019	2020
Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	45.4%	46.0%	45.9%	46.9%	52.5%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%
Responses	1,598	1,818	2,098	2,002	2,749



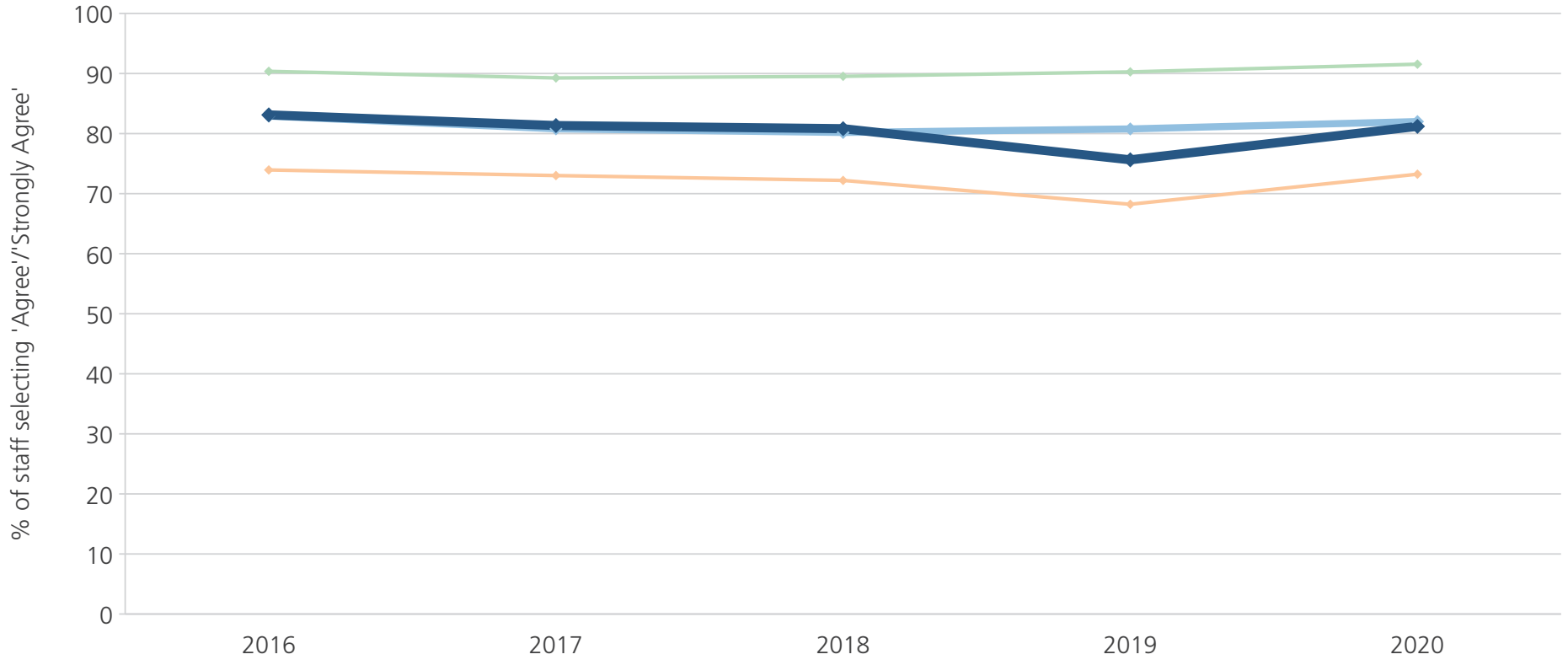
	2018	2019	2020
Best	28.3%	31.3%	33.8%
Your org	18.0%	20.8%	23.9%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%
Responses	2,095	2,002	2,733



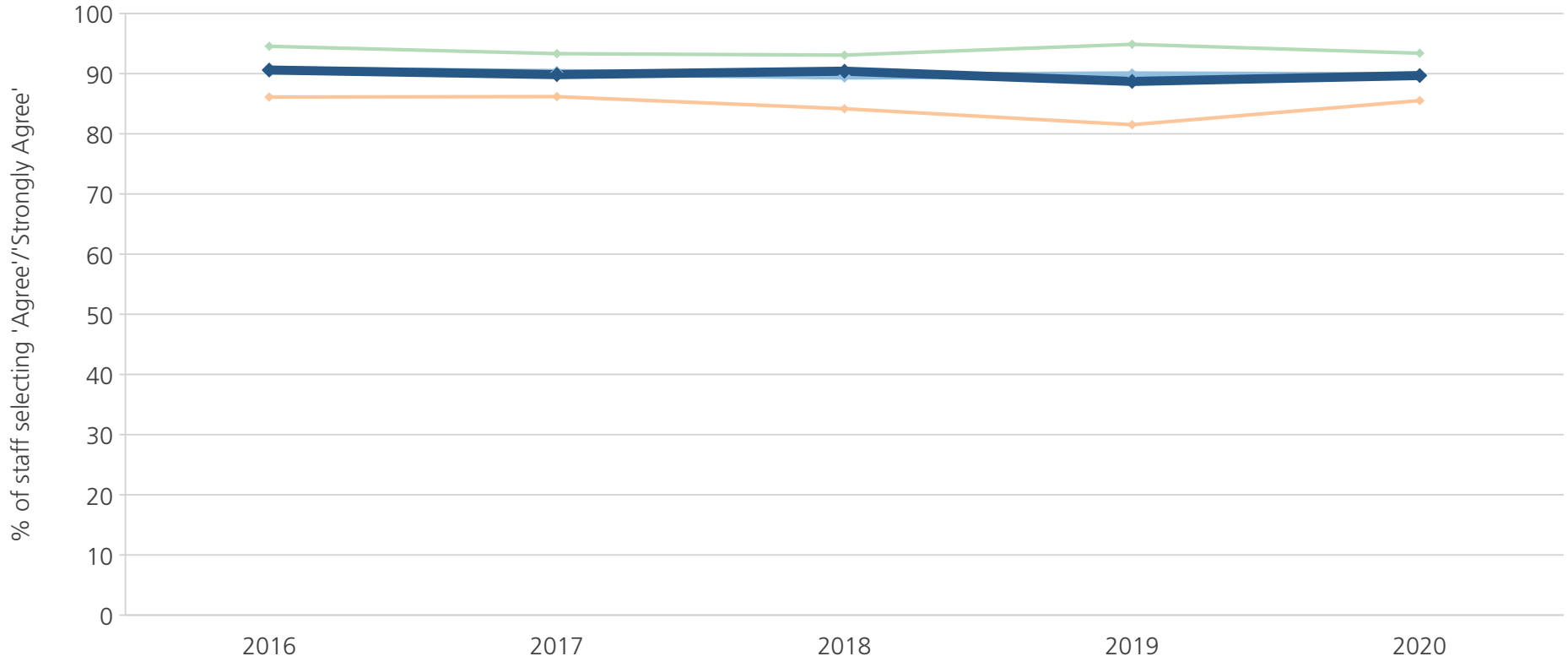
	2018	2019	2020
Best	64.5%	65.4%	62.6%
Your org	52.9%	50.6%	52.5%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%
Responses	2,094	2,003	2,735



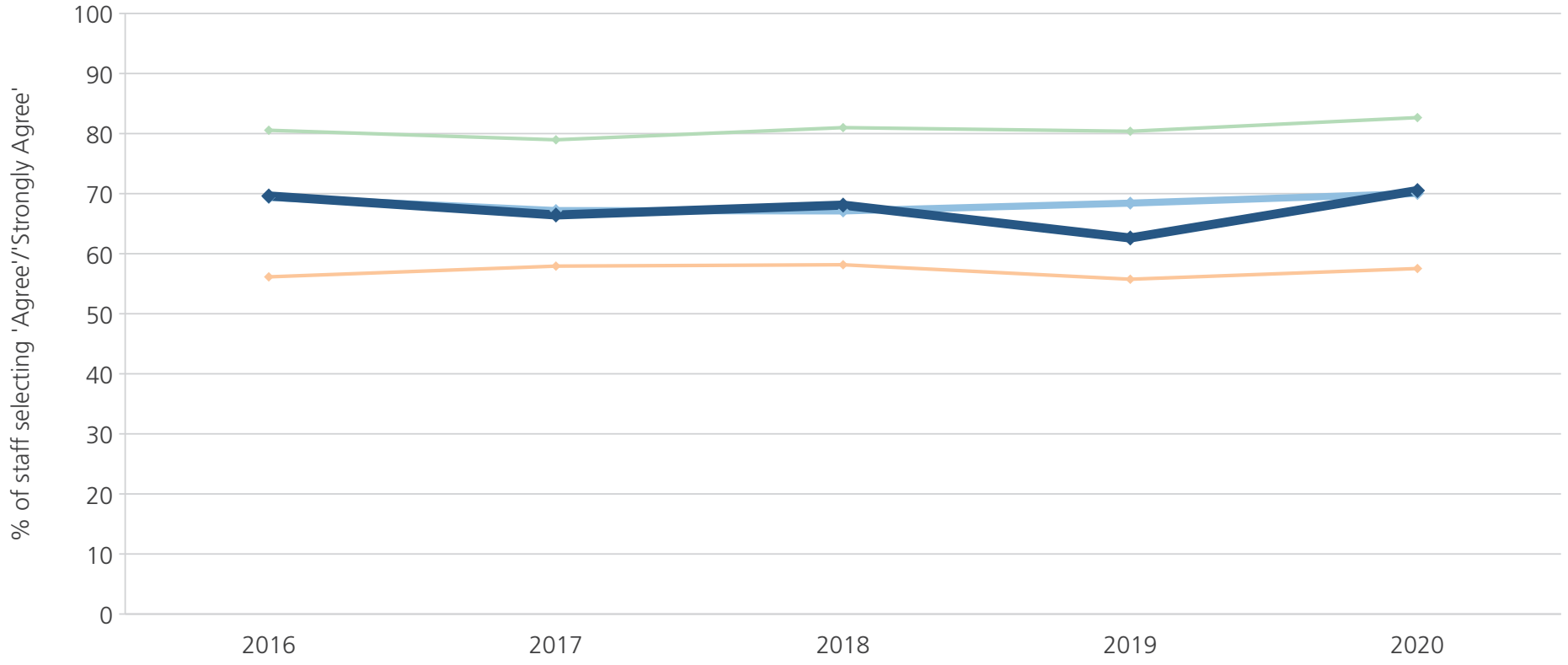
	2018	2019	2020
Best	55.5%	57.5%	55.5%
Your org	40.4%	41.0%	42.8%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%
Responses	2,085	1,991	2,729



	2016	2017	2018	2019	2020
Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	83.1%	81.3%	80.8%	75.6%	81.2%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%
Responses	1,363	1,553	1,857	1,741	2,417



	2016	2017	2018	2019	2020
Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	90.6%	89.8%	90.4%	88.7%	89.7%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%
Responses	1,476	1,670	1,948	1,884	2,573



	2016	2017	2018	2019	2020
Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	69.6%	66.4%	68.1%	62.6%	70.5%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%
Responses	1,350	1,542	1,825	1,737	2,411

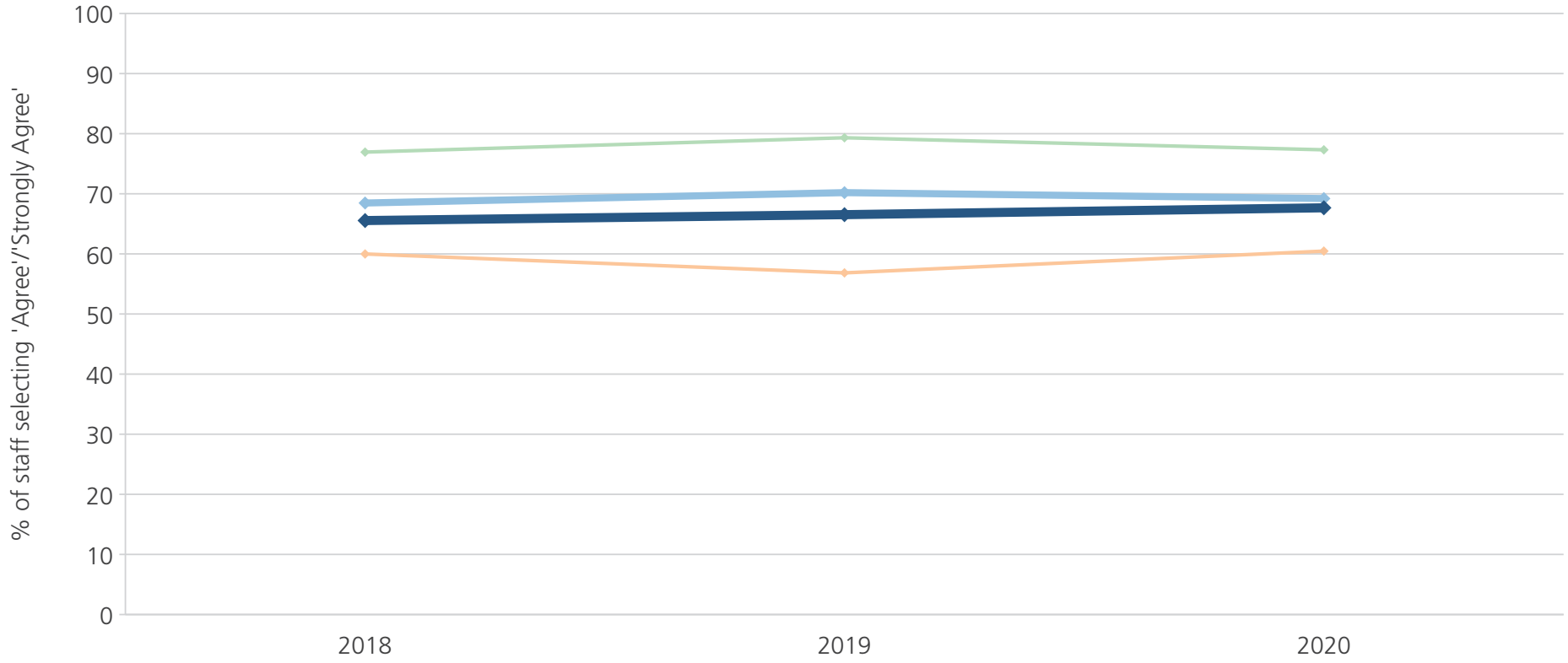
Survey Coordination Centre

NHS England

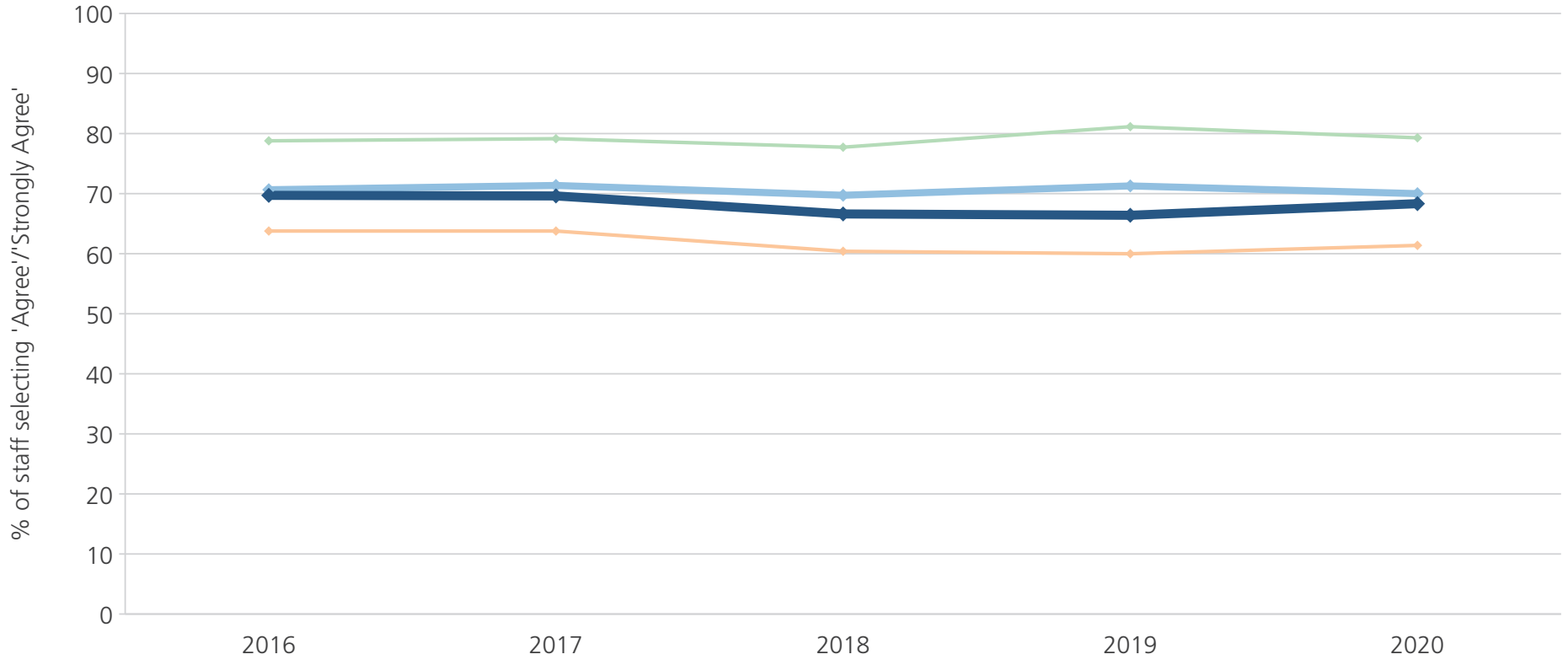
Question results – Your managers

Northampton General Hospital NHS Trust

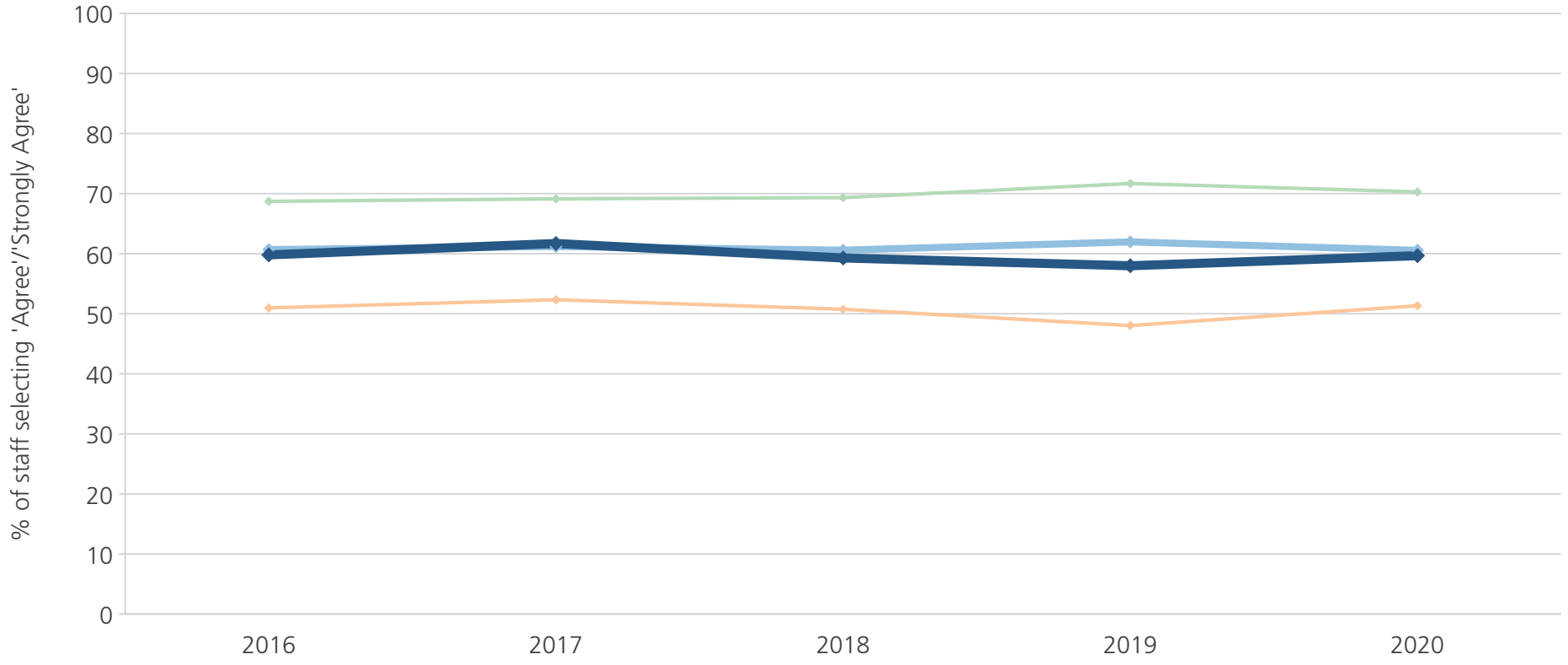
2020 NHS Staff Survey Results



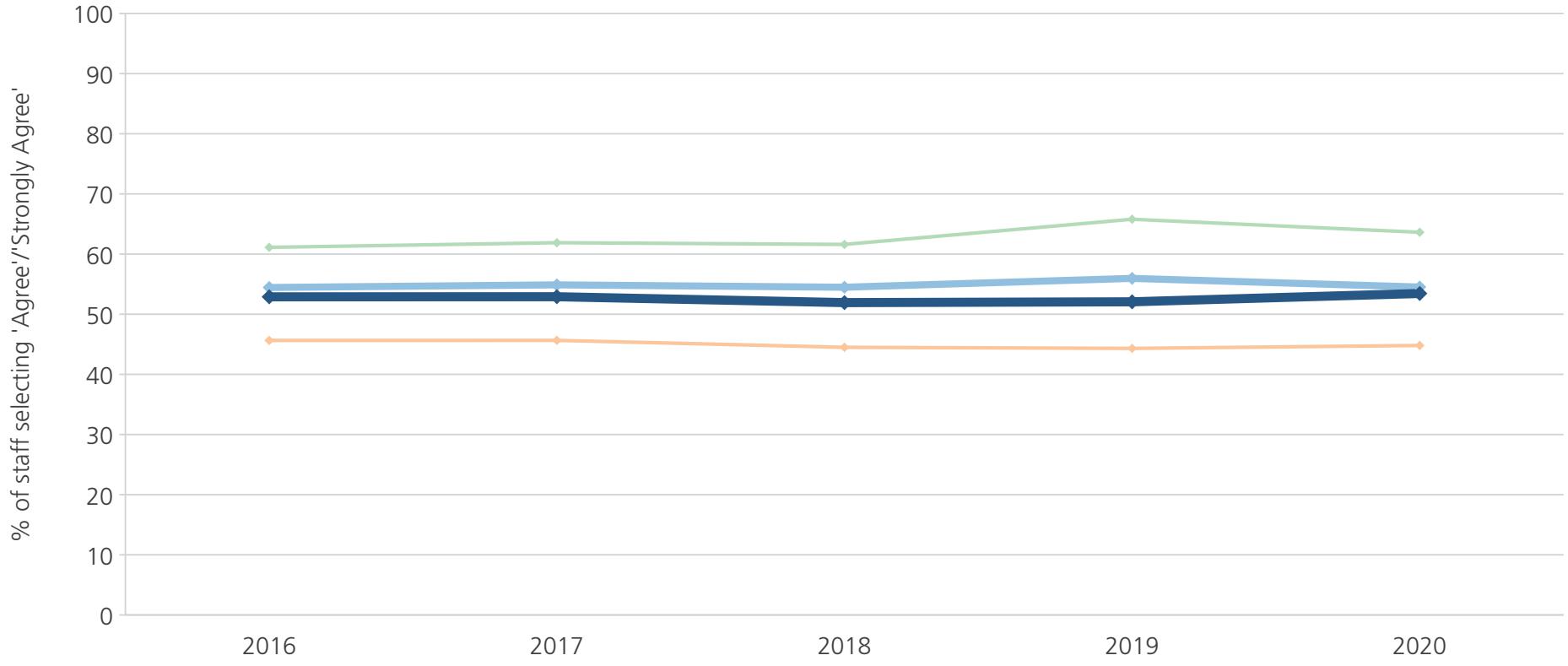
	2018	2019	2020
Best	76.9%	79.3%	77.3%
Your org	65.5%	66.5%	67.7%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%
Responses	2,079	2,004	2,760



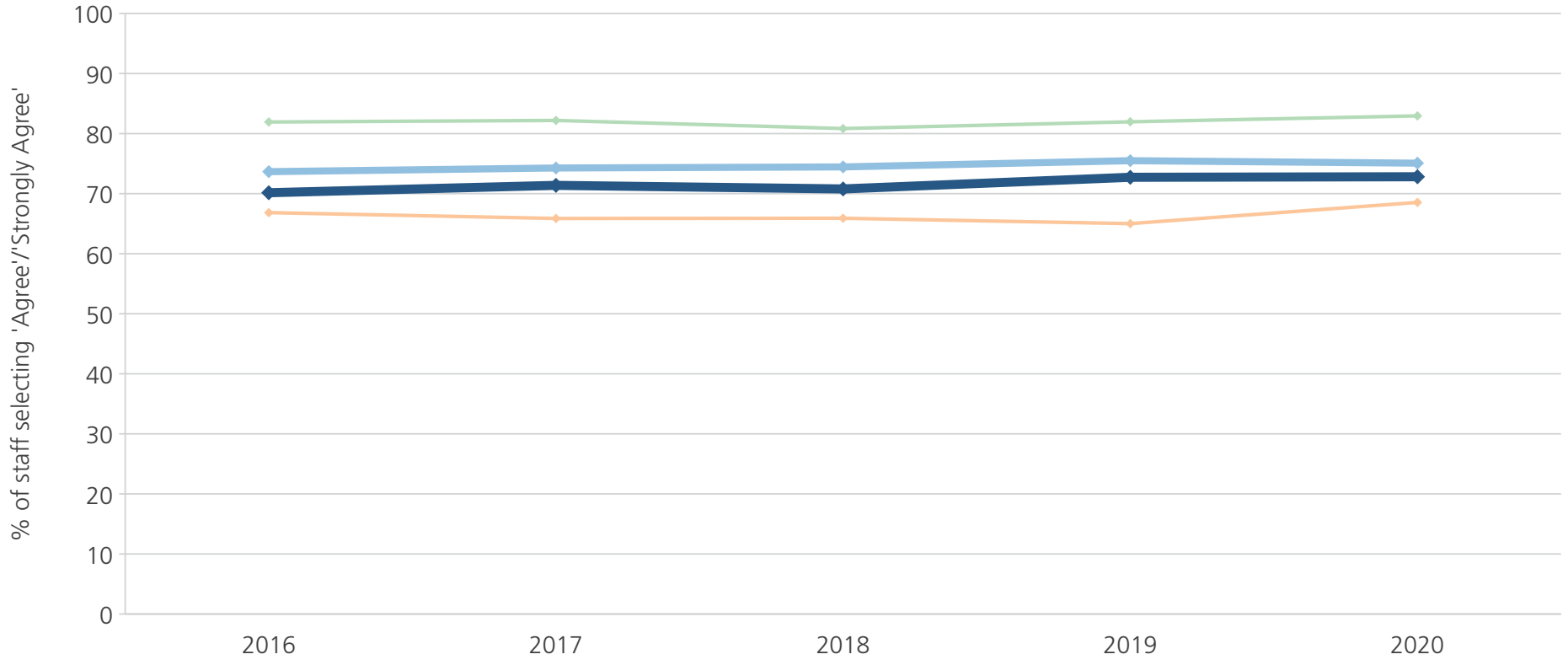
	2016	2017	2018	2019	2020
Best	78.8%	79.1%	77.7%	81.1%	79.3%
Your org	69.7%	69.6%	66.6%	66.4%	68.3%
Average	70.7%	71.4%	69.7%	71.3%	70.0%
Worst	63.8%	63.8%	60.4%	60.0%	61.4%
Responses	1,584	1,743	2,080	2,006	2,763



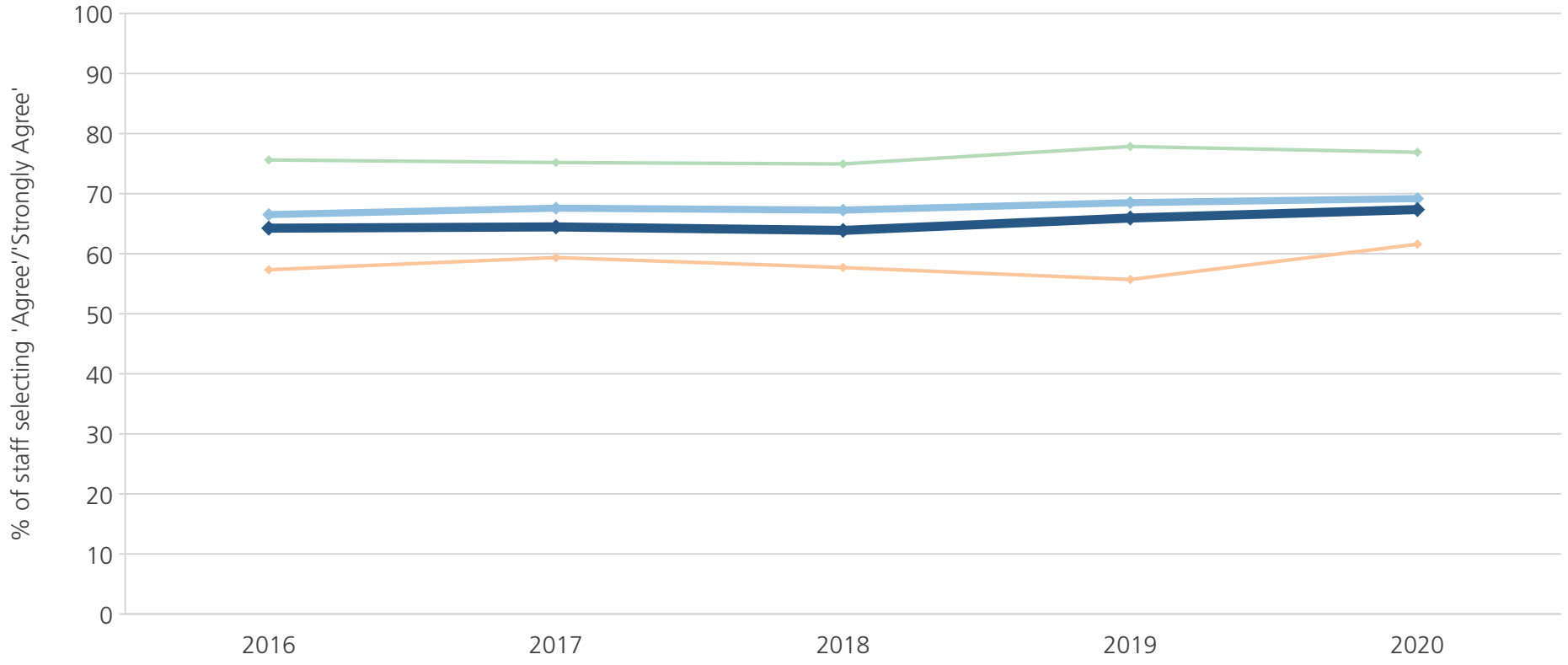
	2016	2017	2018	2019	2020
Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	59.8%	61.7%	59.3%	58.0%	59.7%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%
Responses	1,582	1,742	2,080	2,002	2,758



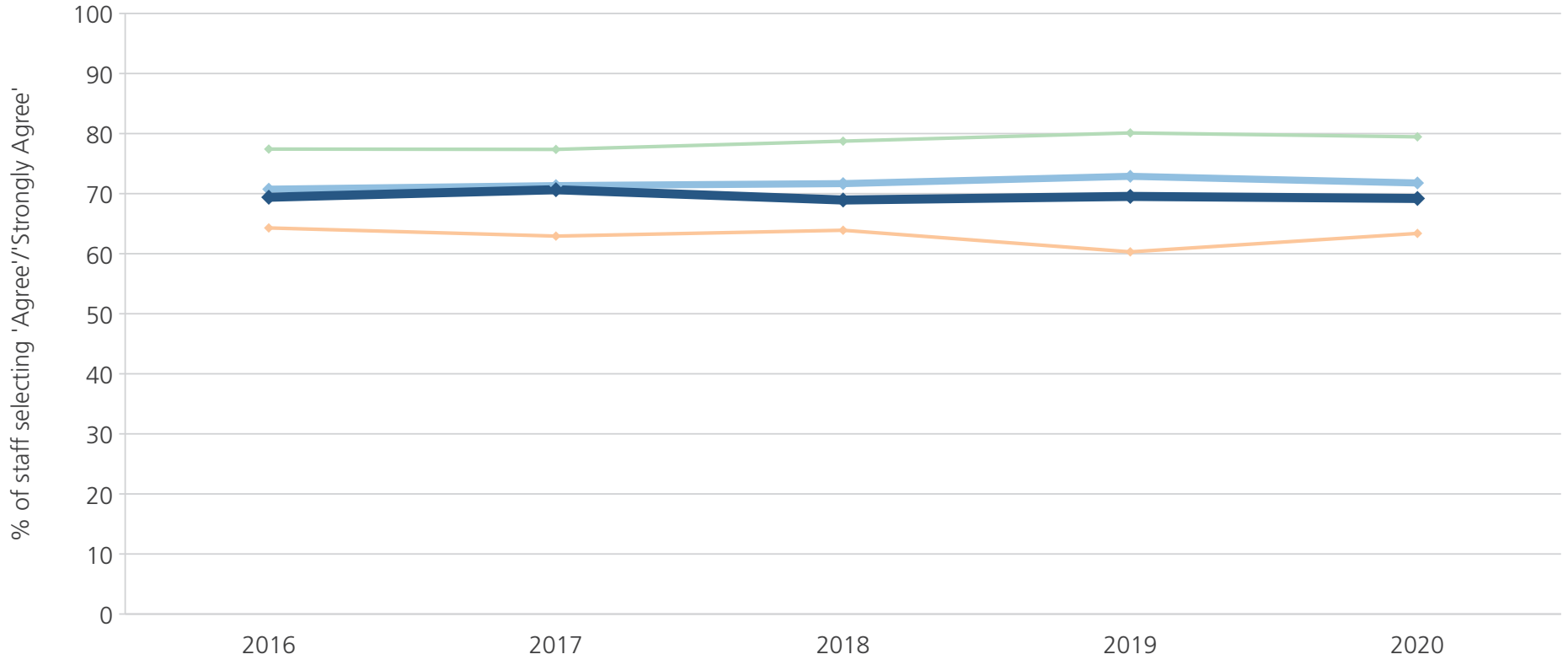
	2016	2017	2018	2019	2020
Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	52.9%	52.9%	51.9%	52.1%	53.4%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%
Responses	1,583	1,743	2,081	1,997	2,757



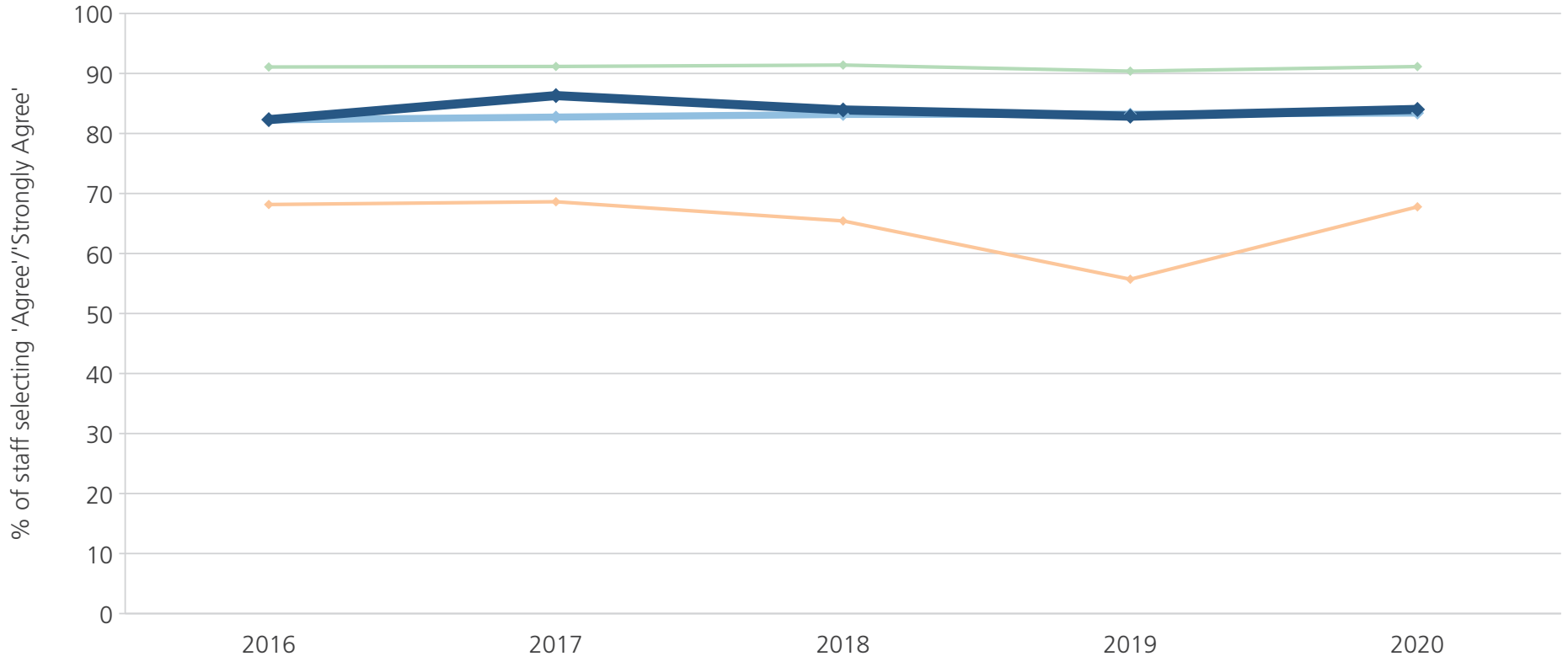
	2016	2017	2018	2019	2020
Best	81.9%	82.2%	80.8%	82.0%	82.9%
Your org	70.2%	71.4%	70.8%	72.7%	72.8%
Average	73.7%	74.3%	74.4%	75.5%	75.1%
Worst	66.8%	65.9%	65.9%	65.0%	68.5%
Responses	1,580	1,742	2,082	2,000	2,756



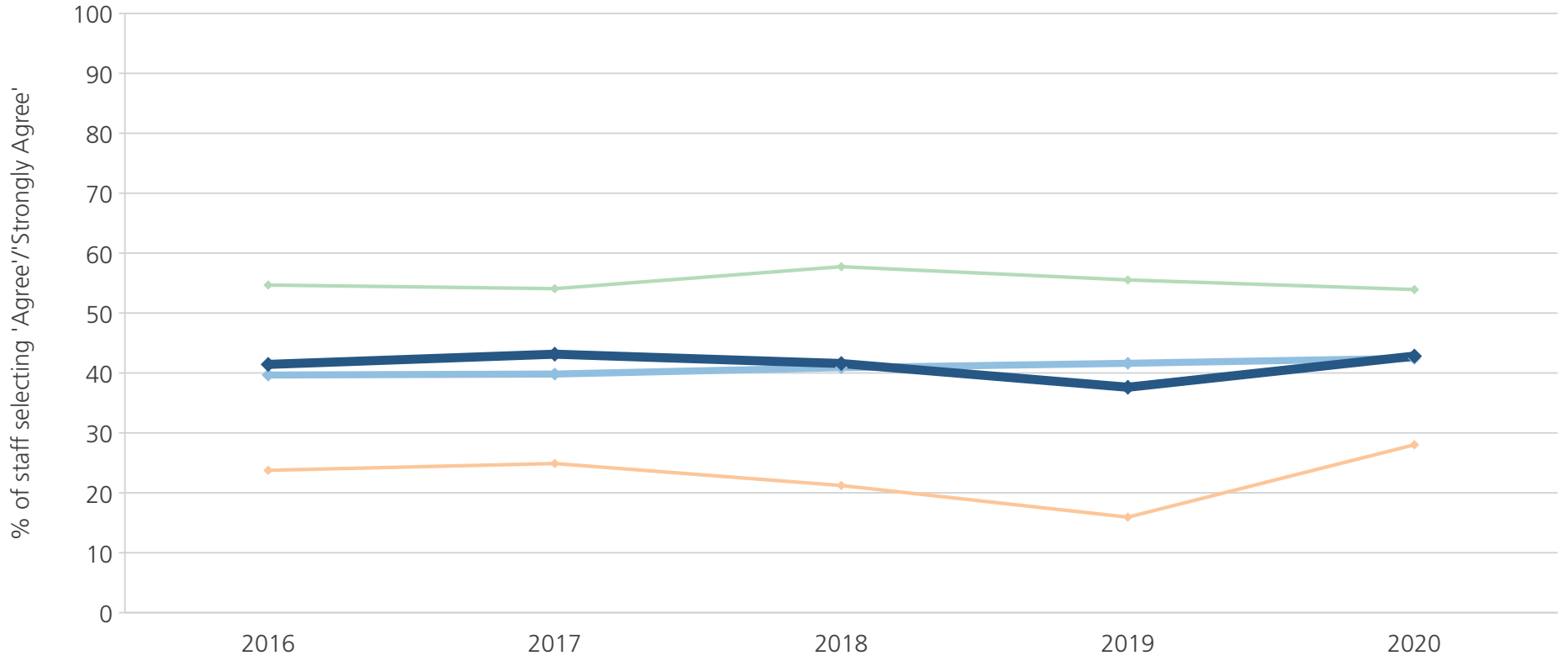
	2016	2017	2018	2019	2020
Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	64.2%	64.5%	63.9%	65.9%	67.3%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%
Responses	1,579	1,745	2,081	2,005	2,753



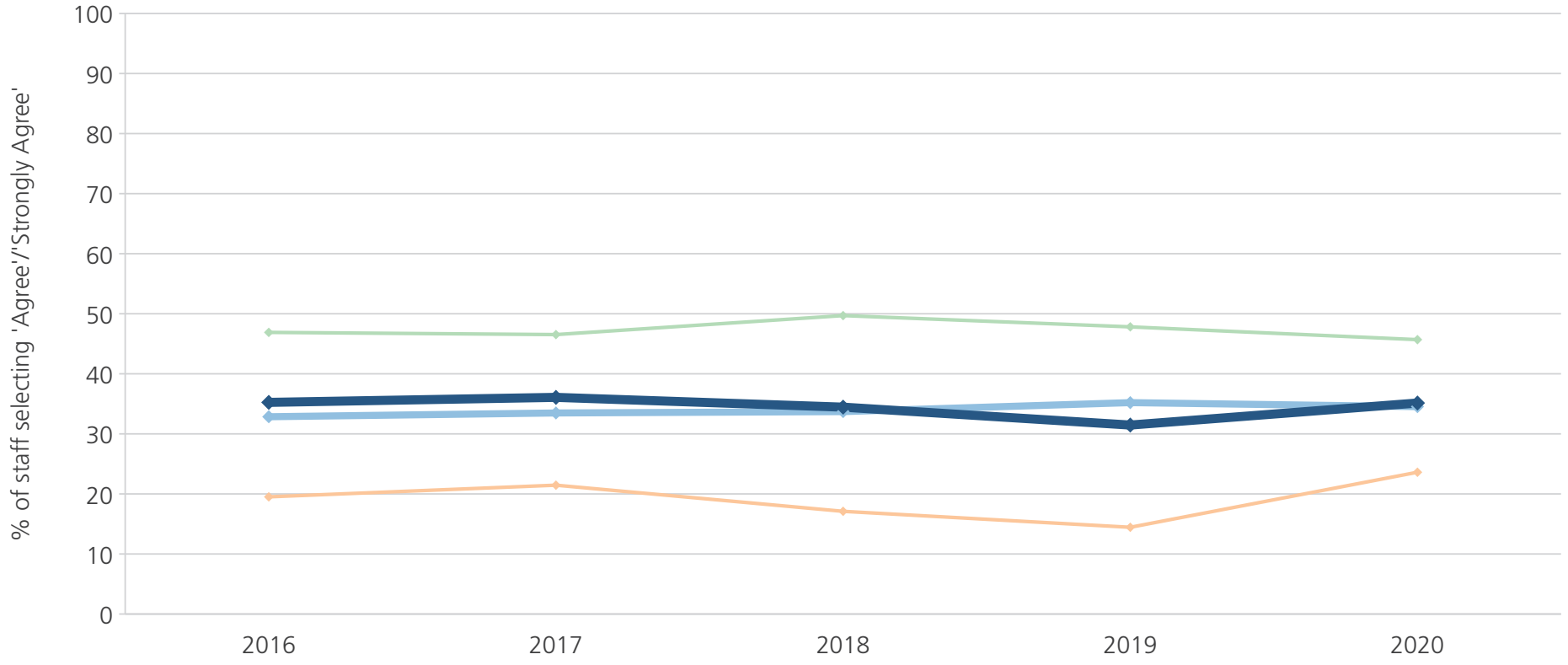
	2016	2017	2018	2019	2020
Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	69.4%	70.7%	68.9%	69.5%	69.2%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%
Responses	1,581	1,745	2,084	2,000	2,753



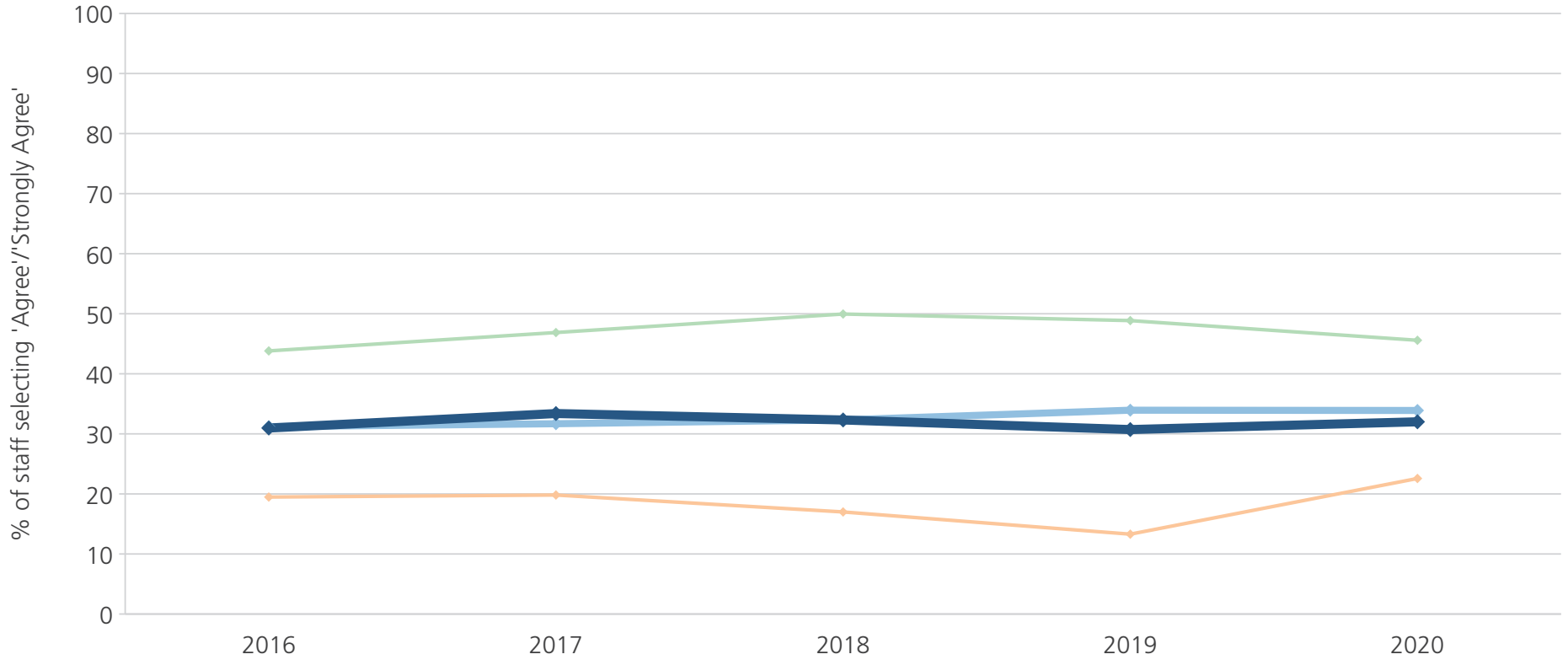
	2016	2017	2018	2019	2020
Best	91.1%	91.2%	91.4%	90.4%	91.1%
Your org	82.3%	86.3%	83.9%	82.9%	84.0%
Average	82.3%	82.7%	83.2%	83.2%	83.4%
Worst	68.2%	68.6%	65.4%	55.7%	67.8%
Responses	1,587	1,746	2,079	2,003	2,762



	2016	2017	2018	2019	2020
Best	54.7%	54.1%	57.7%	55.5%	53.9%
Your org	41.4%	43.1%	41.6%	37.6%	42.8%
Average	39.7%	39.8%	40.9%	41.6%	42.5%
Worst	23.8%	24.9%	21.2%	15.9%	28.0%
Responses	1,579	1,748	2,079	2,003	2,763



	2016	2017	2018	2019	2020
Best	46.9%	46.5%	49.7%	47.8%	45.7%
Your org	35.2%	36.1%	34.4%	31.5%	35.1%
Average	32.9%	33.5%	33.7%	35.2%	34.5%
Worst	19.5%	21.5%	17.1%	14.4%	23.6%
Responses	1,580	1,746	2,078	2,001	2,761



	2016	2017	2018	2019	2020
Best	43.8%	46.9%	50.0%	48.9%	45.6%
Your org	31.0%	33.4%	32.3%	30.7%	32.0%
Average	31.2%	31.7%	32.3%	33.9%	33.9%
Worst	19.5%	19.8%	17.0%	13.3%	22.6%
Responses	1,582	1,742	2,074	1,997	2,756

Survey Coordination Centre

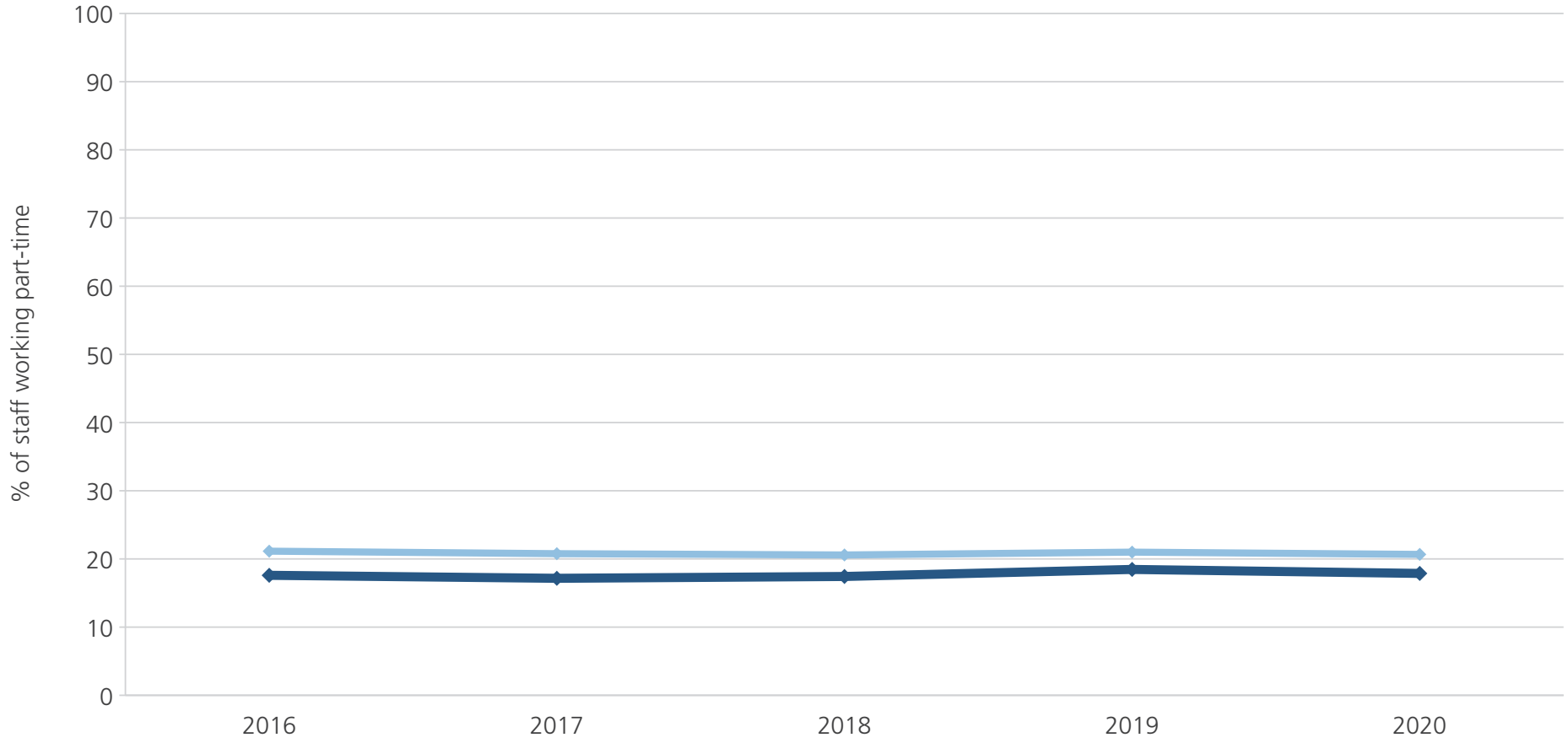
NHS England

Question results – Your health, well-being and safety at work

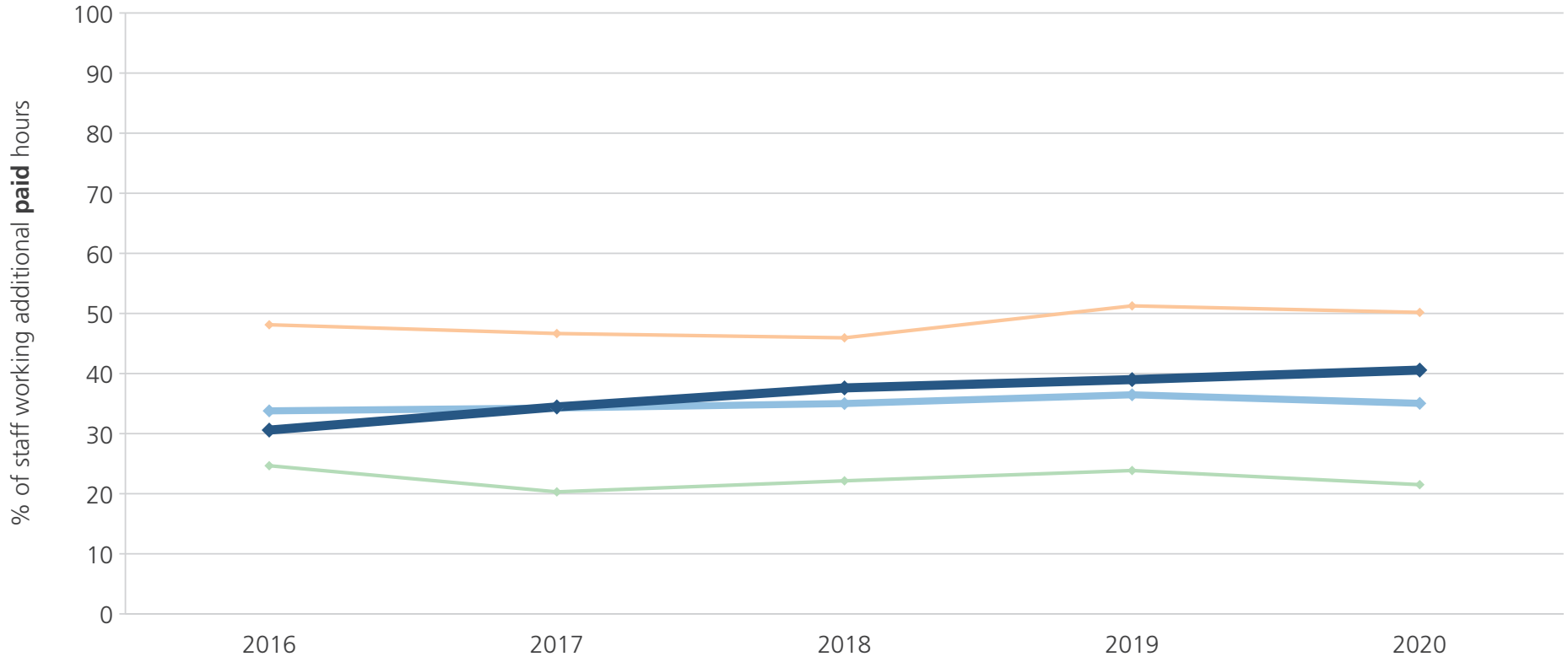
The way in which the data for Q12d and Q13d are reported has changed this year. This change has been applied retrospectively so the data for 2016-2020 shown in the charts for these questions are comparable. However, these figures are not directly comparable to the results reported in previous years.
For more details please see the technical document.

Northampton General Hospital NHS Trust

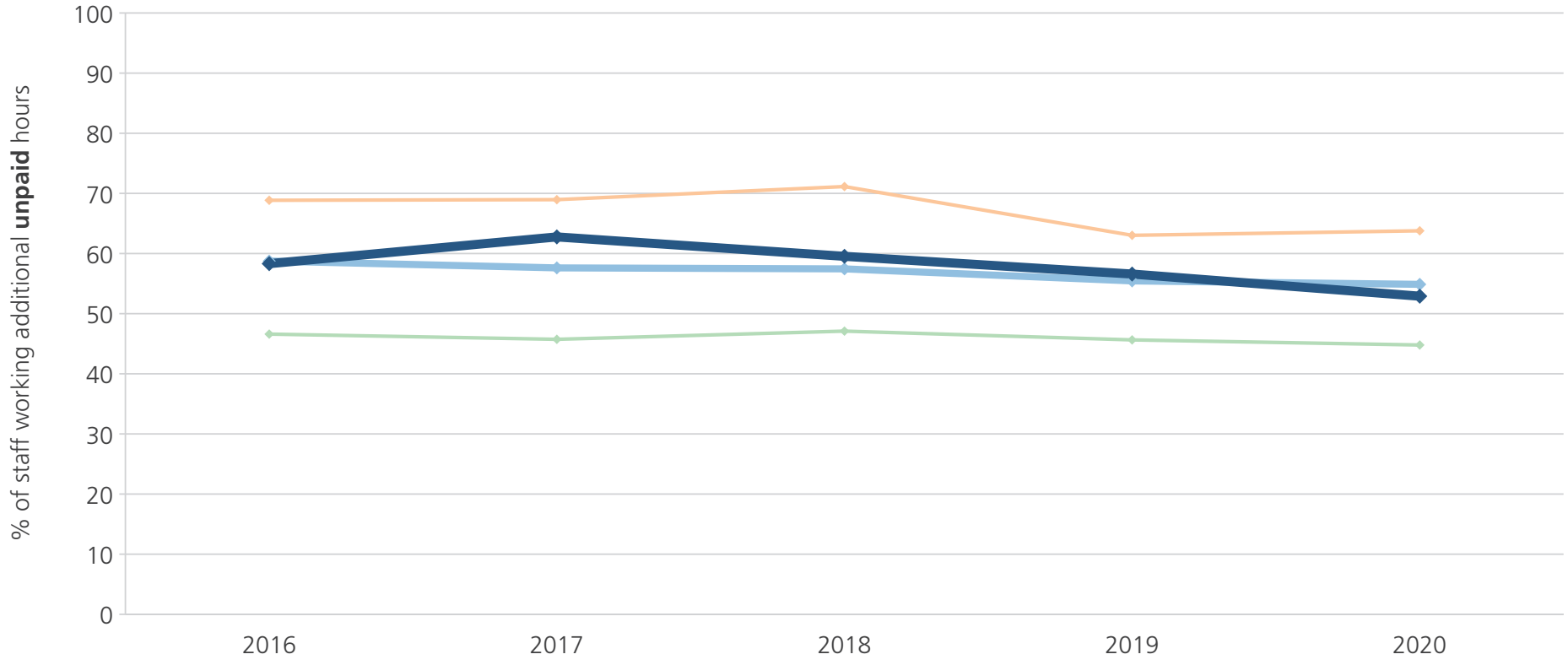
2020 NHS Staff Survey Results



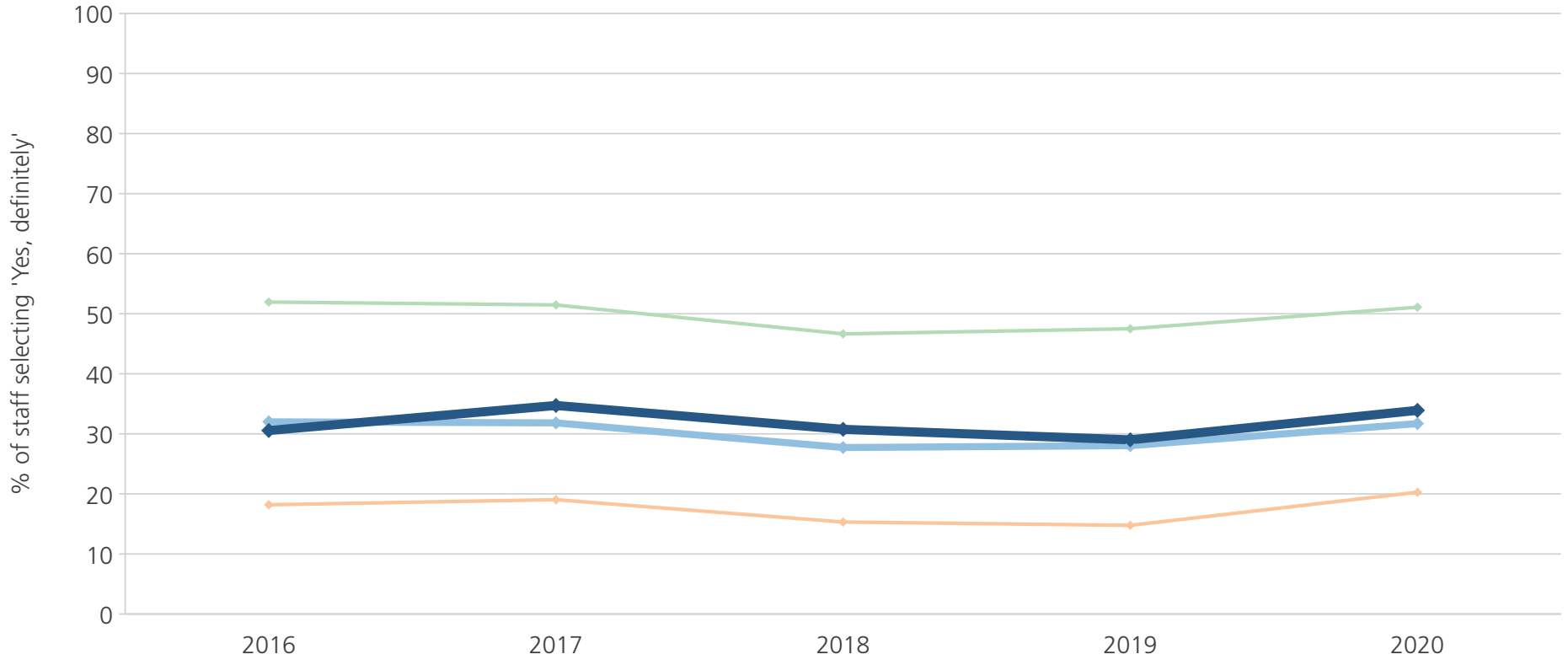
	2016	2017	2018	2019	2020
Your org	17.6%	17.2%	17.4%	18.5%	17.9%
Average	21.1%	20.8%	20.6%	21.0%	20.7%
Responses	1,557	1,760	2,060	1,896	2,607



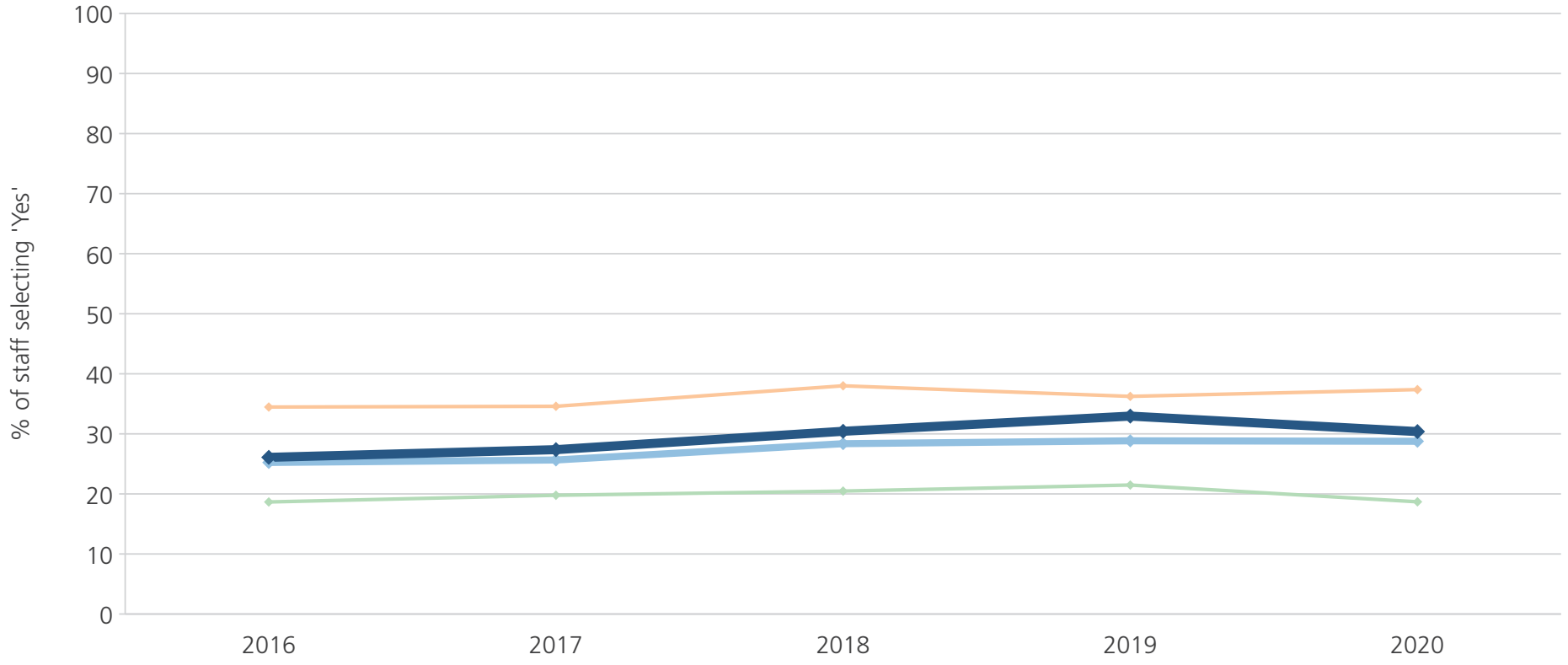
	2016	2017	2018	2019	2020
Worst	48.1%	46.7%	45.9%	51.3%	50.2%
Your org	30.6%	34.4%	37.6%	39.0%	40.6%
Average	33.8%	34.3%	35.0%	36.5%	35.0%
Best	24.7%	20.3%	22.1%	23.9%	21.5%
Responses	1,536	1,722	1,990	1,905	2,642



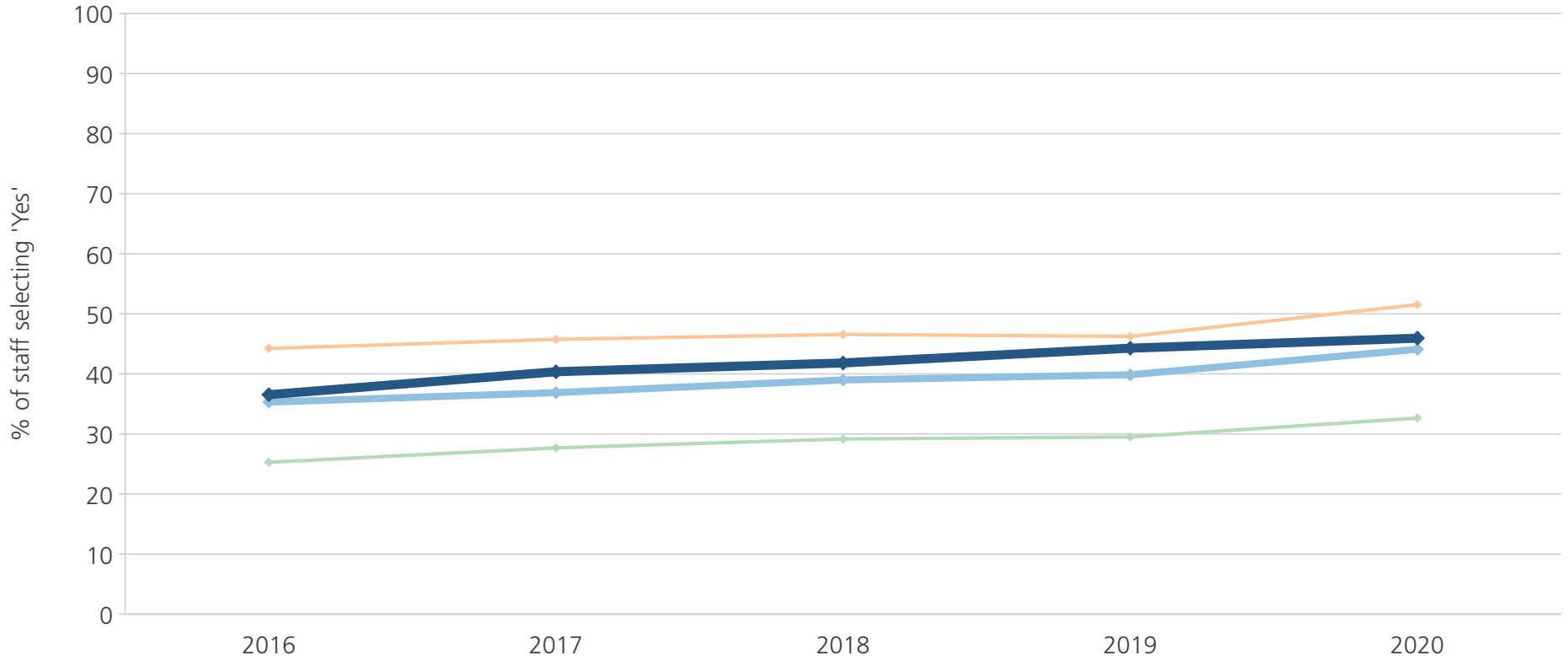
	2016	2017	2018	2019	2020
Worst	68.9%	69.0%	71.1%	63.0%	63.8%
Your org	58.3%	62.8%	59.5%	56.6%	52.9%
Average	58.7%	57.6%	57.4%	55.4%	54.9%
Best	46.6%	45.7%	47.1%	45.6%	44.8%
Responses	1,534	1,728	2,001	1,919	2,669



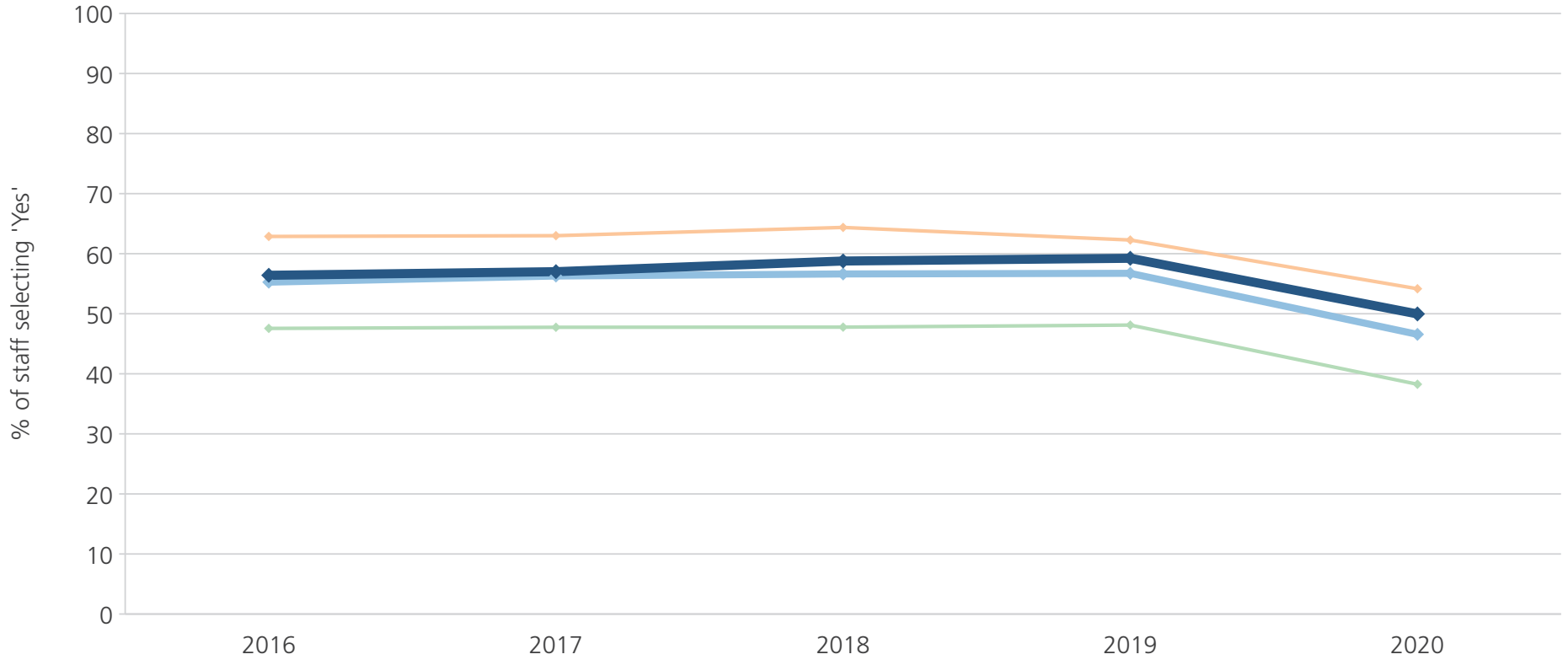
	2016	2017	2018	2019	2020
Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	30.6%	34.7%	30.8%	29.0%	33.9%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%
Responses	1,575	1,719	2,062	1,972	2,735



	2016	2017	2018	2019	2020
Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	26.1%	27.4%	30.4%	33.0%	30.4%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%
Responses	1,579	1,768	2,061	1,986	2,736

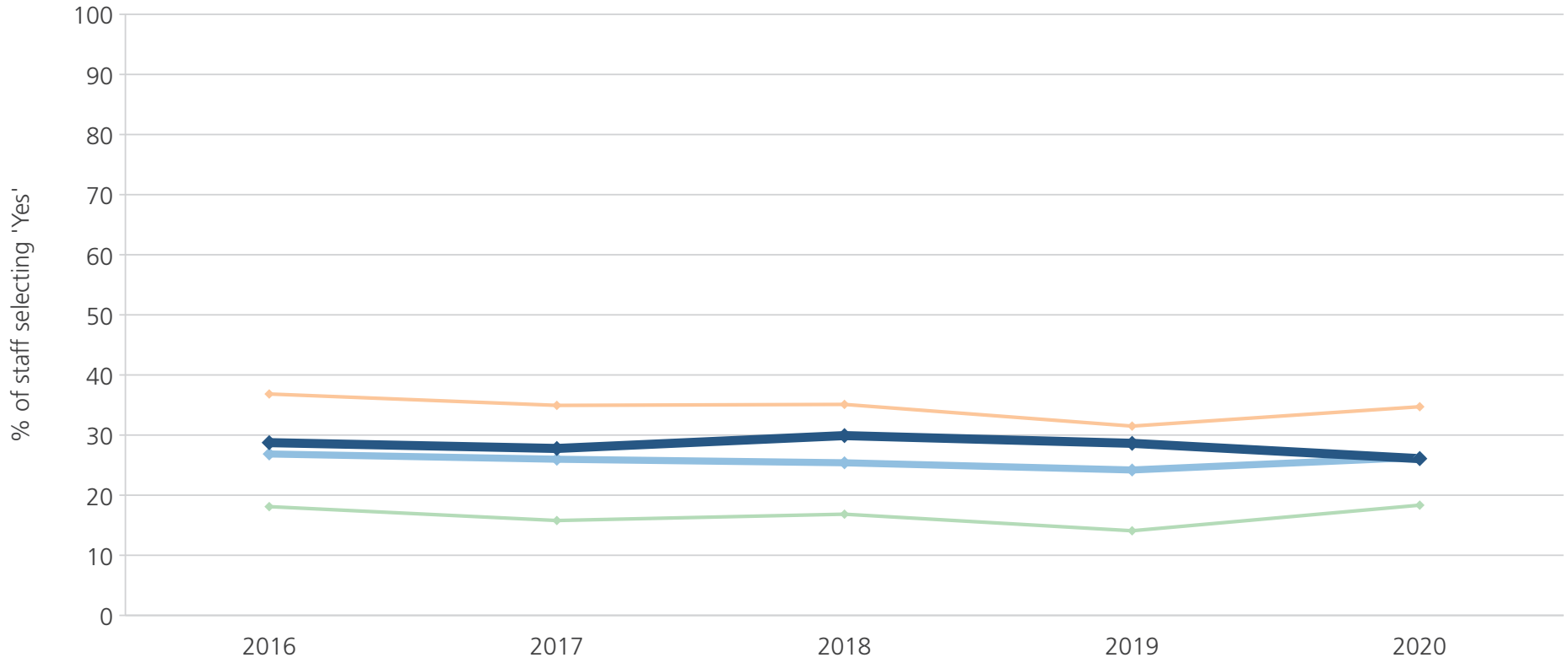


	2016	2017	2018	2019	2020
Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	36.5%	40.4%	41.8%	44.3%	45.9%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%
Responses	1,582	1,773	2,070	1,991	2,739



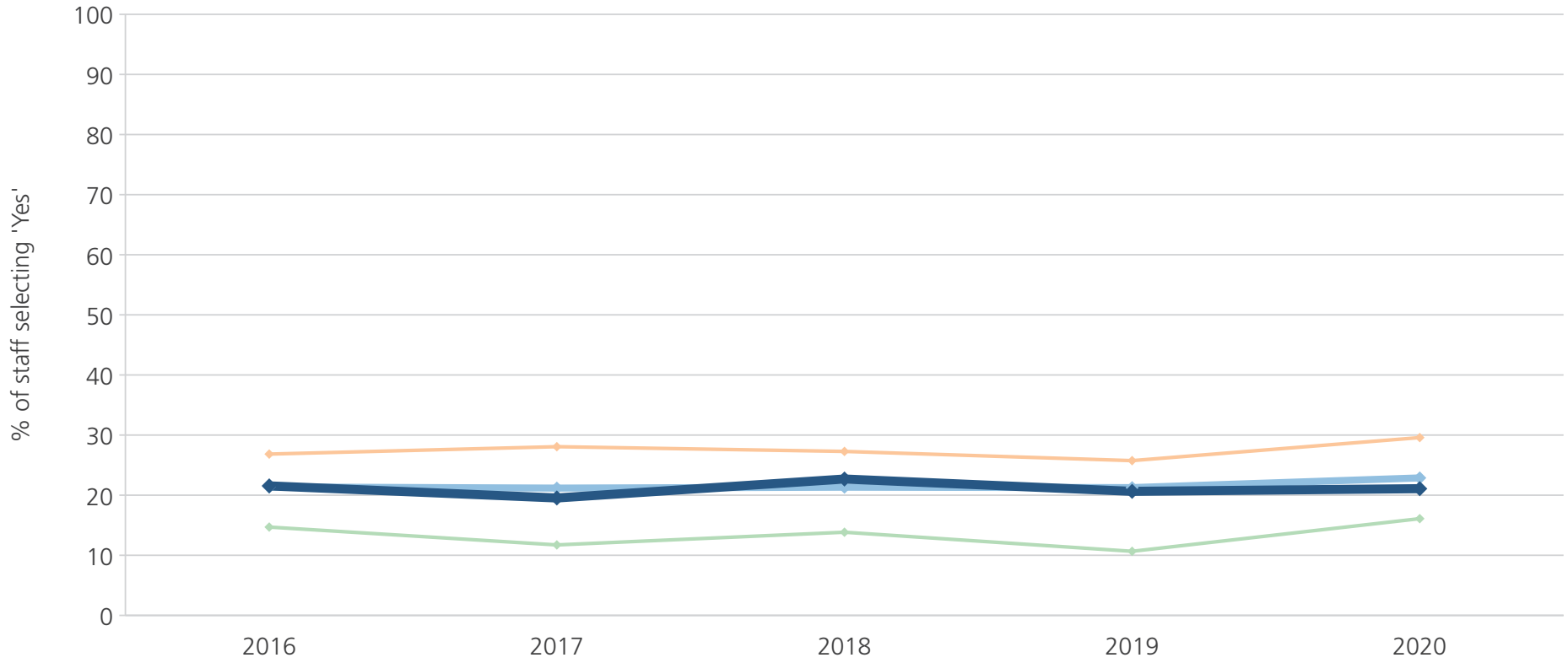
	2016	2017	2018	2019	2020
Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	56.4%	57.0%	58.8%	59.2%	50.0%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%
Responses	1,575	1,773	2,070	1,991	2,742

This question was only answered by people who responded to Q11d.



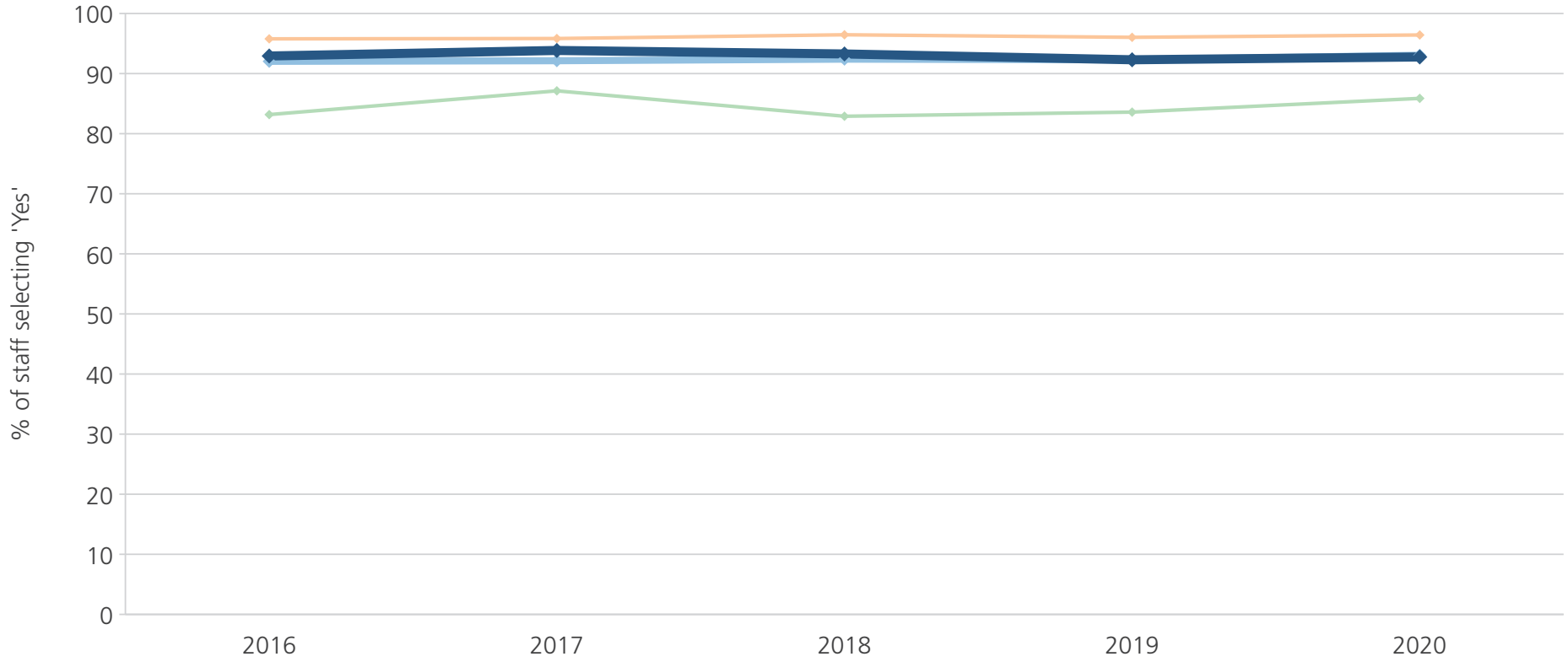
	2016	2017	2018	2019	2020
Worst	36.8%	34.9%	35.1%	31.5%	34.7%
Your org	28.7%	27.8%	29.9%	28.6%	26.1%
Average	26.9%	26.0%	25.4%	24.2%	26.3%
Best	18.1%	15.8%	16.8%	14.1%	18.3%
Responses	881	1,007	1,187	1,156	1,345

This question was only answered by people who responded to Q11d.



	2016	2017	2018	2019	2020
Worst	26.8%	28.1%	27.3%	25.7%	29.6%
Your org	21.5%	19.5%	22.7%	20.6%	21.1%
Average	21.4%	21.2%	21.3%	21.3%	22.9%
Best	14.7%	11.7%	13.8%	10.7%	16.1%
Responses	873	1,004	1,183	1,156	1,337

This question was only answered by people who responded to Q11d.

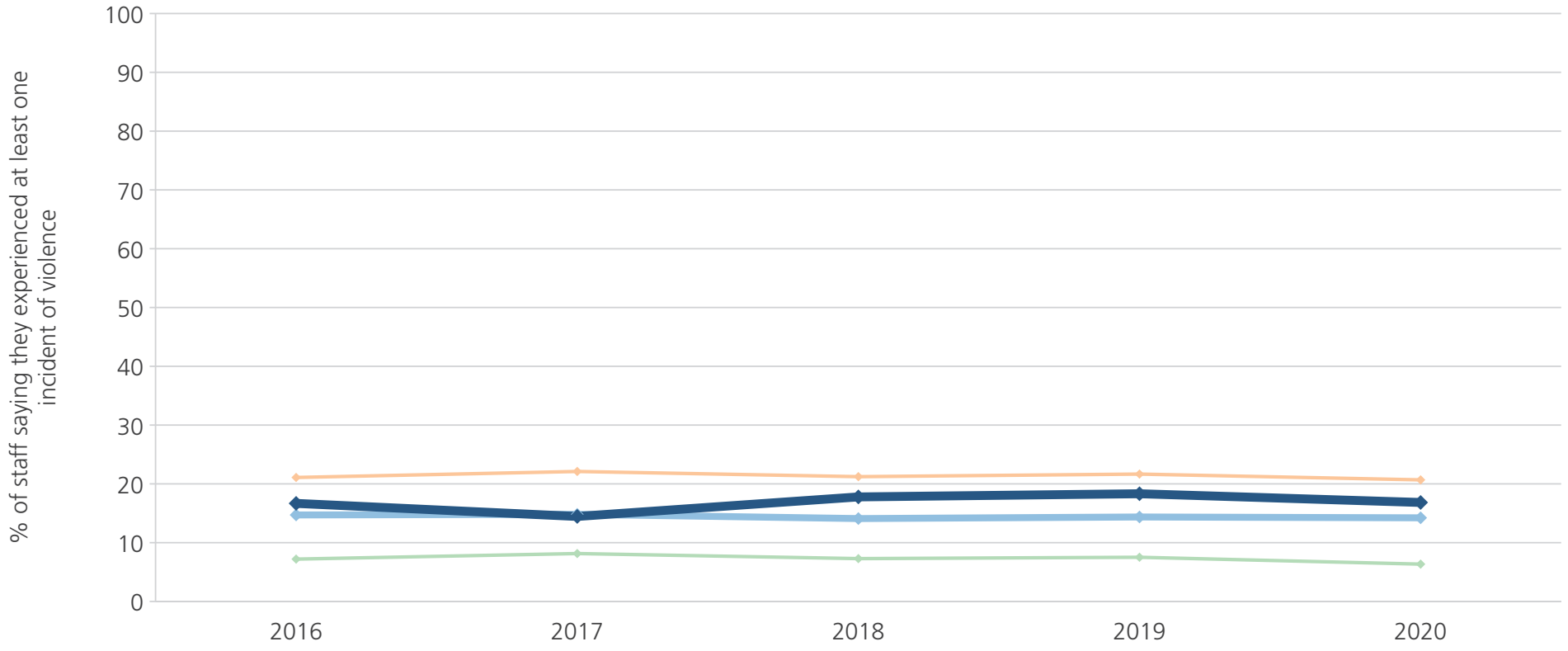


	2016	2017	2018	2019	2020
Worst	95.8%	95.8%	96.5%	96.0%	96.4%
Your org	92.9%	93.8%	93.3%	92.3%	92.8%
Average	92.0%	92.1%	92.4%	92.3%	93.0%
Best	83.2%	87.1%	82.9%	83.6%	85.9%
Responses	881	1,010	1,192	1,167	1,353

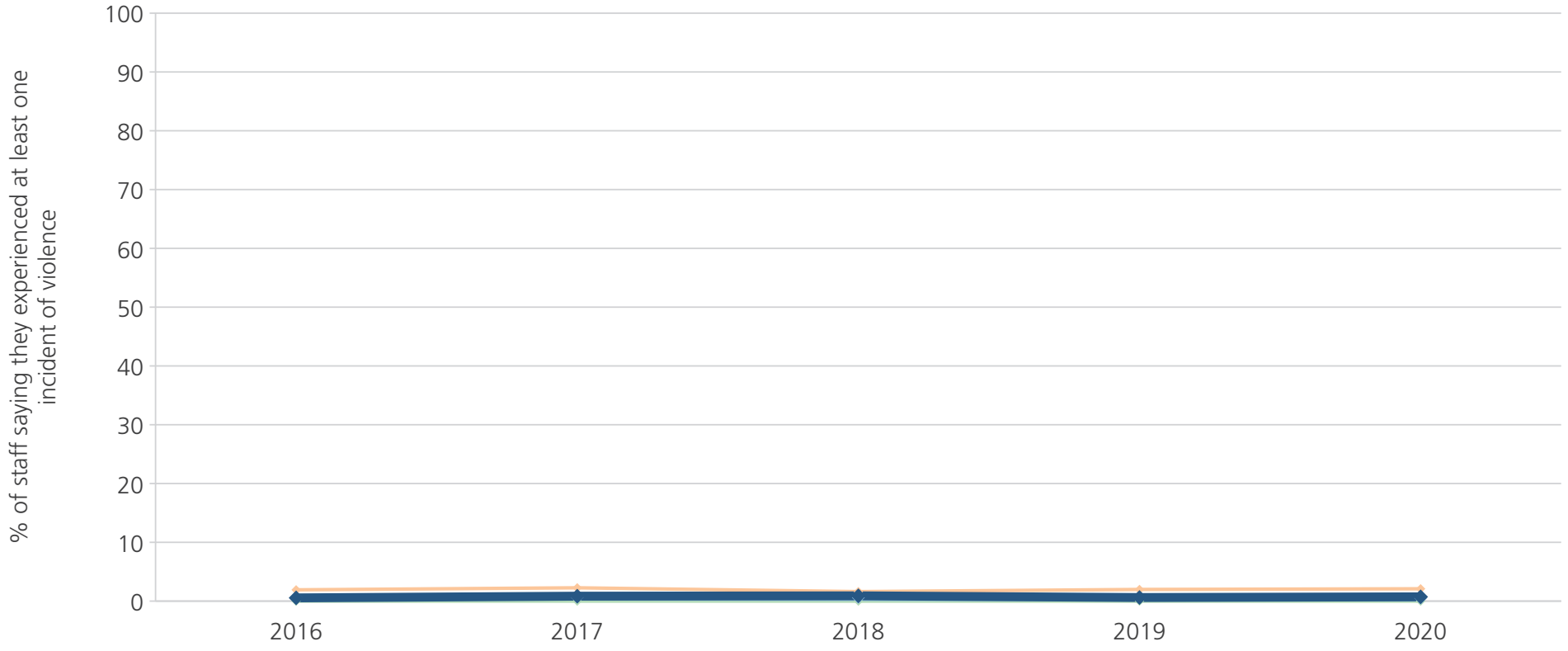
Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q12a **>** In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

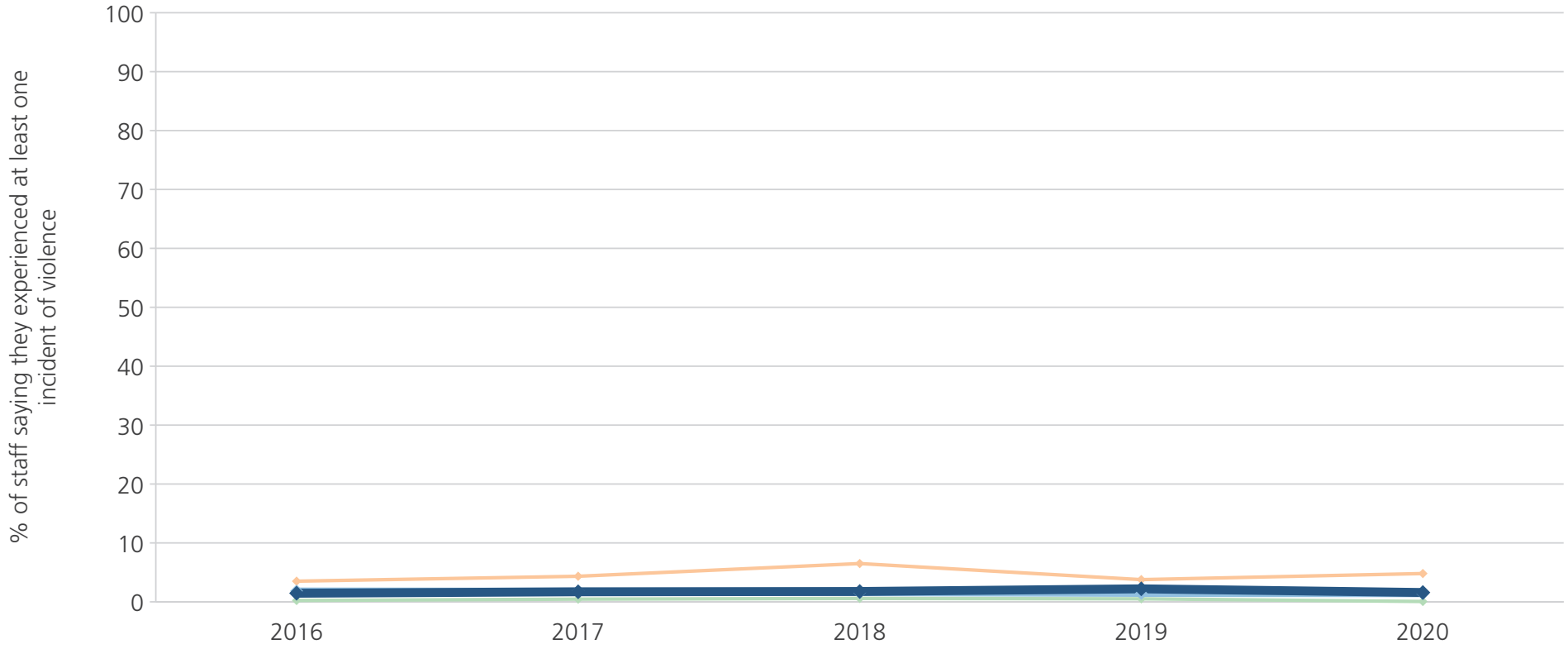
NHS England



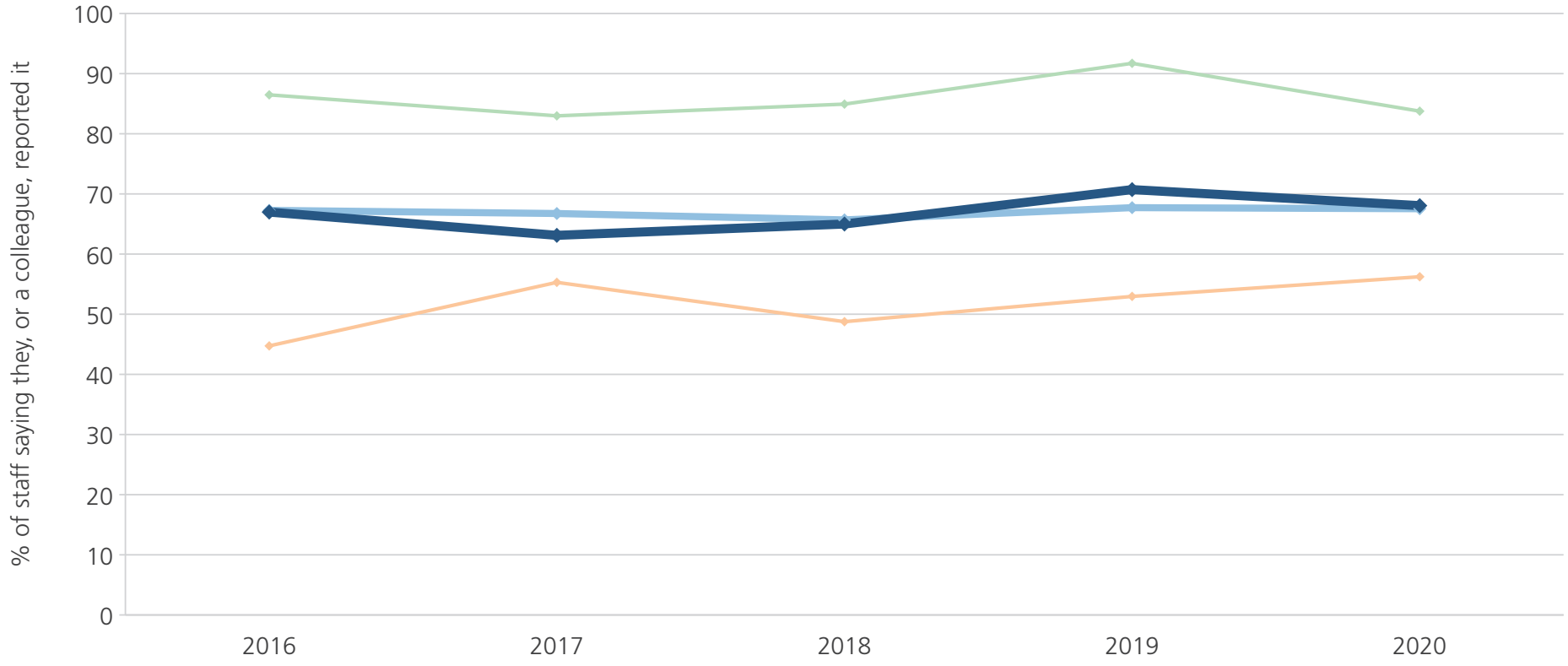
	2016	2017	2018	2019	2020
Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	16.7%	14.5%	17.8%	18.3%	16.8%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%
Responses	1,568	1,723	2,070	1,981	2,750



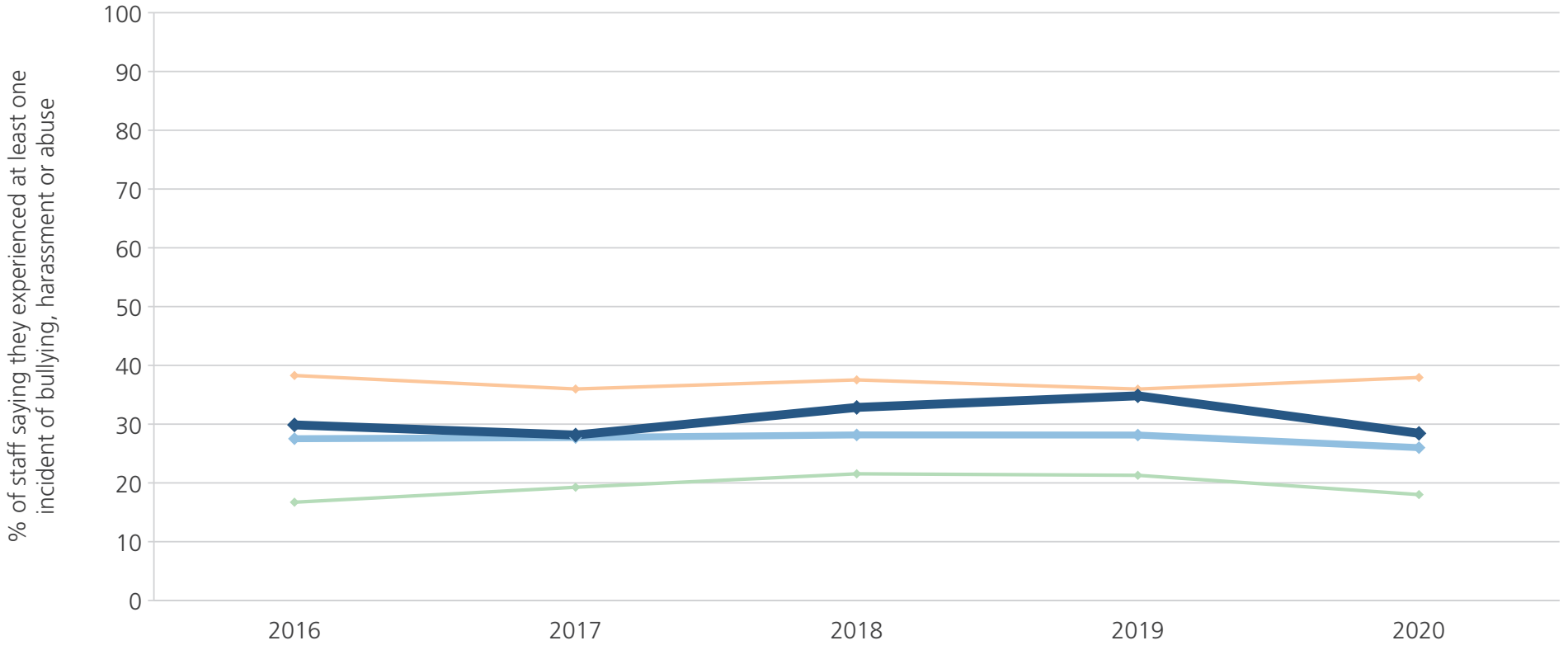
	2016	2017	2018	2019	2020
Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	0.5%	0.8%	0.9%	0.6%	0.7%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	1,563	1,695	2,038	1,973	2,729



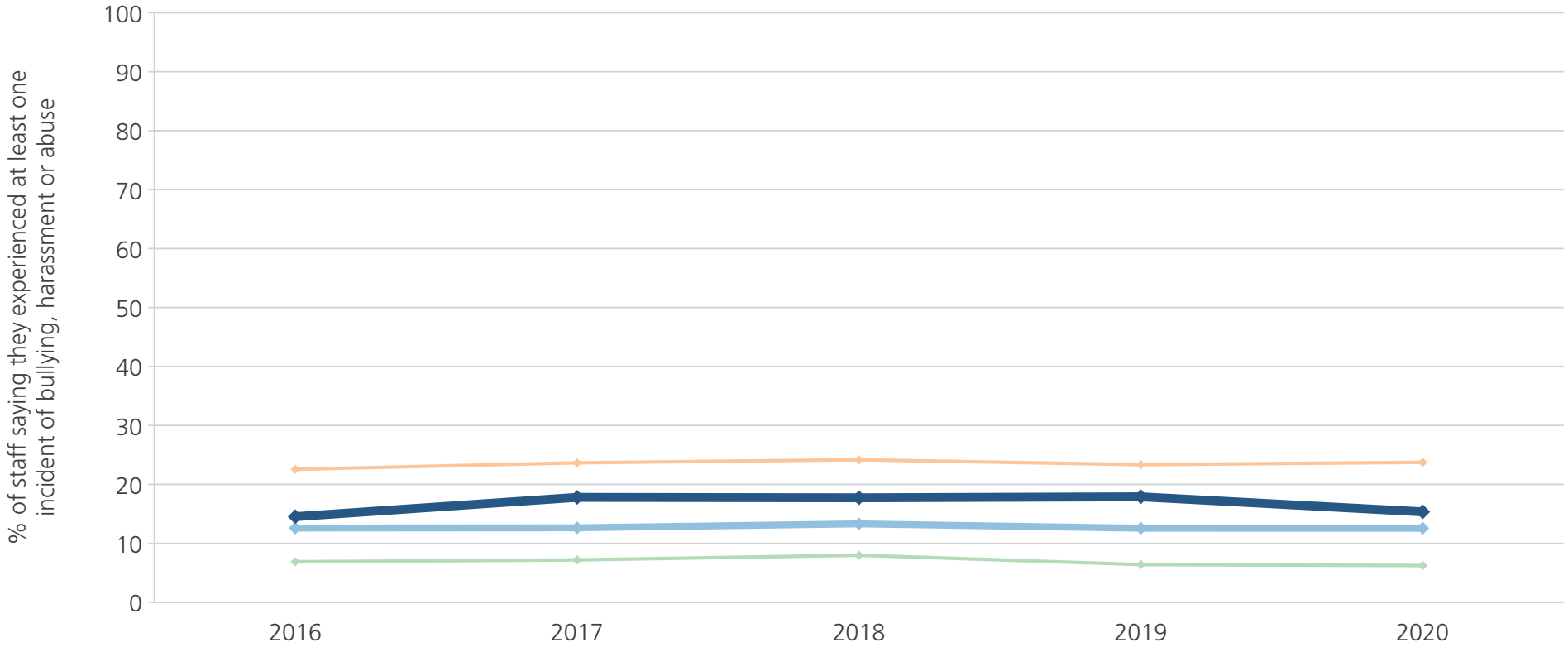
	2016	2017	2018	2019	2020
Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	1.5%	1.7%	1.8%	2.2%	1.6%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%
Responses	1,553	1,692	2,039	1,957	2,714



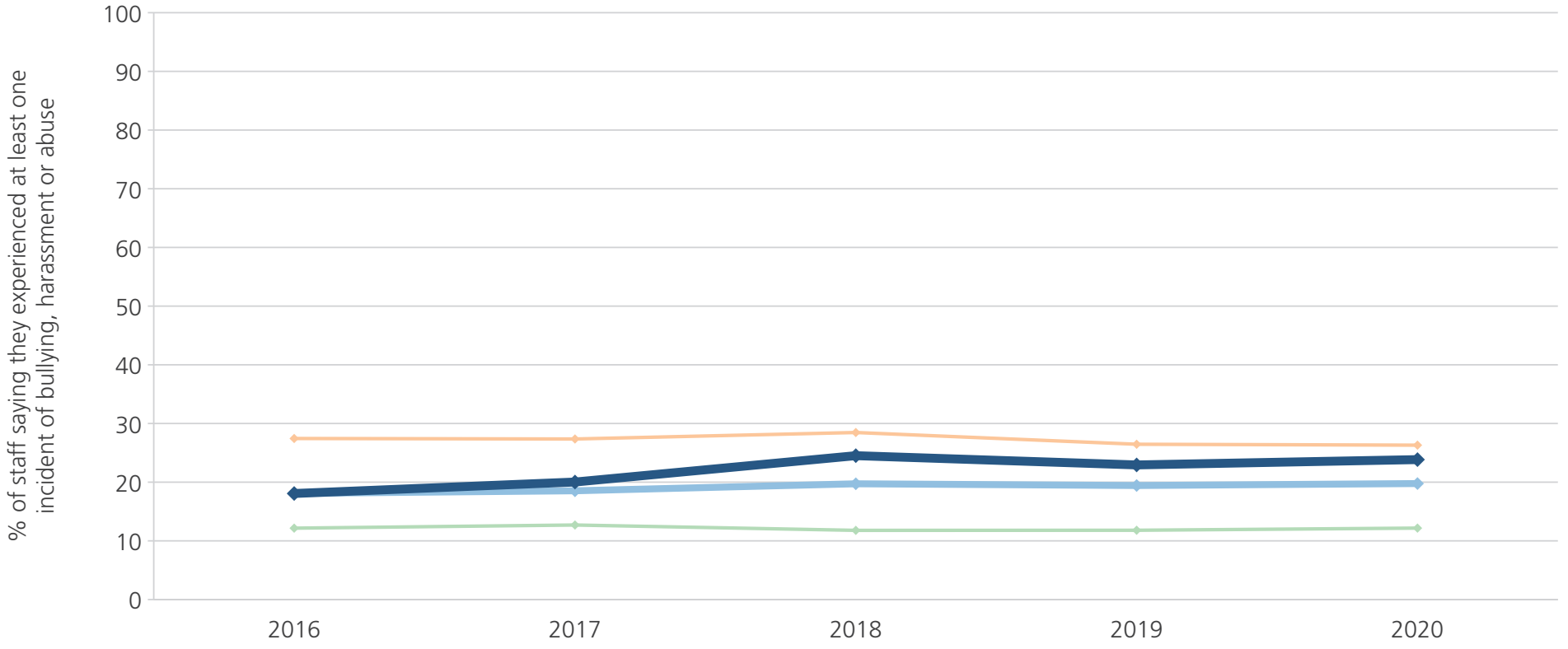
	2016	2017	2018	2019	2020
Best	86.5%	83.0%	84.9%	91.7%	83.8%
Your org	67.0%	63.1%	65.0%	70.7%	68.0%
Average	67.3%	66.7%	65.7%	67.7%	67.5%
Worst	44.7%	55.3%	48.8%	53.0%	56.2%
Responses	206	205	307	305	409



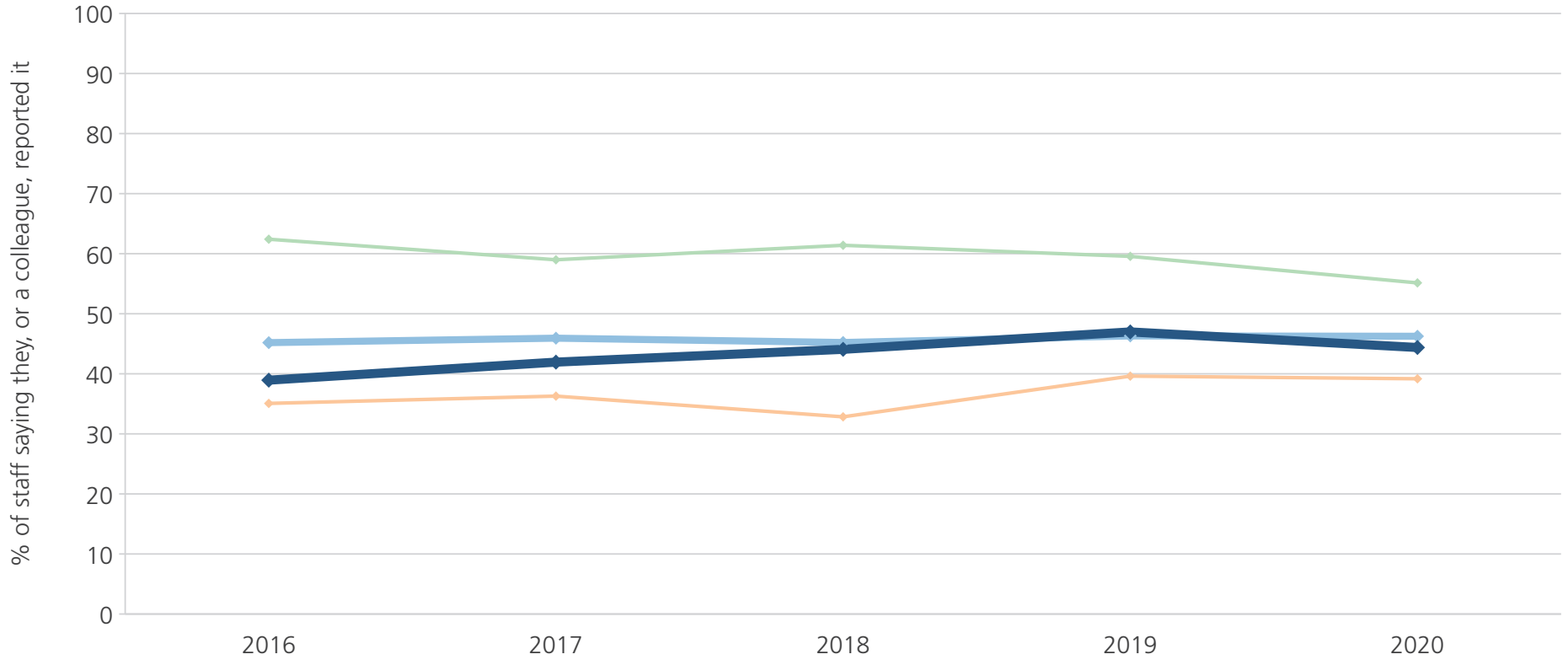
	2016	2017	2018	2019	2020
Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	29.9%	28.1%	32.8%	34.8%	28.4%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%
Responses	1,559	1,720	2,067	1,986	2,738



	2016	2017	2018	2019	2020
Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	14.5%	17.8%	17.7%	17.9%	15.3%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%
Responses	1,548	1,702	2,039	1,977	2,731



	2016	2017	2018	2019	2020
Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	18.1%	20.0%	24.5%	22.9%	23.8%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%
Responses	1,552	1,696	2,048	1,961	2,720

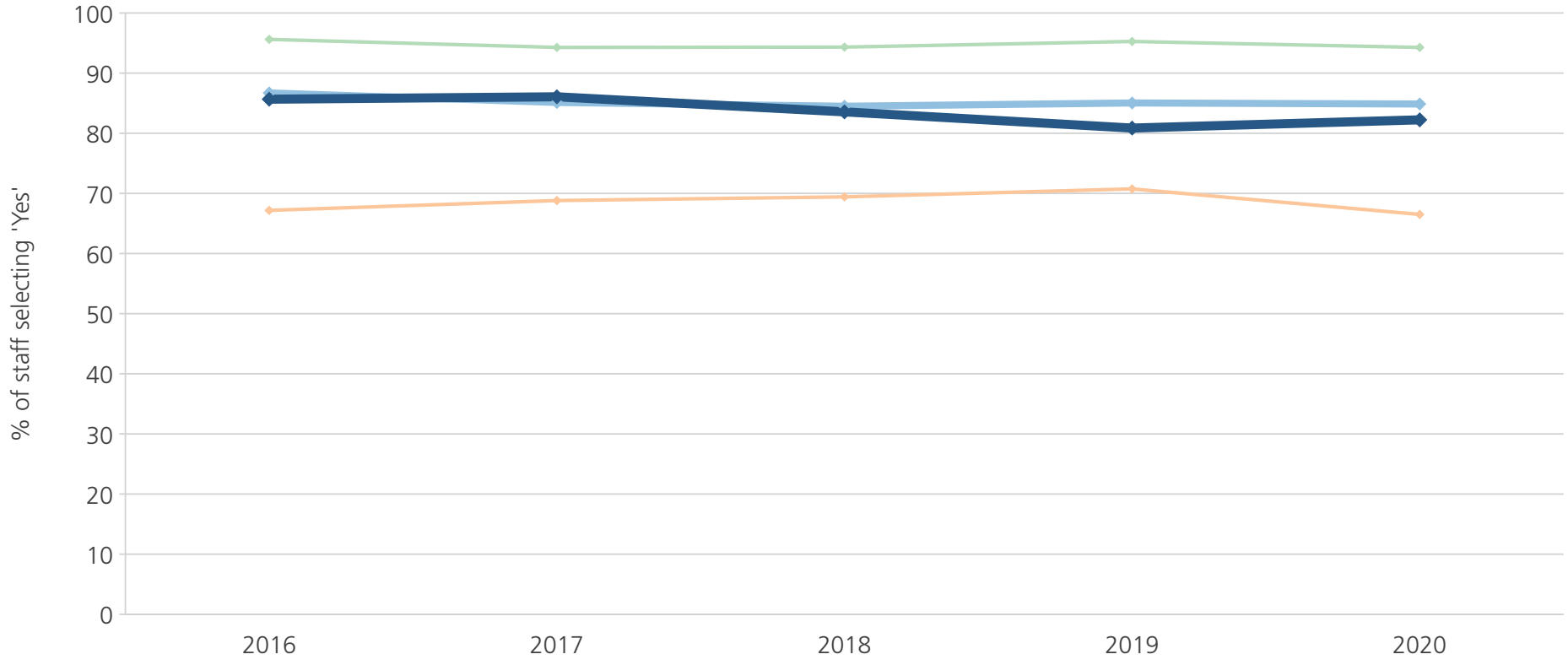


	2016	2017	2018	2019	2020
Best	62.4%	59.0%	61.4%	59.6%	55.1%
Your org	38.9%	41.9%	44.1%	47.0%	44.4%
Average	45.2%	45.9%	45.2%	46.3%	46.3%
Worst	35.1%	36.3%	32.8%	39.6%	39.2%
Responses	583	633	840	827	1,063

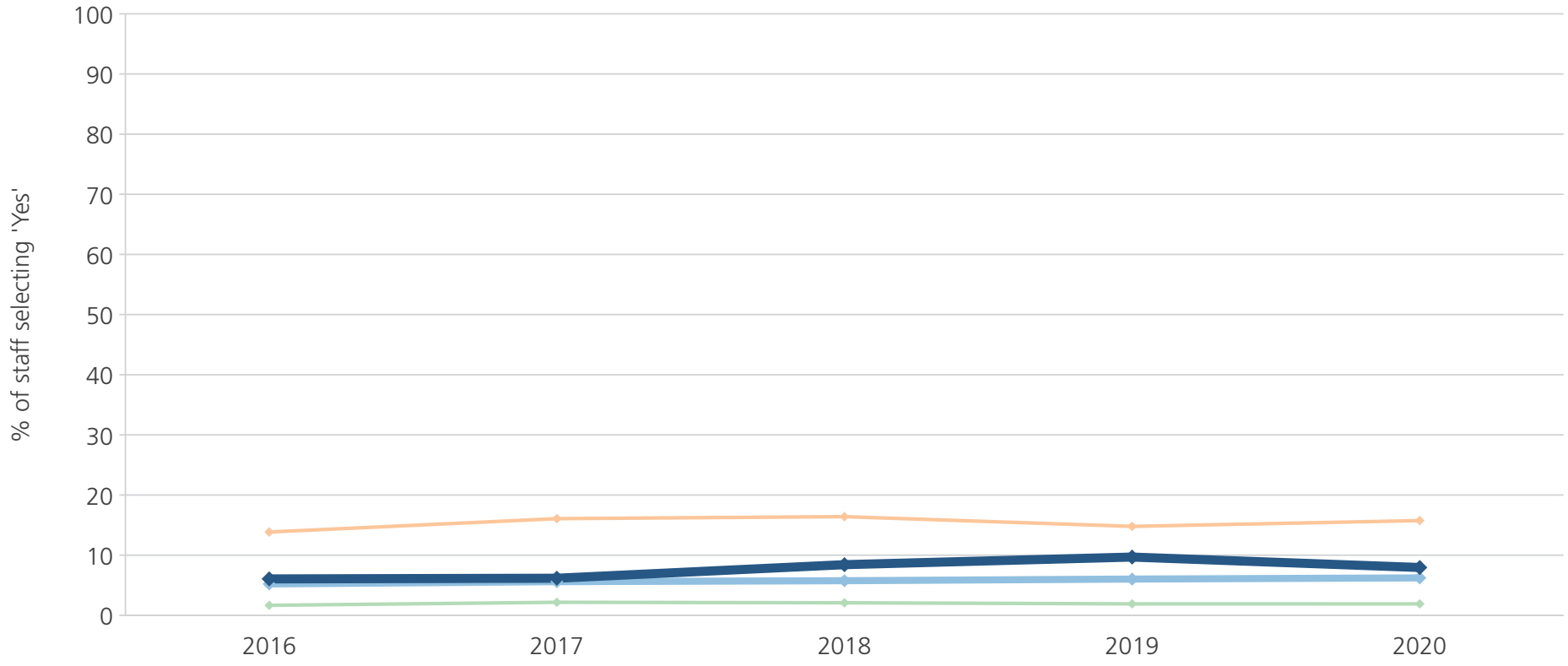
Survey Coordination Centre

2020 NHS Staff Survey Results > Question results > Your health, well-being and safety at work > Q14 > Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

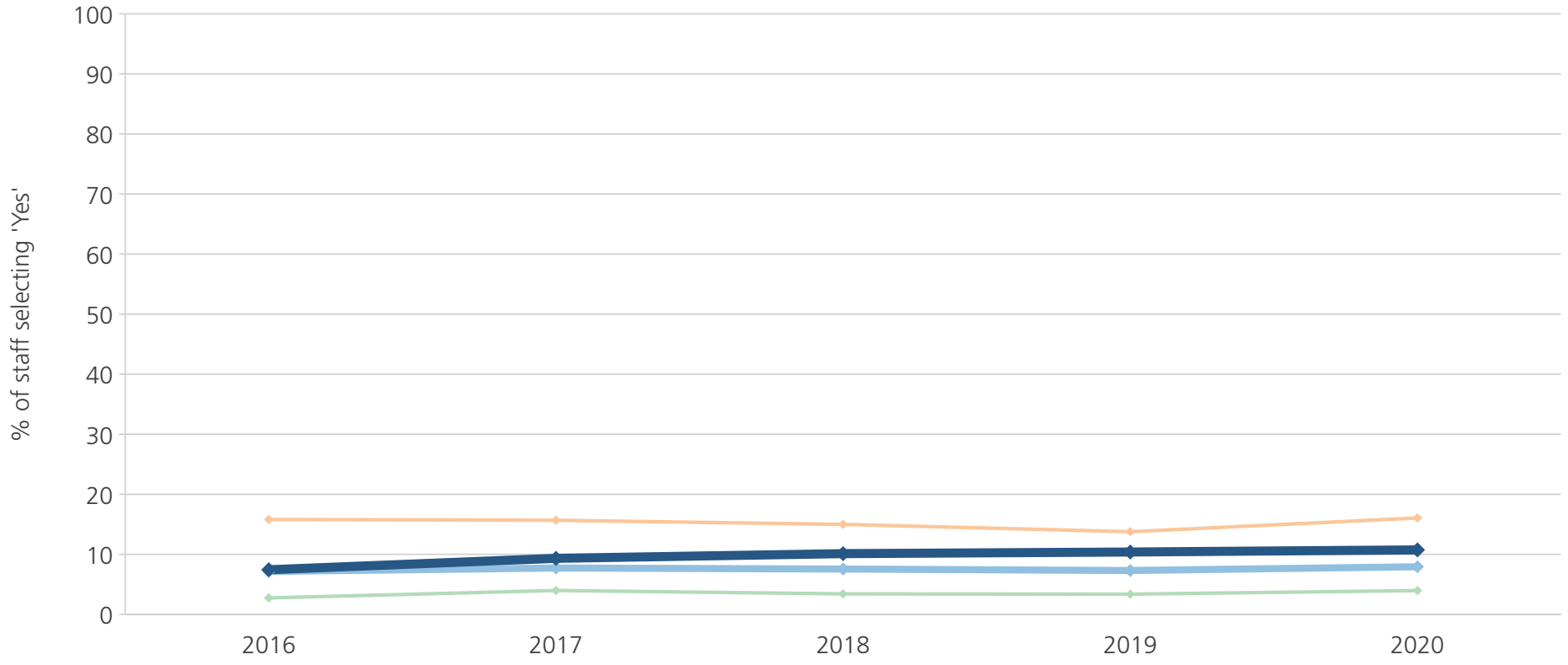
NHS England



	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	85.7%	86.1%	83.6%	80.9%	82.2%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%
Responses	1,027	1,175	1,373	1,275	1,808

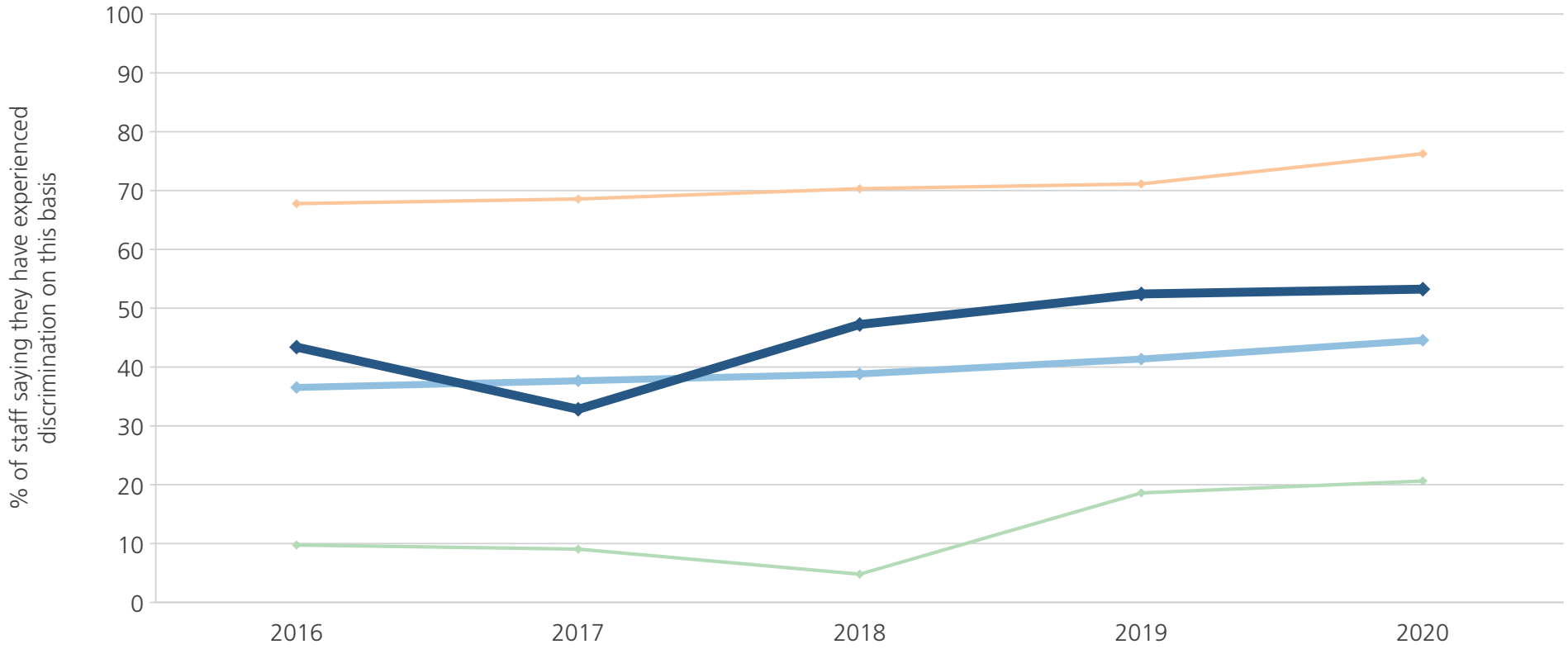


	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	6.1%	6.2%	8.4%	9.7%	7.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%
Responses	1,568	1,708	2,055	1,984	2,746



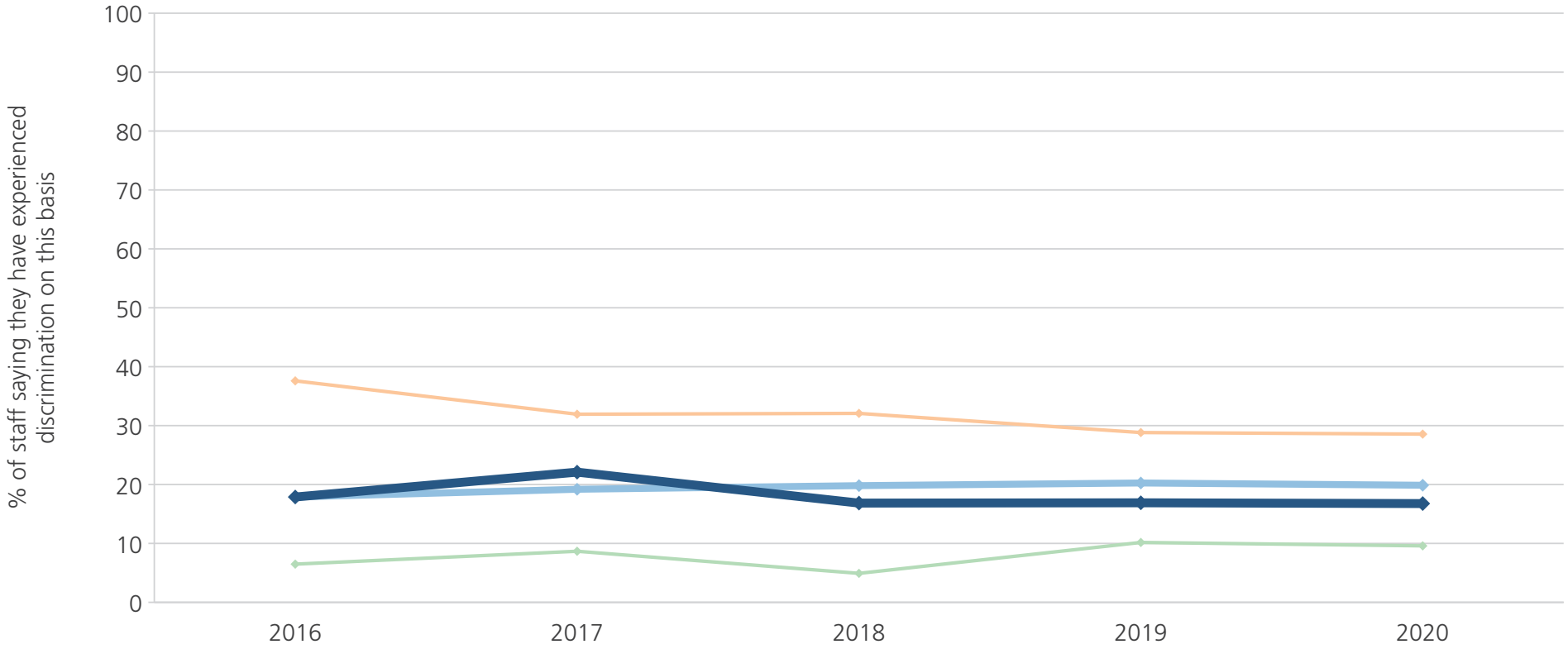
	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	7.4%	9.3%	10.1%	10.4%	10.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%
Responses	1,559	1,717	2,052	1,971	2,728

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



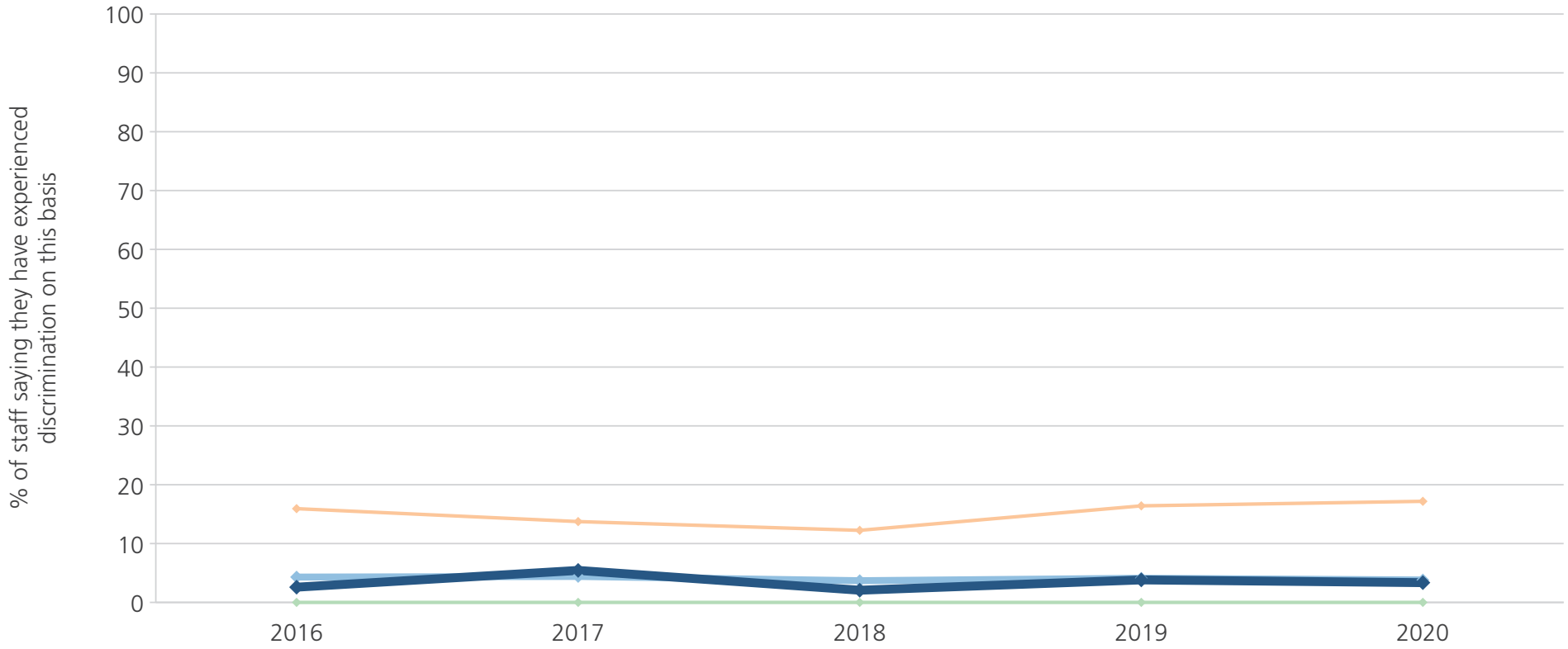
	2016	2017	2018	2019	2020
Worst	67.8%	68.6%	70.3%	71.1%	76.3%
Your org	43.4%	32.8%	47.2%	52.4%	53.2%
Average	36.5%	37.7%	38.8%	41.4%	44.5%
Best	9.7%	9.1%	4.8%	18.6%	20.6%
Responses	170	219	320	309	406

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



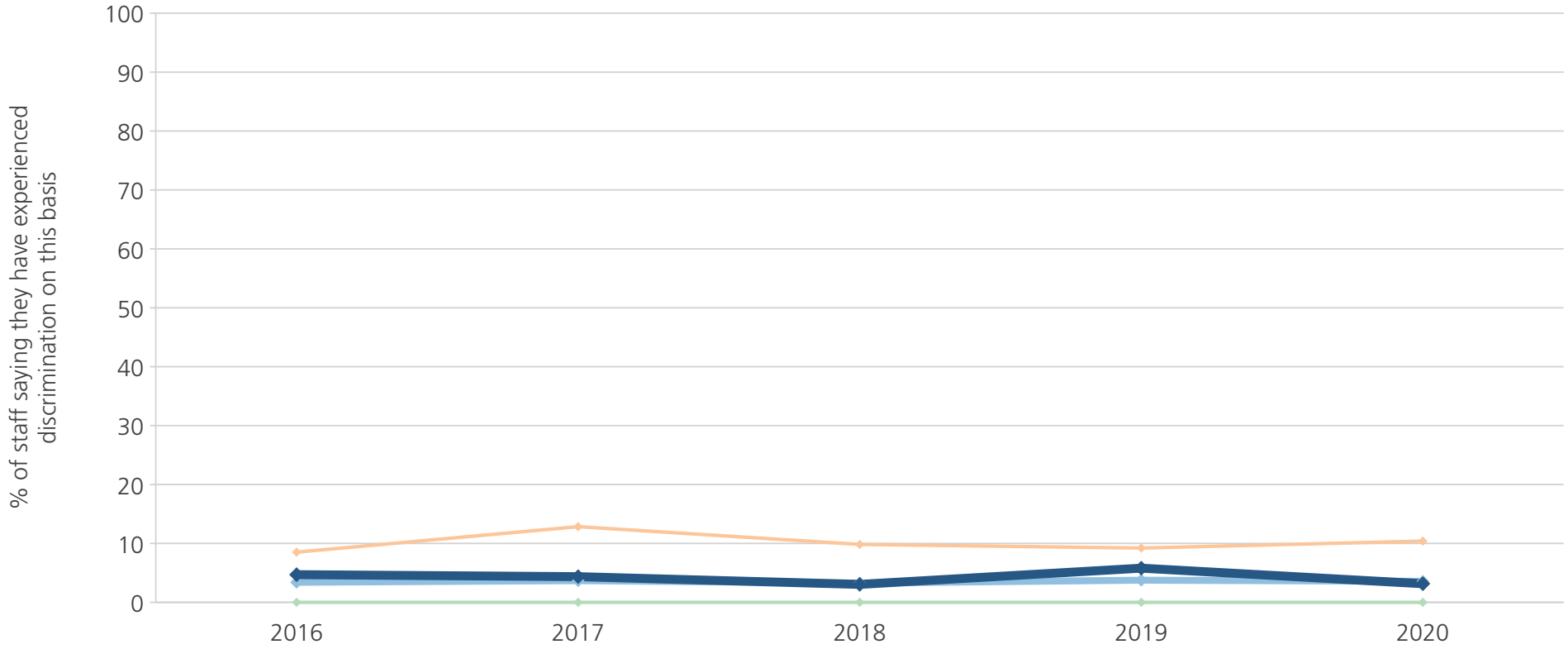
	2016	2017	2018	2019	2020
Worst	37.6%	31.9%	32.1%	28.8%	28.6%
Your org	17.9%	22.1%	16.8%	16.9%	16.8%
Average	17.9%	19.2%	19.8%	20.3%	19.9%
Best	6.5%	8.7%	4.9%	10.2%	9.6%
Responses	170	219	320	309	406

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



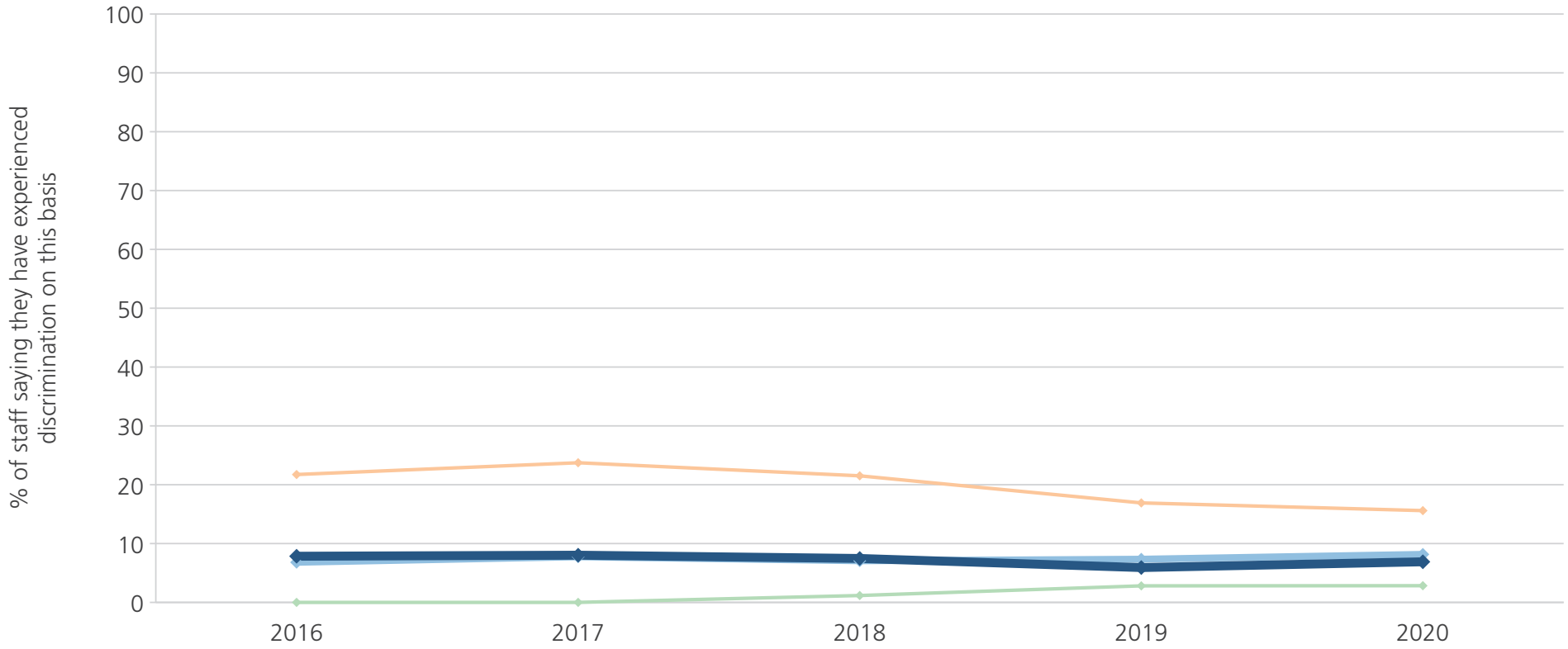
	2016	2017	2018	2019	2020
Worst	15.9%	13.7%	12.2%	16.4%	17.2%
Your org	2.6%	5.4%	2.1%	3.8%	3.4%
Average	4.3%	4.4%	3.7%	4.1%	3.8%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	170	219	320	309	406

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



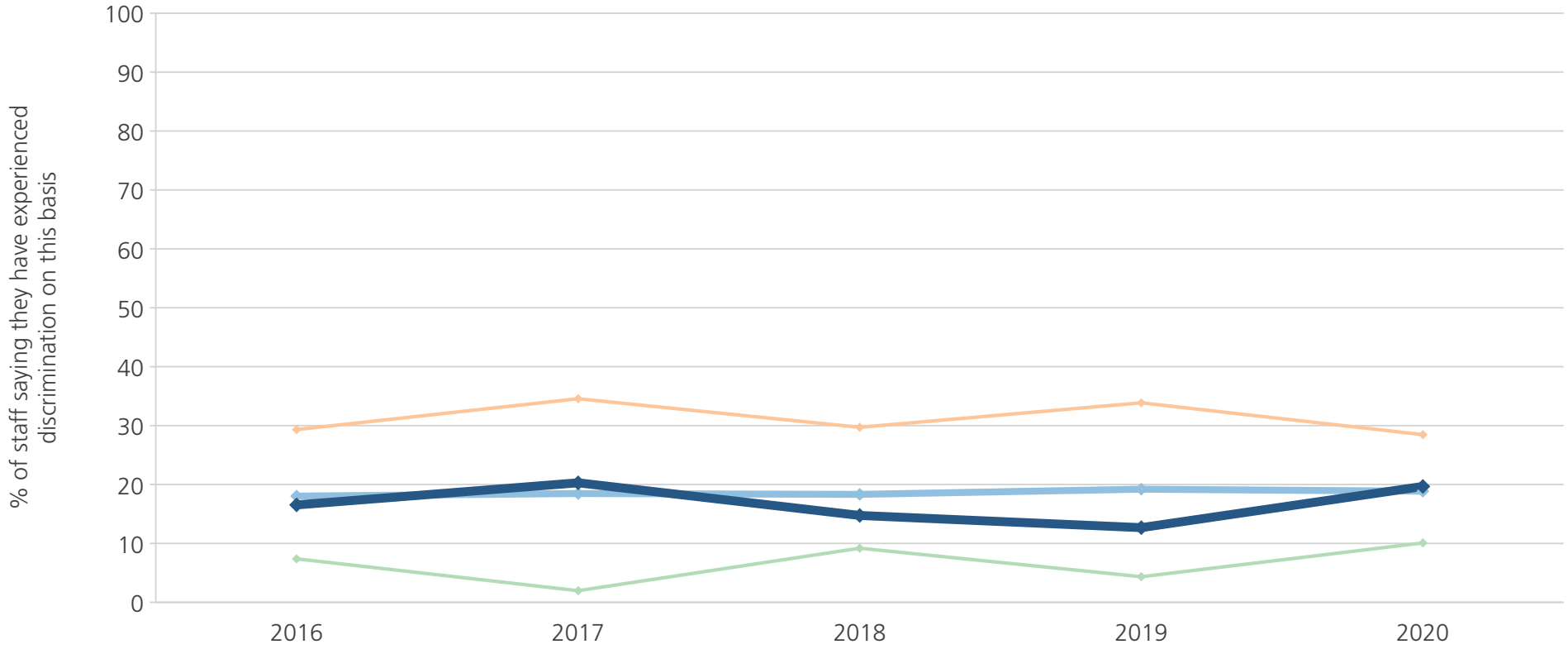
	2016	2017	2018	2019	2020
Worst	8.5%	12.8%	9.8%	9.2%	10.4%
Your org	4.7%	4.4%	3.0%	5.8%	3.2%
Average	3.4%	3.7%	3.3%	3.8%	3.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	170	219	320	309	406

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



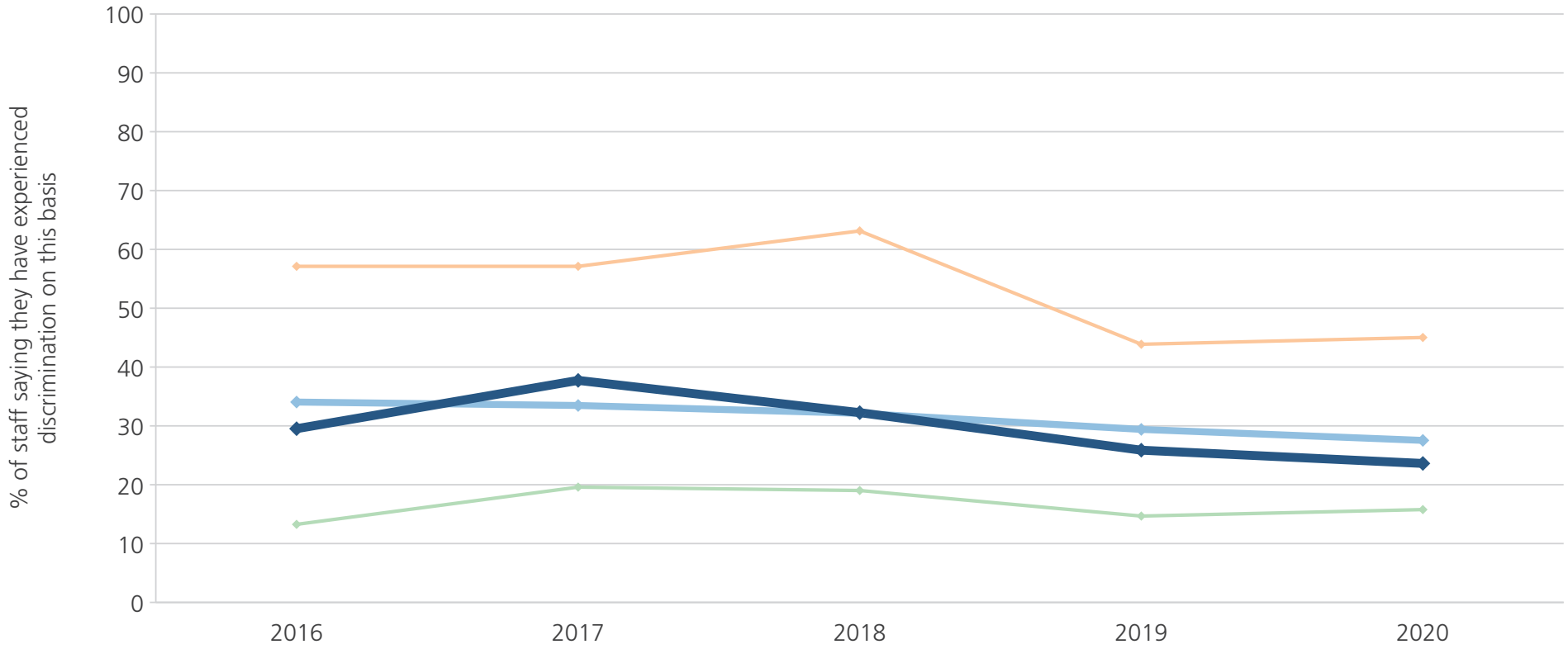
	2016	2017	2018	2019	2020
Worst	21.7%	23.7%	21.5%	16.9%	15.6%
Your org	7.8%	8.0%	7.5%	5.9%	6.9%
Average	6.8%	7.7%	7.1%	7.3%	8.2%
Best	0.0%	0.0%	1.2%	2.8%	2.8%
Responses	170	219	320	309	406

This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.

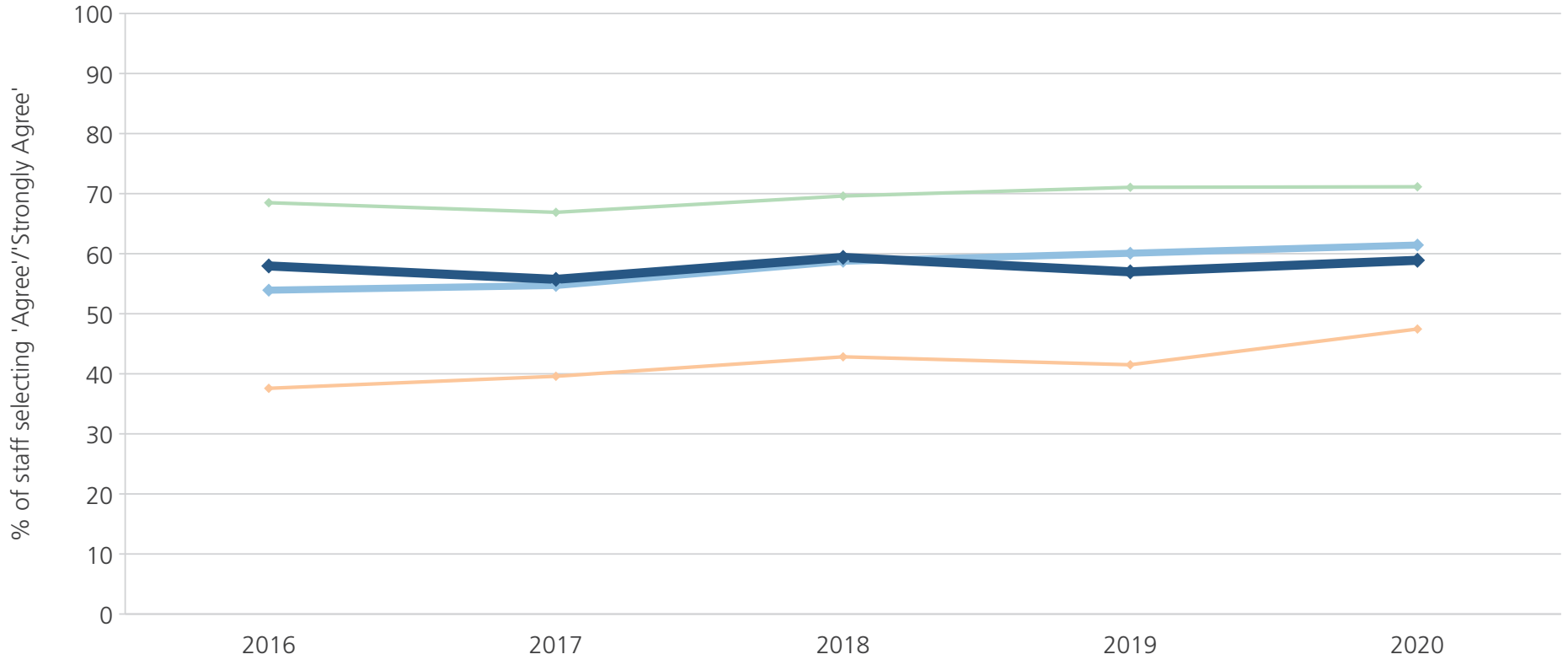


	2016	2017	2018	2019	2020
Worst	29.3%	34.6%	29.7%	33.9%	28.5%
Your org	16.5%	20.3%	14.7%	12.7%	19.7%
Average	18.0%	18.5%	18.3%	19.2%	18.9%
Best	7.4%	2.0%	9.2%	4.3%	10.1%
Responses	170	219	320	309	406

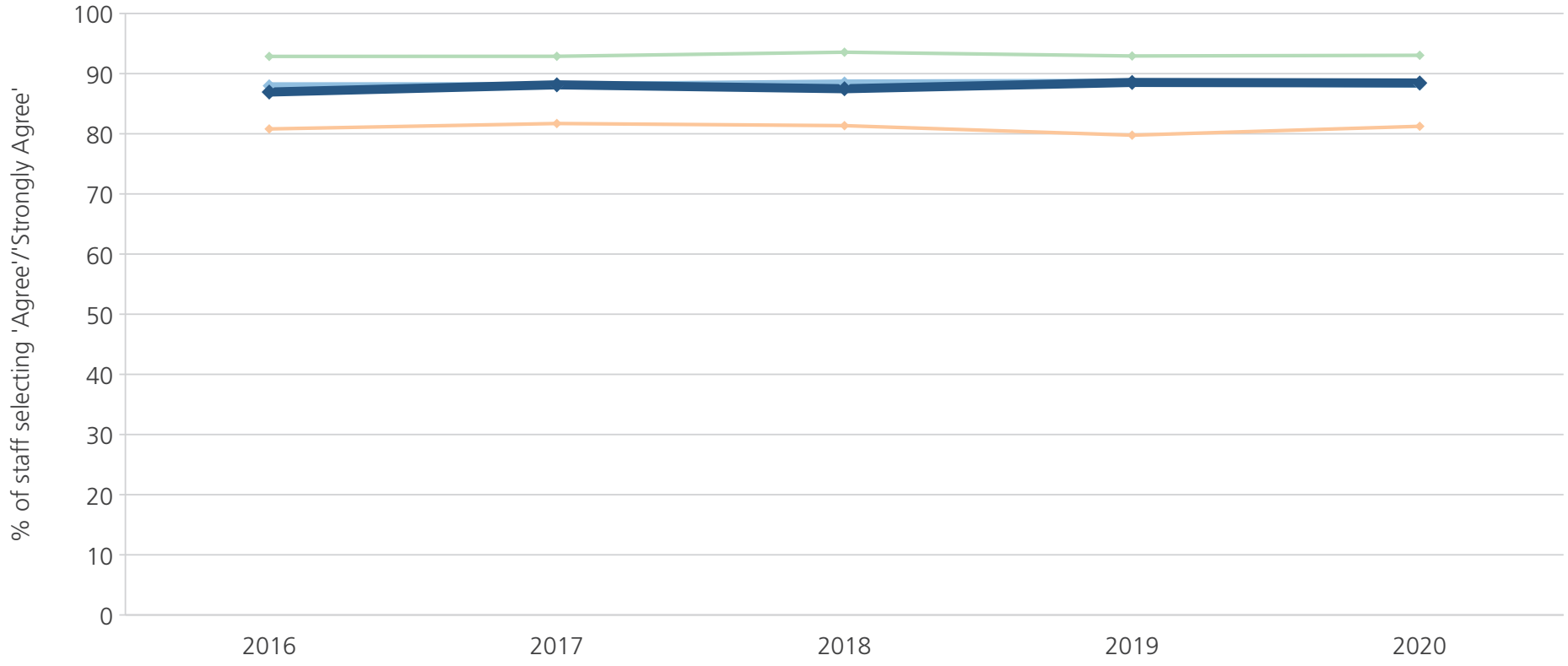
This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



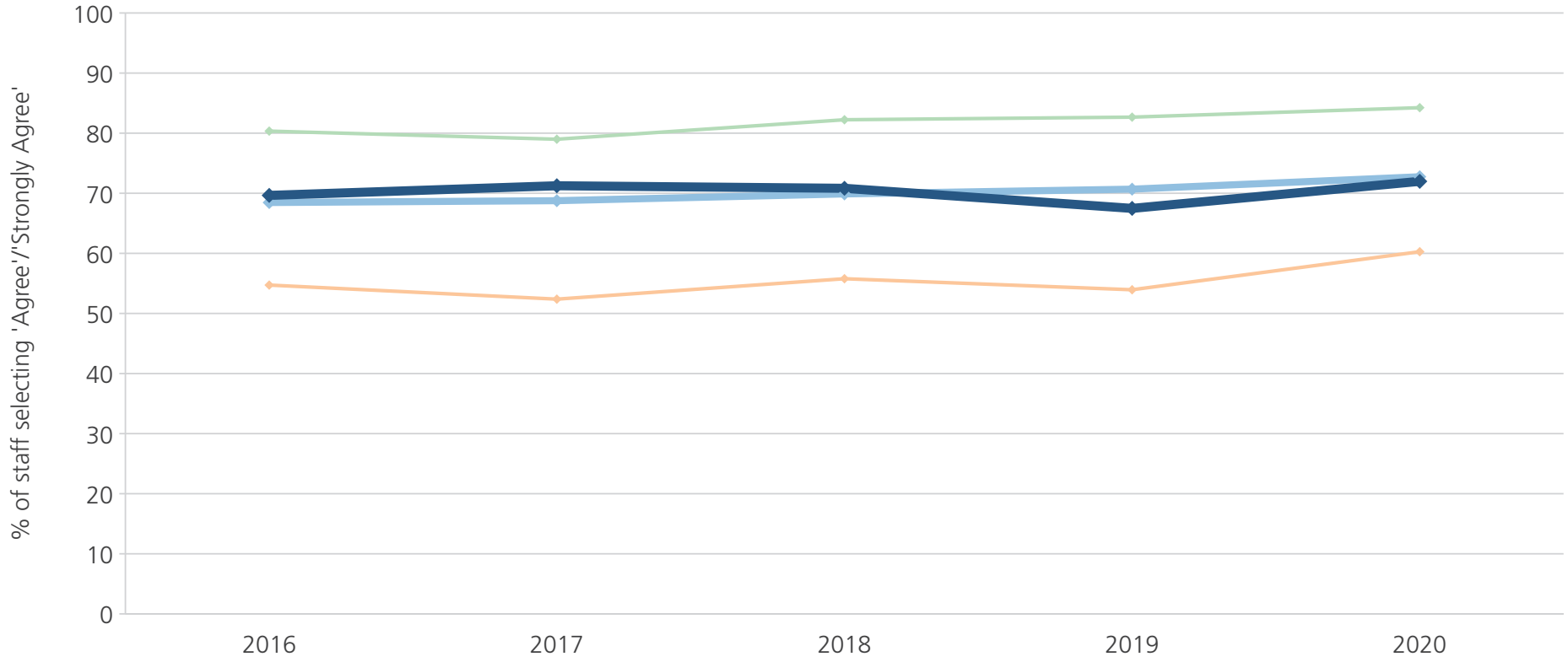
	2016	2017	2018	2019	2020
Worst	57.1%	57.1%	63.1%	43.9%	45.0%
Your org	29.5%	37.7%	32.3%	25.9%	23.6%
Average	34.0%	33.5%	32.1%	29.4%	27.5%
Best	13.3%	19.6%	19.0%	14.7%	15.8%
Responses	170	219	320	309	406



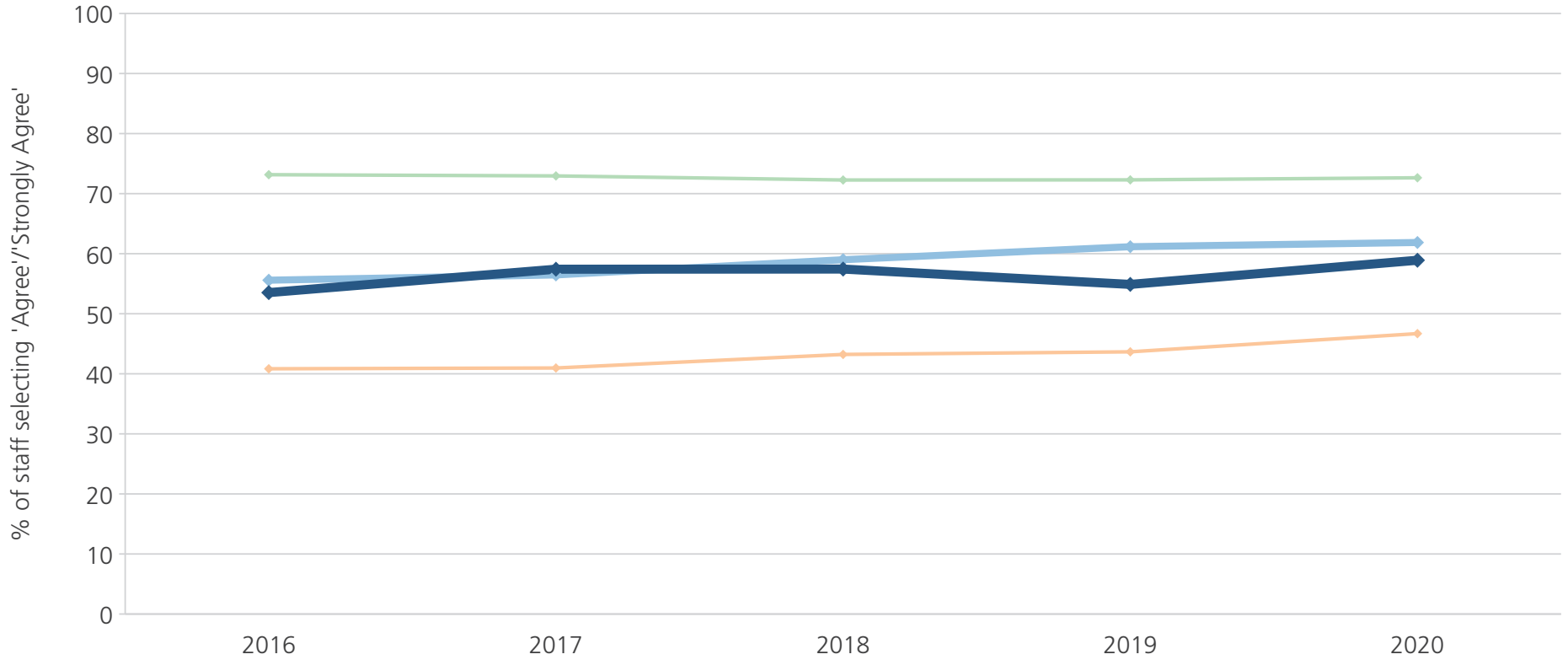
	2016	2017	2018	2019	2020
Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	58.0%	55.7%	59.4%	57.0%	58.9%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%
Responses	1,250	1,435	1,603	1,536	2,099



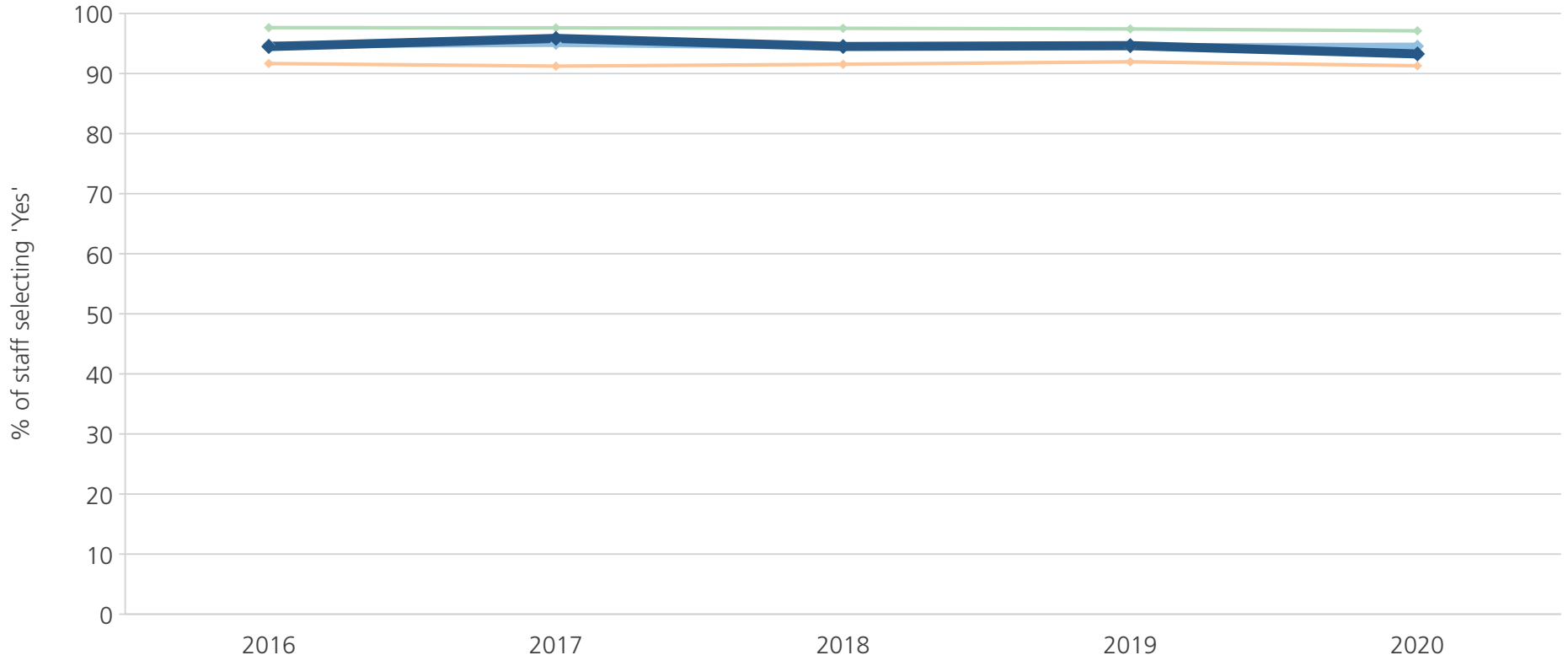
	2016	2017	2018	2019	2020
Best	92.9%	92.9%	93.6%	92.9%	93.0%
Your org	86.9%	88.1%	87.5%	88.5%	88.4%
Average	88.0%	88.0%	88.4%	88.6%	88.2%
Worst	80.8%	81.7%	81.3%	79.8%	81.2%
Responses	1,514	1,684	2,001	1,923	2,655



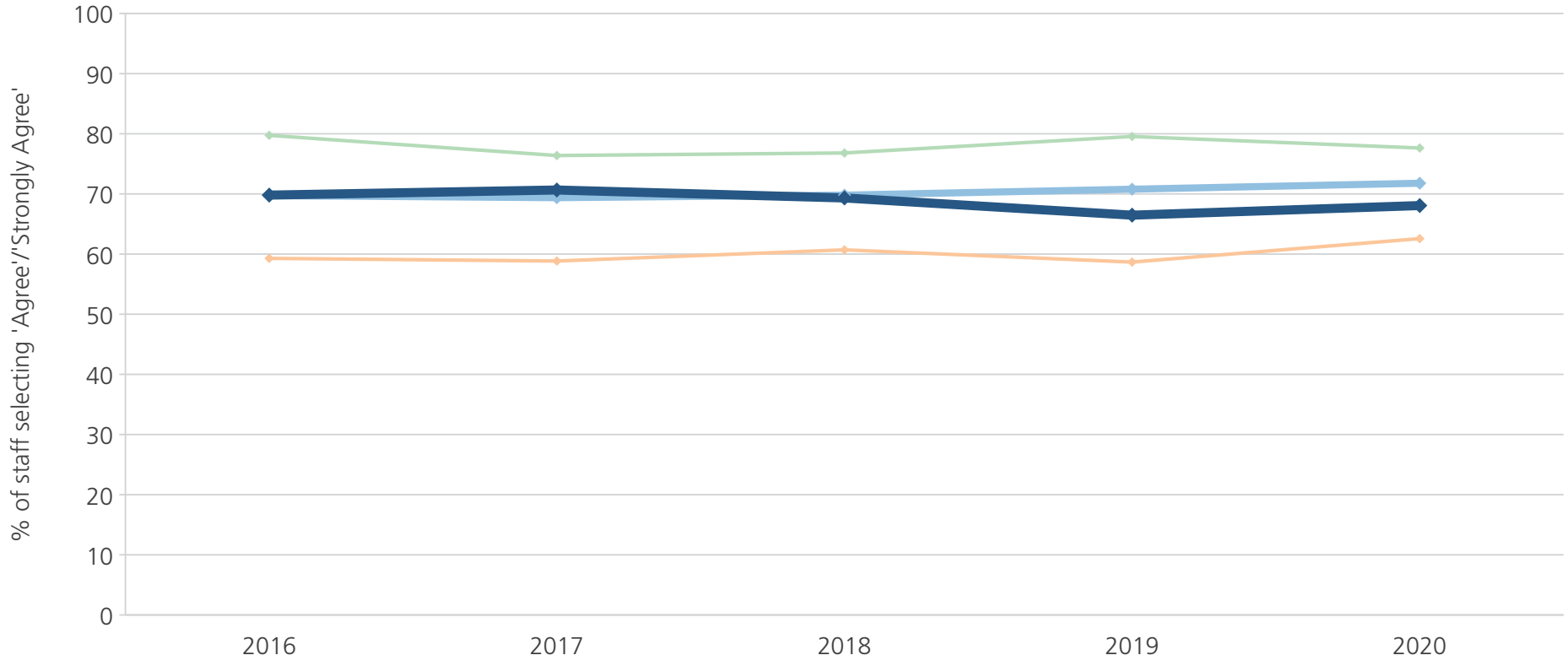
	2016	2017	2018	2019	2020
Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	69.6%	71.2%	70.8%	67.5%	72.0%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%
Responses	1,398	1,593	1,856	1,756	2,443



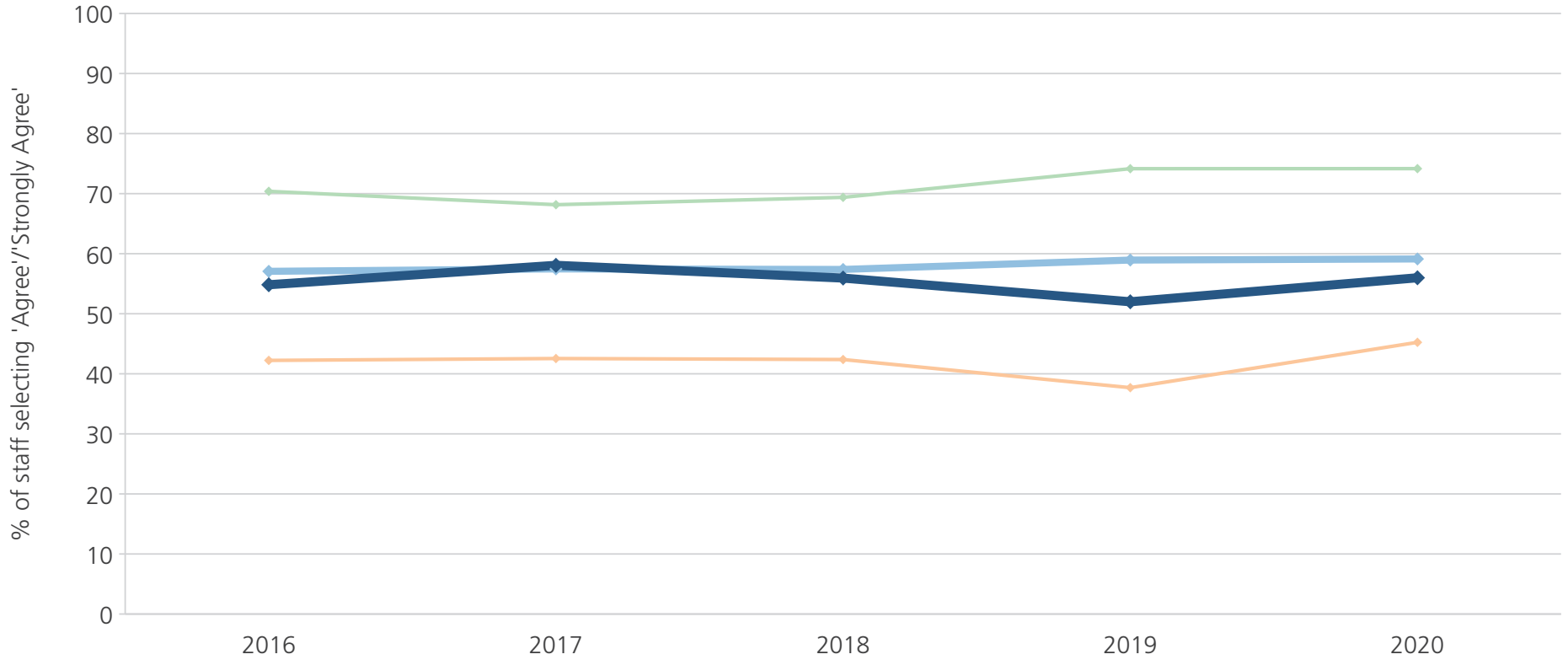
	2016	2017	2018	2019	2020
Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	53.5%	57.4%	57.4%	54.9%	58.9%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%
Responses	1,405	1,592	1,863	1,764	2,460



	2016	2017	2018	2019	2020
Best	97.6%	97.6%	97.5%	97.4%	97.1%
Your org	94.5%	95.8%	94.5%	94.6%	93.3%
Average	94.8%	95.0%	94.5%	94.5%	94.6%
Worst	91.7%	91.2%	91.5%	92.0%	91.3%
Responses	1,419	1,585	1,891	1,781	2,476



	2016	2017	2018	2019	2020
Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	69.8%	70.7%	69.3%	66.5%	68.1%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%
Responses	1,570	1,743	2,045	1,977	2,740



	2016	2017	2018	2019	2020
Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	54.8%	58.1%	55.9%	52.0%	56.0%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%
Responses	1,570	1,742	2,046	1,973	2,734

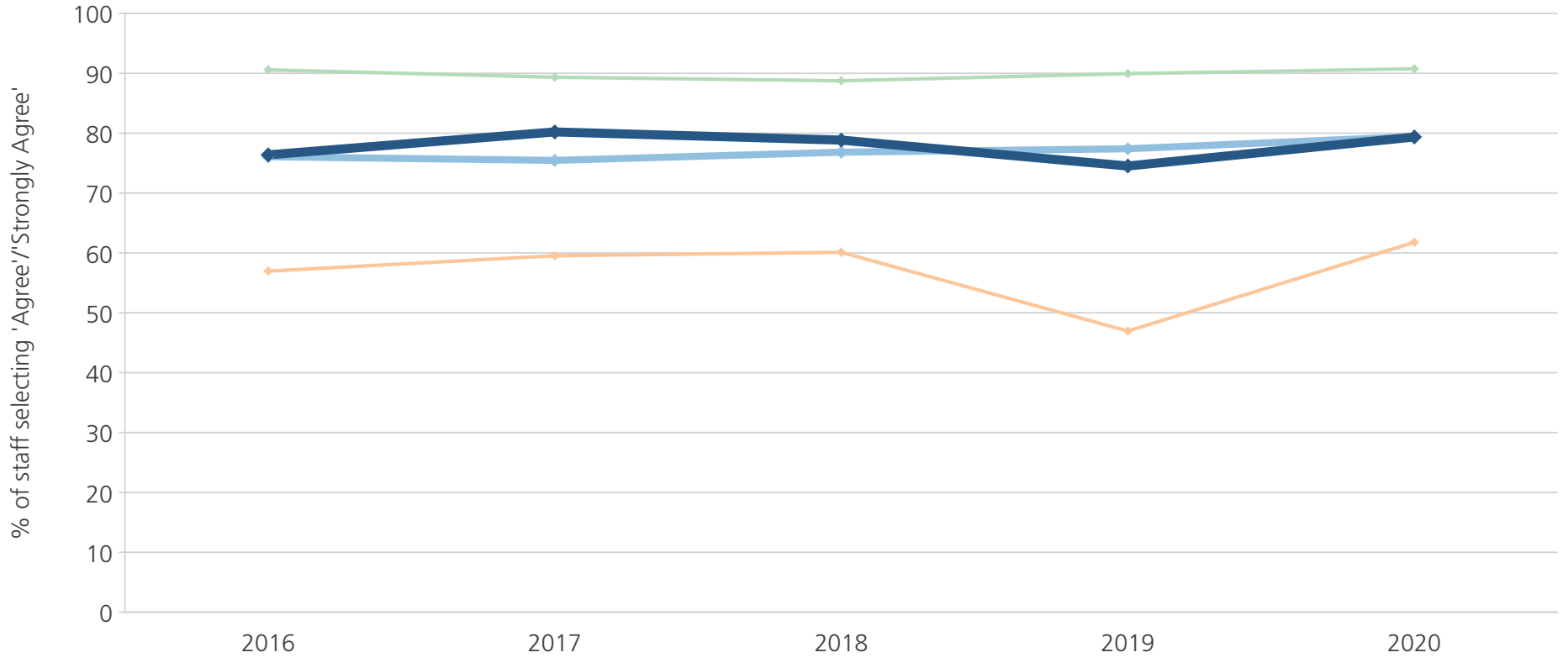
Survey Coordination Centre

NHS England

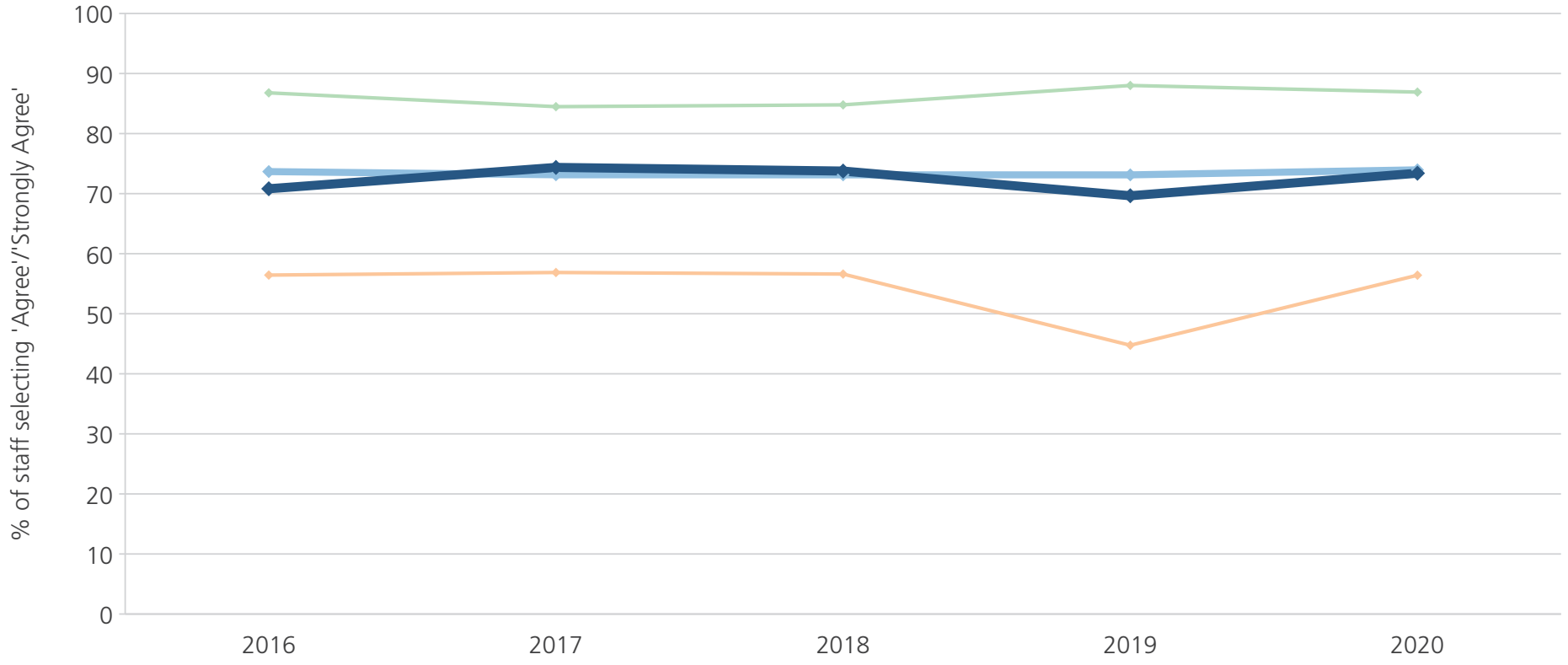
Question results – Your organisation

Northampton General Hospital NHS Trust

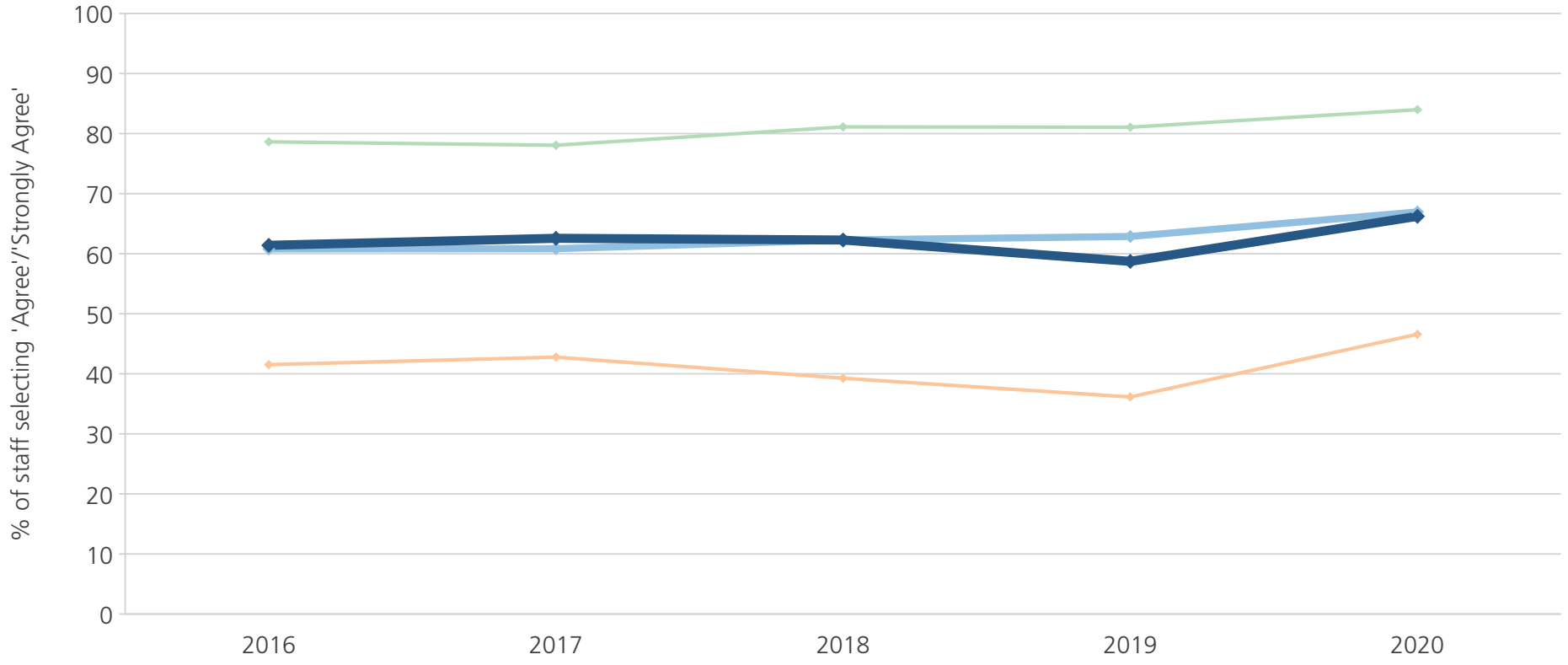
2020 NHS Staff Survey Results



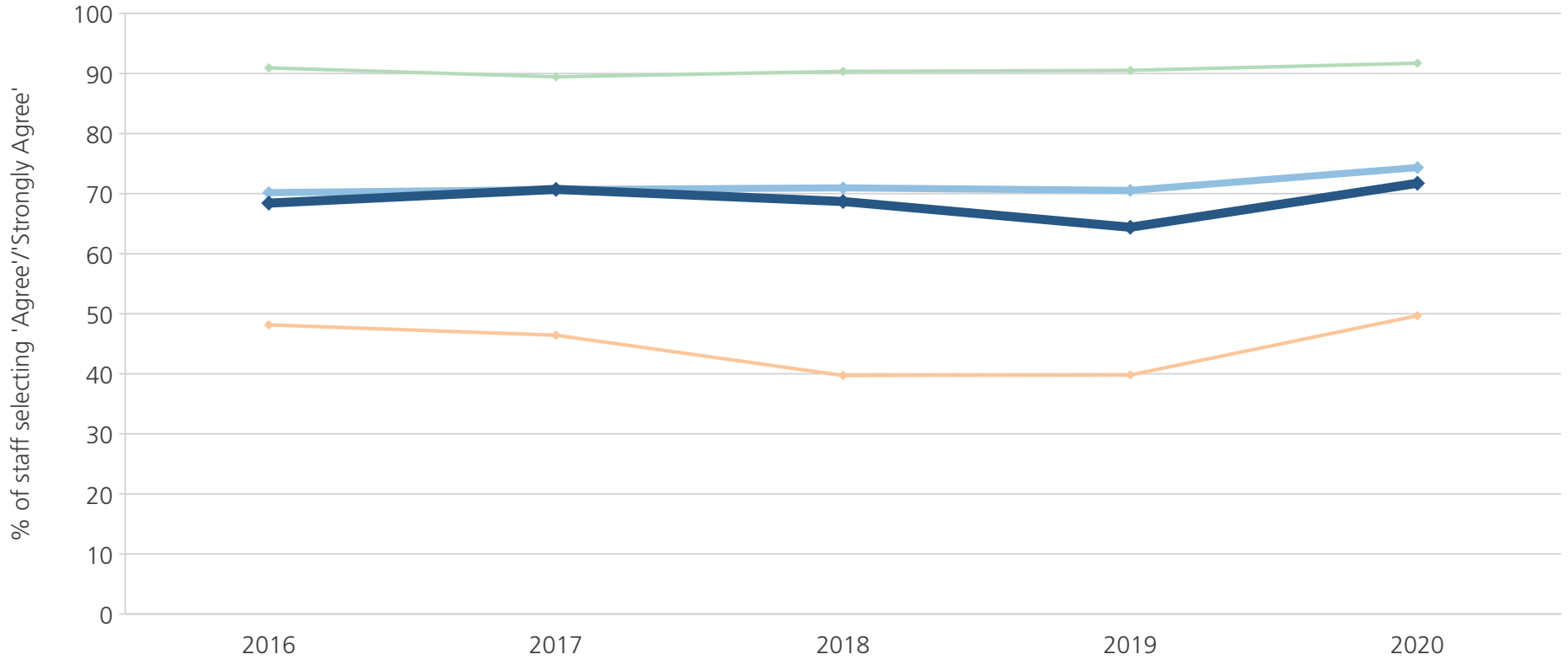
	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	76.4%	80.2%	78.8%	74.5%	79.4%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%
Responses	1,550	1,676	2,012	1,970	2,747



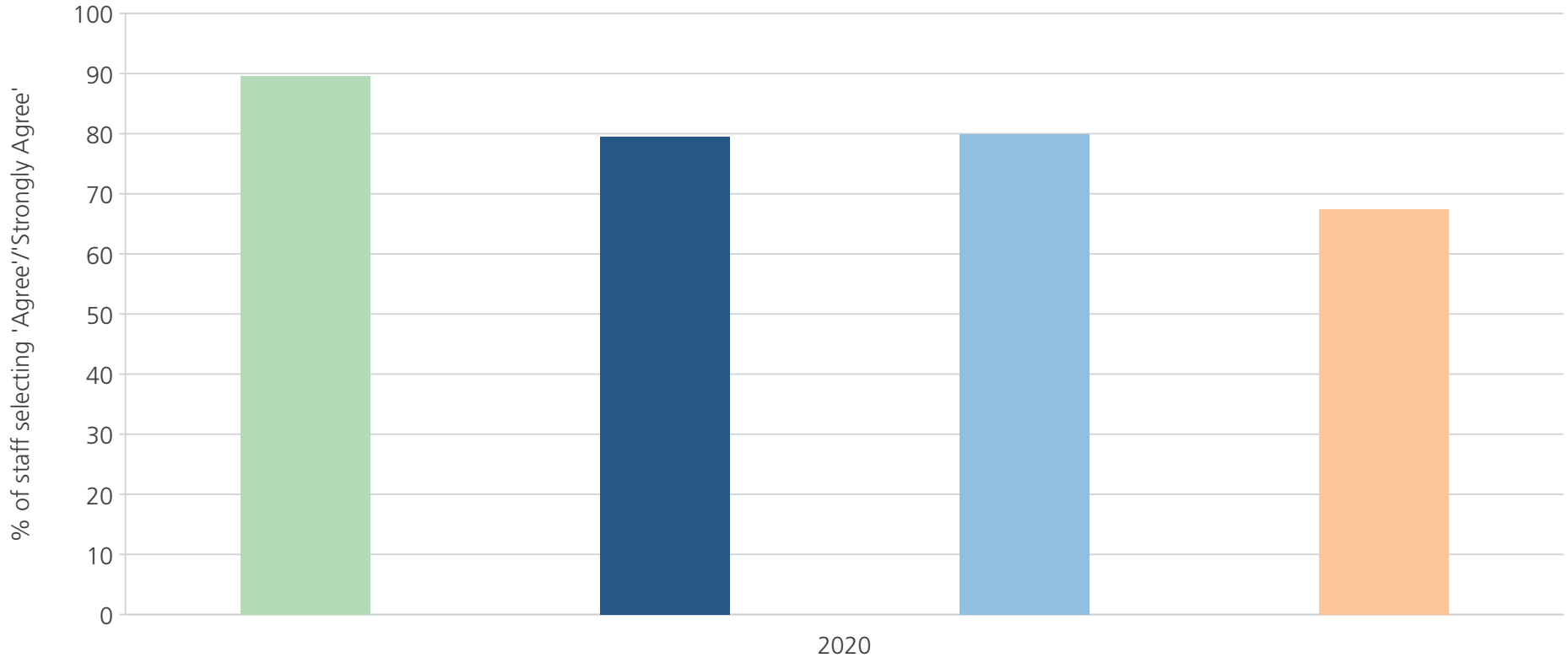
	2016	2017	2018	2019	2020
Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	70.8%	74.4%	73.8%	69.6%	73.4%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%
Responses	1,543	1,668	2,007	1,966	2,741



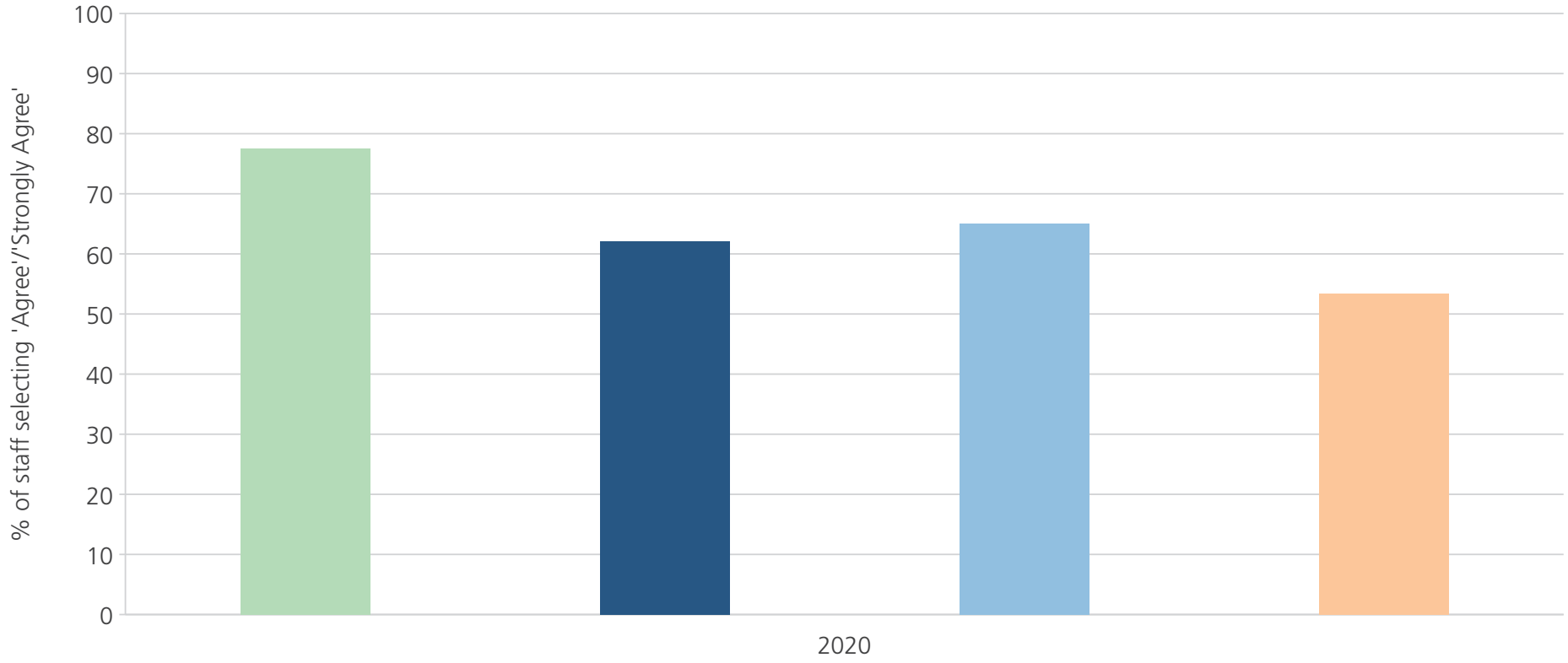
	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	61.4%	62.6%	62.3%	58.7%	66.2%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%
Responses	1,552	1,674	2,011	1,970	2,745



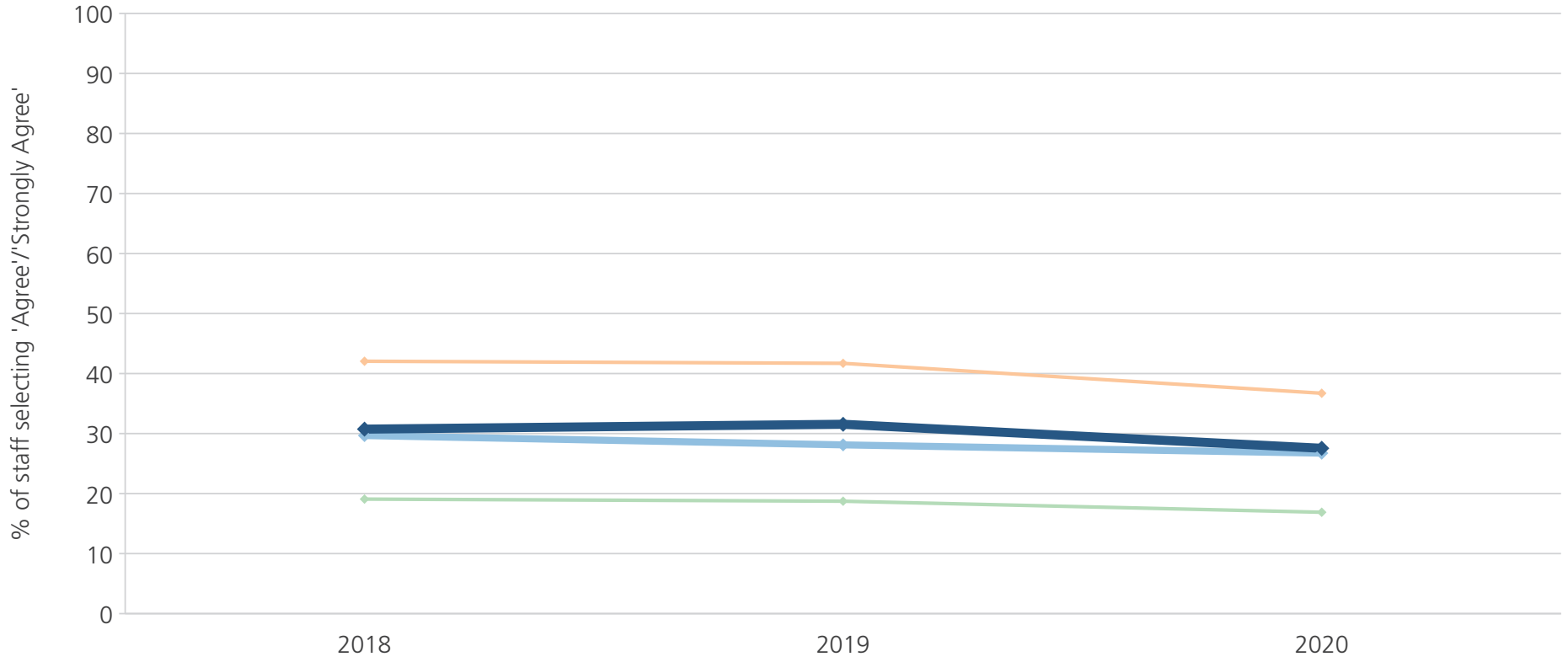
	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	68.4%	70.7%	68.7%	64.4%	71.7%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%
Responses	1,546	1,674	2,008	1,968	2,745



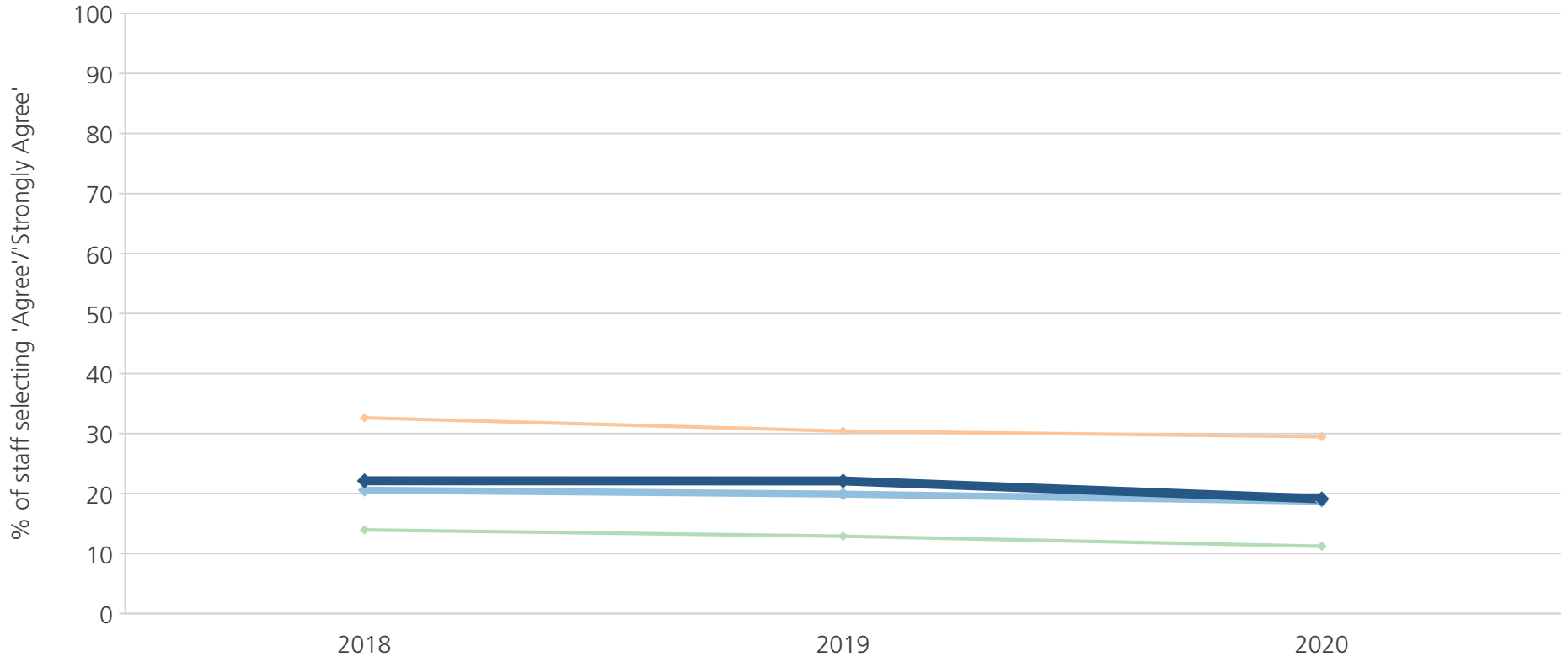
Best	89.6%
Your org	79.5%
Average	80.0%
Worst	67.5%
Responses	2,742



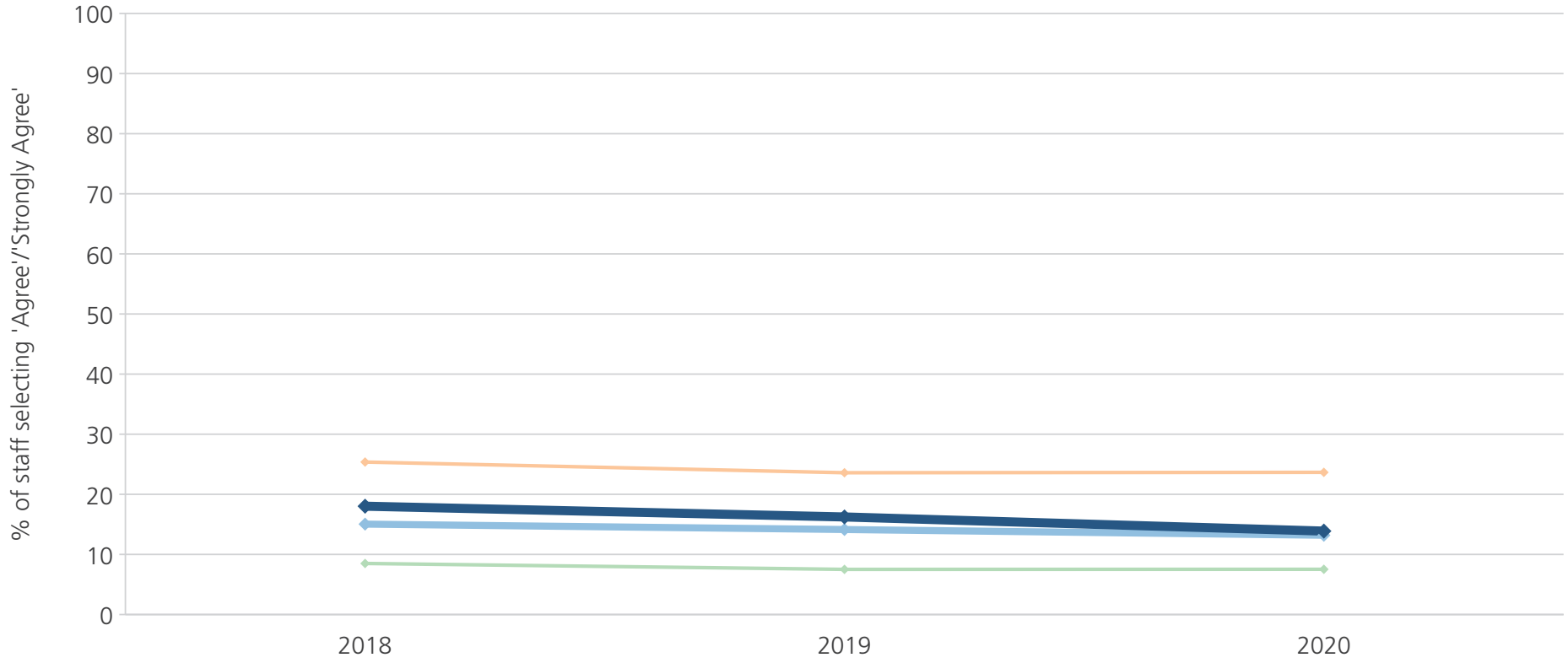
Best	77.6%
Your org	62.1%
Average	65.0%
Worst	53.4%
Responses	2,736



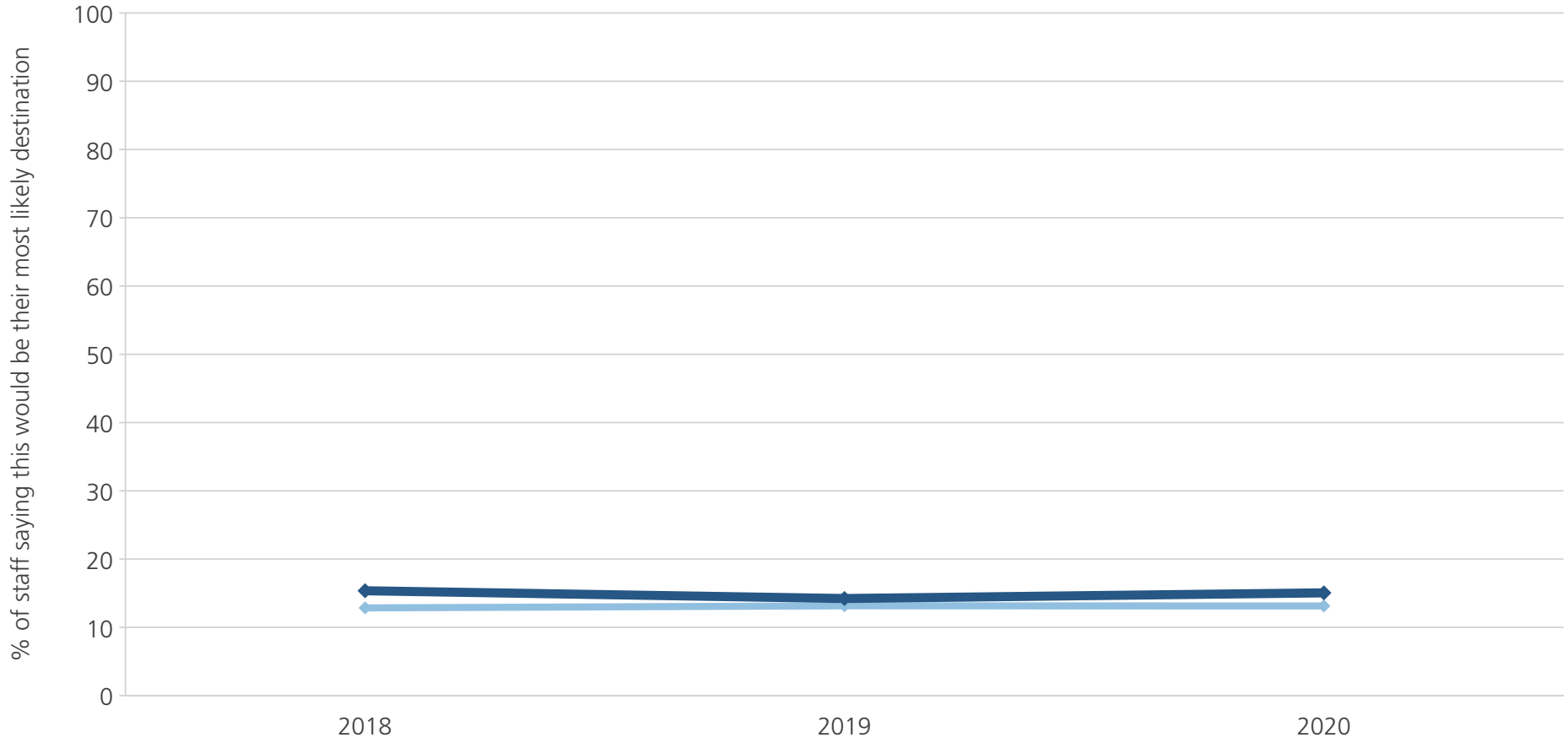
	2018	2019	2020
Worst	42.0%	41.7%	36.7%
Your org	30.7%	31.5%	27.5%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%
Responses	2,030	1,972	2,759



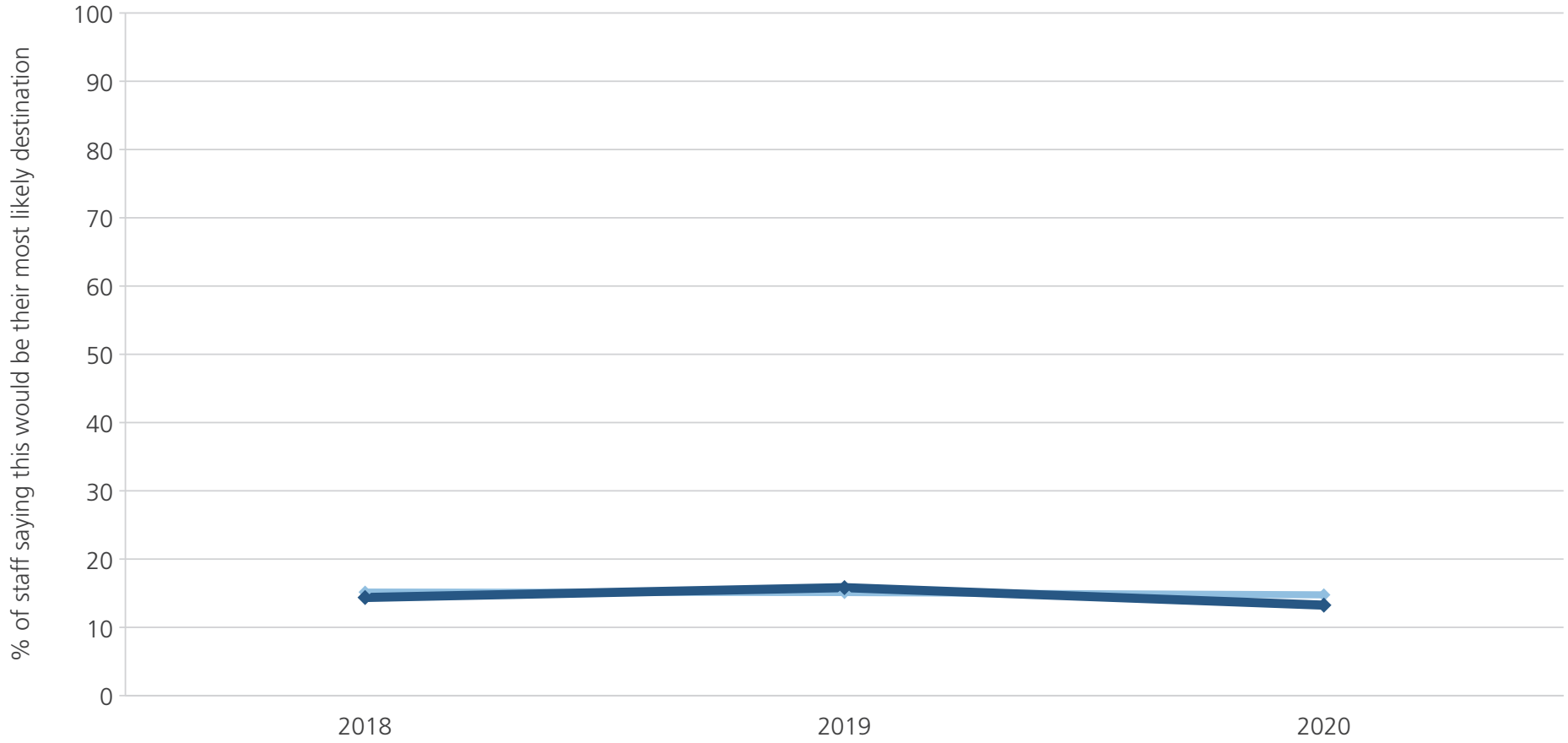
	2018	2019	2020
Worst	32.6%	30.4%	29.5%
Your org	22.1%	22.1%	19.1%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%
Responses	2,023	1,967	2,751



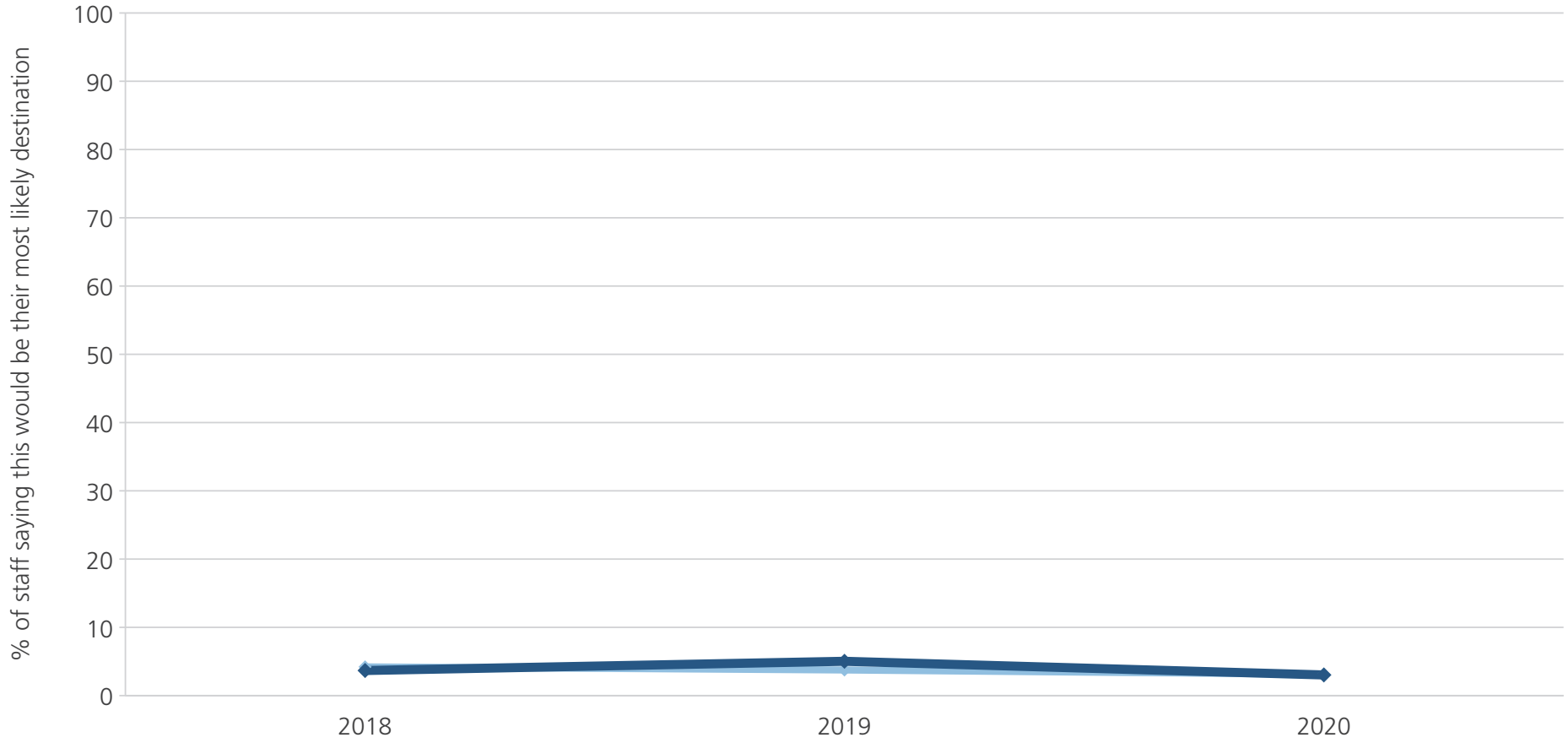
	2018	2019	2020
Worst	25.4%	23.6%	23.7%
Your org	18.0%	16.2%	13.9%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%
Responses	1,969	1,949	2,743



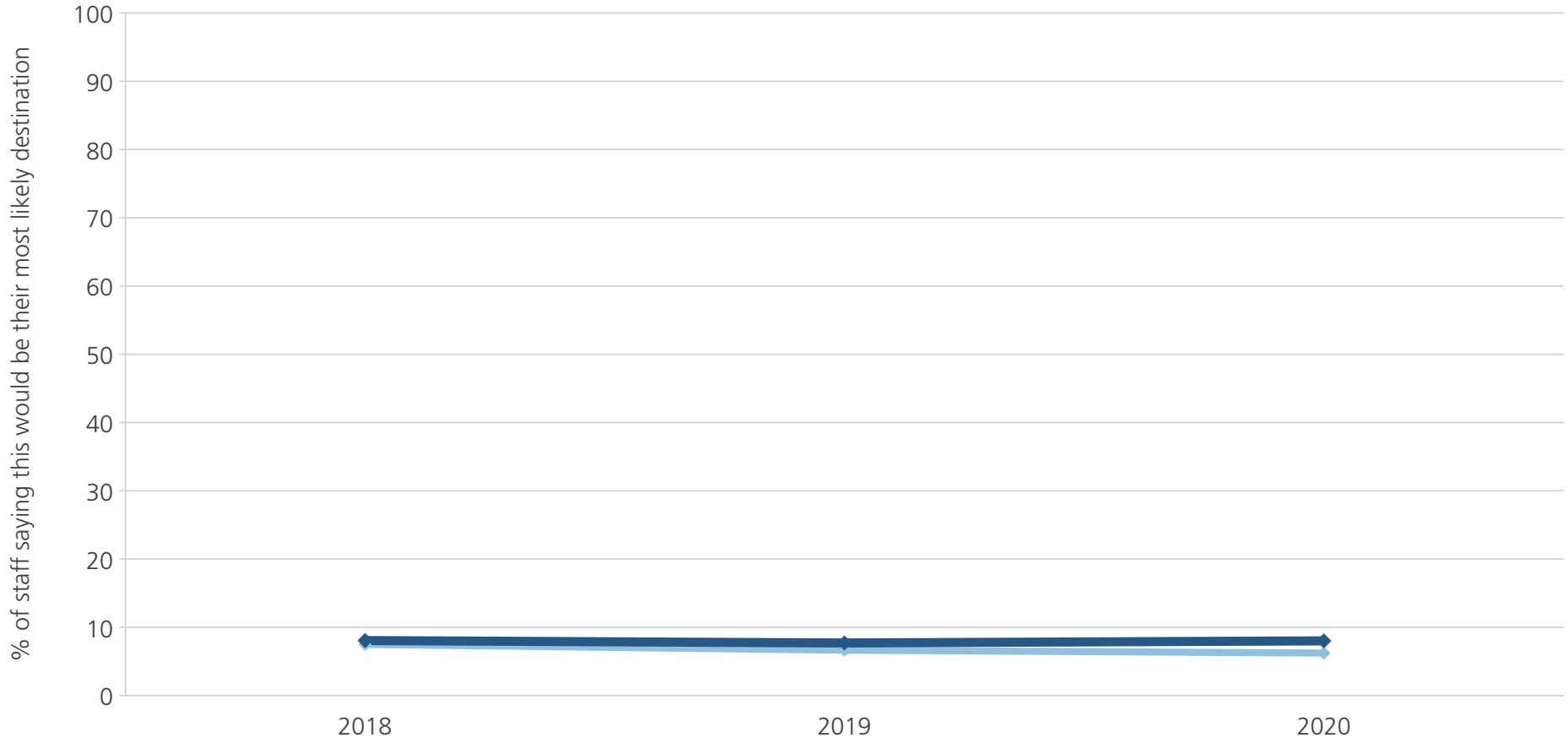
	2018	2019	2020
Your org	15.4%	14.2%	15.1%
Average	12.8%	13.2%	13.1%
Responses	1,823	1,751	2,445



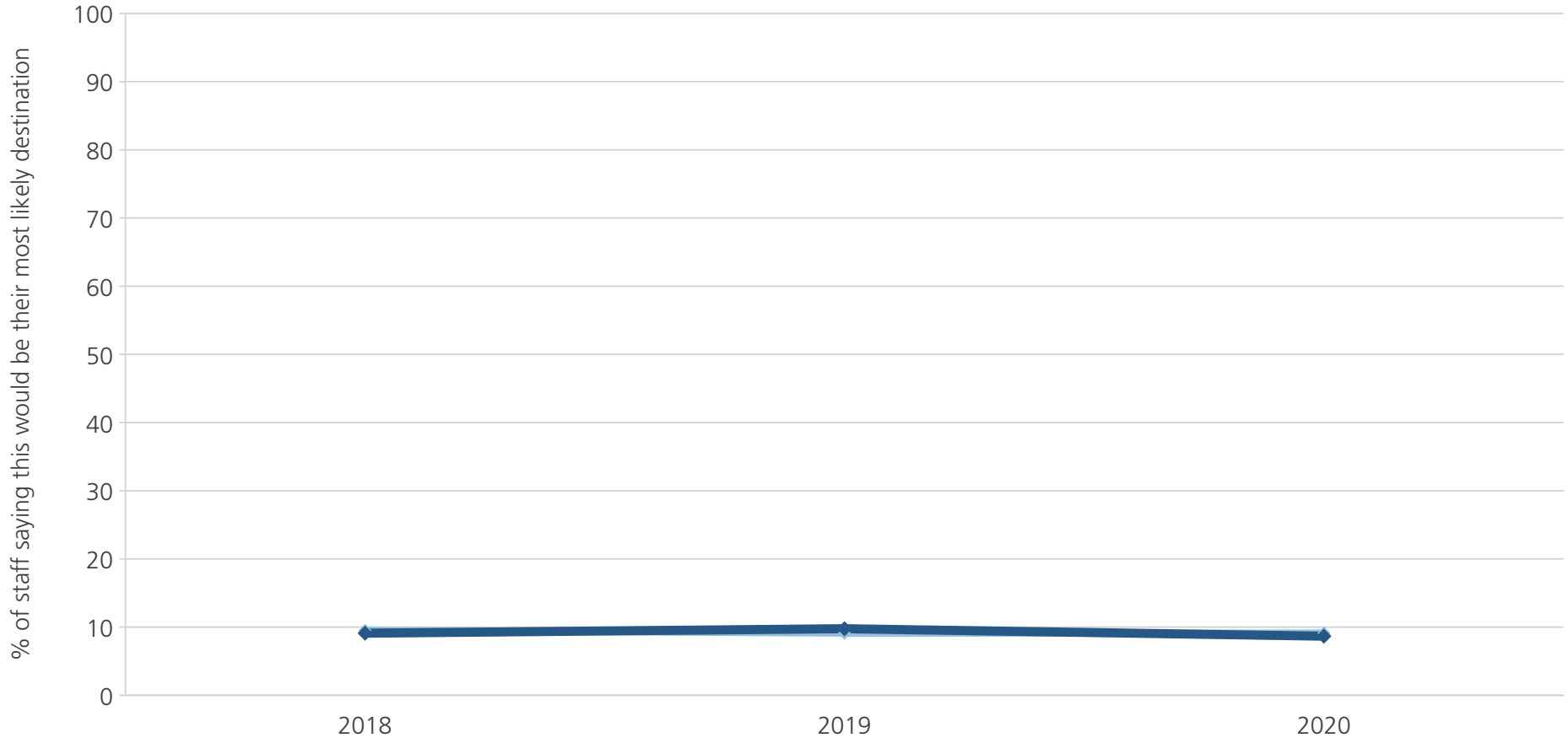
	2018	2019	2020
Your org	14.4%	15.8%	13.3%
Average	15.2%	15.1%	14.8%
Responses	1,823	1,751	2,445



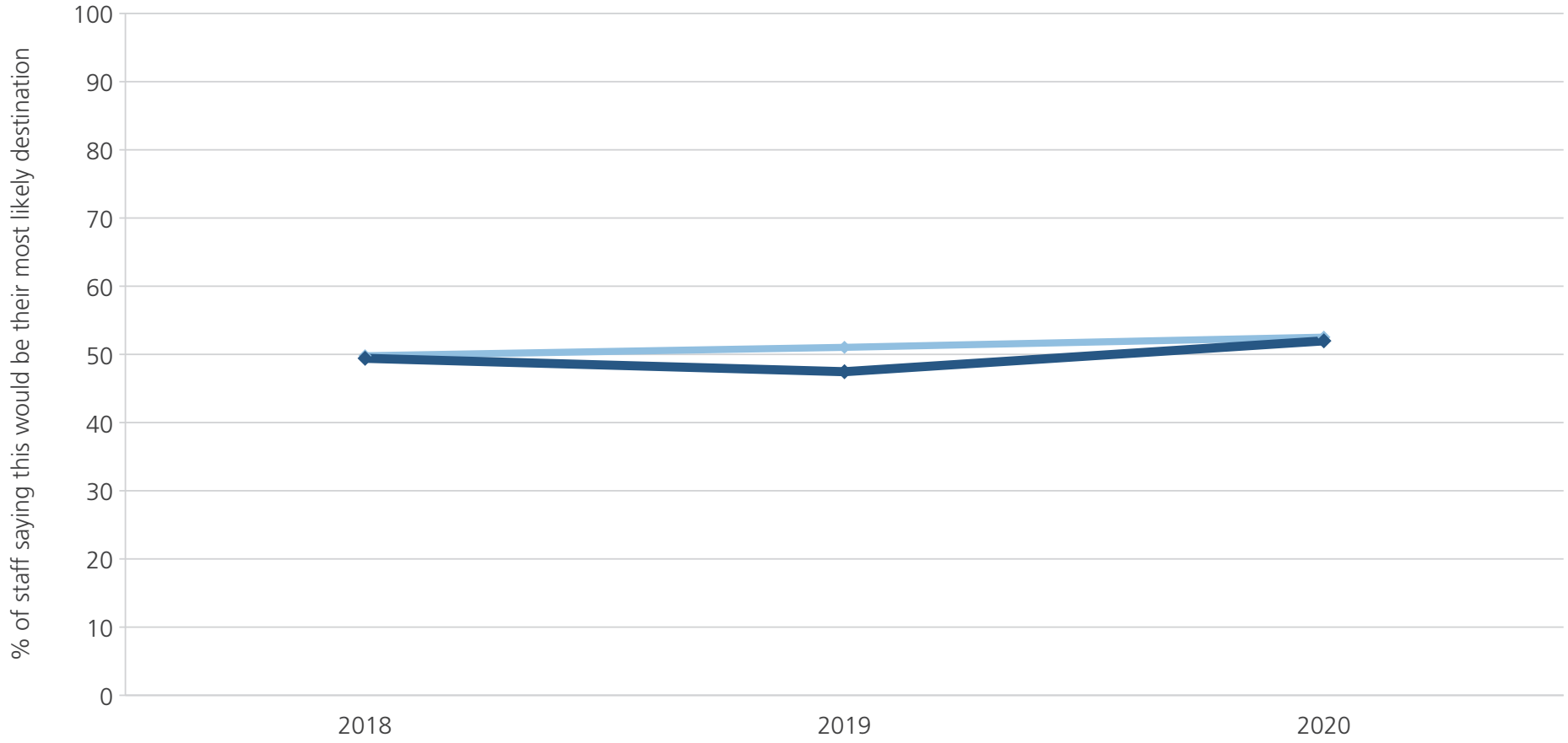
	2018	2019	2020
Your org	3.7%	5.0%	3.0%
Average	4.2%	3.8%	3.1%
Responses	1,823	1,751	2,445



	2018	2019	2020
Your org	8.1%	7.7%	8.0%
Average	7.5%	6.7%	6.2%
Responses	1,823	1,751	2,445



	2018	2019	2020
Your org	9.1%	9.8%	8.7%
Average	9.5%	9.1%	9.1%
Responses	1,823	1,751	2,445



	2018	2019	2020
Your org	49.4%	47.5%	52.0%
Average	49.8%	51.0%	52.5%
Responses	1,823	1,751	2,445

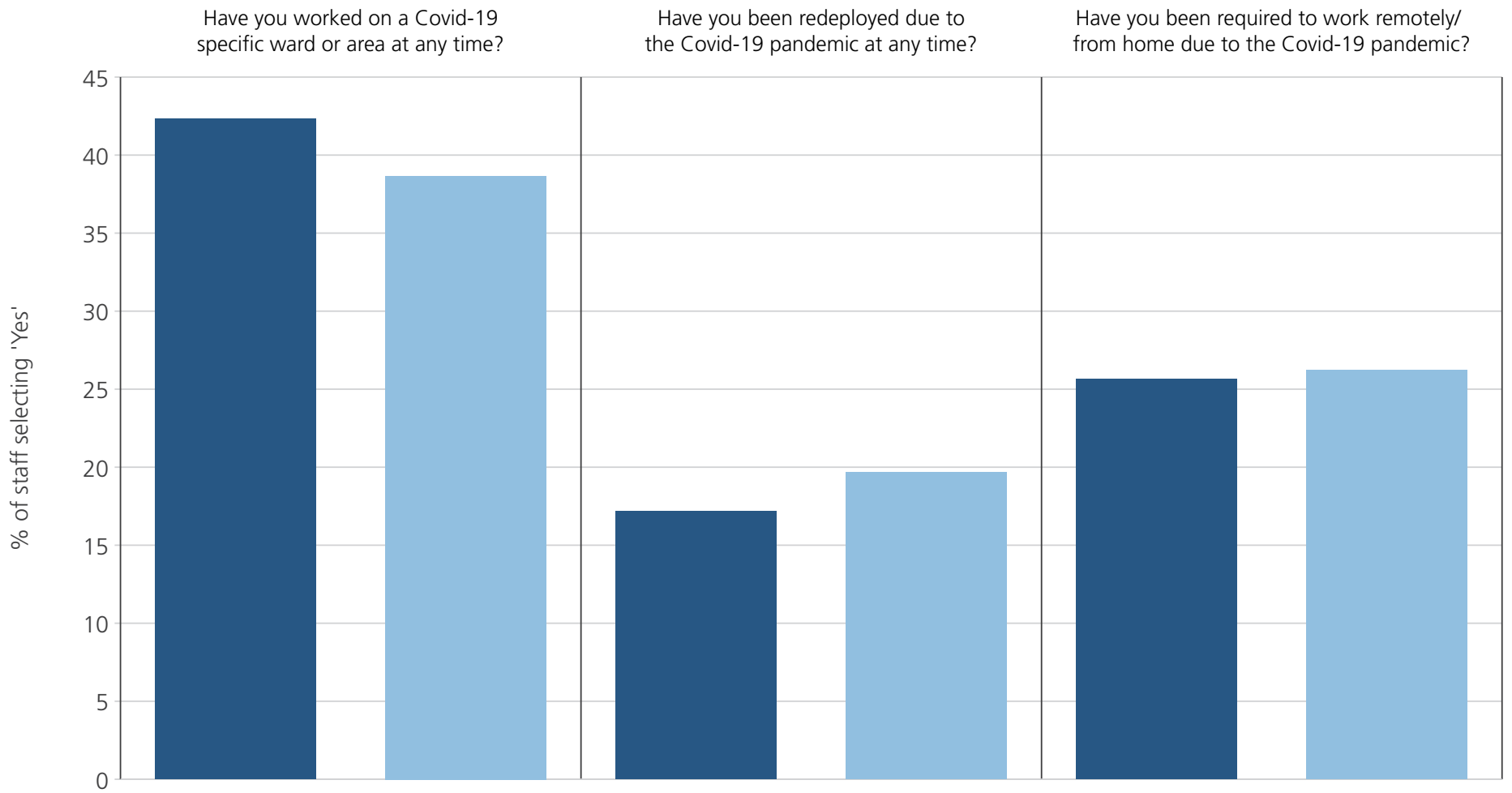
Survey Coordination Centre

NHS England

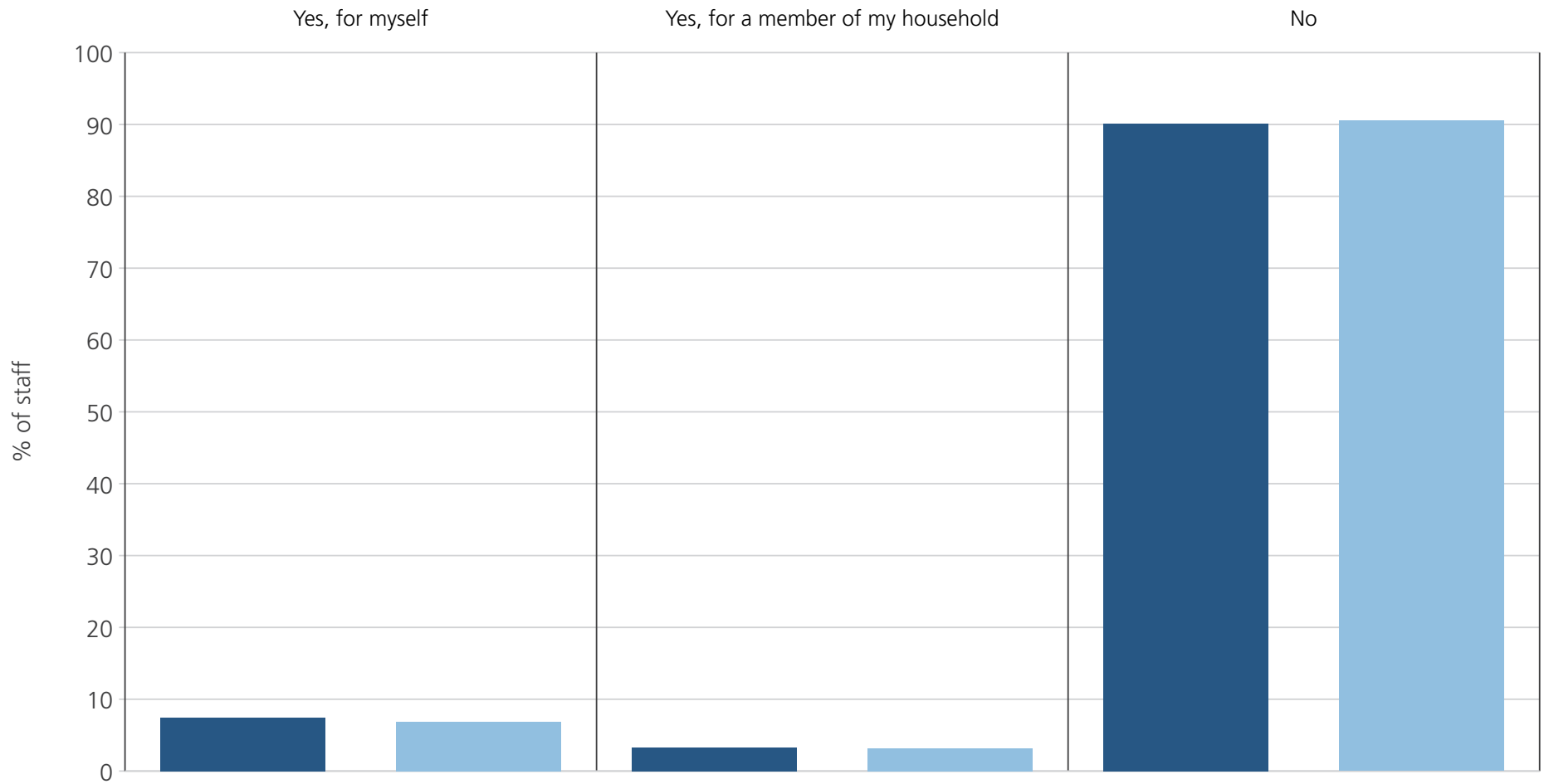
Question results – The Covid-19 pandemic

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results



	Have you worked on a Covid-19 specific ward or area at any time?	Have you been redeployed due to the Covid-19 pandemic at any time?	Have you been required to work remotely/ from home due to the Covid-19 pandemic?
Your org	42.3%	17.2%	25.6%
Average	38.7%	19.7%	26.2%
Responses	2,756	2,730	2,726



	Yes, for myself	Yes, for a member of my household	No
Your org	7.4%	3.3%	90.1%
Average	6.9%	3.2%	90.5%
Responses	2,699	2,699	2,699

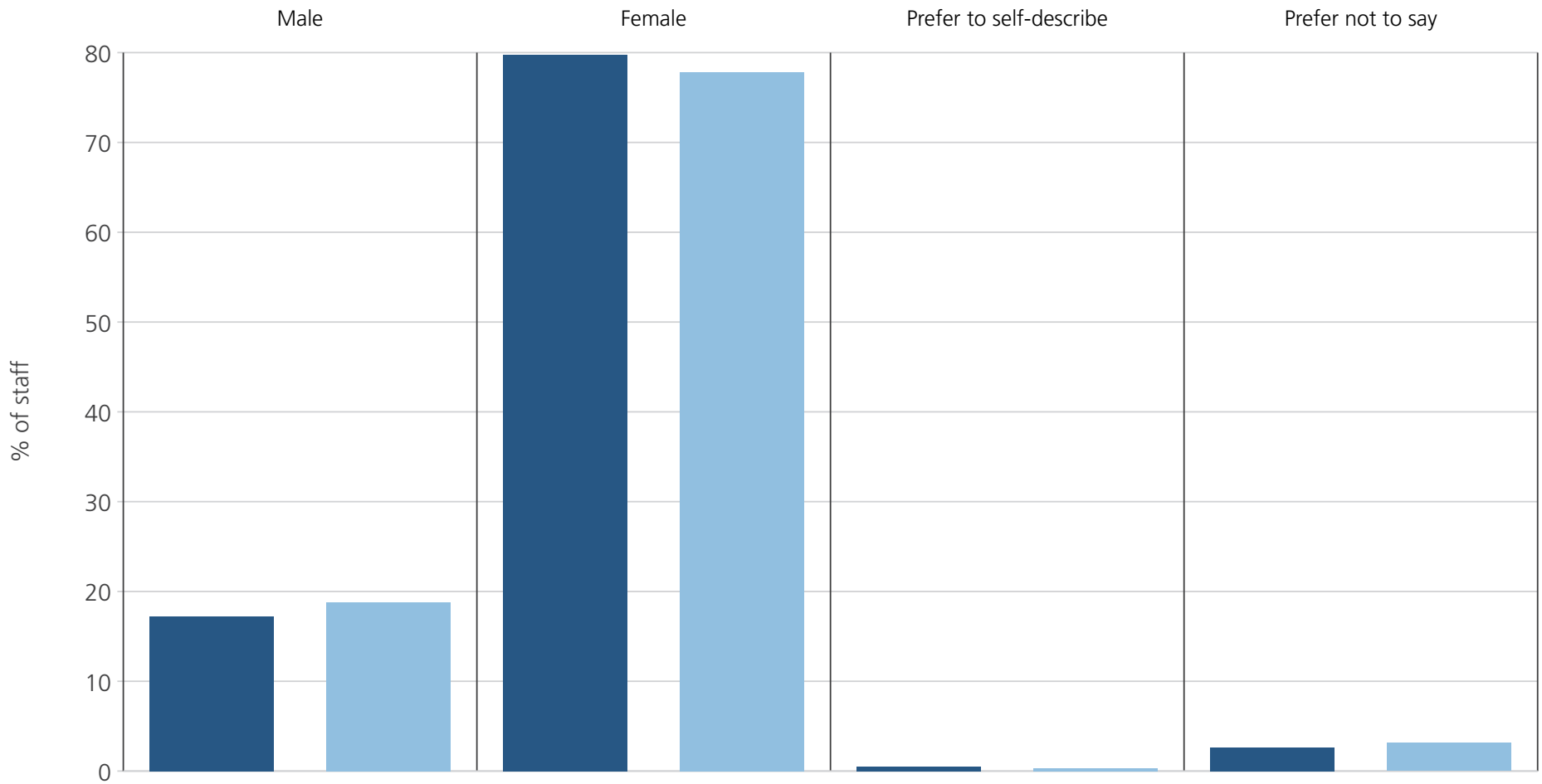
Survey Coordination Centre

NHS England

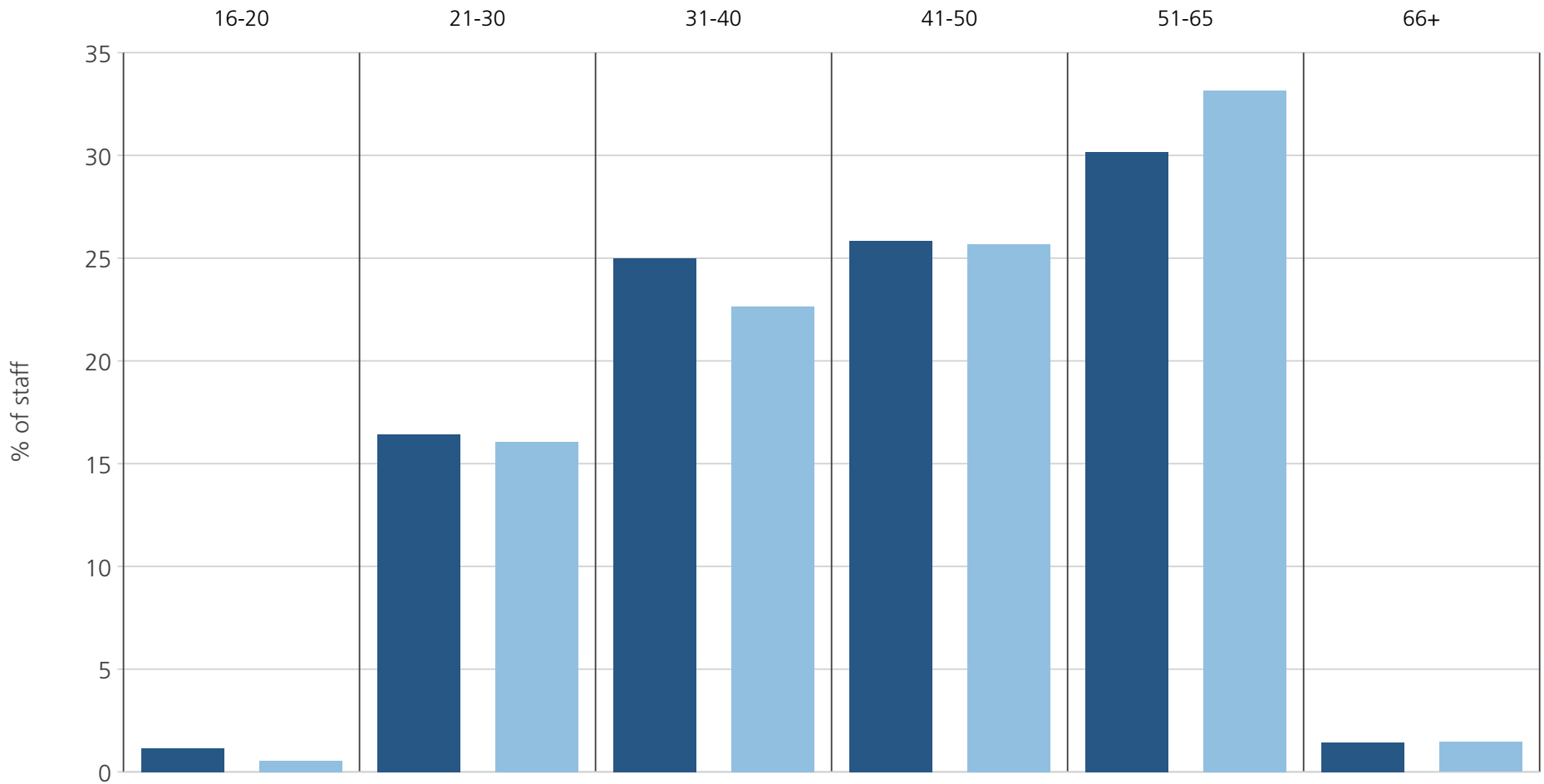
Question results – Background details

Northampton General Hospital NHS Trust

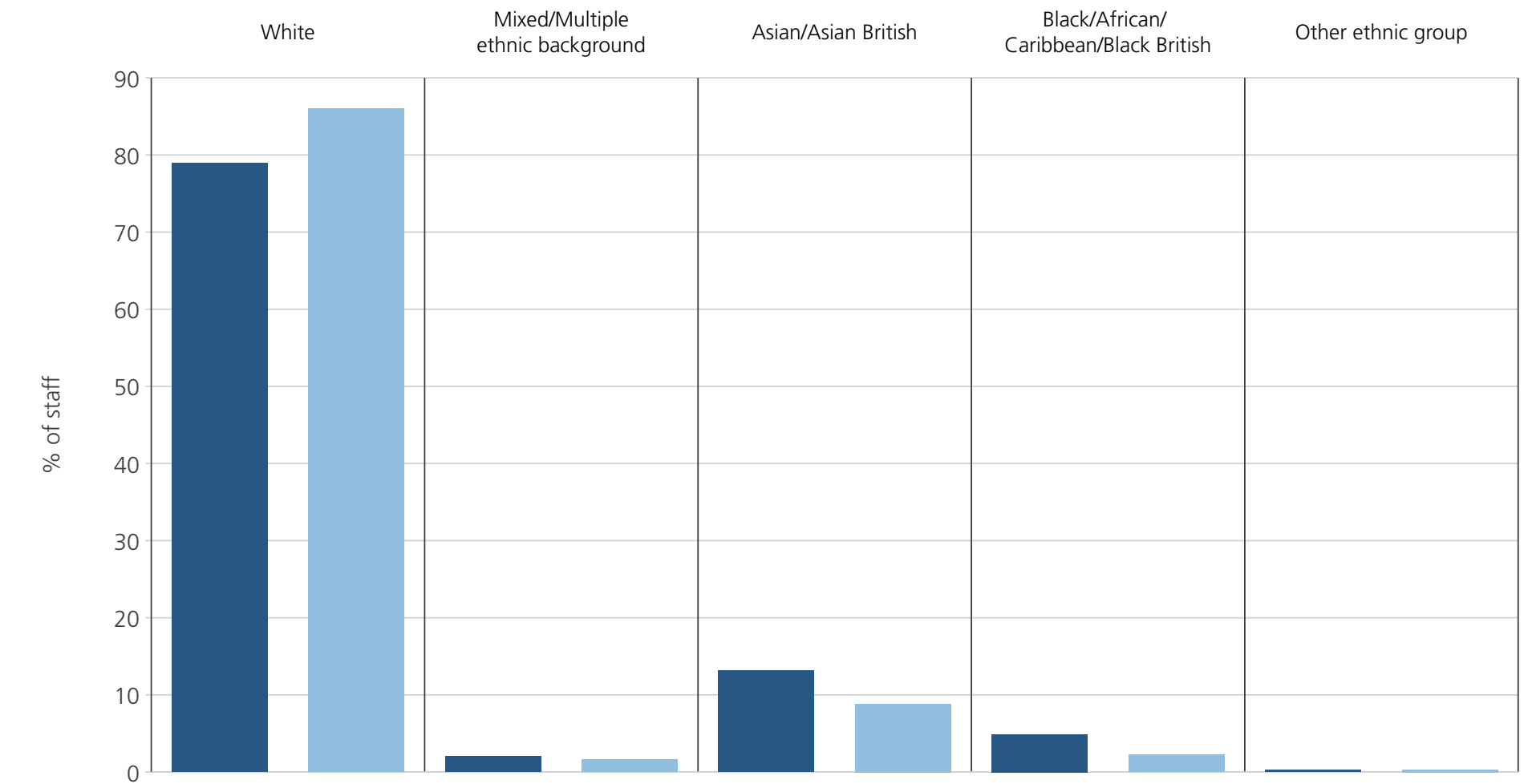
2020 NHS Staff Survey Results



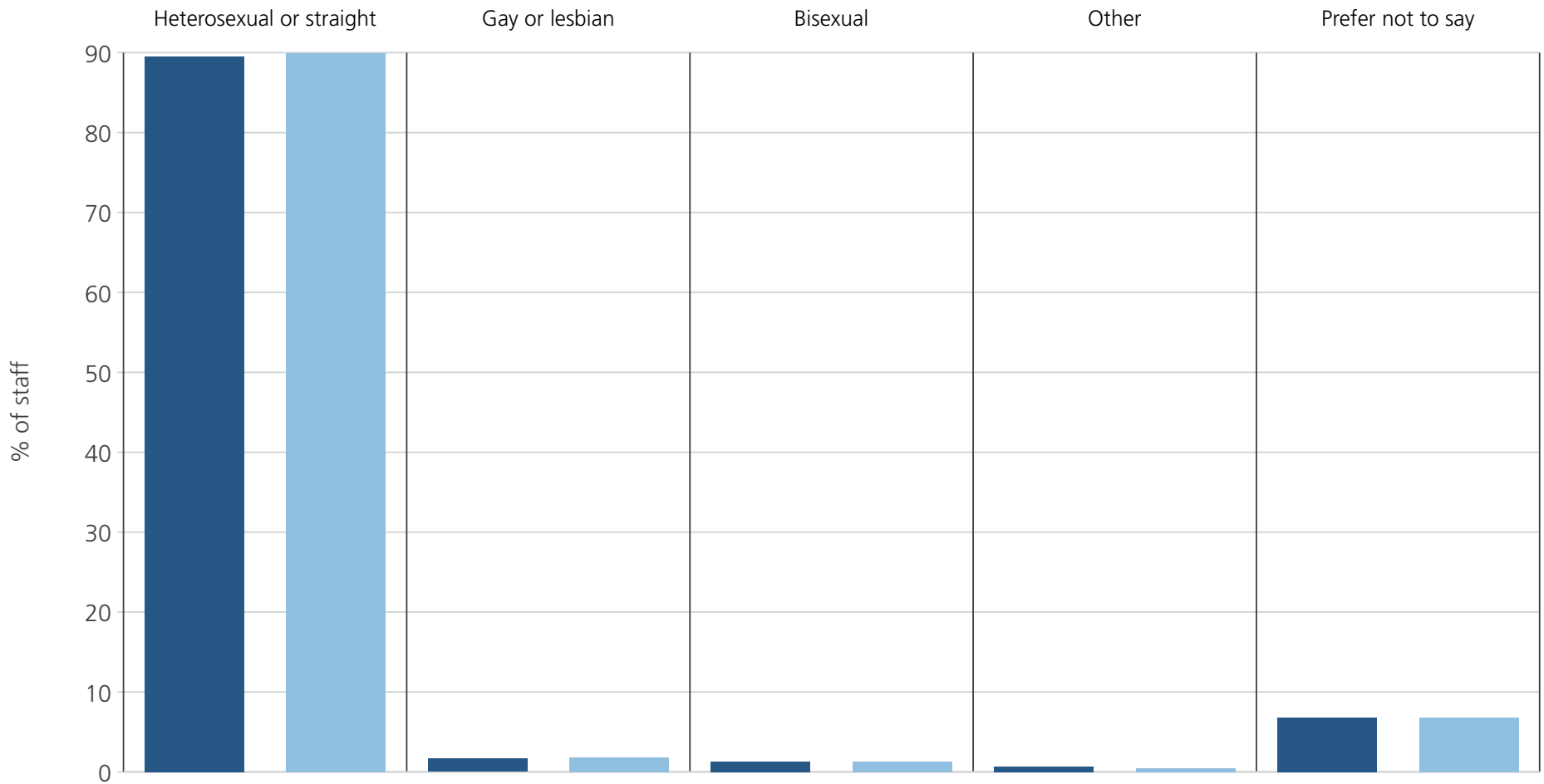
	Male	Female	Prefer to self-describe	Prefer not to say
Your org	17.2%	79.7%	0.5%	2.6%
Average	18.8%	77.8%	0.3%	3.1%
Responses	2,739	2,739	2,739	2,739



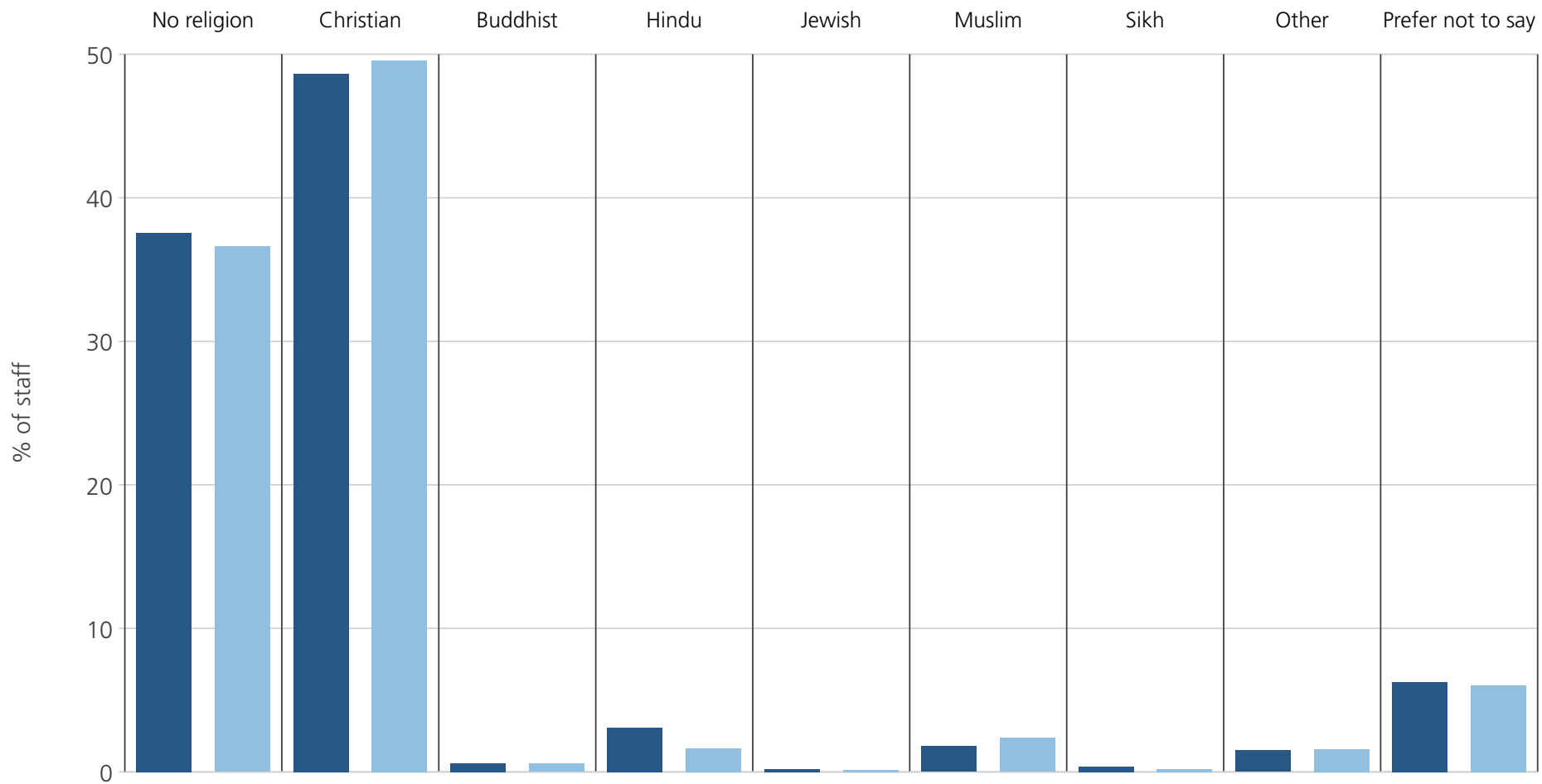
	16-20	21-30	31-40	41-50	51-65	66+
Your org	1.1%	16.4%	25.0%	25.8%	30.2%	1.4%
Average	0.5%	16.1%	22.7%	25.7%	33.2%	1.5%
Responses	2,724	2,724	2,724	2,724	2,724	2,724



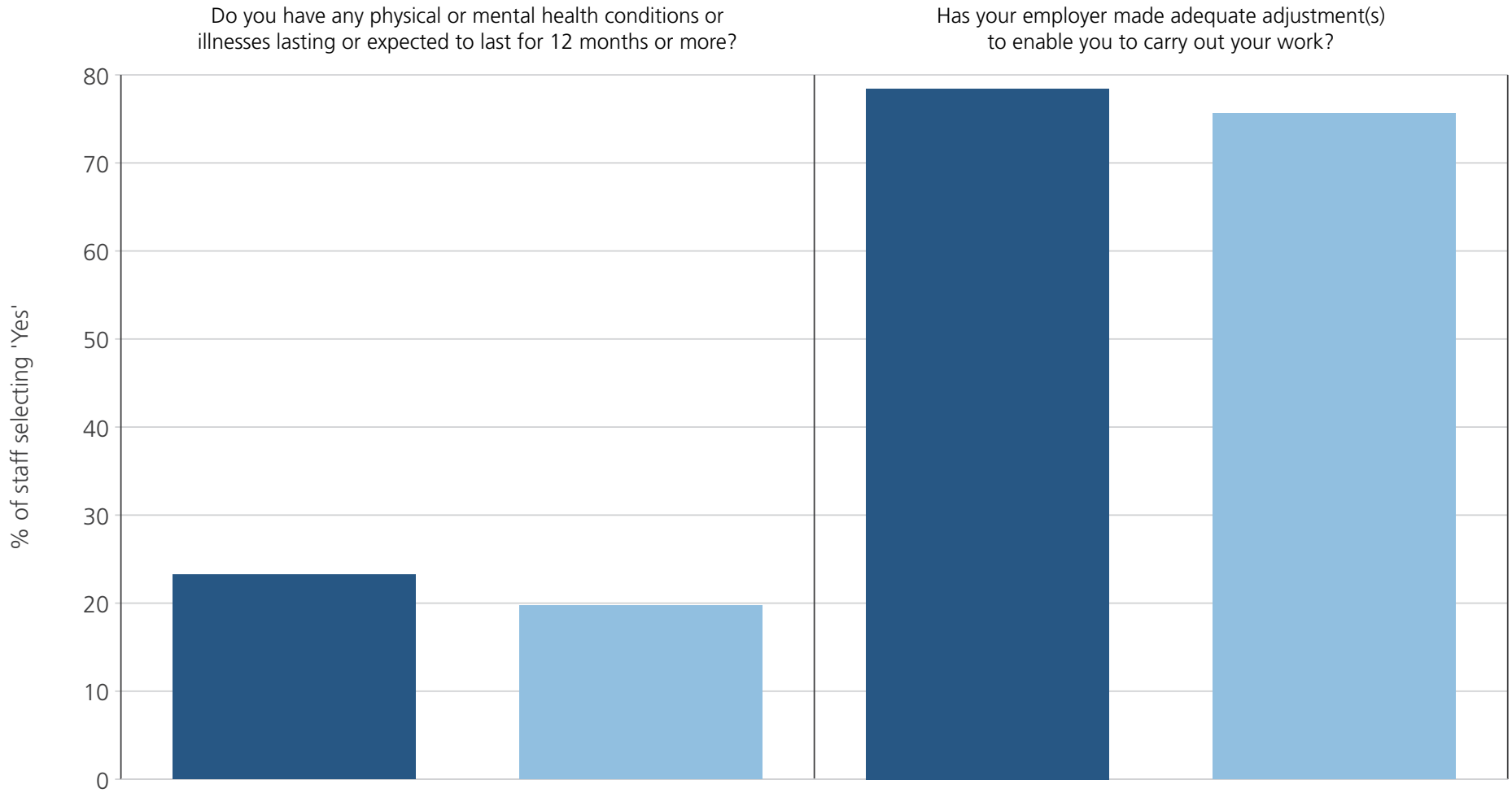
	White	Mixed/Multiple ethnic background	Asian/Asian British	Black/African/ Caribbean/Black British	Other ethnic group
Your org	78.9%	2.0%	13.1%	4.9%	0.3%
Average	86.0%	1.6%	8.8%	2.2%	0.3%
Responses	2,717	2,717	2,717	2,717	2,717



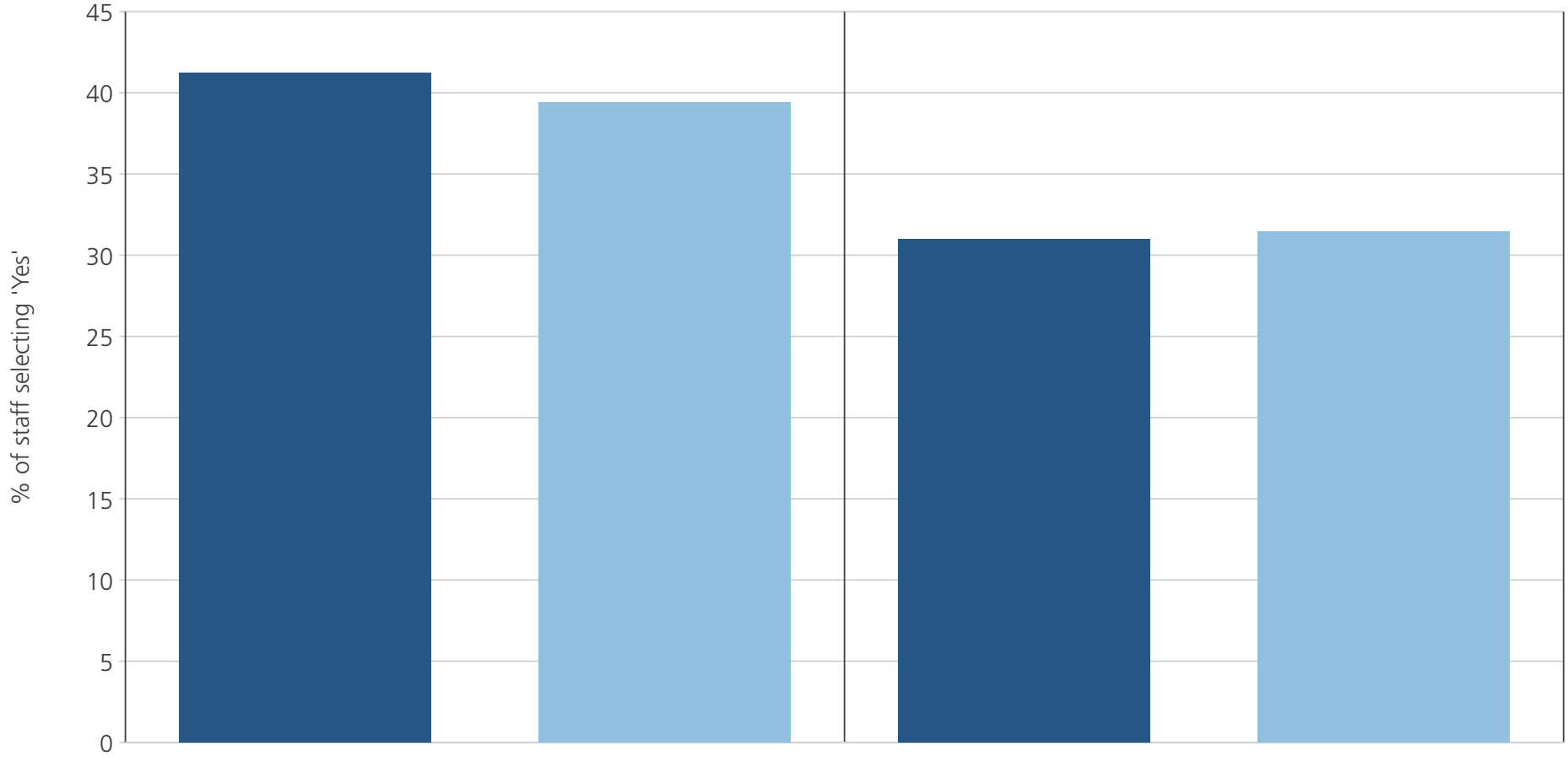
	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.6%	1.6%	1.3%	0.7%	6.8%
Average	89.9%	1.8%	1.3%	0.4%	6.8%
Responses	2,728	2,728	2,728	2,728	2,728



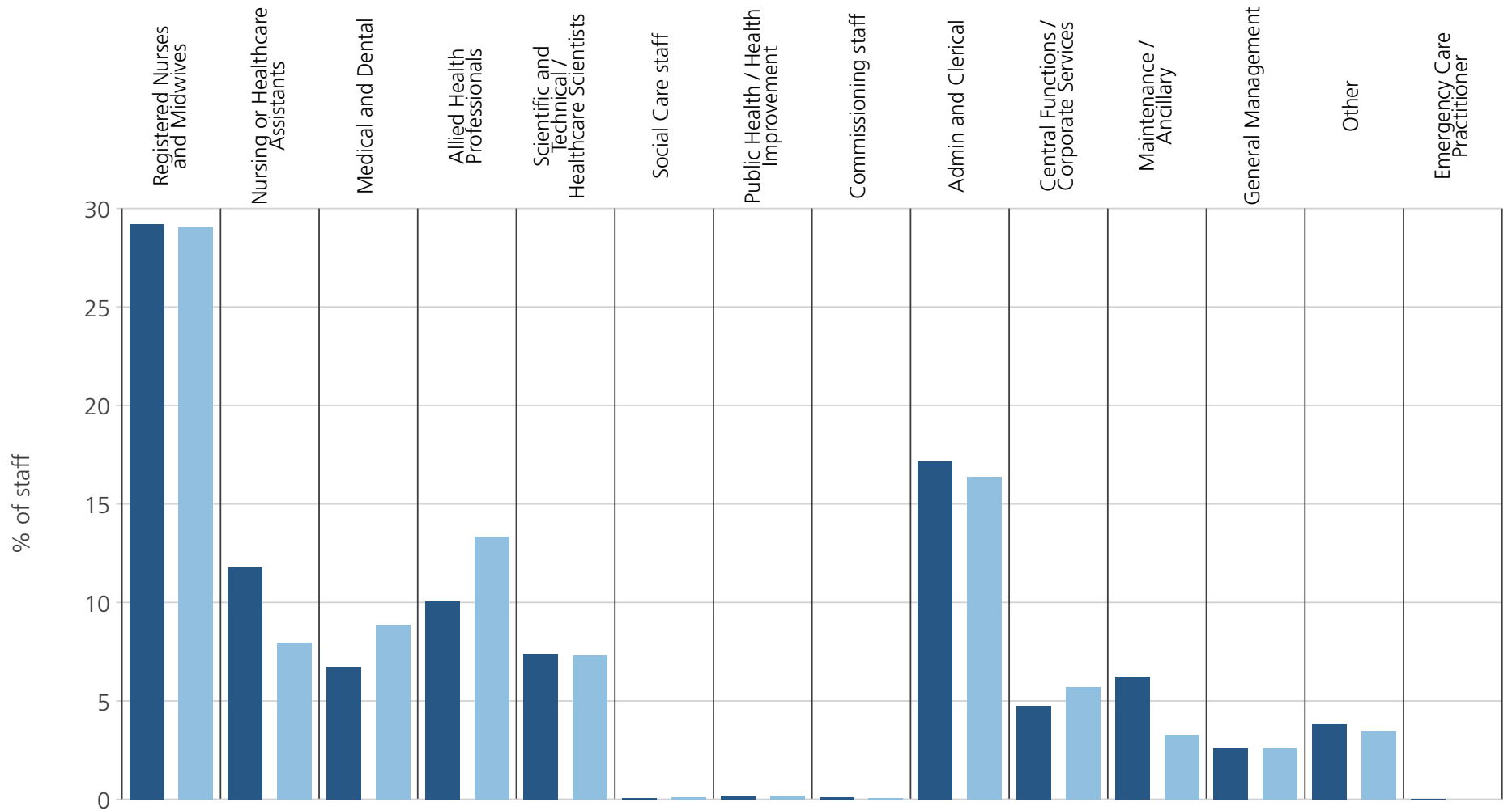
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	Prefer not to say
Your org	37.6%	48.7%	0.6%	3.1%	0.2%	1.8%	0.4%	1.5%	6.3%
Average	36.6%	49.5%	0.6%	1.6%	0.2%	2.4%	0.2%	1.6%	6.0%
Responses	2,742	2,742	2,742	2,742	2,742	2,742	2,742	2,742	2,742



Your org	23.3%	78.4%
Average	19.7%	75.6%
Responses	2,735	378



Your org	41.2%	31.0%
Average	39.4%	31.5%
Responses	2,718	2,702



	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Social Care staff	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other	Emergency Care Practitioner
Your org	29.2%	11.8%	6.7%	10.0%	7.4%	0.1%	0.1%	0.1%	17.2%	4.7%	6.2%	2.6%	3.8%	0.0%
Average	29.1%	7.9%	8.9%	13.3%	7.3%	0.1%	0.2%	0.1%	16.4%	5.7%	3.3%	2.6%	3.5%	0.0%
Responses	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687	2,687

Survey Coordination Centre

NHS England

Workforce Equality Standards

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

Survey Coordination Centre

Workforce Equality Standards

NHS England

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our results website.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018, 2019 and 2020 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

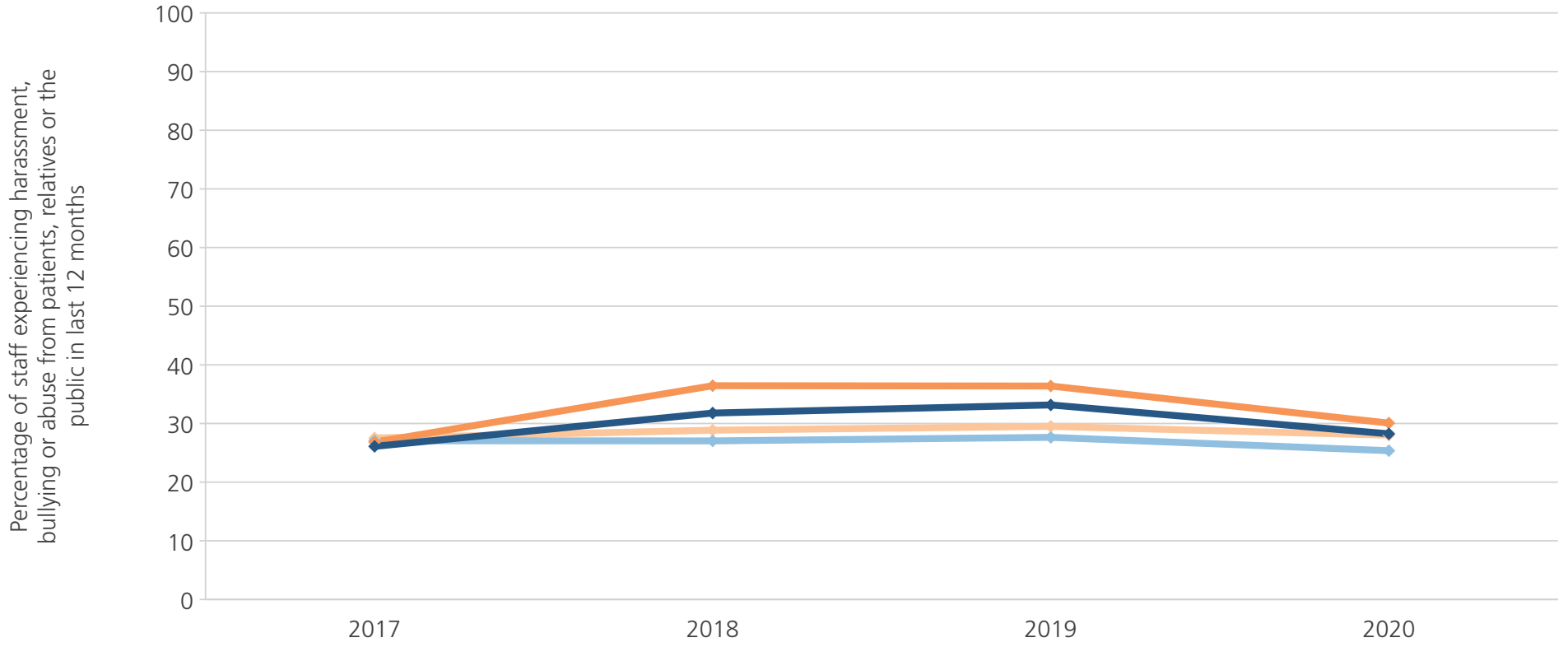
Survey Coordination Centre

NHS England

Workforce Race Equality Standard (WRES)

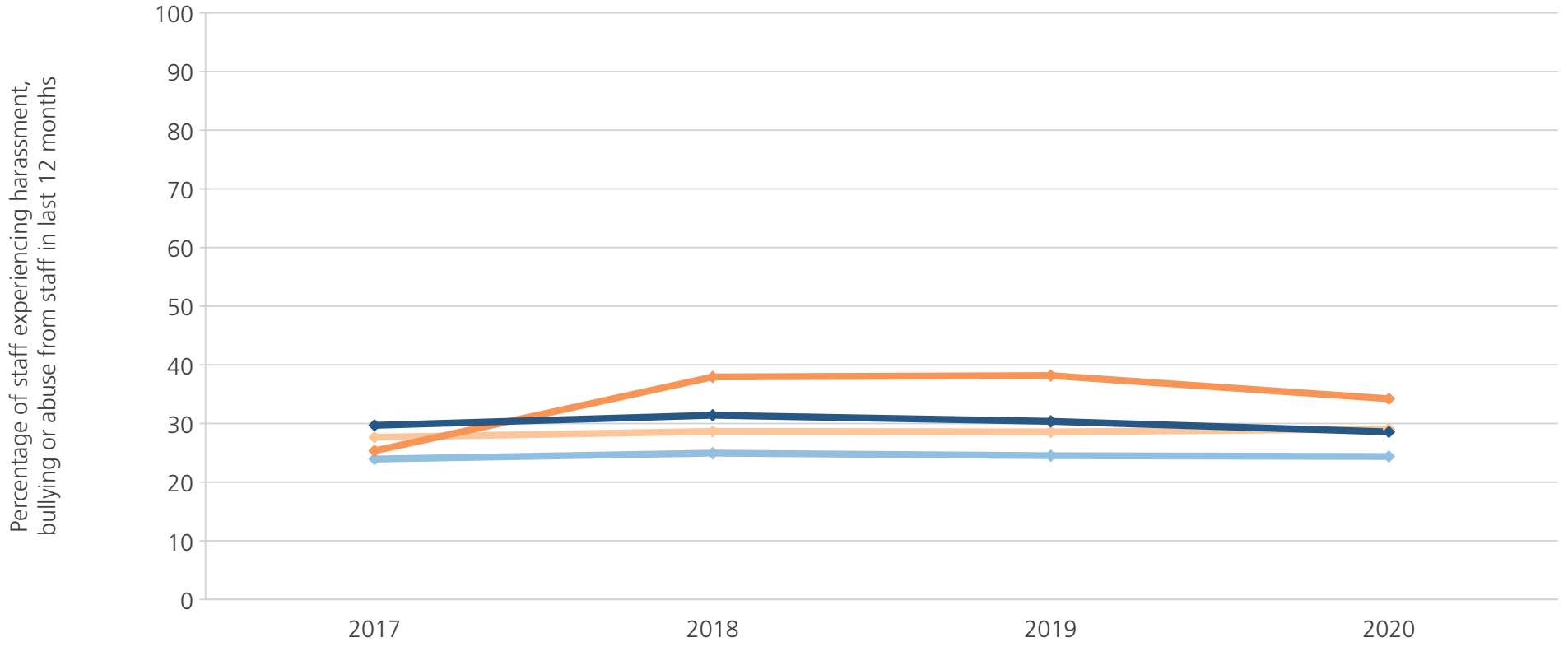
Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results



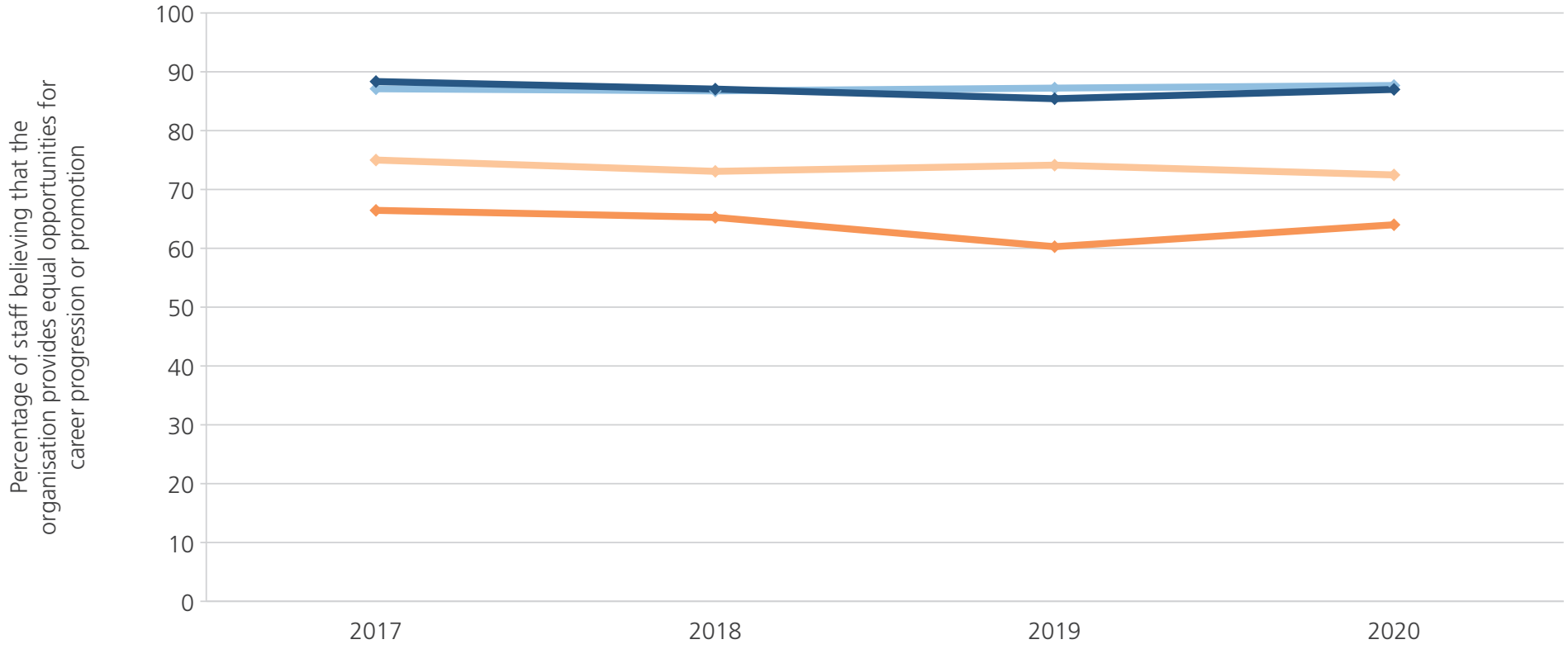
	2017	2018	2019	2020
White: Your org	26.1%	31.8%	33.2%	28.2%
BME: Your org	26.8%	36.4%	36.4%	30.1%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	1,410	1,633	1,565	2,121
BME: Responses	220	343	371	562

Average calculated as the median for the benchmark group



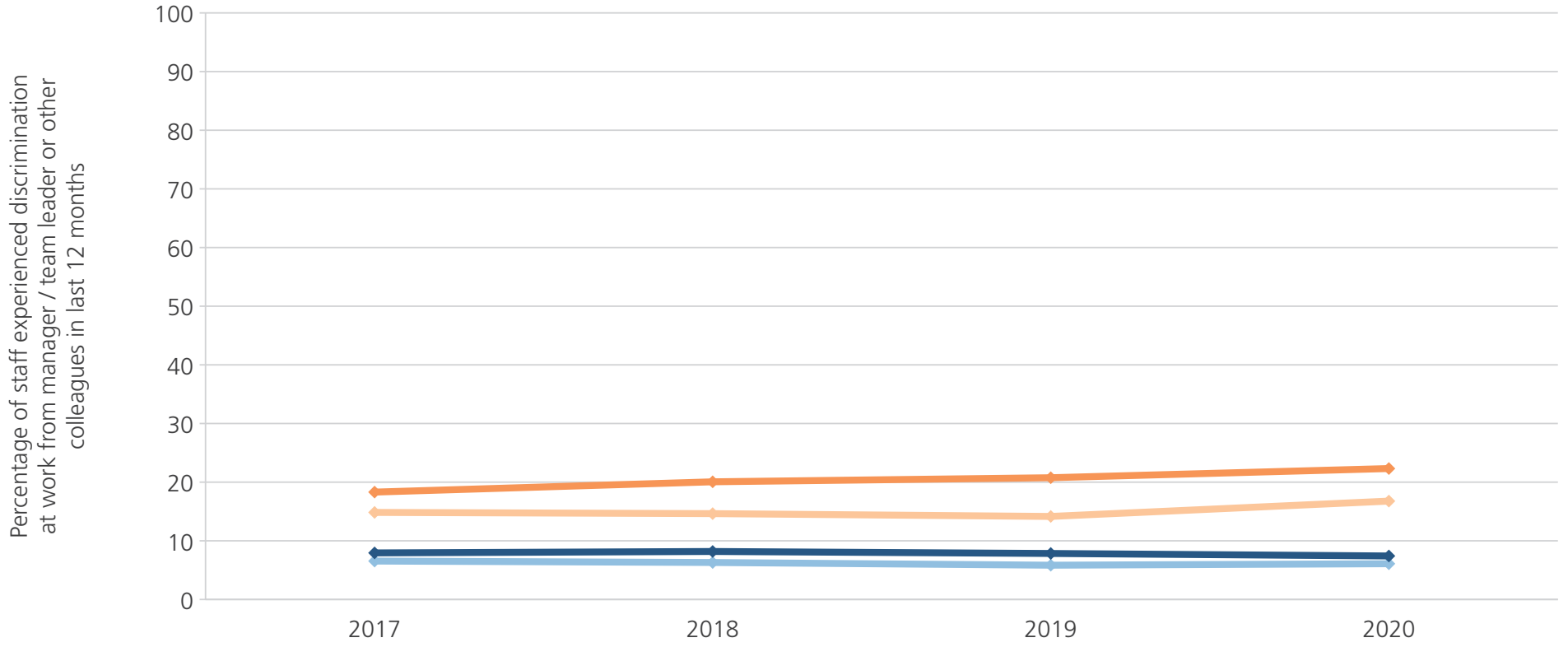
	2017	2018	2019	2020
White: Your org	29.7%	31.4%	30.4%	28.6%
BME: Your org	25.3%	37.9%	38.2%	34.2%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	1,398	1,627	1,564	2,128
BME: Responses	221	340	372	567

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	88.3%	87.1%	85.4%	87.0%
BME: Your org	66.4%	65.3%	60.3%	64.0%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	978	1,105	1,029	1,431
BME: Responses	152	213	219	350

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	7.9%	8.2%	7.8%	7.4%
BME: Your org	18.3%	20.1%	20.8%	22.3%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	1,411	1,626	1,556	2,117
BME: Responses	224	339	371	560

Average calculated as the median for the benchmark group

Survey Coordination Centre

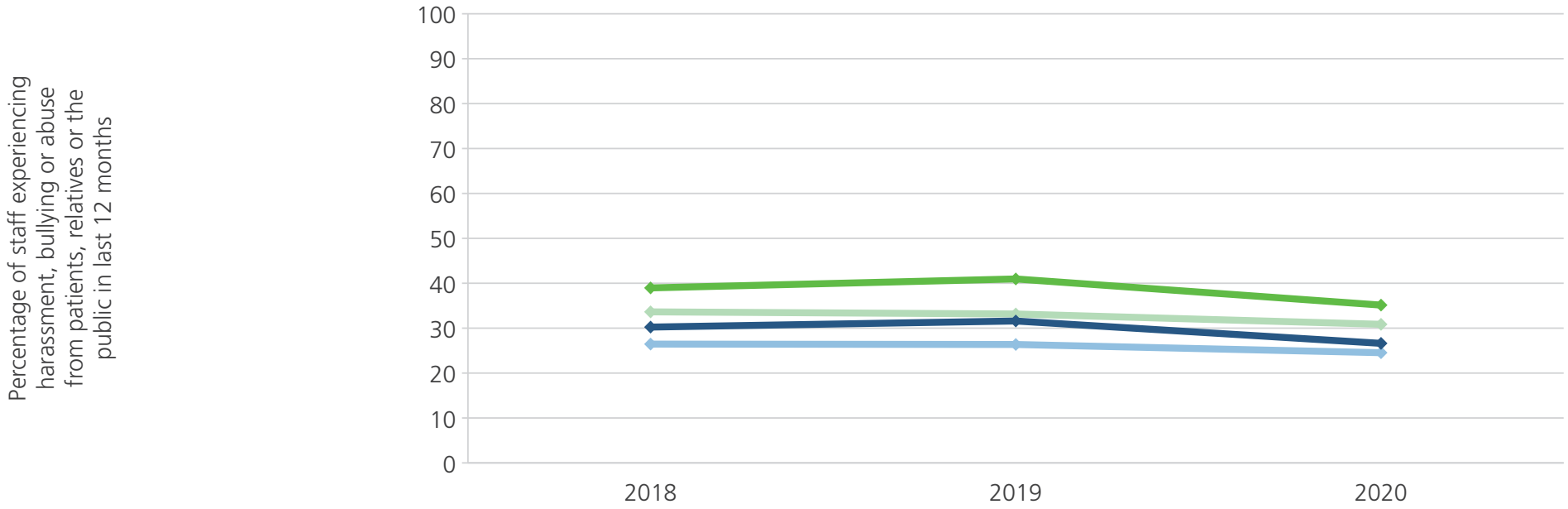
NHS England

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

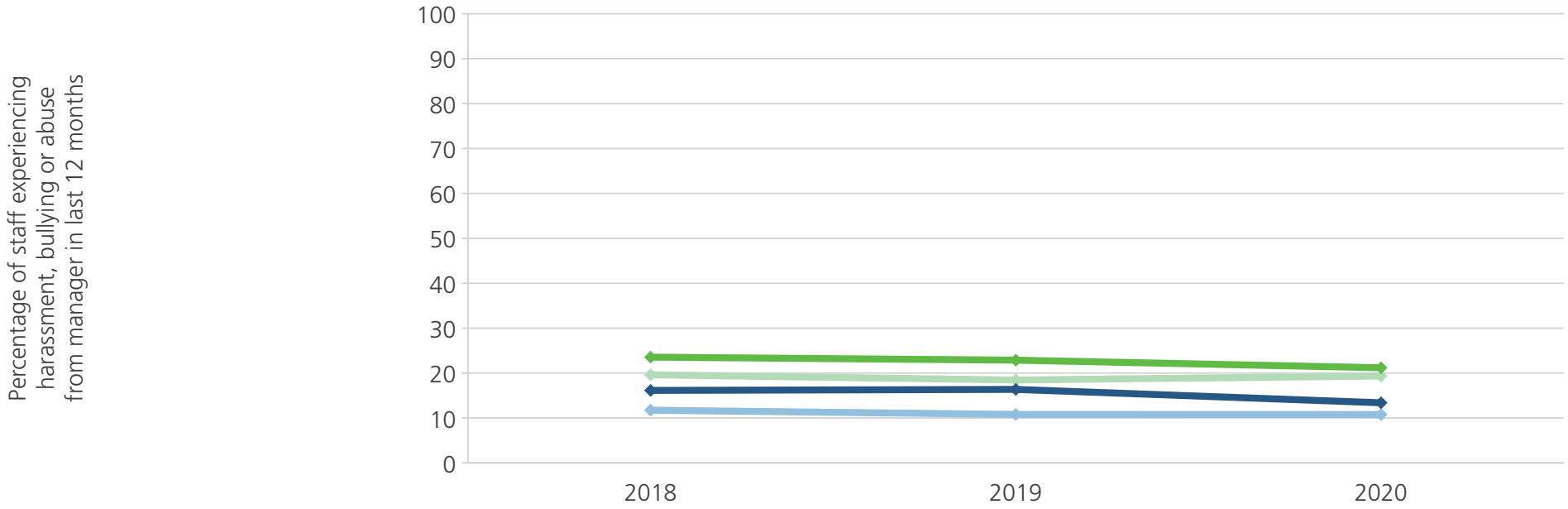
Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results



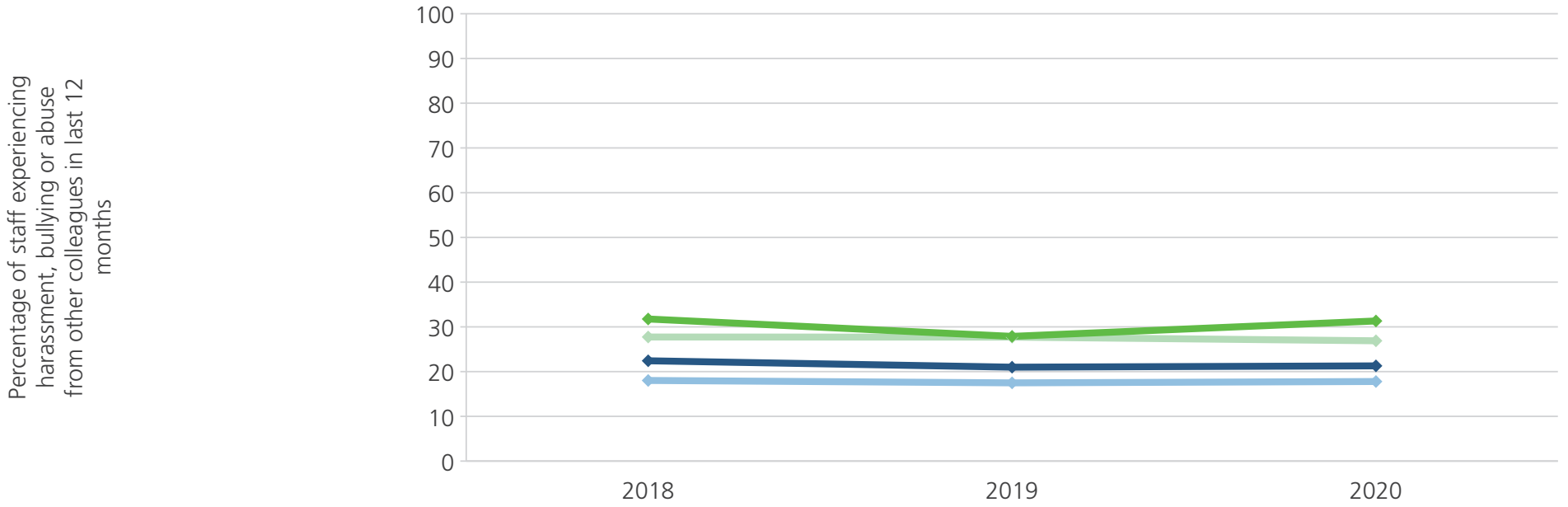
	2018	2019	2020
Staff with a LTC or illness: Your org	39.0%	41.0%	35.1%
Staff without a LTC or illness: Your org	30.2%	31.6%	26.6%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%
Staff with a LTC or illness: Responses	385	459	629
Staff without a LTC or illness: Responses	1,594	1,494	2,074

Average calculated as the median for the benchmark group



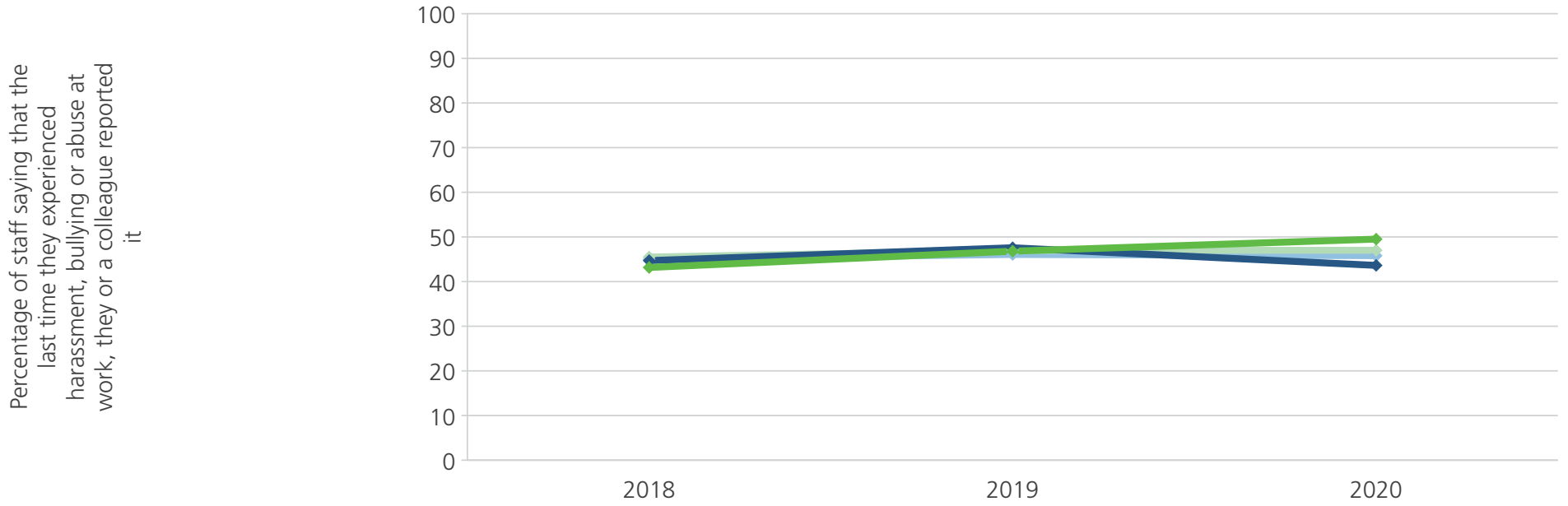
	2018	2019	2020
Staff with a LTC or illness: Your org	23.5%	22.9%	21.2%
Staff without a LTC or illness: Your org	16.1%	16.4%	13.4%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%
Staff with a LTC or illness: Responses	378	459	628
Staff without a LTC or illness: Responses	1,574	1,485	2,070

Average calculated as the median for the benchmark group



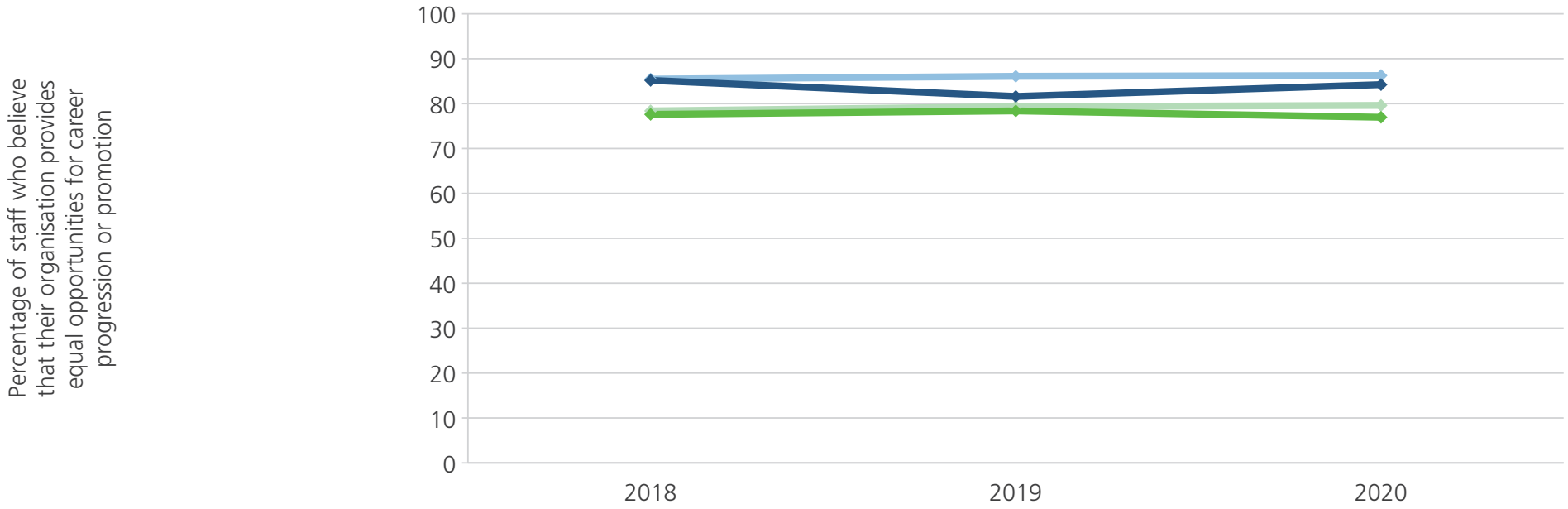
	2018	2019	2020
Staff with a LTC or illness: Your org	31.8%	27.9%	31.3%
Staff without a LTC or illness: Your org	22.4%	21.0%	21.3%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	381	452	629
Staff without a LTC or illness: Responses	1,579	1,477	2,058

Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	43.2%	46.8%	49.5%
Staff without a LTC or illness: Your org	44.7%	47.6%	43.6%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%
Staff with a LTC or illness: Responses	190	235	307
Staff without a LTC or illness: Responses	613	578	745

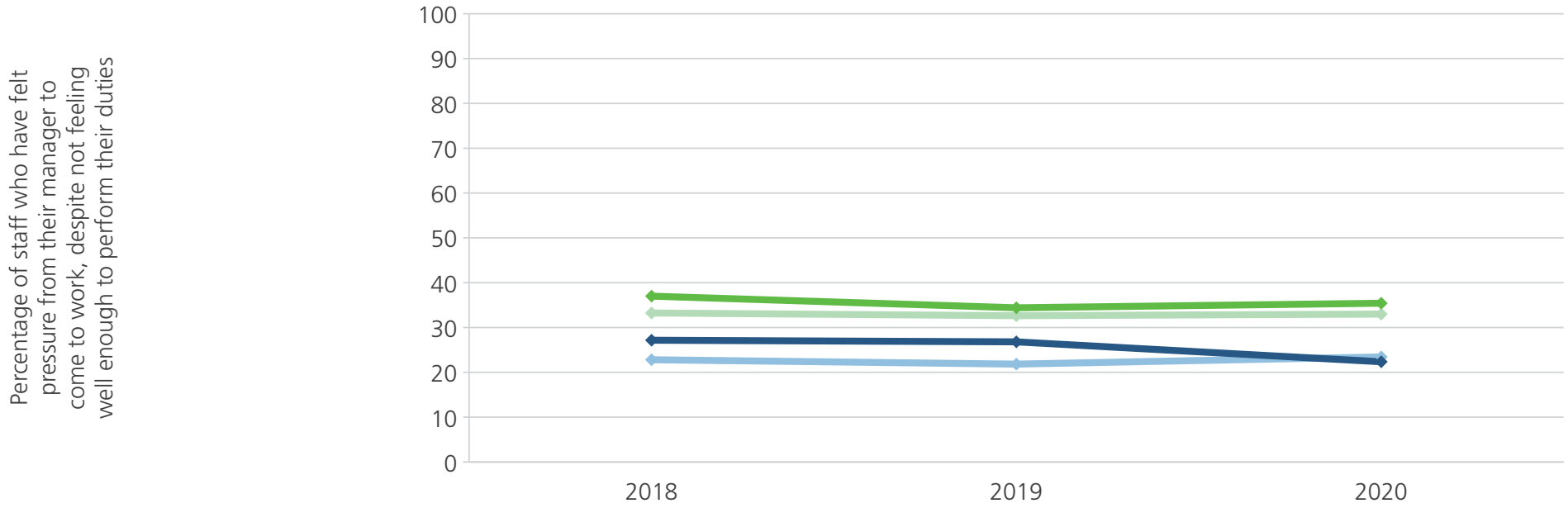
Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	77.6%	78.4%	77.0%
Staff without a LTC or illness: Your org	85.2%	81.6%	84.2%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%

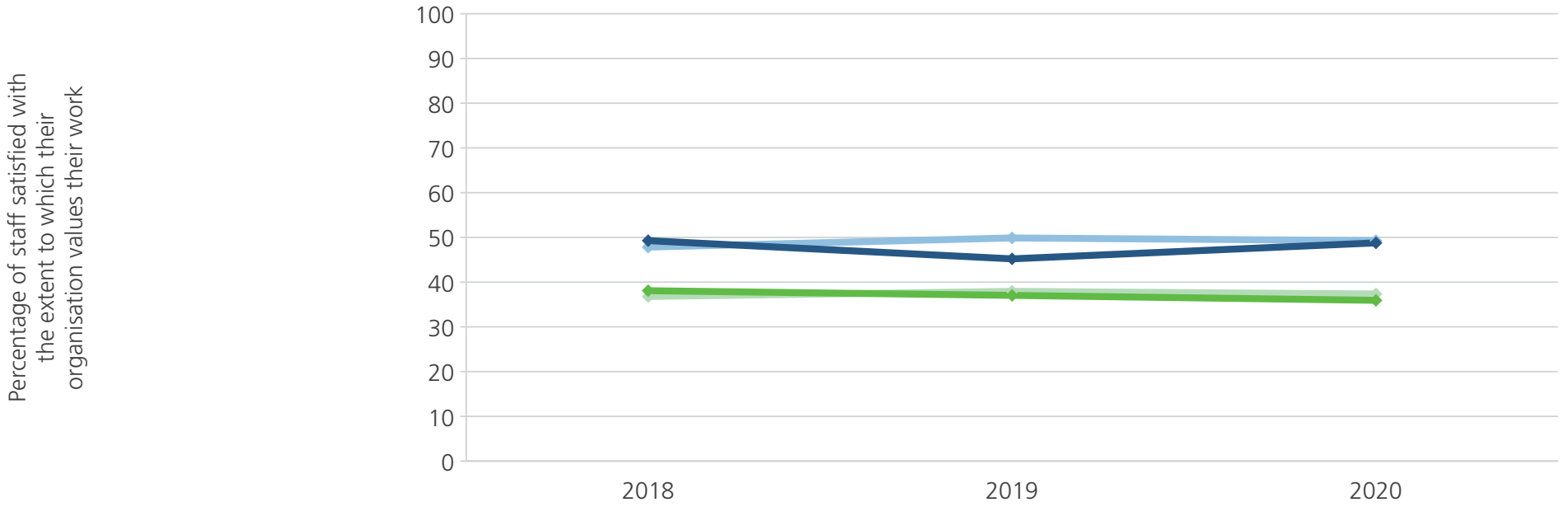
Staff with a LTC or illness: Responses	259	296	408
Staff without a LTC or illness: Responses	1,059	962	1,376

Average calculated as the median for the benchmark group



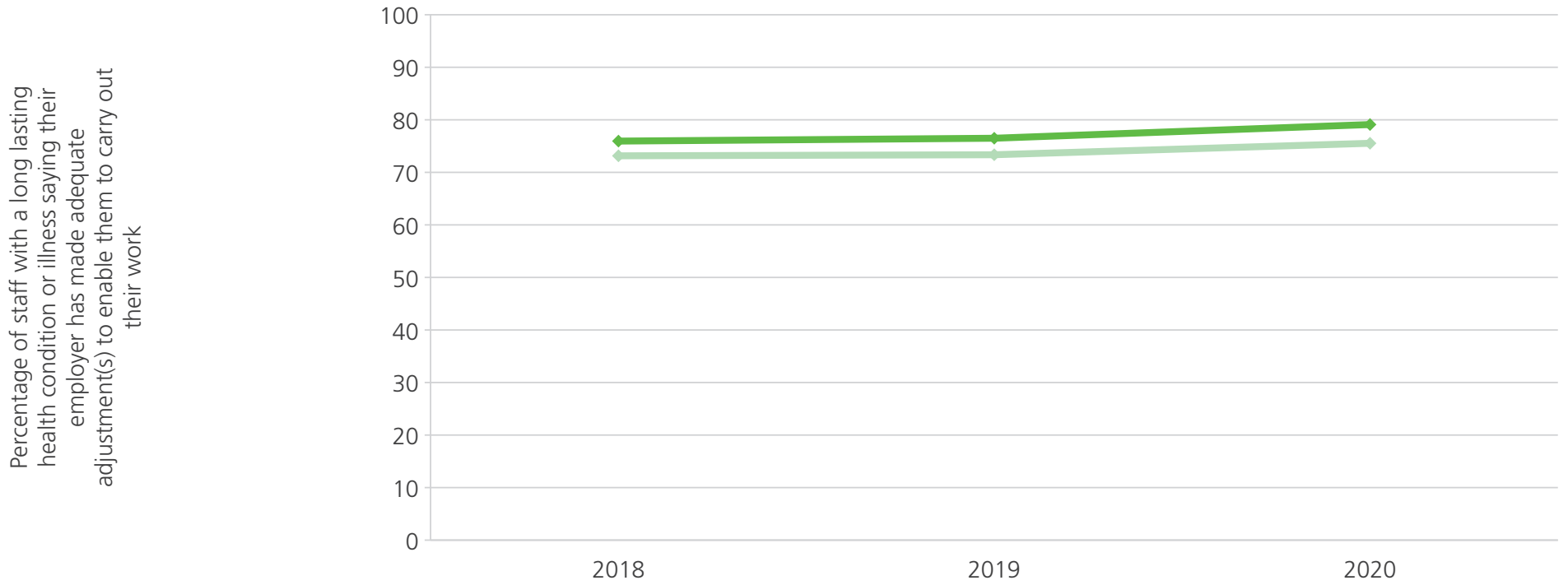
	2018	2019	2020
Staff with a LTC or illness: Your org	37.0%	34.4%	35.4%
Staff without a LTC or illness: Your org	27.2%	26.8%	22.4%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%
Staff with a LTC or illness: Responses	300	343	432
Staff without a LTC or illness: Responses	832	791	899

Average calculated as the median for the benchmark group



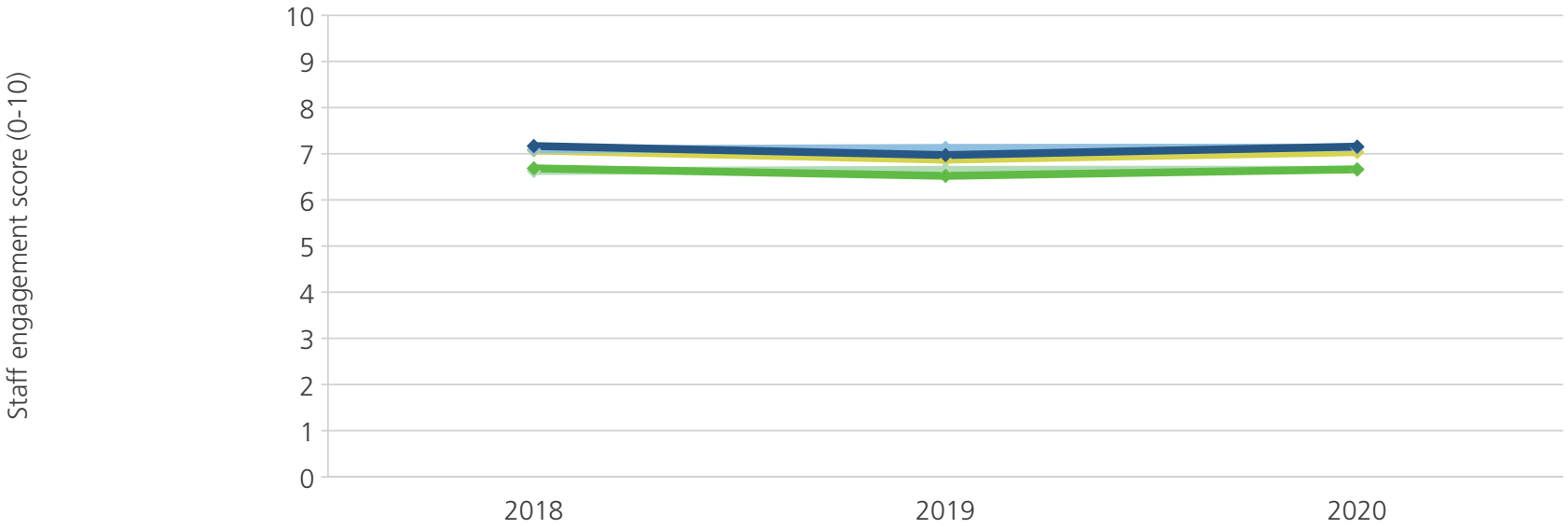
	2018	2019	2020
Staff with a LTC or illness: Your org	38.1%	37.0%	35.9%
Staff without a LTC or illness: Your org	49.3%	45.2%	48.8%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%
Staff with a LTC or illness: Responses	386	459	629
Staff without a LTC or illness: Responses	1,587	1,491	2,079

Average calculated as the median for the benchmark group



	2018	2019	2020
Staff with a LTC or illness: Your org	75.9%	76.5%	79.1%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%
Staff with a LTC or illness: Responses	237	268	378

Average calculated as the median for the benchmark group



	2018	2019	2020
Organisation average	7.1	6.9	7.0
Staff with a LTC or illness: Your org	6.7	6.5	6.7
Staff without a LTC or illness: Your org	7.2	7.0	7.2
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1

Organisation Responses	2,123	2,021	2,765
Staff with a LTC or illness: Responses	387	461	633
Staff without a LTC or illness: Responses	1,598	1,505	2,095

Average calculated as the median for the benchmark group

Survey Coordination Centre

NHS England

Appendices

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

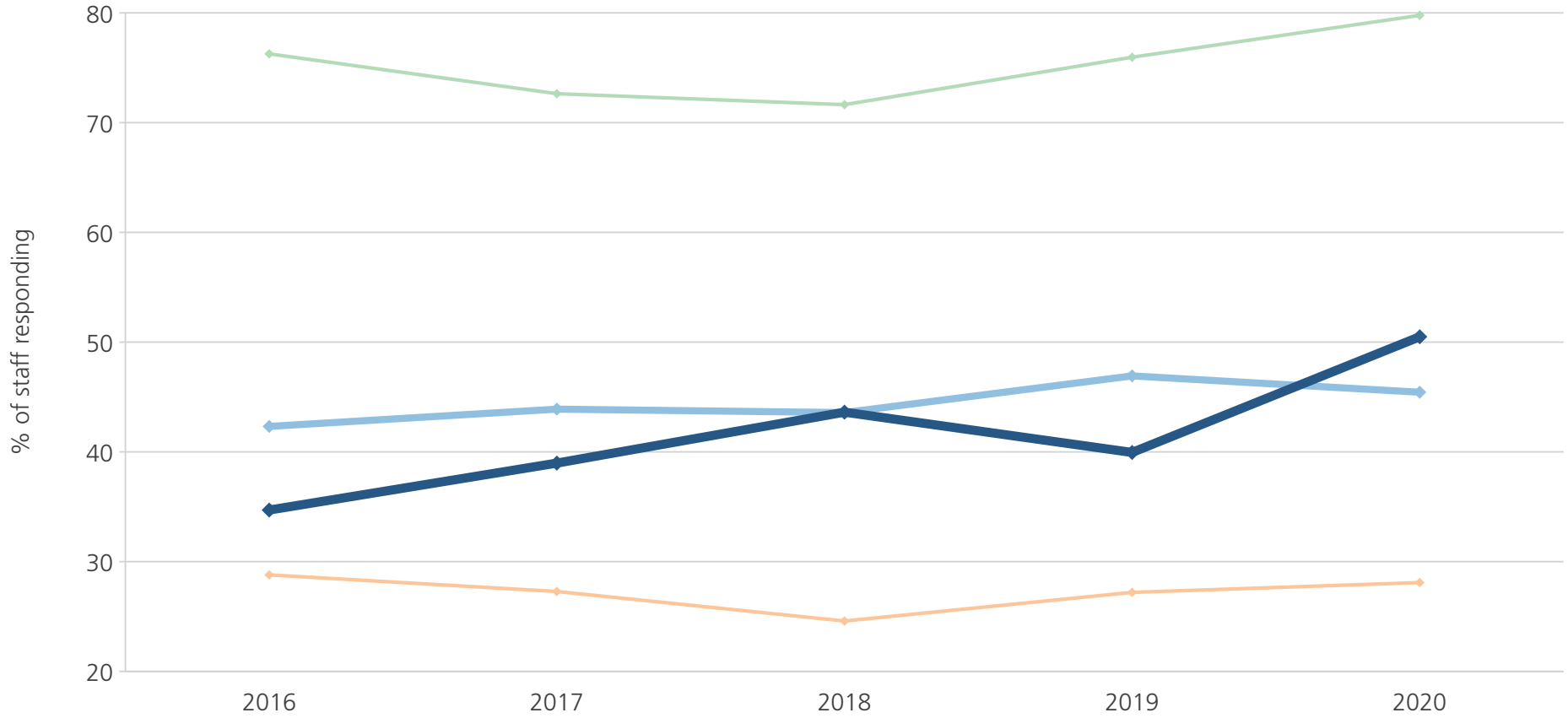
Survey Coordination Centre

NHS England

Appendix A: Response rate

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results



	2016	2017	2018	2019	2020
Best	76.3%	72.6%	71.6%	76.0%	79.8%
Your org	34.7%	39.0%	43.6%	39.9%	50.5%
Median	42.3%	43.9%	43.6%	46.9%	45.4%
Worst	28.8%	27.3%	24.6%	27.2%	28.1%

Survey Coordination Centre

NHS England

Appendix B: Significance testing - 2019 v 2020 theme results

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**8.8**	1981	**8.9**	2742	Not significant
Health & wellbeing	**5.6**	1997	**5.9**	2753	↑
Immediate managers †	**6.6**	2007	**6.7**	2766	Not significant
Morale	**6.0**	1969	**6.2**	2755	↑
Quality of care	**7.2**	1772	**7.5**	2455	↑
Safe environment - Bullying & harassment	**7.5**	1986	**7.7**	2741	↑
Safe environment - Violence	**9.3**	1979	**9.4**	2742	Not significant
Safety culture	**6.5**	1984	**6.6**	2746	↑
Staff engagement	**6.9**	2021	**7.0**	2765	↑
Team working	**6.6**	1986	**6.5**	2726	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

Survey Coordination Centre

NHS England

Appendix C: Tips on using your benchmark report

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

Survey Coordination Centre

Data in the benchmark reports

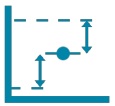
NHS England

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users transitioning from the previous version of the benchmark report and those who are new to the Staff Survey.

Key points to note

- The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

- A key feature of the reports is that they **provide organisations with up to 5 years of trend data** across theme **and** question results. Trend data provides a much **more reliable indication of whether the most recent results represent a change from the norm** for an organisation than comparing the most recent results to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons were drawn solely between the current and previous year.



- **Question results are benchmarked** so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

1. Reviewing theme results

When analysing theme results, it is easiest to start with the **theme overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

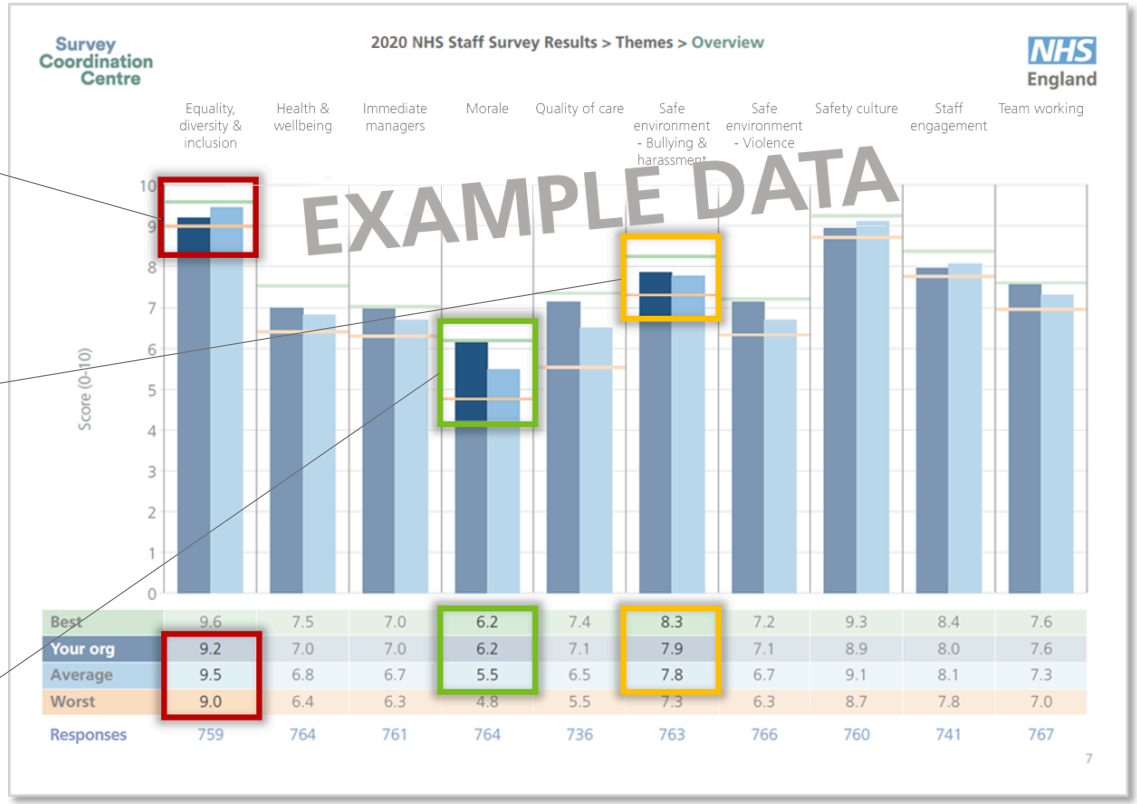
It is important to **consider each theme result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.



Only one example is highlighted for each point

- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

2. Reviewing theme results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

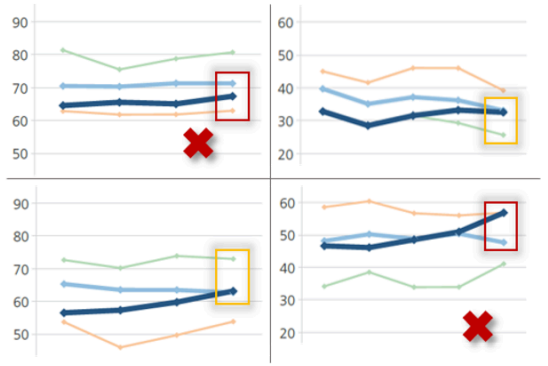
	2016	2017	2018	2019	2020
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review questions feeding into the themes

In order to understand exactly which factors are driving your organisation's theme score, you should review the questions feeding into the theme. The **'Detailed information'** section contains the questions contributing to each theme, grouped together, thus they can be reviewed easily without the need to search through the 'Question results' section. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's theme results can be identified**.

For themes where results need improvement, action plans can be formulated to **focus on the areas where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



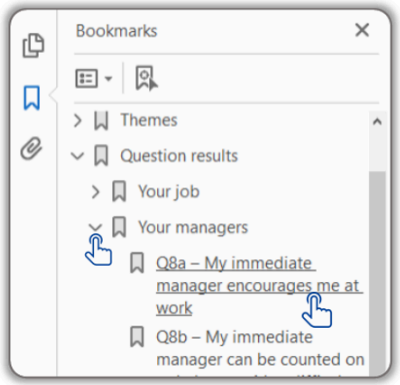
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 180 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data. It is worth noting that a PDF summary report is also available. This presents the same data as this main benchmark report, but does not include the detailed question level reporting.

Identifying questions of interest

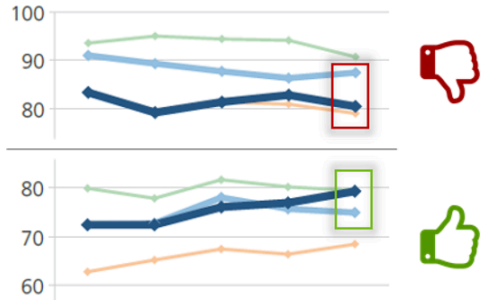
Use the bookmarks bar to navigate directly to questions of interest



- **Pre-defined questions of interest – key questions for your organisation**
  - Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can now be assessed on the backdrop of benchmark and historical trend data.
  - **Note:** The bookmarks bar allows for easy navigation through the report, allowing subsections of the report to be folded, for quick access to questions through hyperlinks.

- **Identifying questions of interest based on the results in this report**

  The methods recommended to review your theme results can also be applied to pick out question level results of interest. However, **unlike themes where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern**: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- **When looking for positive outcomes**: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS England

Appendix D: Additional reporting outputs

Northampton General Hospital NHS Trust

2020 NHS Staff Survey Results

Survey Coordination Centre

Additional reporting outputs

NHS England

Below are links to other key reporting outputs which complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, theme, historical comparability of organisations and questions in the survey.

Other local results

Benchmark summary reports: A PDF summary version of this benchmark report, that produces the same data, but does not include the detailed question level reporting.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing theme results split by directorate (locality) for Northampton General Hospital NHS Trust.

National results

National Trend Data and **National Breakdowns**: Dashboards containing national results – data available for five years where possible.

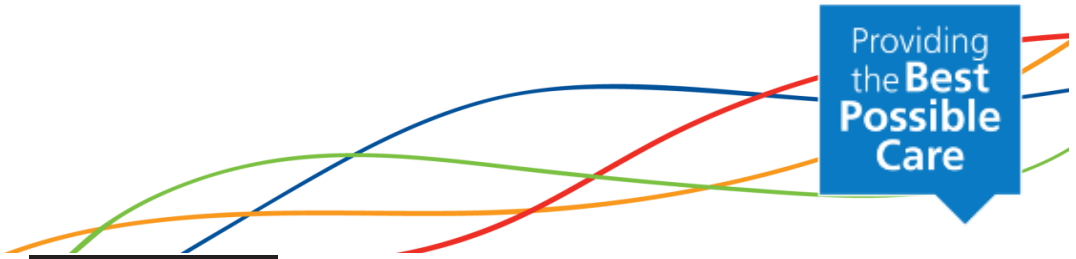
National Free Text report: A PDF report will be available from April 2021 that highlights the themes, subthemes and sentiment scores of the free text comments from questions 21a and 21b.

NHS
Northampton General Hospital
NHS Trust

2020 National Staff Survey Results

Overview of Results

Mark Smith
Chief People Officer
March 2021



Northampton General Hospital NHS Trust

- Response rate 50% - best ever! (+10% from 2019)
- Significant improvement in 6 out of 10 themes
- 40 (theme related) questions improved, 9 deteriorated
- Mostly sitting around the national average
- Full results attached for colleagues and have been made available to all staff via colleagues briefing sessions, e-mail and our intranet page – along with discussions in key forums

NHS
Northampton General Hospital
NHS Trust

Themes at a Glance

Theme	Changes Since Last Year		Compared to National Average	
Equality, Diversity & Inclusion	↑	+0.1	↓	-0.2
Health and Wellbeing	↑	+0.3	↓	-0.2
Immediate Managers	↑	+0.1	↓	-0.1
Morale	↑	+0.2	⟺	0.0
Quality of Care	↑	+0.3	⟺	0.0
Bullying & Harassment (Safe Environment)	↑	+0.2	↓	-0.4
Violence (Safe Environment)	↑	+0.1	↓	-0.1
Safety Culture	↑	+0.1	↓	-0.2
Safe Engagement	↑	+0.1	⟺	0.0
Team Working	↓	-0.1	⟺	0.0

NHS
Northampton General Hospital
NHS Trust

Questions

Improvements are:

Questions	2020	Improvement
I am able to deliver the care I aspire to	70.5%	7.9%
I would recommend my organisation as a place to work	66.2%	7.5%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	71.7%	7.3%

Deteriorations are:

Questions	2020	Deterioration
I have unrealistic time pressures	23.9%	3.1%
Relationships at work are strained	42.8%	1.8%
During the last 12 months I have felt unwell as a result of work related stress	45.9%	1.6%

Northampton General Hospital NHS Trust

National Average

36 questions are lower than the national average - 3 greatest gaps are:

Questions	2020	Worse Than
In the last 12 months I have personally experienced harassment, bullying or abuse at work from other colleagues	23.8%	4.0%
I would feel secure raising concerns about unsafe clinical practice	68.1%	3.7%
In the last 3 months I have come to work despite not feeling well enough to perform my duties	50.0%	3.4%

9 questions are better than the national average - 3 greatest gaps are:

Questions	2020	Better Than
Has your employer made adequate adjustments to enable you to carry out your work	78.4%	2.8%
Relationships at work are strained	42.8%	2.7%
Does your organisation take positive action on health and wellbeing	33.9%	2.2%

Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	Final Draft People Plan		
Agenda item	12		
Presenter of Report	Mark Smith, Chief People Officer		
Author(s) of Report	Mark Smith, Chief People Officer		
This paper is for:			
x Approve	☐Receive	☐ Note	☐ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

Kettering General Hospital NHS Foundation Trust (KGH) and Northampton General Hospital NHS Trust (NGH) have come together as a Group to serve our population.

We have developed a Group strategy, through engagement with staff and patients, that sets out our vision, mission, and five Group priorities. Underpinning our Group priorities are eight strategic initiatives alongside a series of shorter-term breakthrough objectives and supporting projects.

Developing of Group priorities has allowed us to identify a clear vision for our people in the development of ***"An inclusive place to work where people are empowered to be the difference"***. This will be monitored against **national staff survey results, with our ambition being to reach the top 20% nationally.**

In light of the development of our Group model, as well as the challenges of the ongoing Covid-19 pandemic, the context for our People is, and will continue to be, complex and challenging in many ways.

There are areas of strength in our organisations that we will recognise and build on as we move forwards and tackle these challenges particularly demonstrated during this past year. This provides a platform for us to build upon, whilst pointing to the need to continue to improve to bring ourselves in line with high performing acute Trusts and achieve our goal of being in the top 20% nationally for staff engagement.

Through the 2020 annual staff survey results, engagement with HR teams and senior leaders within the Trusts including People Committee and Board colleagues, we have recognised some areas of success across our organisations:

- Our focus on wellbeing, and the enhancements to this during Covid-19

- New ways of working were implemented effectively during Covid-19, with opportunities to now maintain and build on these
- There are strong volunteering schemes in place in both Trusts that have to be built upon, particularly given the circumstances likely to be in place as we move out of the acute phase of the pandemic and our corporate social responsibility within our county
- The quality of care colleagues feel they are delivering at both hospitals
- If a relative of friend needed treatment, colleagues would be happy with the standards of care at NGH and KGH.
- A growing number of colleagues would recommend our hospitals as places to work
- There are significant numbers of staff progressing from HCA to qualified nursing roles through our development programmes
- Successful apprenticeship schemes are in place for nursing staff, with opportunities to expand this to other staff groups
- Our international nursing programmes have seen phenomenal results

These successes along with other provide opportunities to develop further, whilst also recognising other areas that we must work to improve. Data from the NHS Staff Survey, responded to by more than half of our staff and internal engagement, shows the most difference from the best Acute trusts nationally in responses related to:

- Feeling empowered and able to make improvements
- Support from managers
- The use of technology
- Health and wellbeing
- Diversity and Inclusion

These areas therefore form key focuses for improvement throughout our People Plan, alongside other core priorities such as building in proactive and positive processes to drive inclusive behaviour and thinking.

The national NHS People Plan was released at the end of July 2020 and whilst the plan focuses on support during the pandemic and not missing the lessons learnt, it also focuses on some key areas such as growing the NHS workforce which is clearly required given the supply of staff against the demand for services.

Our draft people plan was shared with the committee and at both private Trust Boards in January. It was also shared across numerous other forums in the following six weeks, including with governors at KGH, our staff reference group, clinical forums, across corporate services, at senior forums within both Trusts and Trust committees, across our ICS People Board and with colleagues within the national NHS People team. This consultation yielded lots of feedback, including suggestions for amendment, areas of further explanation.

From the feedback obtain the document has been significantly amended, one major aspect is the inclusion of a seventh theme in people partnering focusing on learning, reflection, raising and addressing concerns, whilst also supporting divisions within each Trust take the plan forward into operation. Inclusion was also a large source of feedback and whilst is now prominent across the plan also is explicit within the Organisational Development section of the plan, as this should be about all we do. Are excellence values are now also included within the plan, having been approved in our January Board meetings, there is further work to complete on the formal launch of our new values across the group, however they had to be included as a fundamental aspect of our People Plan as they are represent ‘how we do things’.

The final version of the plan is therefore here at the NGH Board of Directors meeting for formal approval. It should be noted that some of the work within the plan has already commenced, but full plan approval will enable greater focus and resourcing in some areas such as Organisational Development. Following approval, a process of aligning both current HR and OD teams will be formed, including changing the title of the services to the People Directorate. With regards to costs of the plan, there will be ongoing costs to those which we have incurred this year, in elements such as car parking and health and wellbeing support, along with the international nursing plan etc. however these items are already accounted for and with the People Directorate establishment, it is acknowledged that this will built using existing expenditure, as increased expenditure would not be in line with the group and ICS development in increasing corporate service funding.

Related Strategic Pledge	Which Group Priority does this paper relate to? People: An inclusive place to work where people are empowered to be the difference
Risk and assurance	Risks to the plan inclusive of capacity and resourcing will be articulated and will inform the BAF for 2021/22
Related Board Assurance Framework entries	BAF – ALL
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (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)
Financial Implications	Potential costs associated with the plan aims, objectives and resourcing will be at current cost, inclusive of the health and wellbeing funding which has been made available during 2020/21.
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper CQC Fundamental Standards Health and Safety at work Act 1974 Equality Act 2010

Actions required by the Board of Directors

The Board is asked to:

- Review the progress of the People Plan development
- Approve the People Plan across the group for 2021 to 2024

Kettering General Hospital NHS Foundation Trust

Dedicated to excellence

Northampton General Hospital NHS Trust

Group People Plan 2021/24

Contents

Introduction from the Group Chief People Officer	1
Our People Plan on a Page	2
Our Group Strategy	3
Our Excellence Values	4
Where are we now	5
The NHS and our ICS People Plans	6
Development of our People Plan	7
Our Pledges to our People	8
Health and Wellbeing	9
People Planning	10
Volunteering	11
People Partnering	12
People Development	13
People Processes	14
Organisational Development and Inclusion	15
Measurement and Assurance	16

Introduction from the Group Chief People Officer

On behalf of both Trusts' Board of Directors, I am pleased to be able to share our first People Plan across our hospitals group, outlining our people pledges for the next three years (2021-2024) and the improvement actions that will help us to achieve our strategic ambition of being an inclusive place to work where people are empowered to make a difference. I wish to thank all those who have contributed to the formation of this plan, the 5,000 plus people who completed our annual staff survey, the hundreds of people who contributed in design workshops during the past eight months, leading to us forming the plan pledges and priorities that will start to form our culture across our hospitals.

I feel its fair to say that this past year has been extraordinary and has reemphasised the point that without the fantastic skill and dedication of our people, which across the group is now 10,000 colleagues strong, we would not be able to provide the care we do, for our patients, who often need us at very challenging tines in their lives, and for that I thank you. What we have been through and the way which we have responded has been amazing!

I believe, and our 2020 national NHS staff survey demonstrates, that we have taken some really positive steps in supporting colleagues in a relatively short time. However, it is acknowledged there is more work to do to achieve our goal of being in the top 20% of NHS employers, based on our NHS survey results. We need to continue to embed some of our new approaches, in areas such as inclusion, technology and health and wellbeing.

Examples of further work include the implementation of our Dedicated to Excellence values, 'how we do things' across our hospitals group will be vital in ensuring a positive working relationship with one another. We will also embrace new ways of working in an agile way, using technology, to enhance our work experience. Continuous conversations and communication will be vital to the success of the delivery of the plan, reflecting, learning and improving together, embracing change and empowering people to make a difference every day.

We are committed to continuing to improve staff engagement and to making sure that all colleagues feel valued, recognised and appreciated for their contributions and hard work. Providing people with a great place to work will, in turn, enable us to meet our overall goal of providing outstanding care and treatment for our patients and their families.

Enjoy reading our plan, take care

Mark Smith, Chief People Officer – KGH and NGH

Our People Plan on a Page

Our group strategic priority:

An inclusive place to work where people are empowered to make a difference

Our ambition:

By seeing an improvement in the feedback, we receive from our colleagues – leading to being in the top 20% of acute Trusts with the national NHS staff survey

Improvements in our inclusivity measures

What does our ambition mean to us?

A focus on people as a core priority across the Group will ensure that we feel empowered and supported working within both Trusts. This will allow us not only to continue to provide excellent patient care, but also to ensure that we can provide an excellent experience for ourselves and our colleagues as an outstanding employer and create an inclusive place to work. We will continue to improve our support for colleague health and wellbeing and ensure that people working within the Group feel supported and valued regardless of their background or circumstances. We aim to empower people to voice suggestions and make improvements to how we deliver care together, ensuring our patients and service users receive the care they would wish to receive. We will build compassionate leadership at all levels and ensure that leaders and managers are supported to lead, engage and develop their teams, in line with feedback from the staff survey feedback we have received.

Our pledges and action we will take?

Dedicated car parking and travel plan reviews across both sites

Access to psychological support internally and within the county

Physical places on site to work out, rest and relax, with refreshments

Staff inclusion networks – leading to change and support

Increasing our diversity in senior roles and development opportunities

Increased International Recruitment to support current vacancies

Development programmes which are consistent and enhance your career

A resolution of a contractual query within 48 hours

Having the largest number of volunteers in the NHS supporting across varied roles

A shared temporary staffing service – access to additional experiences

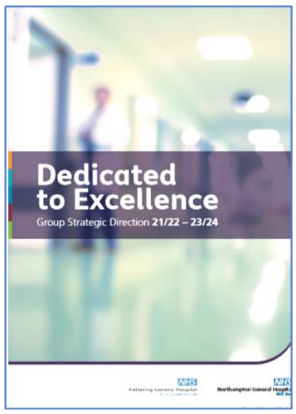
Consistent policies across both Trusts

Our group strategic direction

Joining together as a Group has provided an opportunity to shape our future direction, ensuring we are all committed to, and aligned with, a single vision and mission with shared values and priorities

Our new shared strategy allows us as a Group to:

- Have a shared vision, mission and purpose
- Be clear about what the Group priorities are and what we want to achieve
- Prioritise improvements so we work on a small number of important changes at a time
- Know that our transformational activities and strategies will make a difference to the things that matter the most to us
- Identify a small number of metrics that will let us track our progress



Our Excellence Values

Over the past six months, discussions and engagement events have been held with regards to establishing our group values, which directly reflect the behaviours which staff, patient representatives and other key stakeholders see as being the most important, relevant and well embedded across both organisations today.

More than 1,000 people were directly involved in discussions, with staff across both organisations also receiving regular updates about the developing vision, mission and values. They evolved on an iterative basis and the Group's chosen core values directly reflect the most common themes shared by staff, patient representatives and other stakeholders during the engagement programme.

We engaged:

colleagues across both Trusts and KGH governors, including:

- Facilitated dialogue sessions with staffside, inclusion networks and COVID shielding groups, as well as the newly formed Joint Staff Reference Group
- Discussions with Governors
- Focused discussions during clinical meetings and committees with medical, nursing, midwifery and AHP staff
- Dedicated time-out sessions led by directors within directorate teams
- All-staff virtual briefings at group and hospital levels
- Updates via newsletters, intranets, staff Facebook groups and other social media

Patient representatives and health and care partners, by:

- Engagement with patient groups - including representatives from Healthwatch/Young Healthwatch, Carers Northamptonshire, Kettering Mind and Northamptonshire Association for the Blind - such as the Patient Experience & Involvement Steering Group, the Patient & Carer Experience & Engagement Group, the Patient and Family Partners Group and the Prostate Cancer Support Group
- Discussion session with Northants Healthwatch/Young Healthwatch
- Engagement with health and care partners, including representatives from mental health, primary and community care, commissioners, local authorities and the Local Medical Committee
- Discussions sessions with NGH and KGH volunteers

External stakeholders, via:

- Open, virtual public events
- Media coverage
- Digital communications and engagement using social media and public websites

Our Excellence Values

This engagement has led to our values being formed which are - We are dedicated to being consistently excellent in all these areas:

- Compassionate
- Respect
- Integrity
- Courageous
- Accountable

These values will be embedded across both Trusts in the coming months. They have a great impact on our people and therefore this plan, as the values are integral to how we treat and work with on another.

Shaped in line with the Northamptonshire county rose

Dedicated to excellence

Where are we now?

As a Group we employ 10,000 people with a range of roles and skills, who care for the population of Northamptonshire and beyond, with compassion, respect and dedication. We have worked hard in the past year to increase support for colleagues and ensure we care for those who care including establishing spaces such as Our Space at NGH and the We Care Café at KGH which has 200 attendances per day.

Our Challenges:

Despite reductions in the turnover of staff in both organisations, 10.4% of our posts remain vacant, putting pressure on our teams to manage their workload and resulting in additional spending on temporary staffing to cover gaps.

Our 2020 national NHS staff survey results demonstrate we need to further improve in areas, such as,

- how colleagues work with each other
- how we contribute to improvements within our areas of work
- our approach to equality, diversity and inclusion
- how we continue to look after our colleagues' health and wellbeing – which is particularly important after 12 months of the Covid-19 pandemic response

Our Opportunities:

There are areas of strength in our organisations that we recognise and will continue to build on as we move forwards and address our challenges.

- We have an excellent, dedicated and supportive team with clinical and support staff and **volunteers** who **partner** together every day to care for our patients. They are supported by our leadership teams, Boards and, at KGH, our Governors.
- We have an opportunity to have a consistency of approach to our **people processes** such as recruitment and our **people planning** opportunities across the Group, rather than competing for staff.
- In the last year we have put in place a number of **health and wellbeing** initiatives to support our staff. We have an opportunity to build on these and learn from each other at KGH and NGH about what works best
- As a Group we are able to work together to continue to improve the support we are providing staff, allowing us to create new **people development** opportunities and provide different ways of working.
- We have a commitment to resourcing our **organisational development** capacity improving our culture of inclusion across the Group, helping every staff member - regardless of their background or circumstances - feel included, involved and valued.

Whilst working through and caring for our patients during this hugely challenging time it has been fantastic to see that more colleagues than ever have taken the time to respond to the national NHS staff survey with an increased response rate across both hospitals by almost 10%, demonstrating increasing engagement, which has influenced this plan, our group plans and approaches – and there were significant improvements in many important areas, including:

- The quality of care colleagues feel they are delivering at both hospitals
- If a relative or friend needed treatment, colleagues would be happy with the standards of care at NGH and KGH.
- A growing number of colleagues would recommend our hospitals as places to work

This demonstrates the success of work we are already doing whilst pointing to the need to continue to improve to bring ourselves in line with high performing acute Trusts and achieve our goal of being in the top 20% nationally.

The NHS and our ICS People Plans

The NHS People Plan published in July 2020 sets out what the people of the NHS can expect – from their leaders and from each other within the NHS People Promise.

The National People Plan sets out practical actions that employers and systems should take, focusing on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong.
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer

.

Northamptonshire Health and Care Partnership

We have also been working very closely with colleagues across our Integrated Care System as to our people requirements. These are:

- Health and Wellbeing
- Education and Planning
- Organisational Development
- Primary Care
- People Processes
- International Recruitment

Our NHCP (ICS) People Board meets monthly and consists of membership from across health and social care. The national People Plan actions have been assigned within the above sub-groups of the People Board. Progress and risk against priority actions is fed into our NHCP Partnership Board.

Recent partnership successes include apprenticeship and education programmes being developed and a virtual health and wellbeing festival being held and planned again for 2021 and an increase in investment in psychological support which colleagues can access for rapid support. Along with co-ordination of international recruitment and working with our local university.

Our Group People Plan seeks to build on the above national and system commitments, combining it with our own unique challenges and opportunities to deliver a fantastic place to work for our people.

Developing our People Plan

Our people underpin everything we do and so developing a strategy that will allow us to expand the number of people we have, provide different ways of working, and develop an empowering and inclusive culture is central to our vision, and will support the delivery of the entire Group dedicated to excellence strategy.

In response to the NHS and system People Plans and our Group strategy, we have worked to develop this People Plan through engagement with our people:

1. In 2020 our response rate to the National Staff Survey increased to 50% (from 40%) at NGH and 58% (from 51%) at KGH, in the context of national challenges. We have been able to use this input from colleagues to inform the strategy – as this provides us with over 5000.

2. A targeted survey was shared with 100 leadership colleagues and HR teams in order to identify our key areas for improvement as well as areas of strength in relation to our people which was supported by a workshop reviewing an international irresistible organisation framework.

3. Reflecting on these results, KGH and NGH HR teams came together to develop our ambition for People, and the future state that we aspire to deliver using a System Workforce Improvement Methodology (SWIM).

4. We explored our current areas of strength, and our ability as a Group to deliver this ambition and develop new ways of working and delivering care.

5. We began the process of prioritising our ambitions and considering what we can realistically achieve, in light of our capacity and capability to deliver these priorities.

6. This then lead to extensive consultation of the draft plan with a number of internal and external stakeholders, to ascertain feedback as to whether the plan would have an impact, particularly on realising our group people ambition of providing an inclusive place to work where people are empowered to be the difference.

Following this process, we have developed 7 themes that we believe encompass the key areas of work that are needed in order to deliver this ambition for our people, which are:

- **Health and Wellbeing**
- **People Planning**
- **Volunteering**
- **People Partnering**
- **People Development**
- **People Processes**
- **Organisational Development**

We will now progress reviewing our capacity and form to ensure we achieve the ambitions outlined within the plan

Our Vision for our People engagement feedback

Our People Pledges

Our Group pledges to our people:

Health and Wellbeing

We will provide bespoke health and wellbeing spaces and access to health assessment and psychological support for all our people

People Planning

We will support people plans for our patient services with effective attraction and retention plans that support new roles, new ways of working and career pathways.

Volunteering

We aspire to have the largest volunteer base across the NHS with volunteers representative of the local population providing opportunities for our community

People Partnering

To consider how we work with one another, reflecting, learning and ensuring feedback is heard and actioned, leading to a reduction in formal employee relations management

People Development

We will support colleagues to build a career providing opportunity for people joining us from any level and background to progress

People Processes

Colleagues will be able to access systems to enhance their work experience and flexibility

OD and Inclusion

To bring our dedicated to excellence values to life, improving the way we work with each other, particularly focusing on empowerment and inclusion

How will we measure success?

Overall success of our plan will be measured through the National Staff survey with progress towards our aim of being in the top 20% nationally. This progress will be monitored regularly through the Quarterly Friends and Family surveys as well as more regular Pulse Surveys.

Individual areas of the plan will be reviewed through a combination of targeted survey questions and existing data sources

How will launch this plan?

We will be approving this plan in our Board meetings in March 2021 and will then look to communicate the plan and an easy read version of the plan via a number of methods, digitally, in print and we will showcase our plan within both Trusts

Health and Wellbeing

Our Pledge:

We will provide bespoke health and wellbeing spaces and access to health assessment and psychological support for all our people

How will we measure success?

Staff absence data, including reason for absence

WRES and WDES data

Survey questions on the themes of Health and Wellbeing

Ensuring the physical, mental and psychological safety, health, and wellness of all colleagues, and ensuring that they feel valued for the work they do, is a top priority for our organisations. We recognise that our people are at the heart of the care we deliver to patients and without looking after ourselves we cannot deliver safe, high quality care. Covid-19 has put significant strains on our colleagues, and will continue to have significant physical, mental, and psychological impacts for some time to come. The pandemic has placed a greater emphasis on health and wellbeing that we will continue to build on.

As well as maintaining existing health and wellbeing activities across our organisations, we will focus on ensuring that our needs, such as for rest areas, parking, travel alternatives and access to food and water throughout the day, which are in place but will continue to be reviewed, such as hot food provisions. We will maintain and enhance the agile working unlocked during Covid-19. We will take action with regards to our occupational health services to ensure seamless access to these services and supporting delivery of vaccination, whilst advising on a safe working environment particularly with regards to infection and risk assessment for vulnerable colleagues.

Key deliverables for the next 12 months:

- Development of our health and wellbeing offer focusing on initiatives that address basic needs e.g. car-parking, food and water.
- Assisting teams, individuals and managers to support rest and respite making sure colleagues have sufficient rest, breaks from work and take annual leave in a managed way.
- Long term investment in specific Health and Wellbeing spaces such as “Our Space” and the “We Care Café”.
- Expansion of psychological support for staff including the “Open Office” service and “SOS teams” including our county – strongertogethersupport.com
- Continued support for vulnerable colleagues through virtual support groups, and risk assessments.
- Supporting vaccination programmes including Flu and Covid.
- Reviewing our Employee Assistance Programme offerings to ensure they are relevant to our needs.

Key longer-term deliverables:

- Developing our Occupational Health provision, including working towards attaining SEQOHS (Safe Effective Quality Occupational Health Service) accreditation across the group
- Development of an enhanced wellbeing offering supportive of the diverse needs of our staff

People Planning

Our Pledge:

We will support people plans for our patient services with effective attraction and retention plans that support new roles, new ways of working and career pathways.

How will we measure success?

Vacancy and Turnover Rates

Temporary Staffing usage

Number of colleagues recruited from overseas

Resourcing is crucial in allowing us to grow our workforce, building on an unprecedented interest in NHS careers in light of the Covid-19 pandemic. Effective work planning will allow us to deploy people across our organisations, responding to changing needs and demands, and utilising the broad range of skills and experience that our people have.

We will develop a resourcing strategy that develops new roles and ways of working for colleagues, within teams that blend skill sets and allow people to do what they excel in. This will ensure that the developing Group Clinical and Nursing, Midwifery and AHP strategies can be supported as patient pathways are developed and transformed via our transformation programmes. We will support our colleagues in working in an agile way and to prepare for the impacts of new technology, as part of the group digital strategy, as well developing new roles and team structures that allow the identification of the right person with the right skills to use the right technology, within the group and within the county supporting programmes such as iCAN.

We will support the development of new and enhanced career pathways, not least for apprentices, creating new ways for people to enter and progress within our organisations across a range of roles. We will develop an attraction strategy, demonstrating why our hospitals are fantastic places to work for a broad range of individuals, from diverse backgrounds.

Underpinning this we will enhance our ability to utilise workforce analytics to provide the data and insights needed to maximise the effectiveness of our resourcing and work planning.

Key deliverables for the next 12 months:

- Workforce planning, including supporting job planning.
- Supporting new ways of working allowing the development of agile and flexible working policies introduced during Covid-19 with the use of working groups and development of a plan within 6 months.
- International nurse and medical recruitment, in line with national priorities, to ensure our hospitals can meet essential staff numbers – bringing over 200 new colleagues into the group by March 2022.
- Reviewing our medical establishments across both Trusts.

Key longer-term deliverables:

- Developing a joint workforce able to work across KGH and NGH
- An attraction strategy that supports our Equality, Diversity and Inclusion ambitions, through new career pathways and approach to attraction, recruitment and selection.

Volunteering

Our Pledge:

We aspire to have the largest volunteer base across the NHS with volunteers representative of the local population providing opportunities for our community

How will we measure success?

Number of volunteers and hours in the Group

Patient Experience feedback

Diversity of our volunteers and the roles they undertake within the hospitals

Successful volunteering programmes are already in place at both KGH and NGH, and during Covid-19 we saw the creative use of volunteers to support and improve patient care. We now have an opportunity to build and expand on this work. Our evolving volunteer strategy will enable us to attract younger volunteers and offer new roles for volunteers across a range of professions, capitalising on the current positive attention on the NHS and the creative use of volunteers to support care during Covid-19.

We will build on our existing strengths across KGH and NGH, working to standardise this work across the Group and continuing to focus on expanding the number of young people volunteering, which has taken place in NGH, using this to develop a pipeline to a range of roles, including portering, and admin roles. This will build on our work as part of our attraction strategy to use the opportunity presented by current positive attention on the NHS to develop our Group as an attractive place to work for people from diverse backgrounds.

Key deliverables for the next 12 months:

- Build on existing good practice and focus on standardising this across the group, including the approach to volunteer recruitment
- Ensure consistency of approach to volunteers in all clinical roles across both organisations and continue to promote the use of volunteers within the hospitals enhancing the patient experience
- Continue to build on work to increase the diversity of our volunteers to ensure that the volunteer workforce in both KGH and NGH is inclusive and representative of our population.

Key longer-term deliverables:

- Building out career paths to include volunteers, including by ensuring ongoing communication and relationships with volunteers who may return in the future

People Partnering

Our Pledge:

To consider how we work with one another, reflecting, learning and ensuring feedback is heard and actioned, leading to a reduction in formal employee relations management

How will we measure success?

Survey results

Divisional People Metrics inclusive of WRES, WDES and retention

Reduction in the number of formal procedures

In line with our mission to provide safe, compassionate and clinically excellent patient care, we will need to work in partnership to improve services. We will partner with a number of different stakeholders within our health and care system within the county, with colleagues within the clinical and non-clinical divisions, to ensure colleague feedback is being heard and action taken to resolve issues raised. We will work with staff side colleagues in implementing service improvements and consistent policy development working across the two hospitals.

It is vital that we embed a just and restorative culture throughout the group, reflecting and learning from situations within the group and wider NHS. A significant part of this approach will be to ensure that colleagues feel comfortable in holding and having conversations in line with our dedicated to excellence values at an early stage; discussing any concerns and agreeing a way forward together, in line with our OD and Inclusion pledge will reduce the number of formal cases within the group.

We will also ensure that colleagues continue to have many avenues and options when wishing to raise concerns. Working with our Freedom to Speak Up guardians, experience has demonstrated it is vital to take action when concerns are raised, continuing to engage with colleagues during this process.

Working with the divisions, we will partner to ensure local adoption and delivery of the People Plan pledges and measures.

Key deliverables for the next 12 months:

- Supporting colleagues with wellbeing by ensuring regular breaks, rosters agreed and published a minimum of 6 weeks in advance
- Improve progression opportunities and undertaking regular development conversations
- Review and amend policies inclusive of a just and restorative approach, ensuring consistency across the group
- Review the divisional specific staff survey (pulse and national) feedback and implement local action plans to address areas of concern
- Implement a talent management approach using talent metrics to help improve the quality of succession and people planning.
- Implement the Equality, Diversity and Inclusion action plan locally, enabling greater inclusion network participation
- Improved widening participation approach across our Trust and the wider system

Key longer-term deliverables:

- Joint policy development within the group and across the ICS

People Development

Our Pledge:

We will support colleagues to build a career providing opportunity for people joining us from any level and background to progress

How will we measure success?

Staff appraisals data

Statutory and mandatory training compliance

Staff survey questions in the themes of immediate managers; Quality of appraisals; Leadership and Career Development

Developing our people and building on their skills and experience is central in supporting our people to develop their careers from induction and throughout their time with us, as well as ensuring that we can enable our people to provide the best possible care to patients.

We will create meaningful growth and development opportunities by ensuring that the right training is offered at the right time for the right professional. The scale of this is greater operating at a group level as more opportunities for working in different environments are provided. We will ensure our dedicated to excellence values are included in our induction programmes, statutory and mandatory training for all staff groups, CPD for professional groups, leadership interventions. Professional development will also be supported utilising our educational partners in line with our Academic Strategy as a group of university hospitals. We have developed e-learning which needs to be further progressed in line with the digital strategy.

We will ensure that managers are equipped with the capabilities to support their teams throughout their development. By enabling line managers to more confidently and frequently have open development conversations with their teams and moving away from formal processes, we will support our people to develop their careers in the direction that is right for them. Furthermore, we will work to develop a broader understanding of development across our organisations, focusing on both the breadth of skills as well as their depth, allowing us to build a more holistic view of performance and development in supporting our people through their careers with us.

Key deliverables for the next 12 months:

- Train the trainer programme to develop competency-based interviewing for those involved in recruitment and selection
- Developing a KGH and NGH coaching / feedback approach
- Programmes to support early and open development conversations through facilitated round table conversations, promoting early intervention, and training line managers in coaching techniques

Key longer-term deliverables:

- Career pathway development for all clinical and non-clinical professions and development of an education and training programme to support these career pathways, including CPD offers for those in registration
- Building relationships with the Universities of Northampton and Leicester
- Development of an Apprenticeship Strategy, across our ICS

Our People Processes

Our Pledge:

Colleagues will be able to access systems to enhance their work experience and flexibility

How will we measure success?

Roster publication performance

Temporary Staffing usage

Recruitment time to hire

Speed of T&C query resolution

The transactional delivery of routine people processes will be central in supporting the delivery of our objectives for our people and the continuation of the essential services provided by the HR function. The functions incorporated within this include recruitment, payroll, HR helplines, rostering, identity services, establishment maintenance, and routine Management Information reporting.

Continuation of our essential People Processes, whilst improving our systems and investing in the systems and connectivity to automatically give data needed to gain insight is a key priority, whilst also recognising the needs of our HR Teams to adapt to new ways of working and respond to the challenging context faced by our People.

As a group we need to ensure we use the Electronic Staff Record (ESR) to its full capacity, leading the transactions being undertaken at source via self and manager service. We will reach high levels of attainment with regards to our systems, such as rostering or recruitment systems. Exploiting the reporting functionality of systems to inform decision making.

Our time to hire across the group will be improved further, leading to a vacancy rate reduction and less reliance on agency workers.

Key deliverables for the next 12 months:

- Development of enhanced reporting and dashboards to track key workforce metrics and support activity management and analysis
- Implementation of new HR technology including ER tracking system; workforce deployment systems
- Development of the Manager Self Service system
- Being able to respond to a terms and conditions query within 48 hours
- Implementing consistent temporary staffing rates across the group
- The procurement of rostering systems and services across the two Trusts
- Enhance our county Best of Both Worlds offering showcasing our county

Key longer-term deliverables:

- Shift towards procuring single shared systems across the Group
- Development of a People customer service centre for colleague HR queries
- Development of a shared Job description library across KGH and NGH
- A joint temporary staffing service enabling greater flexibility for colleagues

Organisational Development and Inclusion

Our Pledge:

To bring our dedicated to excellence values to life, improving the way we work with each other, particularly focusing on empowerment and inclusion

How will we measure success?

WRES and WDES metrics

Excellence values in survey results

Successful clinical collaboration projects

Continuous increase in survey participation

We want our staff to be empowered to be the difference in how we deliver outstanding patient care as well as building an inclusive culture centred on supportive leadership and strong team working. This will be supported through functions such as organisational work to support development of new values and behaviours, supporting teambuilding, staff networks and supporting individuals through coaching and mentoring. To be clear we have a zero tolerance for bullying and harassment.

We want to be an employer of social inclusion especially for people with protected characteristics. We will foster a climate of inclusion where people feel able and are supported to disclose their background and where the Trusts work hard to achieve a culture of support and inclusion through the group Equality, Diversity and Inclusion strategy. The strategy will be developed this year based on our 2020 staff survey results which highlight further progress is required.

A leadership and organisational culture centred around continuous improvement and empowerment, supporting colleagues to share their ideas and concerns, and promoting transparent leadership, will be developed with the group transformation team. OD and leadership development will be carried out to deliver that culture, which will be embedded into appraisals, processes and recognition in partnership with the communications team. We will work to create space and time for reflection and allow individuals and teams to carry out meaningful conversations with a core focus on teamwork, particularly as we move towards clinical collaboration between our hospitals.

Key deliverables for the next 12 months:

- Supporting the development of a learning culture where all staff are empowered to contribute to change, and staff suggestions are heard and acted on
- Talent management programmes to support talent, and ensure the leadership pipeline is diverse and inclusive
- Implement a Equality, Diversity and Inclusion strategy and actions to support improvements in experience and provide greater awareness within the group e.g. reverse mentoring
- Development of cultural programmes such as the Compassionism
- Working with ICS partners to implement OD masterclasses

Key longer-term deliverables:

- Develop and deliver compassionate leadership programmes at all levels both organisations, aligned across the Group
- Supporting clinical and non-clinical collaboration across the two Trusts
- Embedding our core values and behaviours throughout the organisation in partnership with the communications service

Measurement and Assurance

Data, including surveys, engagement with our staff, and wider sources of data will be used as an input to People Committees to assess the impact of our programmes of work on our vision for and promises to our People. These reviews in People Committee will inform our Trust Boards and ultimately the changes or revisions to our strategy. This ongoing process of review and revision led by our data and the feedback of our people will allow us to ensure that our plan continues to deliver and aligns with the wants and needs of our staff.

Every 6 months KGH and NGH Trust Boards will review the progress of these plans and sign-off any changes to our People Plan.

Our **Group People Committee will review progress of these plans quarterly**, taking into account the variety of data sources available. The committee will align on any changes needed to ensure that our plans continue to work towards delivering the best possible place to work for our people.

Our Divisional Meetings, Hospital Team Meetings, and Group Exec Meetings will review progress of these plans quarterly, and discuss any changes needed at a divisional, hospital or group level

Our team will gather and consolidate the various sources of data regularly to assess the impact of our programmes of work and the feedback of our staff. This will allow a review of progress towards our goals and promises to be carried out and an assessment of which of our programmes are having the impact required.

Data sources include:

- The National Staff Survey will allow **yearly measurement of our progress and our goal to be in the top 20% nationally, particularly for staff engagement**
- Monthly pulse surveys will allow **tracking of more detailed staff feedback related to this People Plan** through specific questions related to the 7 themes presented in the Plan
- Focus Groups will **discuss the 5 Group priorities within our Group Strategy** and the initiatives being implemented within each
- This will allow **detailed exploration of areas where particular success or challenges are identified** with regular sessions to understand the impacts of initiatives in greater depth, and gather **suggestions for further changes**
- **Workforce data** relevant to each theme such as **vacancy rates, staff absence, WRES and WDES data** will allow us to measure the impact of each of the areas of our plan

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	**Group Digital Strategy**
Agenda item	**13**
Presenter of Report	**Andy Callow – Group Chief Digital Information Officer**
Author(s) of Report	**Andy Callow – Group Chief Digital Information Officer**

This paper is for: (delete as appropriate)

☑ Approve	☐ Receive	☐ Note	☐ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

Situation

Our two Trusts have separate digital strategies in place, created some time ago, well before our decision to work closer together. As we develop our Group model, there is a need to have a Group Digital Strategy in place to ensure our technology developments are aligned to the overall Group Strategy. Our Group Digital Strategy sets out how we aspire to be the most Digital Hospital Group in England by July 2023.

Background

This strategy has been developed over the past few months, including workshop sessions taking place at the Group Digital Hospital Committee on 7 Jan and 4 Feb 2021 and Joint Board Development Session on 26 Feb 2021. Wider staff groups have been engaged in a variety of ways; a survey was circulated to all staff and patients, and sessions have been held with various groups, including junior doctors and clinical senate groups at both Trusts.

Assessment

We are starting from a challenging position where lots of our processes are paper-based and the electronic systems we have don't talk to each other very well. That situation cannot continue. Our ambition is to be the Most Digital Hospital Group in England by June 2023. Achieving that would mean clinicians are given excellent tools that give them back time to care, patients are in control of their treatment, managers have instant information to drive decision-making and all staff have access to amazing training and support.. By July 2023 our ambition is to be ranked #1 in the "What Good Looks Like measure of Digital Transformation" (this is an emerging NHSX standard, aligned with ICS

development).

We have established five principles for Digital across our Group:

- Putting users' needs first
- Designing for simplicity
- Working in an agile way
- Doing things once across the Group
- Communicating and engaging throughout

These principles will be *the way we do things around here* as we deliver the strategy across both Trusts.

Eight themes for action have arisen out of our engagement:

- Empowering our patients, their families and carers
- Supporting our staff
- Doing the basics to have a solid foundation to build on
- Delivering clinically-led solutions
- Providing insight to support decision making
- Working with our health and care partners
- Connecting out systems
- Collaborating for a shared purpose

Each theme has an outline of the ambition, along with three priorities and associated 1 year and 3 year measures of progress. Collectively these represent an ambitious step forward for our Trusts for the next three years.

The delivery of the Group Digital Strategy will be monitored through the Group Digital Hospital Committee, which will review progress and complete a systematic review of the strategy every 6 months to consider emerging changes. The day to day delivery will be managed through the Group Digital Operational Meeting, supplemented by operational meetings at each Trust, with the Group Chief Digital Information Officer being the Accountable Executive for each Trust.

The Group Digital Hospital Committee Approved the Strategy on 4 March 2021, and recommend it for approval by the Trust Boards.

Related Strategic Pledge	Which strategic pledge does this paper relate to? 1. *We will put quality and safety at the centre of everything we do* 2. *Deliver year on year improvements in patient and staff feedback* 3. *Create a sustainable future supported by new technology* 4. *Strengthen and integrate local clinical services particularly with Kettering General Hospital* *Create a great place to work, learn and care to enable excellence through our people*
Risk and assurance	The risk of not approving the Strategy is a delay to establishing a credible delivery plan for the digital elements of the emerging group model and lead to potential mis-alignment of priorities and activities, impacting on staff capability to deliver the best care to patients.
Related Board Assurance Framework entries	N/A
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (Y/N) N If yes please give details and describe the current or planned activities to address the impact.

	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) N If yes please give details and describe the current or planned activities to address the impact.
Financial Implications	Individual items on the roadmap will be subject to business cases and prioritisation from Trust Budgets.
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper

Actions required by the Trust Board

That the Trust Board **approves** the Group Digital Strategy.

Dedicated to excellence

NHS
Kettering General Hospital
NHS Foundation Trust

NHS
Northampton General Hospital
NHS Trust

Group Digital Strategy March 2021 – March 2024

Version F01: Published March 2021

Contents

	Section	Description	Page number
1	Foreword from Group CDIO	Overview of the Digital strategy	2
2	Our context	Who we are as a Group and our Group priorities, local and national digital context	3
3	Developing our digital strategy	Engagement process undertaken to develop the strategy	6
4	Our digital ambition	Our ambition for digital in the Group	7
5	Our design principles	The principles that bring alive our digital ambition and that we will use to guide digital transformation	9
6	Our five promises for our staff and patients	What staff and patients should expect as a result of this strategy being delivered	10
7	Themes	The themes in the digital strategy, and, for each theme identified, what it includes and why it is important	11
8	Monitoring and assurance	Engagement, governance and tracking of the strategy	20

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

1 | Foreword from the Group Chief Digital Information Officer

As we've developed our ambitions as a teaching hospital Group, time and time again the need for digital approaches has come up. To paraphrase Satya Nadella, the CEO of Microsoft "Every organisation is a technology organisation" and the health system is no different.

But what is digital? Digital is NOT rebadged IT, it is about working to *apply the culture, processes, business models & technologies of the internet era to respond to people's raised expectations* [Tom Loosemore].

That's what is important about this strategy, it sets out our plans for the next few years to ensure that the digital approach is applied across all aspects of our Group, so that our patients receive the excellent care they deserve and our staff are supported by tools that meet their needs.

We are starting from a challenging position where lots of our processes are paper-based and the electronic systems we have don't talk to each other very well. That situation cannot continue.

Our ambition is to be the Most Digital Hospital Group in England by July 2023. Achieving that would mean clinicians are given excellent tools that give them back time to care, patients are in control of their treatment, managers have instant information to drive decision-making and all staff have access to amazing training and support. This strategy sets the path to get there.

Andy Callow
Group CDIO

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

2 | Our Group

Our Group is made up of two hospital Trusts with two main hospital sites and a number of services provided elsewhere. We are proud to serve the people of Northamptonshire and beyond.

In 2020 Kettering General Hospital and Northampton General Hospital announced the formation of a Group Hospital Model. Over the last year we have made some important steps towards working ever more closer together, including the appointment of a Group CEO, CFO, CDIO and CPO.

In January 2021, both Boards approved our **Group vision, mission and values**, which describe our ambitions for the Group, including our strapline “Dedicated to Excellence” and our values describe how we want our behaviours to be in the future.

Our Group Strategy outlines our Group priorities that will be supported through the development and delivery of a series of **strategic initiatives**; one of these is a Group Digital Strategy.

Dedicated to excellence

Our Excellence Values

- Respect
- Compassion
- Integrity
- Courage
- Accountability

Our Group Strategy

Our strategic initiatives

Kettering General Hospital (KGH) NHS Foundation Trust

Northampton General Hospital (NGH) NHS Trust

NHS
Kettering General Hospital
NHS Foundation Trust

NHS
Northampton General Hospital
NHS Trust

Dedicated to excellence

2 | National context

Digital has an incredible potential to transform the way that the NHS delivers care and supports its staff. Digital solutions provide an opportunity to help meet some of the key priorities for the NHS. In recent years, innovations in digital technology have supported the rise of virtual outpatient appointments, the use of Robotic Process Automation (RPA) is beginning to ease the burden on repetitive tasks, and machine learning is revolutionising the way we are able to understand the wealth of data that the NHS collects.

There have been a number of key documents and initiatives published nationally that emphasise the importance of digital in the future of care delivery and how organisations should work to design digital into care delivery:

The NHS Long term plan five digital transformation priorities:

1. **Empowering people:**
   People will be empowered, and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services.
2. **Supporting health and care professionals:**
   The information technology revolution in the NHS also needs to make it a more satisfying place for our staff to work
3. **Supporting clinical care:**
   Patients, clinicians and the carers working with them will have technology designed to help them, through digitisation of records, EPRs and modern IT infrastructure.
4. **Improving population health:**
   Shared care records and population health management solutions will support ICSs to understand the areas of greatest health need and match NHS services to meet them
5. **Improving clinical efficiency and safety:**
   Digital technology can support the NHS to deliver high quality specialist care more efficiently, including digitising diagnostic images, and the use of wearable technology.

Next steps for digital in Integrating Care Systems:

1. **Build smart digital and data foundations:**
   Building shared infrastructure, contracts and platforms across systems, creating data and digital literacy of the whole workforce. Having a system-wide digital transformation plans to complement organisational plans that outlines the three-year journey that will benefit the citizens who live in the system.
2. **Connect health and care services:**
   Develop a shared care record that safely joins records across health and social care, supplemented by following national standards for digital, data and interoperability. Tools and services are in place to work collaboratively across a system.
3. **Use digital and data to transform care:**
   Redesigning care pathways to make use of digital solutions to join care up and improve outcomes. Building cross-system data and analytical functions to enable data-driven decision-making at every level.
4. **Put the citizen at the centre of their care:**
   Develop citizen-centred digital channels and services with personalised advice, enhanced by remote monitoring solutions.

NHS service design principles:

1. **Put people at the heart of everything you do**
2. **Design for the outcome**
3. **Be inclusive**
4. **Design for context**
5. **Design for trust**
6. **Test your assumptions**
7. **Make, learn, iterate**
8. **Do the hard work to make it simple**
9. **Make things open, it makes things better**

2 | Our current digital services

In the most recent NHS Digital Maturity assessment, KGH and NGH scored below the average, with scores of 55 and 70, respectively. We want to take advantage of coming together as a Group to make improvements to our digital maturity and create a shared infrastructure on which to build.

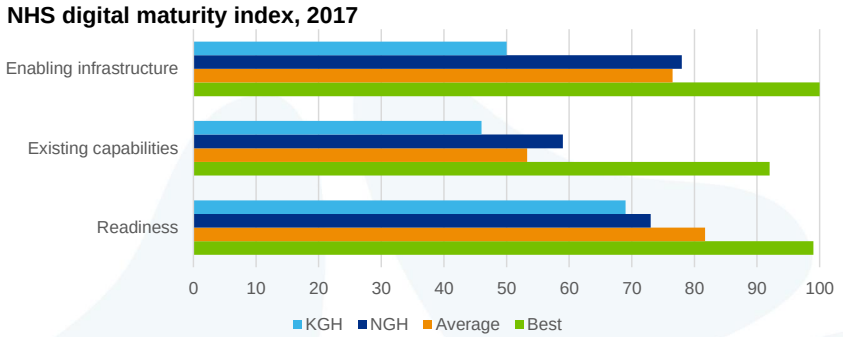
There are currently over 220 clinical IT systems in use across the Trust, many of which aren't interoperable, making it difficult for our clinicians to have access to the right information at the right time.

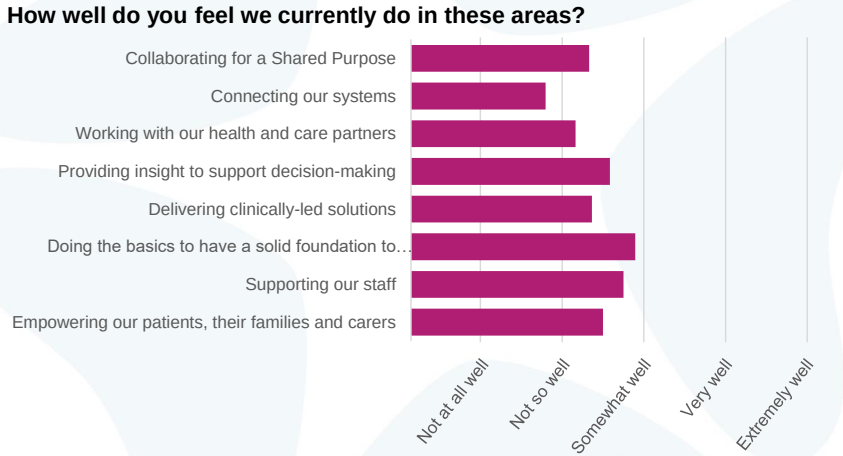
In a survey to all staff as part of the development of the strategy, our staff told us that we aren't doing so well at supporting them digitally, scoring an average of 2.2 out of a possible 5 across a range of different areas.

However we have some great work that we can build on. The KGH EPR programme will ensure that there is a robust clinical system in place, and the NGH EPR programme will be able to learn from this experience and together we will work towards the single patient record our patients expect and our clinicians need.

We have seen great innovation in response to the Covid-19 pandemic which has seen a substantial increase in virtual outpatient appointments and the roll-out of a number of remote patient monitoring technologies which have supported care.

Our programme with Northamptonshire Health and Care Partners (NHCP) is developing the Northamptonshire Care Record (NCR), which will help us to share access to health and care records beyond our Group and across the county.





NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

3 | Developing the digital strategy – engagement with our staff and patients

From December 2020 to March 2021, more than 460 people engaged, through:

- All staff survey
- Patient survey
- Focus groups with patients
- Workshop for senior leaders within the organisations
- GDHC Committee workshops
- Workshops with the clinical senates
- Junior doctor meetings
- Group briefings
- Newsletters

”What do we want from excellent Digital services?”

Kettering General Hospital NHS Foundation Trust

Northampton General Hospital NHS Trust

Dedicated to excellence

4 | Our Digital aspiration

We aspire to be the most Digital Hospital Group in England by July 2023

We will work together and with partners to enable digital care for patients across the Northamptonshire Health Economy in a joined-up & Integrated Care System

We will obtain external validation to confirm our position. By July 2023 we aim to be **ranked #1** in the "What Good Looks Like measure of Digital Transformation" (this is an emerging NHSX standard, aligned with ICS development).

Also by July 2023, we aim to achieve the highest levels of Healthcare Information and Management Systems Society (HIMSS) accreditation:

- Electronic Medical Record Adoption Model (EMRAM) Level 7
- Outpatient Electronic Medical Record Adoption Model (O-EMRAM) Level 7
- Analytics Adoption Model for Analytics Maturity (AMAM) Level 7

Dedicated to excellence

4 | We will know we've achieved this ambition when...

Patients say:

"I can make appointments using my device"

"My care can be monitored from my home"

"I can have video consultations"

"I know my information is safe"

"As a patient I only need to say things once"

"I see no paper notes or forms being used in my care"

Summarised as:
- Control of my care
- Control of my time
- Control of my information

Managers say:

"I understand the performance of my service compared to other Trusts"

"I have access to the information I need to help inform my decision making"

"I trust the analysis I see and can create and answer queries on the data"

Summarised as:
- Trusted data
- Comparative data
- Actionable data

All staff say:

"I can go anywhere in the Group and have a great internet connection"

"The software and kit I have helps me to do my best work"

"I have all the training I need to use the systems I need"

"When I have a software or hardware problem, it gets fixed rapidly"

Summarised as:
- Universal connectivity
- Great kit
- Amazing support and training

Clinicians say:

"I can provide better care because of the information systems we have"

"I understand what care my patients need and can direct my time to those most in need"

"As a clinician I can view records for my patients from any site"

"As a clinician, I have a single-sign-on two-factor authentication to access the systems I need on either site"

Summarised as:
- Any record
- Any location
- Any device

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

5 | Our design principles for Digital

✓ Putting users' needs first

We need to get better at thinking about thing from the user's point of view, whether that is our staff, our patients or their families/carers. This means User Research methods and skills to understand what people are trying to do and how they are trying to do it, and then designing our systems and solutions in a way that puts them first.

✓ Designing for simplicity

We want our systems to be simple and easy-to-use. The best digital systems and solutions are intuitive, simple and make sense to users without needing in-depth training. We want there to be as few different systems that our patients and staff need to use as possible. We should be doing the hard work to make it easy for them.

✓ Working in an agile way

We know that working flexibly and using agile principles will allow us to make rapid progress, whilst remaining flexible when needs change. We want to make sure that we are able to hear feedback from our staff and patients and change our course appropriately to match their needs and priorities. This will allow us to learn and iterate as we go. On this we will work to the best practice of Government Digital Services, NHS Digital and NHSX.

✓ Doing things once across the Group

We will take every opportunity to provide solutions, processes, suggestions, and learning once for both hospitals. We want to build links between both Trusts to build on our individual strengths, whilst making sure that we don't duplicate. Just imagine how much faster we'll improve things if we are doing things once for both hospitals!

✓ Communicating and engaging throughout

We want to make sure that as we are developing new solutions we will engage with both our patients and staff and the wider community to involve them in our design and roll-out process. Beyond that, we know that it's really important for people to know what is available, what is coming, and when – in non-technical language.

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

6 | Our five promises for our staff and patients

Our patients, their families and carers

We will:

- ✓ Join our patient records up so our patients have access to their health record across the whole health system
- ✓ Put our patients in control of their care, making it easy for our patients to receive care in a way that works for them
- ✓ Invest in technology that helps us to monitor our patients' condition wherever they are, meaning our patients can be cared for at home
- ✓ Make sure our systems are simple for our patients to use and provide support if people are struggling
- ✓ Protect our patients' data and information

Our staff

We will:

- ✓ Work with our staff to understand how digital solutions can be designed to improve care and make our workplace a better place to work
- ✓ Reduce the number of different systems and log-ons our staff need to use to do their jobs
- ✓ Make sure our staff have the appropriate kit and software
- ✓ Make sure our NHS.net and Office365 accounts are joined up across the Group so our staff can work together more effectively
- ✓ Provide amazing training and support to our staff

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

7 | Our themes within the Digital strategy

- Empowering our patients, their families and carers
- Providing insight to support decision making
- Supporting our staff
- Working with our health and care partners
- Doing the basics to have a solid foundation to build on
- Connecting our systems
- Delivering clinically-led solutions
- Collaborating for a Shared Purpose

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

7 | Theme 1: Empowering our patients, their families and carers

Our ambition for this theme

We want to design services around our patients' and their families needs that give them control of appointments. To provide communications in formats of their choice. To have access to their records to share as they see fit and feel that their needs are known by all who are for them.

We will make appropriate use of remote monitoring technology to support care from the comfort of their own home. We will provide technology and support to our patients to help access our systems if they need it.

We want to keep improving our environment to improve the inpatient experience, such as electronic meal ordering and patient entertainment, taking opportunities presented of the new building works taking place.

Our priorities

1. We will **join our records up** so our patients have access to their records across the health system
2. We will **hold virtual appointments** for our patients where that is safe and appropriate. We will be able to **virtually monitor our patients' conditions**
3. We will **improve the patient experience**, making sure **our systems are simple** to use, we **provide support if people are struggling** and **improve inpatient experience**

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• Maternity patients have access to the patient health record through system-wide portal. • Patients can select their communication format preference (e.g. email, letters etc).	• All patients have access to their digital records from their smartphone and can share it with health professionals. No paper notes/forms will be used in direct patient care. • Patients can reschedule appointments through self-service
2	• 25% of outpatient appointments are virtual • Of patient groups suitable for virtual monitoring 50% are utilising this technology	• 1M virtual consultations have occurred, 50% of outpatient clinics are virtual • Of patient groups suitable for virtual monitoring, 85% are utilising this technology
3	• 25% of volunteers are trained to provide digital support to patients • Self-check-in kiosks installed to Outpatients facilitating patients self-check in	• 50% volunteers are trained to provide digital support to patients • Self-check-in kiosks installed to Emergency Department facilitating patients self-check in • We will have refreshed our electronic inpatient entertainment and meal ordering.

7 | Theme 2: Supporting our staff

Our ambition for this theme

We want our digital systems to transform the workplace, making it a better and more efficient place to work. We will do the hard work to design our systems and processes to make things easier for our staff.

We will have a single sign-on service for our staff. Our people will have the appropriate hardware and software to do their job and feel confident about using our digital systems.

Our approach to training and support for staff will be continuous and adaptive, using data to target the support to staff to help them to make the most of our systems.

Our priorities

1. We will develop **universal NHS.net and Office 365 accounts** across all sites for our staff
2. We will make sure that staff have the **appropriate kit and software** that they need to do their jobs
3. We will provide amazing **training and support** for our staff and ensure that we are **building digital literacy**

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• All staff on NHS net accounts by Q3 2021	• Online collaboration is the norm for all staff and emailing attachments has fallen by 95%
2	• Consistent rolling hardware replacement programme established by Q3 2021 with regular review process in place to establish user device needs.	• Number of service desk calls related to old or non-functioning kit and software is reduced by 75%
3	• All staff have access to digital training and support which utilises a range of learning techniques including virtual and face to face • Number of service desk calls that could have been resolved using self-help (or are first time fixes over the phone) are reduced by 25% by Q1 2022 • IT SLAs are standardised across the Group	• Digital literacy programme embedded into staff roles - within all appraisals and staff induction by Q3 2022 • Digital literacy programme heralded nationally as exemplar (e.g. awards, national body recognition) by Q2 2023. • We will extend our service desk support hours to reflect demand by Q2 2022 • No more than 1% of service desk calls outstanding without a resolution after 31 days of the call being made

7 | Theme 3: Doing the basics to have a solid foundation to build on

Our ambition for this theme

We want to be ambitious and drive our Trusts forward, but we need to build great foundations to build on.

We need to ensure that our connectivity is universally available and our staff have the tools they need to do their jobs.

We are trusted with our patients' data and our systems need to be safe and secure. We will always consider confidentiality, integrity and availability of our data to embed a culture of data protection by design.

We will continue to enact our cloud-first policy to make the best use of today's technology.

Our priorities

1. We will focus on **cyber security and data security** to ensure our patients' records are safe and secure
2. We will seek to be one of the truly **cloud-first Hospital Groups** in England
3. We will work to ensure our **network and connectivity keeps pace** with our growing digital needs

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• 0 Serious Security Incidents each year. Standardised Cyber reporting • Business Continuity rehearsal based on testing scenarios & table top exercise by Q2 2021 • +97% of servers fully patched at all times by Q2 2021	• Achieve Cyber Essentials Plus accreditation. • A disaster recovery test is completed across the group every year. • 100% of servers and clients are fully patched within 14 days of a patch release by Q4 2022
2	• NGH Cloud-first policy in place by Q2 2021 • No more new software hosted in our data centres from Q2 2021 • 20% of services hosted in the cloud by Q4 2021	• 50% of services in the cloud by Q2 2022 • 100% of services hosted in the cloud by Q4 2023 with minimal viable data centre footprint
3	• The number of calls to the service desk for poor Wi-Fi and slow connectivity drops by 50% by March 2022 • Independent assessment of wired and wireless LAN taken place and all remediations / action plan complete by March 2022 • Network availability across both sites at 99.9+% by March 2022	• Latest Wi-Fi (at least Wi-Fi 6) is rolled out inside and outside the Trust. Independent surveys tell us that coverage and quality is great. • Remote working is seamless and as quick as working on-site. All systems and services are available remotely by Q3 2023. • Network availability across both sites 99.97+% by Q2 2022

7 | Theme 4: Delivering clinically-led solutions

Our ambition for this theme

We will understand the needs of clinicians in order to give them excellent tools that work for them and give them back time to care. Our paperless systems will not just be aligned but will bring together relevant clinical information into a hub for ease of access by clinicians and improve workflows for clinicians, including minimising additional data capture.

We will work with our clinicians through the Group Clinical Strategy and Clinical Collaboration work to understand patient pathways in our services and design digital solutions to enhance care.

We will make use of the advanced technology and data available to us to help support decisions about clinical care and we will become nationally renowned for the environment we create to allow our clinical research to thrive.

Our priorities

1. We will have a **Group Electronic Patient Record** so that our two hospitals can share the same record, viewable from any location on any device
2. We will **spend time with our clinicians** to understand how our staff are using systems and how our systems could better help
3. We will **help deliver innovative research projects**, supporting our ambition to become a teaching hospital

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• Aligned PAS (patient administration systems) in place across the Group	• By Q3 2022 our hospitals will be able to share critical patient information through a shared EPR (electronic patient record) • Sharing of the full patient record by Q3 2023 • No paper in use in any clinical interaction. All clinical procedures are closed-loop
2	• System in place to gather digital, innovative ideas from across the Trust. • Embedded use of user research and service designers to improve introduction and use of clinical systems	• Clinical system usage analysis in place and being used to adapt practice and processes • At least two hackathon days have been hosted each year (digital innovation events) • Clinicians consistently give a Net Promoter Score for clinical systems of over 80
3	• Provision of access to pseudonymised data and analytical support to research projects	• All research projects have digital team involvement. • Our data and analytical support for research projects will be nationally recognised/ renowned (e.g. national body recognition given)

7 | Theme 5: Providing insight to support decision-making

Our ambition for this theme

We want to revolutionise the way decisions are taken in our Group and across our health system. We will start with being clear about what data is relevant for making decisions and build a consistent structure that supports this.

We will adapt and provide increased insight and analysis, getting to the point where our teams are anticipating the questions colleagues may ask.

We need to make it easy for all staff to have information at their fingertips and for it to be easier for clinicians involved in research being able to analyse data for better care and prevention.

Our priorities

1. We will **understand what data is needed** to support patient care so that when we are creating data, it provides value
2. We will develop **dashboards that are intuitive and staff can use** to revolutionise decision-making
3. We will **improve the consistency and data quality** across the sites, including standardising the way we report our data

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• Agreed consistent board, committee and operational reporting frameworks and what data is required by Q2 2021	• All transformational activities to improve pathways and/ or software systems, use (and informed by) analytics to understand patient and clinician journeys. • Consistent Net Promoter Score of 80+
2	• Power BI is available to all staff and all staff have been trained to use it • Group Data Warehouse established. 30% of clinical systems ingested.	• 100% of clinical systems ingested onto the Group Data Warehouse and all data visualisations accessed through Power BI platform by Q1 2023
3	• Data Quality Improvements Programmes established at both Trusts, ensuring that data is extracted and processed with the consistent application of validated business rules by Q2 2021.	• Data Quality Improvements Programmes embedded at both Trusts by Q4 2022 • Using new technologies and consistent processes in Clinical Coding across the Group to reduce manual coding effort by Q2 2022

7 | Theme 6: Working with our health and care partners

Our ambition for this theme

We need to work better with our local health and care partners to make sure that our systems talk to each other.

We want it to be easy for our staff to make sure our patients get the care in the community they need. We will create a single shared system to manage putting care packages in place that all our partners use, rather than relying on unconnected systems and processes.

We will work to make sure we are supporting the four transformation aims of the Northamptonshire Health and Care Partnership, including implementing the Northamptonshire Care Record (NCR) and supporting the Integrated Care In Northamptonshire (ICAN) programme.

Our priorities

1. **Implement the Northamptonshire Care Record** (NCR), fully supporting the digital strategy for the Northamptonshire Integrated Care System (ICS)
2. We will fully support the development of the **ICS Digital Strategy**, and the delivery of the digital requirements of **four transformation priorities**, starting with ICAN
3. We will contribute to the **creation of an ICS-wide dataset** that can support decision-making across the system and population health management

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• All our patients records linked to the NCR by Q2 2021 and available for sharing. NCR view integrated with existing systems	• Full patient record will be included in the NCR • Personalised pre-elective support/guidance and rehabilitation materials available via NCR • All appointments from all providers visible in one place to patients by Q2 2023
2	• ICS Digital Strategy approved • Tactical solution for frailty assessments by Q2 2021 as part of ICAN programme	• Digital solution developed, implemented and integrated to support ICAN programme • Support for the ICS Transformation Priorities
3	• Implementation and use of the Northamptonshire Analytics Reporting Platform (NARP) at Trust and ICS level	• Demonstratable use of the NARP for Population Health decisions by Q2 2022 • Fully embedded Northamptonshire Control Tower by Q2 2023, supporting system-wide decision making

7 | Theme 7: Connecting our systems

Our ambition for this theme

We need our systems to be as joined up as we will be. We want our staff to be able to experience a friction-free experience when working in any Trust location, though use of a staff "digital passport".

We have a large collection of unconnected clinical systems, each with its own overhead of training, support, supplier management and release maintenance. We will seek to reduce the number of systems, following the principle of once for both, and ensure that there is greater interoperability between the systems that remain.

We will build on our work as a Robotic Process Automation (RPA) Centre of Excellence to release efficiencies. We will be the first Trusts to transform Clinical Coding through the application of machine learning

Our priorities

1. Implement **single sign-on** across all sites for our staff
2. Reducing the **number and variety of stand-alone clinical systems** that are in use across the Group
3. Supporting the **alignment and consolidation of back office and corporate systems**

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• Single sign on solution evaluated and identified. Proof of concept demonstrated.	• No more than 5 log-ons per user by Q3 2022 • Single log-on per user by Q2 2023
2	• 5% reduction in number of clinical systems used across the Group by Q4 2021	• 20% reduction in the number of clinical systems used across the Group by Q4 2022 • 30% reduction in the number of clinical systems used across the Group by Q4 2023
3	• Agree strategy to align the separate workforce systems across the Group by Q1 2021 • Agree strategy to align single costing system and financial system	• Implement a Group workforce deployment system and phase 1 of a Group costing system by March 2023. Alignment of Occupational Health Systems. Scanned Personnel files and Digital Passport. Leading implementor of the national ESR programme. • Implemented single costing system and single financial system • Implement CRM system to manage employment queries across the Group

7 | Theme 8: Collaborating for a shared purpose

Our ambition for this theme

We want to make the most of working together as a Group. We have a wealth of experience and talent in our two current Hospital Digital teams, and together we will be able to go much further and faster.

We want to create a shared culture in our Digital portfolio, better support, training and development, and make the Group Digital team the best place to work. We will value behaviours of collaboration over individual brilliance.

Working on the principle of "Once for Both", we will become a national exemplar on how NHS teams organise themselves to do great work.

Our priorities

1. We will develop our **shared Digital portfolio**, helping our staff to understand what we do, and providing clarity on the roles and structure
2. We will **enhance our professionalism** and ensure our teams are equipped with the right skills to meet our users needs
3. We will create a **supportive and co-operative culture** that **puts the Group first**, **making the most of our individual strengths**

How we will measure improvement

	Within one year (by 31.03.2022)	Within three years (by 31.03.2024)
1	• Provide clarity to the organisations and our digital teams on structure and roles by Q2 2021	• Fully embedded Group delivery functions in place by Q4 2022
2	• Regular show and tells in place by Q3 2021 • Shared learning forums in place by Q3 2021 • Access to professional development tools by Q4 2021	• People are so keen to join the organisation that there are no 'hard to fill' roles within the digital portfolio – all vacancies are over-subscribed
3	• For 100% of procurements to be joint from Q1 2021 • Completion of review of Group digital contracts for efficiency, consistency and utilisation by Q3 2021	• All common software contracts co-terminating or consolidated • We have no examples of 'gotchas' where a Group solution should have been considered by Q2 2023

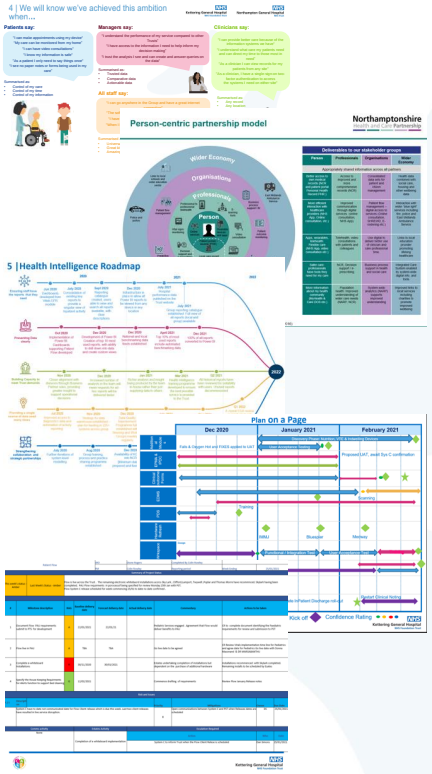
8 | Engagement, governance and tracking of strategy delivery

We have comprehensive tracking and assurance in place for the delivery of the Group Digital Strategy

KGH and NGH Trust Boards
Receive an update on the Digital Strategy delivery at each meeting. Systematic review the progress of the strategy every 6 months and sign off changes.

Group Digital Hospital Committee
Oversees the strategic aspects of the NGH and KGH Group's digital, technology and information agenda. Roadmap reviewed at every meeting (every other month).

Operational Meetings
Monitor the detailed delivery of the roadmap. A number of meetings are in place at individual Trusts, as well as the Group Digital Operational meeting.



We will make sure that we keep our staff and patients informed and engaged

Patient focus groups
We will involve our patients, their families and carers through focus groups when developing and designing digital solutions.

Staff focus groups
We will use existing staff forums and set up focus groups to gather feedback and ideas, and gain input into the development of digital solutions.

Dedicated to Excellence newsletter
We will share updates in a 'Dedicated to Excellence' newsletter to keep our staff up to date with progress, next steps and raise awareness of how to get involved.

NHS Kettering General Hospital NHS Foundation Trust

NHS Northampton General Hospital NHS Trust

Dedicated to excellence

Kettering General Hospital NHS Foundation Trust

Northampton General Hospital NHS Trust

Group Digital Strategy- Roadmap

Version F01
March 2021

Dedicated to excellence

Group Digital Strategy Roadmap

The Group Digital Roadmap is the visual articulation of the Group Digital Strategy. It is a mechanism to show the major steps and milestones to deliver the Group Digital Strategy. More detailed plans and backlogs will exist underneath this level

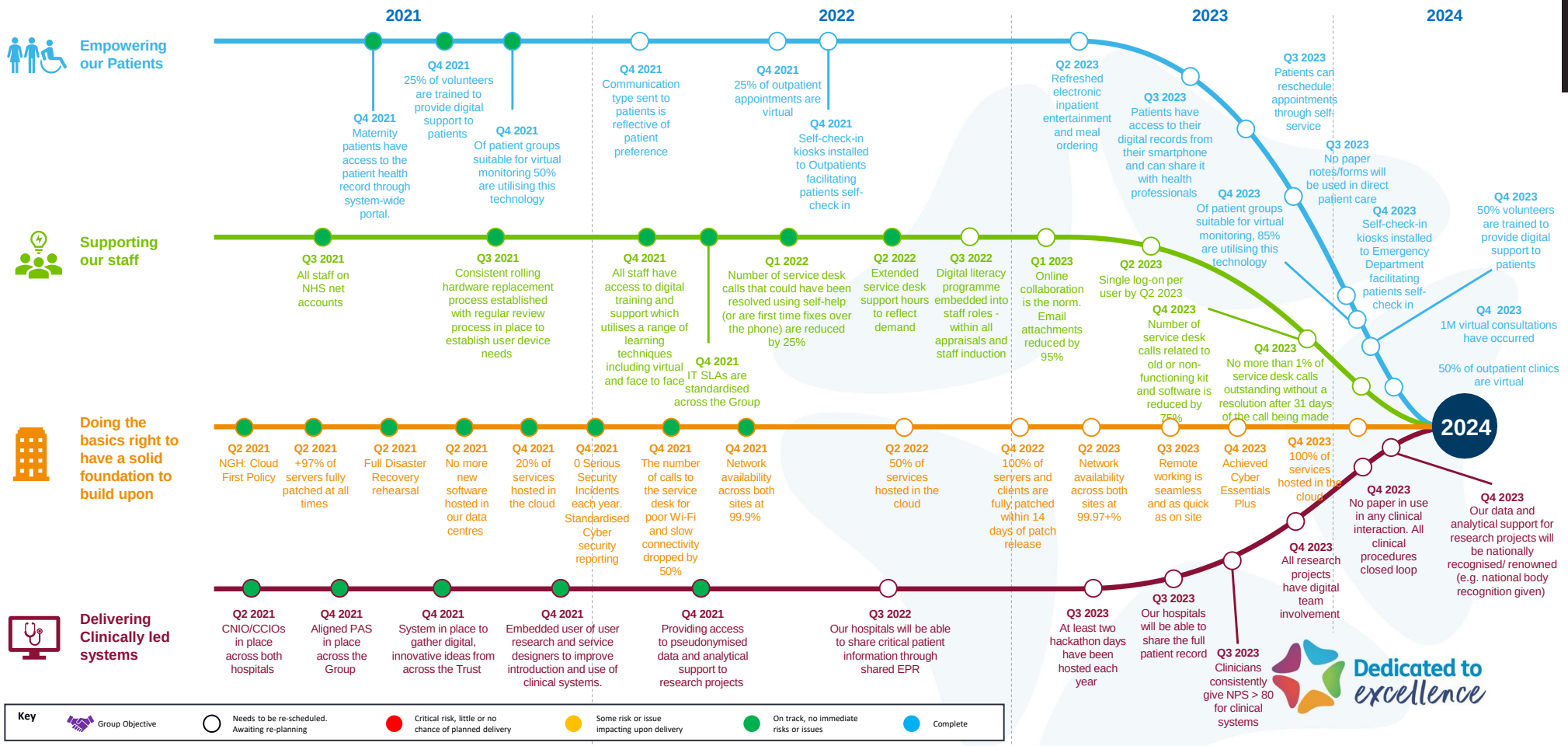
The roadmap will be the main artefact that the Group Digital Hospital Committee and the Group / Trust operational meetings will use to monitor delivery of the Strategy. This document is purposely separate from the high level aims in the Strategy as the roadmap will change on a more frequent basis. When appropriate, an additional page will be added, summarising the completed items.

NHS Kettering General Hospital NHS Foundation Trust

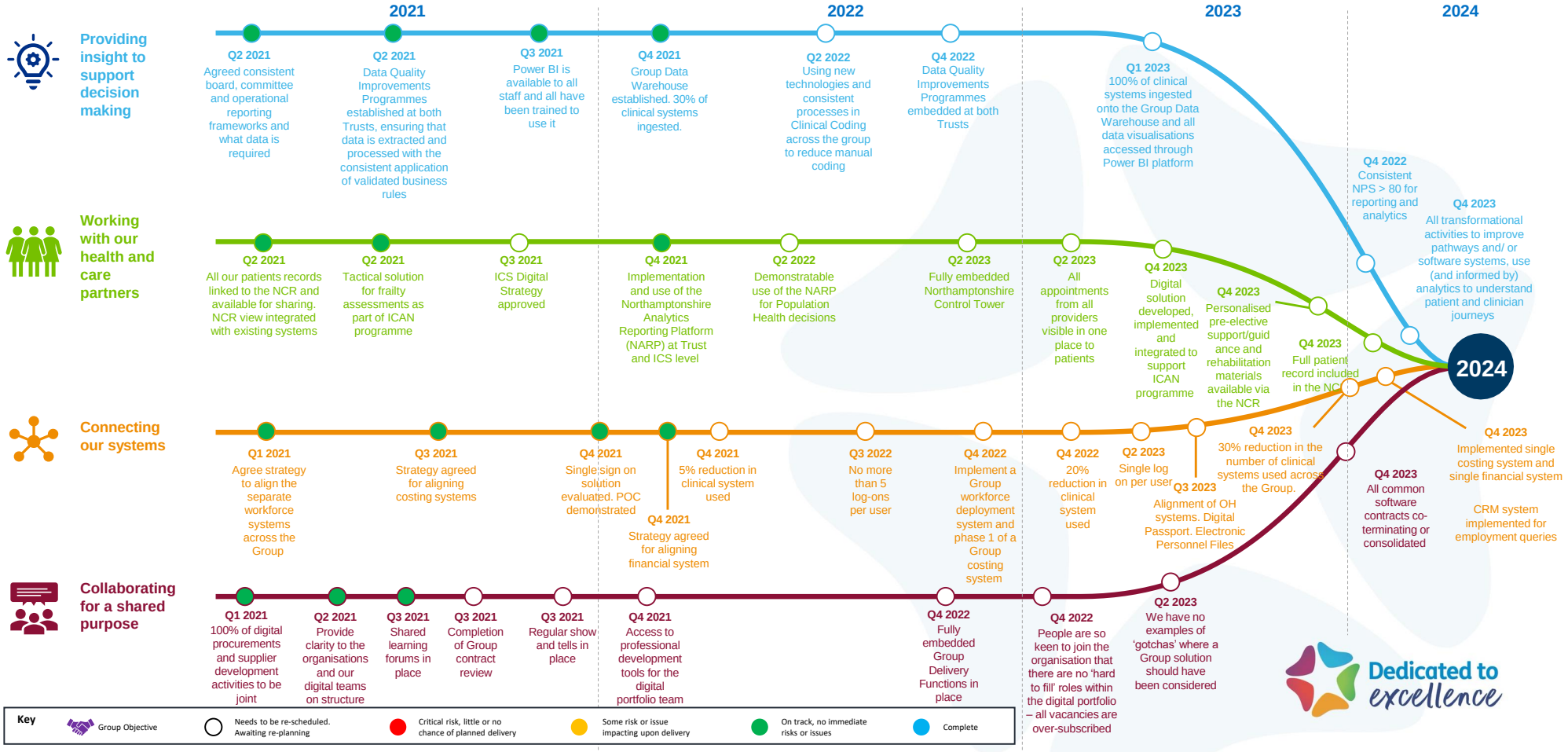
NHS Northampton General Hospital NHS Trust

Dedicated to excellence

Our Group Digital Roadmap



Our Group Digital Roadmap



Report To	**Public Trust Board**
Date of Meeting	**25 March 2021**

Title of the Report	Equality, Diversity and Inclusion – BAME Staff Support
Agenda item	14
Presenter of Report	Mark Smith, Chief People Officer
Author(s) of Report	Mark Smith, Chief People Officer

This paper is for:

□ Approve	□Receive	□ Note	□ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

In line with our Group Strategic priority, People Plan pledge, 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, our report was approved and published in July 2020 – and as a result it was agreed that the Board of Directors would receive regular Equality, Diversity and Inclusion progress reports, particularly in regards to the work being undertaken within the Trust to support colleagues from a BAME background.

The attached presentation provides the Board of Directors more detail with regards to our Staff Survey and Workforce Race Equality Standards (WRES) current position, which highlights some improvements but clearly demonstrates more action is required to be taken and embedded within the Trust based on colleague feedback.

The presentation highlights the progress of our BAME network and associated support in actions being undertaken and those still to be completed. Examples included:

- Support with regards to Covid-19 risk assessments and recently uptake of the vaccination programme
- Colleagues advising on recruitment panels, particularly in senior appointments, such as the Hospital CEO, Group CDIO and CFO, KGH COO roles supporting decision making and influencing future processes
- Our Trust network newsletter, providing aspirational stories and key support information
- The establishment of reverse mentoring

The presentation highlights the groups recent work on changing the name of the group in line with best practice. The presentation also references the EDI draft strategy work which has been commissioned across the group to enhance and develop our plans in this area in line with our group People Plan pledge, ensuring we meet our colleagues needs. What we aim to see as a result of the actions taken to date and future actions is improvement in how colleagues feel working within our Trust, particularly with regards to not experiencing discrimination at work from other colleagues.	
Related Strategic Pledge	Which Group Priority does this paper relate to? People: An inclusive place to work where people are empowered to make a difference.
Risk and assurance	Risks to the plan inclusive of capacity and resourcing will be articulated and will inform the BAF for 2021/22
Related Board Assurance Framework entries	BAF – ALL
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (N) Is there potential, for or evidence that, the proposed decision / document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? (Y)
Financial Implications	Potential costs associated with the people plan implementation which will be at current cost an additional cost within the Trust may be the protected time for colleagues to undertake inclusion network roles – for which a case is being prepared as part of the EDI Strategy work being undertaken
Legal implications / regulatory requirements	Are there any legal/regulatory implications of the paper CQC Fundamental Standards Public Sector Equality Duty Equality Act 2010
Actions required by the Board The Board is asked to: • Receive the progress report and specific actions which are being undertaken to address concerns raised from colleagues within the Trust.	

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Diversity and Inclusion

BAME Colleague Support progress report

March 2021

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

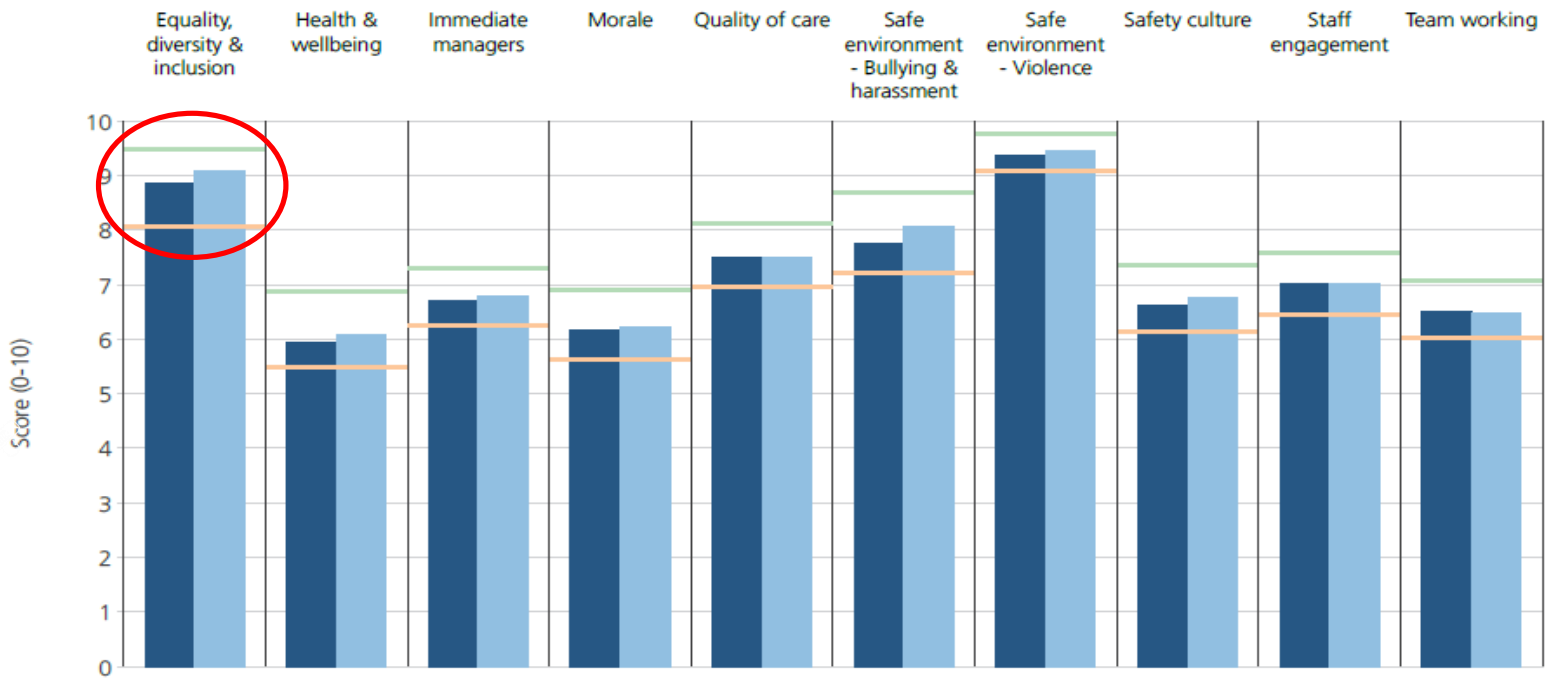
NHS
Northampton General Hospital
NHS Trust

What we know – NHS Staff Survey 2020 – 50% completion – highest ever

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Overview

NHS England



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	8.9	5.9	6.7	6.2	7.5	7.7	9.4	6.6	7.0	6.5
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,742	2,753	2,766	2,755	2,455	2,741	2,742	2,746	2,765	2,726

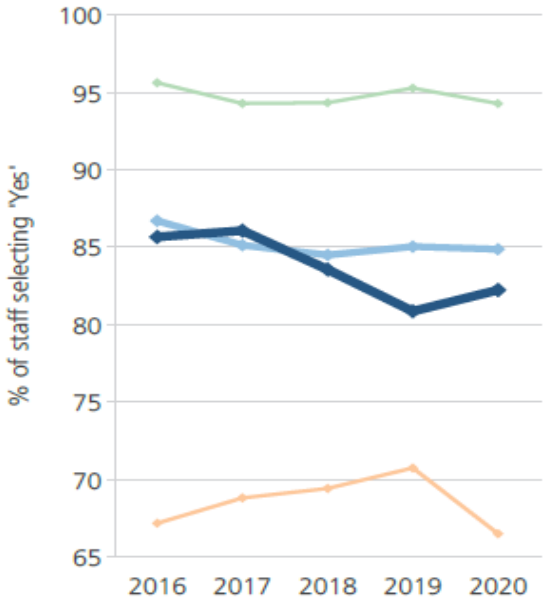
Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

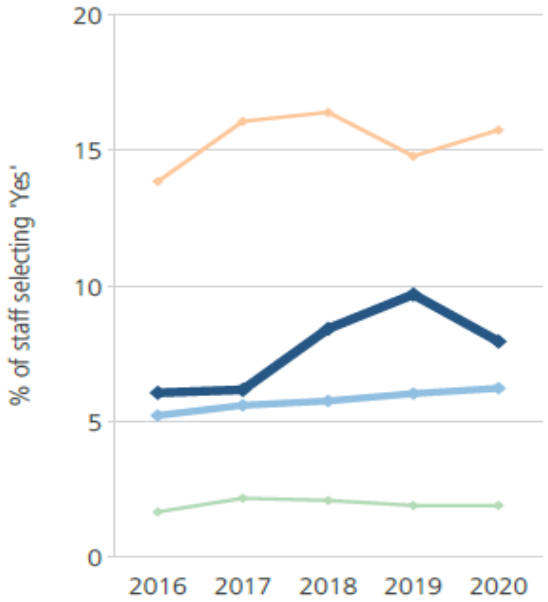
What we know now – NHS Staff Survey 2020

Q14
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



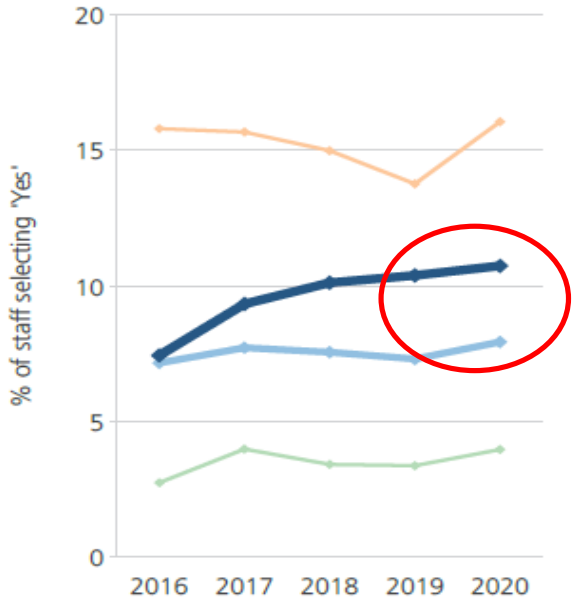
	2016	2017	2018	2019	2020
Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	85.7%	86.1%	83.6%	80.9%	82.2%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2016	2017	2018	2019	2020
Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	6.1%	6.2%	8.4%	9.7%	7.9%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



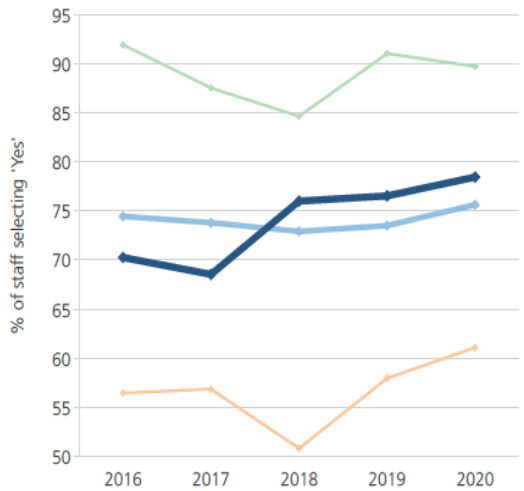
	2016	2017	2018	2019	2020
Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	7.4%	9.3%	10.1%	10.4%	10.7%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

What we know now – NHS Staff Survey 2020

Q26b
Has your employer made adequate adjustment(s) to enable you to carry out your work?



	2016	2017	2018	2019	2020
Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	70.2%	68.5%	76.0%	76.5%	78.4%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Themes - Trust/Divisions v National Average

Theme	National Average	NGH Score		Surgical	Medical	W,C & O	Clinical Support Services	Support Services
Equality, Diversity & Inclusion	9.1	8.9 ↑		8.8 ↑	8.5 ↑	9.2 ↑	9.0 ↓	8.9 ↓

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Our Workforce Race Equality Standards – At a glance

Theme	Changes Since Last Year 2019 to 2020		Compared to National Average 2020	
Bullying or Harassment from patients, relatives or public - White	↑	5%	↓	2.8%
Bullying or Harassment from patients, relatives or public - BME	↑	3.6%	↓	2.1%
Bullying or Harassment from colleagues - White	↑	1.8%	↓	4.2%
Bullying or Harassment from colleagues - BME	↑	4%	↓	5.1%
Equal Ops for promotion/career development - White	↑	1.6%	↓	0.7%
Equal Ops for promotion/career development - BME	↑	3.7%	↓	8.5%

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Our Workforce Race Equality Standards – At a glance

Theme	Changes Since Last Year 2019 to 2020		Compared to National Average 2020	
Discrimination by manager/college - White	↑	0.4%	↓	1.3%
Discrimination by manager/college - BME	↓	1.5%	↓	5.5%

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Support – Our Network

We have our staff network:

Recent events such as the Black Lives Matter and CV19 including vaccination has increased the focus on our BAME community. We have recently supported our:

- Support in implementing a culturally sensitive COVID19 Risk Assessments
- Amendments to our recruitment policies
- Creation of our newsletter – including aspirational leaders series
- Supporting the establishment of reverse mentoring
- Understand what support our colleagues require

https://issuu.com/nghbame/docs/bame_newsletter_jan_21

Our Network Work streams are:

- Visibility
- Behaviours
- Talent and Leadership
- BAME Champions
- Staff group representatives
- BAME Staff Support

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

The Rebranding of NGH BAME Staff Network

#hello

our name is...

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

NGH/KGH Group Vision

"Dedicated to **outstanding patient care and staff experience**, by becoming a university hospital group and a leader in clinical excellence, **inclusivity** and collaborative healthcare"

Patient	Quality	Systems and partnerships	Sustainability	People
Excellent patient experience shaped by the patient voice	*Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation*	*Seamless, timely pathways for all people's health needs, together with our partners*	*A resilient and creative university teaching hospital Group, embracing every opportunity to improve care*	*An inclusive place to work where people are empowered to be the difference*

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Background and Context

The NGH BAME Staff Network was established in July 2019.

The Network plays an active role in the implementation of processes necessary to the improvement of the Workforce Race Equality Standards at NGH.

The acronyms BAME (Black, Asian and Minority Ethnic) and BME (Black and Minority Ethnic) have been globally used terms since modern conversations about ethnicity began.

In 2019 the UK Government published an article “Please, don't call me BAME or BME!” with the aim of discouraging people from using the terminology.

The Government now does not use the terms BAME or BME due to the following:

- they include some groups and not others – for example, the UK’s ethnic minorities include White minorities and people with a Mixed ethnic background
- the acronyms BAME and BME were not well understood in user research

It is crucial that NGH remains aligned with Government advice and remains ahead of the curve in terms of EDI directives by a rebranding.

https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity

https://civilservice.blog.gov.uk/2019/07/08/please-dont-call-me-bame-or-bme/

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Possible Approaches

Approach 1

Approach 2

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Approach 1 – Diversity and Inclusion Staff Network

Introduction

The Trust has a well established EDI function and the “Diversity and Inclusion Staff Network” is a natural way to link a formal corporate function, to a more informal, staff-driven function.

https://www.england.nhs.uk/about/working-for/staff-networks/bme/

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Approach 1 – Diversity and Inclusion Staff Network

Strengths:

- Diversity and Inclusion are widely recognised terms – stakeholder understanding is high
- Links with the established EDI function and terminology
- Non-exclusive terms, all encompassing
- Easily abbreviated (social media) – D&I

Weaknesses:

- Non-specific
- Could be confusing for those wishing to align to non-ethnicity related Staff Networks in the Trust due to broad terms

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Approach 2 – REACH Staff Network

Introduction

'REACH' (Race, Ethnicity and Cultural Heritage) is a term which is specific in terms of the demographics of staff we are trying to reach and also portrays a sense of hope and aspiration.

Inspired by Nottingham Trent University's (REACH) and UK Parliament's (ParliREACH) ethnicity staff networks

https://www4.ntu.ac.uk/equality-diversity-inclusion/staff-networks/reach/index.html#:~:text=The%20REACH%20Staff%20Network%20was%20set%20up%20in,heritage%20at%20NTU%20and%20in%20our%20wider%20community

https://www.parliament.uk/parlireach/

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Approach 2 – REACH Staff Network

Strengths:

- Bold, punchy
- Aspirational (“reaching for the stars”)
- Specific acronym, ethnicity related

Weaknesses:

- Acronym is less recognised
- Could cause confusion amongst staff due to unfamiliar acronym – would require additional work to publicise the meaning

Race?

In UK equality law ‘race’ is the name of the protected characteristic which is afforded protection against ‘racial’ discrimination and/or harassment and therefore has strategic meaning and currency in moving forward the equality agenda

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Progress Update on actions previously discuss at our Board

Our progress within the Trust to date

- we do have colleagues from within the BAME network advising on recruitment panels – further work to undertake to ensure consistency of all senior panels and release time for colleagues to attend – policy being amended
- we have role models with increasing exposure of our network and a dedicated post in our BAME Clinical Fellow
- provision of support is in place supporting victims of alleged discrimination – including with staff side colleagues
- WRES information shared at Divisional level
- reverse mentoring established
- focus on Diversity and Inclusion at our Board meetings

Our future actions

- EDI draft strategy review across the Group commissioned to be completed in April 2021 in line with People Plan
- review of our network name as referenced
- expansion of our network sponsorship to include Non-Executive Directors
- developing Aspirant BAME Nursing and Midwifery Leaders' Programme

Providing the Best Possible Care

Provided by NHS England & NHS Improvement in collaboration with the Midlands Leadership and Lifelong Academy

NHS
Northampton General Hospital
NHS Trust

‘Developing Aspirant BAME Nursing and Midwifery Leaders’ Programme

This is a 23-day development programme of external study with a flexible 1 day per week of study time, delivered over a period of 12 months.

The programme is suitable for **Nurses and Midwives working at Band 6-8A**, and will take place from **June 2021** to **May 2022.** Places are limited across the System (NGH, KGH, NHFT and Community Settings) and the final candidates proposed to NHSE/I will be decided by The Northamptonshire Nursing Cabinet.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

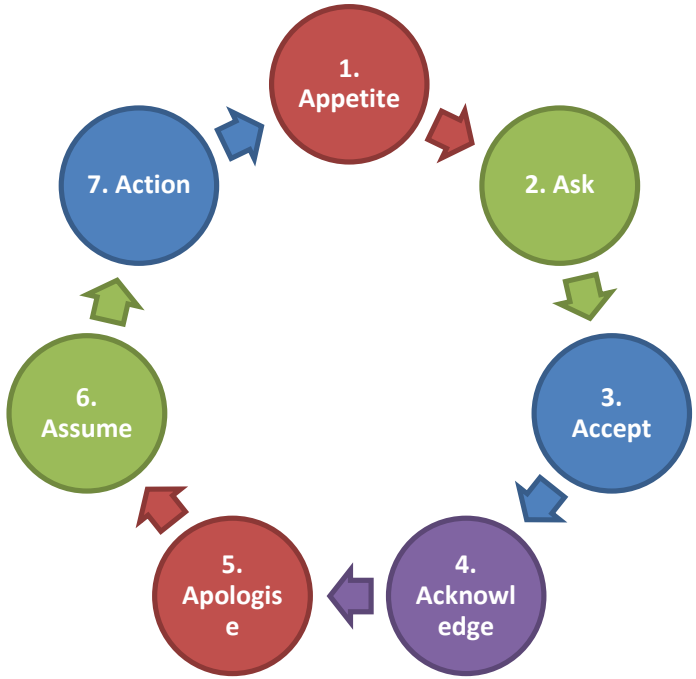
NHS
Northampton General Hospital
NHS Trust

Support – Our BAME Network

How to monitor our progress

The 7 A's of Authentic Allyship – Where are we?

- **Appetite –** desire to improve
- **Ask –** to be curious, educate yourselves
- **Accept –** there is an issue
- **Acknowledge –** there is an issue
- **Apologise –** express sympathy
- **Assume –** Don't. Seek views
- **Action –** take action and be accountable



What we aim to see

Unconscious bias development programme embedded
WRES position improved from 65% BAME colleagues feeling career progression to 72%
WRES B&H position improved from 20% to 15% rise and fall – could happen
Reverse mentoring feedback and actions

Providing the Best Possible Care

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

Report To	**Public Trust Board**
Date of Meeting	**25th March 2021**

Title of the Report	**Terms of Reference** • **Group Finance & Performance Committee** • **Quality Governance Committee** • **Finance & Performance Committee** • **Hospital Management Team**
Agenda item	**15**
Presenter of Report	Claire Campbell- Director of Corporate Development, Governance & Assurance
Author(s) of Report	Claire Campbell- Director of Corporate Development, Governance & Assurance (NGH) and Richard Apps- Director of Integrated Governance (KGH)

This paper is for: (delete as appropriate)

x Approve	Receive	Note	Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

Executive summary

1. Kettering General Hospital (KGH) Foundation Trust and Northampton General Hospital (NGH) are working together under a Group Management Model to strengthen acute care service provision across Northamptonshire, under the leadership of a jointly appointed Chair and CEO for both Trust Boards.

   A common approach of working across both organisations and emphasis on acute pathway transformation and quality improvement is recognised as a priority. The approach of working as a Group Model across both organisations maintains the statutory duties and responsibilities of two separate Trust Boards.

   As part of the collaboration planning work, and to facilitate the seamless implementation of Group Priorities following approval by Boards in January 2021, both Trusts have agreed to establish a Finance and Performance Committee in Common.

   Committee in Common meetings are a recognised governance approach that enables collaboration between organisations to take decisions together on projects that cross boundaries without compromising the integrity of their own statutory requirements.

   Following extensive development work in respect of a Group Model between the two Trusts, draft

Terms of Reference for the following Joint Committee are presented:

- Group Finance & Performance Committee (Appendix A)

These Terms of Reference have been approved by the Collaboration Programme Committee; they have been submitted to/received by the Joint Finance and Performance Committee for information with any material feedback to be reported to the Board. They are presented to the Board for ratification. It should be noted that they will be kept under review and iterated as necessary. Both Trusts will appoint Chairs, with the Chair presiding alternating between organisations.

2. The Terms of Reference of the Quality Governance Committee; the Finance and Performance Committee and the Hospital Management Team have been reviewed and approved by the relevant committee and are presented to the Trust Board for ratification.

   Minor changes have been made to the TOR's including attendees, a review of the quorum numbers, frequency of meetings and links to Joint Committees in Common where relevant.
   - Quality Governance Committee (Appendix B)
   - Finance & Performance Committee (Appendix C)
   - Hospital Management Team (Appendix D)

Related Group Priority	Which Group Priority does this paper relate to? 1. Patient: Excellent patient experience shaped by the patient voice 2. Quality: Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation 3. System & Partnerships: Seamless, timely pathways for all people's health needs, together with our partners 4. Sustainability: A resilient and creative university teaching hospital Group, embracing every opportunity to improve care 5. People: An inclusive place to work where people are empowered to be the difference
Risk and assurance	Not approving the Group ToR will delay the commencement of key Group initiatives and therefore delay effective governance arrangements, which may result in delays in programme delivery across both Trusts and missed opportunities for collaboration and alignment.
Related Board Assurance Framework entries	BAF – All
Equality Analysis	Is there potential for, or evidence that, the proposed decision / document will not promote equality of opportunity for all or promote good relations between different groups? (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)
Financial Implications	None
Legal implications / regulatory requirements	TORs for key Statutory committees are required to be reviewed annually.

Actions required by the Board:

The Board is asked to approve the following Terms of Reference

- Group Finance & Performance Committee
- Quality Governance Committee
- Finance & Performance Committee
- Hospital Management Team

Northampton General Hospital NHS Trust

Kettering General Hospital NHS Foundation Trust

GROUP FINANCE & PERFORMANCE COMMITTEE
TERMS OF REFERENCE

1. Context

Kettering General Hospital (KGH) NHS Foundation Trust and Northampton General Hospital NHS Trust (NGH) are working together in a Group Model to strengthen acute service provision across Northamptonshire, under the leadership of a jointly appointed Chair and Chief Executive Officer for both Trust Boards.

As part of collaboration planning, delivery and governance, both Trusts have agreed to establish Committees in Common to provide oversight of the delivery of group objectives in respect of finance and operational performance. The Group Finance and Performance Committee is therefore Constituted as a Committee in Common of both Boards.

1. PURPOSE AND AMBITION

To oversee an aligned and integrated approach across the group, so as to ensure consistency in operational and financial management, including the efficient use of resources through optimal allocation of capital and resources.

Improve operational and financial outcomes by identifying and understanding unwarranted variances as a driver for transformational change, thus enabling better patient care, experience and outcome.

To work with the System to ensure financial sustainability of the group through collaborative working.

The committee will escalate items to the Boards, seeking their direction and decision making as required.

2. AUTHORITY

2.1 The Committee has delegated authority from both Trust Boards as set out in the Trusts' Scheme of Delegations. The committee is authorised, subject to the scheme of delegation, to oversee the delivery of the Group financial Plan across the Trusts. The committee is charged with providing assurance to the Boards and is authorised to investigate any activity within its Terms of Reference. The committee is required to escalate items to the Boards, where Boards' direction and decision making is required. The committee has authority to review information and report to regulators as required.

2.2 A key relationship for this group will be to the System Financial Leadership Committee (SFLC). At least one member of the committee is represented on the SFLC and therefore communication should be maintained through this route.

3. MEMBERSHIP AND ATTENDANCE

Chairs of Committee	Non-Executive Director (KGH) Non-Executive Director (NGH) *Rotating Chair*
Members	Non-Executive Director (KGH) Non-Executive Director (NGH)
	Group Chief Financial Officer
	Chief Operating Officer (KGH)
	Chief Operating Officer (NGH)
	Director of Operational Finance (or equivalent) (KGH)
	Director of Operational Finance (or equivalent) (NGH)
	Director of Strategy and Partnerships (KGH)
	Director of Strategy and Partnerships (NGH)
	Trust Board Secretary - (KGH)
	Director of Corporate Development Governance and Assurance (NGH)
Attendees	Nominated Governor (KGH)
	Others by invitation to discuss pertinent issues/topics
	Meeting Administrator

Notes on membership and attendance:

3.1 The committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate. The Trust Chair(s), Group Chief Executive, Hospital Chief Executives or other executive directors may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trusts' operation that are the responsibility of that director. The nominated Governor will attend the meeting as an observer.

4. MEETINGS AND QUORUM

4.1 A quorum of the Committee shall be three members from each organisation including a Non-Executive Director and an Executive Director from each organisation, whom will not be the Chairman. Members of the Committee in Common can nominate a deputy but not for more than two consecutive meetings without prior permission of the Chair.

4.2 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings will be recorded, and Minutes/Action Logs produced, in the normal way.

4.3 The Committee shall meet not less than four times per year.

DRAFT

4.4 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be

- circulated to voting members of the body for comment and approval, or:
- taken by Chair's action, in liaison with Group Chief Finance Officer for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

5. SUPPORT ARRANGEMENTS

5.1 The Committee shall be supported administratively by resources from within the two Trusts' whose duties in this respect will include:

- Review of the Terms of Reference in line with requirements
- Maintain agenda against work planner/cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
    - Circulation of agendas and supporting papers to Committee members at least five working days prior to the meeting
    - Taking and issuing the minutes and preparing action lists in a timely way;
    - Keeping a record of matters arising and issues to be carried forward.
    - Maintain an on-going list of actions, specifying members responsible, timescales and keeping track of these actions
    - Drafting of minutes for approval by the Chair within five working days of the meeting and then distributed as outlined above within ten working days, and
- Keeping an accurate record of attendance.

6. DECLARATION OF INTERESTS

6.1 All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly.

6.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

7. DUTIES

7.1 To monitor current performance, the development and implementation of the group's medium to long term financial strategy, ensuring that the group strategic objectives/priorities are focused on, with the aim of achieving optimal financial outcomes for the individual Trusts, Group and the System.

7.2 To review the long term financial model (LTFM) and seek assurance that the LTFM aligns with the wider System plans.

7.3 To identify and understand unwarranted variation in operational and financial performance across the Trusts and through benchmarking, identify ways to normalise these.

DRAFT

7.4 To monitor the alignment of systems, processes & reporting across both Trusts to ensure that agreed operational and finance metrics are being delivered.

7.5 To oversee and approve major investment decisions across the group in furtherance of the group strategic priorities; including the financial risk evaluation, measurement and management scrutiny of any such investment programmes

7.6 To oversee the measurement and monitoring of the financial impact of collaboration programmes, ensuring the delivery of the group objectives

7.7 To drive the development and delivery of group transformation and efficiency schemes via the Group Transformation Committee, ensuring that the right resources are available and that the balance between quality and efficiency is maintained.

7.8 To develop and monitor the group approach to working with System partners including the Integrated Care System (ICS) approach.

7.9 To review and monitor any strategic risks to both organisations

8. STANDING AGENDA THEMES

DRAFT

	Description
1	Welcome, apologies and declarations of interest
2	Minutes of the previous meeting
3	Action Log
4	Reset & Recovery Report
5	Operational Performance • KGH • NGH
6	Financial Performance
7	Strategic Risks and Board Assurance
8	Transformation
9	Investments (Business Cases) • Group • Other significant investments
10	Estates • NGH • KGH
11	Updates from other related meetings • System Finance Leadership Committee
12	Items for Escalation to the Board
13	Any Other Business
14	Date of Next Meeting:

9. REPORTING

Reports to Boards:

9.1 The Committee will formally report on a quarterly basis to the Boards of Directors with a summary report.

Reports to the Committee:

9.2 A regular update to be received from the Transformation and Efficiency Board on the progress of the Transformation & Efficiency (T&E) plan and delivery.

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

10.1 These terms of reference may be amended in consultation with both Finance & Performance Committees, and Group Board, to reflect changes in circumstances that may arise. This Committee in Common is recognised as undertaking a role to support and enable the delivery of the Group Finance Plan and its associated plans and policies and, as such, solutions considered may be iterative and designed to evolve over time. Together both Trust Boards will implement and review the Terms of Reference, not less than once per year.

10.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Boards on any consequent recommendations for change.

11. REVIEW

Agreed: March 2021
Next Review: March 2022

DRAFT

Northampton General Hospital NHS
NHS Trust

QUALITY GOVERNANCE COMMITTEE

Terms of Reference

Membership	• Non-Executive Director (Chair) • Two other Non-Executive Directors • Hospital Chief Executive • Director of Nursing, Midwifery and Patient Services • Medical Director • Chief Operating Officer • Director of Corporate Development, Governance and Assurance • Divisional Directors or nominated deputies
Quorum	• Five Members with at least two Non-Executive Directors (which may include the Chair)
In Attendance	• Board and Committee Secretary
Frequency of Meetings	• Bi- monthly
Accountability and Reporting	• Accountable to the Trust Board • Summary report and minutes to the Trust Board after each meeting from Chair • Minutes available to all Trust Board members on request • Annual report to the Trust Board on actions taken to comply with terms of reference
Date of Approval by Trust Board	March 2021
Review Date	12 months review (February 2022)

QUALITY GOVERNANCE COMMITTEE (QGC)

TERMS OF REFERENCE

1. Constitution

The Trust hereby resolves to establish a Committee of the Trust Board to be known as the Quality Governance Committee (the Committee). The purpose of the Committee is to ensure there is an effective system of integrated governance, risk management, and internal control across the clinical activities of the organisation that support the organisation's objectives of delivering the best possible outcomes of care to patients.

2. Membership

The Chair, Non-Executive and Executive members of the Committee shall be appointed by the Trust Board.

The membership includes the Hospital Chief Executive, Director of Nursing, Midwifery and Patient Services, Medical Director, Chief Operating Officer, Director of Corporate Development, Governance and Assurance The four Divisional Clinical Directors are also members of this Committee (on rotation).

3. Quorum, Frequency of meetings and required frequency of attendance

No business shall be transacted unless five members of the Committee are present. This must include not less than two Non-Executive Board members including the Chair.

The committee will meet monthly. Members of the Committee are required to attend a minimum of 80% of the meetings held each financial year and not be absent for two consecutive meetings.

4. In attendance

In addition to the agreed membership, other Board members shall have the right to attend. Other directors and officers of the Trust may be asked to attend at the request of the Chair or when presenting papers. Only the Committee Chair and relevant members are entitled to be present at a meeting of the Committee, but others may attend by invitation of the Chair of the Committee.

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee can also recommend the provision of expert advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Duties

The Committee has three sub-groups;

1. The Assurance, Risk, and Compliance Group. (Chaired by the Director of Corporate Development, Governance and Risk).

2. The Patient and Carer Experience Group. (Chaired by the Director of Nursing, Midwifery and Patient Services).
3. Clinical Quality and Effectiveness Group (CQEG) (Chaired by the Medical Director).

Through each of the Chairs of the three sub-groups, the Committee will receive assurance from the Chair of the sub-group on;

6.1 Policy, Planning and Strategy

- The Committee will oversee the planning and development of quality and governance activities in the Trust.
- The Committee will ensure that the Trust's strategy for quality and governance is being delivered, and ensure the robust development of the Trust's quality and governance plans.
- The Committee will encourage and foster greater awareness of quality and governance throughout the organisation at all levels.
- The Committee will ensure the development and ratification of new clinical, quality and governance policies via the Trust's Procedural Document Group. This group will report to the Committee through CQEG.
- The Committee will oversee the development of the Quality Accounts and oversee the monitoring and reporting process.

6.2 Monitoring and Delivery

- The Committee will report and provide assurance to the Trust Board through the Chair of the Committee on the quality of healthcare provided by the Trust.
- The Committee will gain assurance from the Chairs of each of the three reporting domain groups. Each domain group represents an aggregated group of further sub-groups.
- The Committee will monitor the system and process for capturing and responding to service user and carer feedback through the Chair of the Patient and Carer Experience sub-group.
- The Committee will monitor the system and process for capturing and responding to the effectiveness and outcomes of care provided to patients through the Chair of the CQEG sub-group.
- The Committee will monitor the system and process in place in respect to CQUIN delivery through the Chair of the CQEG sub-group.
- The Committee will monitor health and safety management systems and processes throughout the organisation.
- Where delivery becomes sub-optimal the focus of assurance for the Committee will be in options to be considered, the turnaround solutions and actions the Divisions have agreed at HMT to progress together with timeframes for delivery. The operational delivery and accountability of the Divisions is through HMT.
- Through the membership of QGC, the Committee will receive assurance directly from Divisional Clinical Directors of the delivery and commitment to deliver high quality, effective outcomes for patients within a robust governance framework.
- The Committee will monitor the system and processes in place in relation to compliance with the CQC and other relevant regulatory compliance standards, through the Assurance, Risk and Compliance sub-group.
- Receive and challenge the annual reports from each of the domain reporting groups. In addition annual reports in respect to Safeguarding Adults and Children, Infection control, NICE compliance etc.

6.3 Risk Management

- Review quality risks on the Corporate Risk Register (CRR) quarterly and ensure alignment with the Board Assurance Framework (BAF).

- The Committee will seek assurance over the arrangements within the Trust for managing high clinical and non-clinical risks, together with the robustness of associated mitigating actions.

6.4 Other Matters

The Committee will also set the specification and ensure the development of the components of quality and governance. This will include;

- Clinical effectiveness and evidence based practice
- Training and development and continuous professional development
- Staff skills and competencies
- Professional reviews and appraisals
- Clinical audit outcomes
- Patient complaints, clinical and non-clinical claims
- NICE guidelines
- Serious Incidents.

Both KGH and NGH Trust Boards have agreed to establish a Committee in Common for Quality, Safety and Performance to support both organisations' collaborative objectives for delivering the best possible outcomes of care for patients where it has been agreed to provide these services as a countywide initiative. The Committee will focus on providing both Trust Boards strategic oversight and assurance for activities relating to acute clinical service models that cross organisational and geographical boundaries for both Trusts. As well as quality performance across both Trusts.

Where activities are Trust specific, the individual Trust's Quality Committee will continue to be responsible for the assurance oversight for those specific services and report to the relevant Trust Board.

7. **Accountability and Reporting arrangements**

The minutes of the Committee meetings shall be formally recorded by the Committee Secretary. Copies of the minutes of Committee meetings shall be available to all Trust Board members.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require escalation to the full Trust Board.

8. Sub-committees and reporting arrangements

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the Committee and reviewed.

The Quality Governance Committee has three sub-groups each with their own Terms of Reference. In addition, the business cycles of each of these groups are aligned with the Business Cycle of the QGC.

1. The Assurance, Risk, and Compliance Group. (Chaired by the Director of Corporate Development, Governance and Risk).

2. The Patient and Carer Experience Group. (Chaired by the Director of Nursing, Midwifery and Patient Services).
3. Clinical Quality and Effectiveness Group (CQEG) (Chaired by the Medical Director).

9. Administration

The Quality Governance Committee shall be supported administratively by the Director of Corporate Development, Governance and Assurance and Committee Secretary whose duties in this respect will include:

- Agreement of the agenda for Committee meetings with the Chair;
- Collation of reports and papers for Committee meetings;
- Ensuring that suitable minutes are taken, keeping a record of matters arising and issues to be carried forward;
- Advising the Committee on pertinent matters
- Agreeing the reporting cycle of the Committee with the Chair of the Committee and the Director of Corporate Development, Governance and Assurance that is aligned with the business cycle of the Trust Board.

10. Requirement for review

These terms of reference will be formally reviewed by the Committee at least annually.

11. FOI Reminder

The minutes (or sub-sections) of the Board, unless deemed exempt under the Freedom of Information Act 2000, shall be made available to the public, through the meeting papers.

FINANCE & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

Membership	• Non-Executive Director (Chair) • Two other Non-Executive Directors • Hospital Chief Executive • Director of Finance • Chief Operating Officer • Director of Strategy & Partnerships • Director of Estates and Facilities • Director Corporate Development Governance and Assurance • Divisional Directors
Quorum	• Five members including a minimum of two Non-Executive Directors and 2 Executive Directors (one of which must be the Finance Director or 2 Executives plus the Deputy Finance Director)
In Attendance	• Deputy Director of Finance • Head of Programme Management Office • Board and Committee Secretary
Frequency of Meetings	• Monthly
Accountability and Reporting	• Accountable to the Trust Board • Report to the Trust Board after each meeting • Minutes available to all Trust Board members on request • Annual report to the Trust Board on actions taken to comply with terms of reference
Date of Approval by Trust Board	• March 2021
Review Date	• 12 months review

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. Constitution

The Trust hereby resolves to establish a Committee of the Trust Board to be known as the Finance and Performance Committee (the Committee).

The principle aim of the Committee is to maintain a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets and business objectives and the financial stability and sustainability of the Trust. In addition, this committee is responsible for seeking assurance around the delivery of all key performance metrics. This will include:-

- overseeing the development and maintenance of the Trust's medium and long term financial strategy;
- reviewing and monitoring the delivery of the annual financial plan and its link to operational performance and quality;
- reviewing and monitoring operational performance;
- overseeing financial risk evaluation, measurement and management scrutiny and oversight of the capital programme;
- seeking assurance that the finance function is fit for purpose and , key financial policies and objectives align with Trusts objectives
- consider and make recommendations regarding the self-declarations of the Trust in respect to the compliance with the oversight and escalation process to NHSE/I
- consideration of major investment decisions and approval per Trust's Financial Regulations;
- consideration of material transactions and governance issues
- oversee the estates and procurement functions of the trust and seek assurance that these functions are being well managed in the context of the overall direction of the Trust.

2. Membership

The Chair of the Committee and non-executive members shall be appointed by the Trust Board. The Trust Board should satisfy itself that at least one non-executive member of the Committee has recent and relevant financial experience.

In the absence of the Chair appointed by the Trust Board, one of the Non-Executive Directors will be elected by those present to Chair the meeting.

3. Quorum, Frequency of meetings and required frequency of attendance

No business shall be transacted unless five members of the Committee are present. This must include not less than two non-executive Board members.

In the event that the Director of Finance is not available, the Deputy Director of Finance must attend.

The Committee will meet monthly, but not less than quarterly. Members of the Committee are required to attend a minimum of 80% of the meetings held each financial year and not be absent for two consecutive meetings without the permission of the chair of the committee.

4. In attendance

In addition to the agreed membership, other Board members shall have the right to attend. Other directors and officers of the Trust may be asked to attend at the request of the Chair.

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee can also recommend the provision of expert advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Duties

6.1 Finance

- To consider the financial strategy, ensuring that the financial objectives are consistent with the strategic direction and quality priorities.
- To review the long term financial model (LTFM) and seek assurance that the LTFM and IBP are aligned together with the wider health economy plans.
- To oversee the development and management of the rolling capital programme including scrutiny of the prioritisation process, forecasting and remedial action, and report to the Board accordingly
- To provide assurance on the robustness of the Annual Planning Process
- Monitor the divisional and overall Trust achievement of the financial strategy, and financial targets, associated activity targets and how these relate to the performance of the trust in non-financial domains such as patient safety and effectiveness.
- To review the Trusts short and medium term financial performance of the Transformation Programme, including any mitigation plans for the identified risks and provide assurance to the Trust Board that appropriate action is being taken.
- To scrutinise financial and non-financial performance, trends, projections and underlying data on a monthly basis so that assurance can be sought around any action plans that address emerging patterns in finance or activity.
- To scrutinise the trust transformation programme including trends, projections and underlying data on a monthly basis so that assurance can be sought around any action plans that address emerging patterns in delivery.
- To consider the annual reference costs and review profitability analyses using service line reporting.
- To review the annual accounts, any going concerns and the statement of internal governance prior to Audit Committee and Board approval
- To review key medium term planning assumptions
- To review NHSE/I and CCG etc. publications around financial and operating environment and their link to planning assumptions and models
- To ensure that the financial forecast and associated recovery plans are robust and are delivered

6.2 Performance

- Review high level metrics to focus the Committee on areas where corrective action may need to be developed and monitoring agreed actions
- Monitor the Trust KPIs and associated actions, the performance scorecard and activity and performance
- Seek additional assurance through exception reports as required

6.3 Procurement

- To monitor and scrutinise the Trust procurement plan, ensuring it drives value for money across purchasing and supplies

6.4 Estates

- To monitor and scrutinise estates compliance, risks and actions against key infrastructure components, carbon footprint, project management etc
- To oversee the delivery of the estate strategy and master plan

6.4 Risk Management

- To review financial, performance, estates and procurement risk and advise the Board accordingly
- Review and evaluate key risks and associated mitigating actions
- Develop risk management processes around the evaluated risks per the Corporate Risk Register
- Review principle risks on the Board Assurance Framework assigned to the committee providing assurance to Trust Board

6.5 Business Case consideration, Capital and Service Investment Programme management

- To perform a preliminary review of proposed major investments.
- To establish the overall controls which govern business case investments and to receive assurances on the approvals process for Business Cases approved by the Hospital Management Team and making recommendations to the Trust Board when the level of approval exceeds the limits set in the Trust Scheme of Delegation.
- Provided it is quorate, the Committee may approve (or recommend approval) of individual business cases up to the value of £1m (lifecycle). Business cases in excess of £1m (lifecycle) must be approved by the Trust Board.
- To ensure that robust processes are followed, evaluating, scrutinising and monitoring investments to confirm benefits realisation
- To ensure any matters in respect to benefits realisation issues which may have a quality impact are referred to the Quality Governance committee for oversight
- To ensure testing of all relevant options for larger business cases prior to detailed workup
- To focus on financial metrics within cases e.g. payback periods, rate of return etc.

6.6 Other Matters

- To examine the fitness for purpose of the finance function compared to the scale of the financial challenge.
- To seek assurance of financial governance arrangements
- To consider ad hoc financial issues that arise and associated actions
- In conjunction with the Audit Committee, periodically consider changes required to Trust Standing Financial Instructions due to structural change within the Trust, developments in the wider statutory/regulatory framework.
- To oversee arrangements for outsourced financial functions and shared financial services.
- To consider such other matters and take such other decisions as the Board shall delegate to it.

Both KGH and NGH Trust Boards have agreed to establish a Committee in Common for Finance & Performance to support the Group priority to deliver no unwarranted financial and clinical variation.

The Committee will focus on providing both Trust Boards strategic oversight and assurance for activities relating to acute clinical service models that cross organisational and geographical boundaries for both Trusts and performance across both Trusts.

Where activities are Trust specific, the individual Trust's Finance and Performance Committee will continue to be responsible for the assurance oversight for those specific services and report to the relevant Trust Board.

7. Accountability and Reporting arrangements

The minutes of the Committee meetings shall be formally recorded by the Board and Committee Secretary. Copies of the minutes of Committee meetings shall be available to all Trust Board members on request.

The Committee Chair shall prepare a report on to the Trust Board after each meeting of the Committee. The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full trust Board, or require executive action whilst the Board are considering the information including within the monthly finance, performance and improving quality and efficiency reports.

8. Sub-committees and reporting arrangements

The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee unless expressly authorised by the Trust Board.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the committee and regularly reviewed.

9. Administration

The Finance and Performance Committee shall be supported administratively by the Board and Committee Secretary whose duties in this respect will include:

- Agreement of the agenda for Committee meetings with the Chair;
- Collation of reports and papers for Committee meetings;
- Ensuring that suitable minutes are taken, keeping a record of matters arising and issues to be carried forward;
- Agreeing the reporting cycle of the Committee with the Chair of the Committee and the Director of Finance that is aligned with the business cycle of the Trust Board.
- Advising the Committee on pertinent matters.

10. Requirement for review

These terms of reference will be formally reviewed by the Committee annually.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

HOSPITAL MANAGEMENT TEAM

TERMS OF REFERENCE

Membership	• Hospital CEO (Chair) • Director of Nursing, Midwifery and Patient Services • Medical Director • Chief Operating Officer • Director of Finance • Director of Strategy and Partnerships • Chief People Officer • Director of Facilities and Capital Development • Director of Corporate Development Governance and Assurance • Director of HR • CIO • Divisional Directors • Divisional General Managers • Associate Directors of Nursing • Deputy Director of Midwifery • Other officers of the Trust may be asked to attend at the request of the Chair for specific agenda items.
Quorum	6 members (including at least 4 Executive Directors)
In Attendance	Board and Committee Secretary
Frequency of Meetings	Monthly (as a minimum)
Accountability and Reporting	Accountable to the Chief Executive reporting to the

	Trust Board via the IPR
Date of Approval by Board	March 2021
Review Date	September 2021

Northampton General Hospital NHS
NHS Trust

HOSPITAL MANAGEMENT TEAM (HMT)

Terms of Reference

1. Authority

The Executive Leadership through the Chief Executive provides assurance to the Board concerning all aspects of setting and delivering the Trusts strategy and key programmes of work. Authority is supported by the Trusts Scheme of Delegation.

2. Purpose

The Hospital Management Team (HMT) provides the Board with assurance concerning all aspects of setting and delivering the strategic direction of the Trust and its associated clinical and organisational strategies. It monitors and has high level oversight of the financial, quality, regulatory and operational domains of the Trust.

HMT discharges its delegated responsibility for decision-making through the Divisional structure, each led by a Divisional Director. This accountability framework ensures that all parts of the Trust are held to account for service delivery and are supported and engaged in the corporate agenda to support a coordinated approach for the delivery of the annual plan and the longer term objectives.

3. Membership

The Hospital CEO is the Chair of the group. In the absence of the Chair, the deputy Chair for this meeting will be the Medical Director.

4. Quorum, Frequency of meetings and required frequency of attendance

No business shall be transacted unless 6 members of HMT are present. This must include not less than 4 Executive Directors (including the Chair) and at least 2 divisional representatives

The Committee will meet monthly as a minimum. The timing of this meeting will be aligned with the Trusts key committee and Board meetings to ensure timely cascade of information to and from HMT. In addition, HMT is aligned with the timetable of meetings held within each Division to ensure accurate and timely information throughout the organisation.

Members of HMT are required to attend a minimum of 80% of the meetings held each financial year and not be absent for more than two consecutive meetings, an attendance list will be kept and circulated to the membership with the minutes.

5. Duties

5.1 Monitor and have high level oversight of the financial and operational performance of the Trust

5.2 Ensure the alignment of the Trust's strategy with the strategy of the Hospital Group, the HCP and National Strategies

5.3 Ensure that there is appropriate integrations and liaison between individual clinical and corporate functions and between strategic and operational matters, within the Trust and with external partners.

5.4 Develop, agree and monitor implementation plans to improve the efficiency, effectiveness and quality of the Trusts services.

5.5 Support individual Executive Directors to deliver their delegated responsibilities by providing a forum for exchange of information, mutual support, and resolution of issues and achievement of agreement.

5.6 Assure the Board that key risks and issues that are being managed and mitigated in an appropriate way.

5.7 Act as a gateway for strategic items and papers that have been prepared for Board consideration; come to an agreement on any revisions required to items or papers and approve items or papers prior to Board consideration.

5.8 Receive and approve relevant business cases prior to submission to Finance Committee and/ or Trust Board.

6. Agenda Items

Standing Items

6.1 Performance

6.2 Quality* & Workforce*

6.3 Finance*

6.4 Recovery

6.5 Risk via Corporate Risk Register and Board Assurance Framework (quarterly)

6.6 Capital Management report

6.7 Divisional Performance review (quarterly)

6.8 Hospital CEO update

*Via review of Integrated Performance Report

Strategic Developments

6.9 Oversight and directional input to current and emergent strategic workstreams

6.10 Group Model

Annual Governance Requirements

6.11 Driving delivery of, and ensuring engagement with, and consultation on statutory reports (e.g. GMC surveys, Annual reports, Annual surveys etc).

7. Reporting arrangements

7.1 To Board: HMT will report to the Trust Board through the Integrated Performance Report.

7.2 To HMT: HMT will receive reports from;

- Executive Directors or from representatives from within their portfolios, relevant to the business of the meeting.
- The Capital Management Committee

8. Sub-committees and reporting arrangements

HMT shall have the authority to establish sub-groups/task and finish groups for the purpose of addressing specific tasks or areas of responsibility. The terms of reference, including the reporting procedures of any subcommittees must be approved by HMT and regularly reviewed.

The following groups work as a matrix approach of support expertise and advice for the Divisional Directors;

- Performance Assurance Meetings (chaired by the COO)
- Assurance Risk Committee (chaired by the Director of Corporate Development, Assurance & Governance)

9. Administration

HMT shall be supported administratively by the Board and Committee Secretary whose duties in this respect will include:

- Review of the Terms of Reference
- Maintain agenda against cycle of business
- Agreement of the agenda with the Chair and attendees and collation of papers;
- Taking and issuing the minutes and preparing action lists in a timely way;
- Keeping a record of matters arising and issues to be carried forward.
- Circulation of papers 5 working days in advance of the meeting

10. Process for monitoring effectiveness of the Committee

10.1 The Chair of the Committee will seek feedback from all attendees on the effectiveness of each meeting following each meeting and on an annual basis as part of the governance annual committee reviews

11. Requirement for review

These terms of reference will be formally reviewed by HMT annually, and may be amended to reflect changes in circumstances which may arise.

12. FOI Reminder

The minutes (or sub-sections) of the meeting, unless deemed exempt under the Freedom of Information Act 2000, shall be made available to the public, through the meeting paper.

UNIVERSITY OF LEICESTER
Associate Teaching Hospital

NHS
Northampton General Hospital
NHS Trust

A G E N D A

PUBLIC TRUST BOARD

Thursday 25 March2021
09:30 via ZOOM at Northampton General Hospital

Time	Agenda Item		Action	Presented by	Enclosure
09:30	**INTRODUCTORY ITEMS**				
	1.	Introduction and Apologies	Note	Mr A Burns	**Verbal.**
	2.	Declarations of Interest	Note	Mr A Burns	**Verbal.**
	3.	Minutes of meeting 28 January 2021	Decision	Mr A Burns	**A.**
	4.	Matters Arising and Action Log	Note	Mr A Burns	**B.**
	5.	Staff Story - Learning from incidents	Receive	Mr M Metcalfe	**Verbal.**
	6.	Chairman's Report	Receive	Mr A Burns	**Verbal**
	7.	Group Chief Executive's Report	Receive	Mr S Weldon	**C.**
	8.	Hospital Chief Executive's Report	Receive	Ms E Doyle	**D.**
PERFORMANCE					
	9.	Integrated Performance Report	Assurance	Ms E Doyle Board Members	**E.**
	10.	Facing the challenge of elective recovery	Assurance	Ms J Fawcus	**F.**
STRATEGY & CULTURE					
	11.	Staff Survey	Assurance	Mr M Smith	**G.**
	12.	The People Plan	Assurance	Mr M Smith	**H.**
	13.	Group Digital Strategy	Assurance	Mr A Callow	**I.**
	14.	Equality, Diversity and Inclusion – BAME Staff Support	Assurance	Mr M Smith	**J.**
GOVERNANCE					

Time	Agenda Item		Action	Presented by	Enclosure
	15.	Terms of Reference for Ratification – • Group Finance & Performance Committee Terms of Reference • Quality Governance Committee • Finance & Performance Committee • Hospital Management Team	Approval	Ms C Campbell	**K.**
CLOSING ITEMS					
	16.	Questions from the Public (Received in Advance)	Information	Mr A Burns	**Verbal.**
11:50	**17.**	**ANY OTHER BUSINESS**		Mr A Burns	**Verbal**

DATE OF NEXT MEETING

The next meeting of the Public Trust Board will be held at 09:30 on 27 May 2021 in the Location TBC 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).