Public Trust Board

Wed 30 March 2022, 09:30 - 13:15

ZOOM

NHS
Northampton General Hospital
NHS Trust

Agenda

09:30 - 09:30
0 min

1. Welcome, Apologies and Declarations of Interest

Information *Alan Burns*

- 0.0 NGH Public Board Agenda - March 2022.pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story – Discharge programme

Information *Interim Director of Nursing and Chief Operating Officer*

10:00 - 10:00
0 min

3. Minutes of meeting held on 27 January 2022

Decision *Alan Burns*

- 3.0 Draft NGH Public Trust Board Minutes - January 2022.pdf (17 pages)

10:00 - 10:15
15 min

4. Chair's Report

Information *Alan Burns*

4.1. Group Chief Executive's Report

Information *Simon Weldon*

- 4.1 GCEO Board Report March 2022 v0.1.pdf (3 pages)

4.2. Hospital Chief Executive's Report

Information *Heidi Smoult*

- 4.2 HCEO Board Report March 2022.pdf (5 pages)

10:15 - 11:00
45 min

5. Integrated Governance Report (IGR)

Information *Heidi Smoult*

- 5.0 a IGR Cover Page slides.pdf (13 pages)
- 5.0b IGR Board - Committee Summaries - March 2022.pdf (7 pages)
- 5.0 c Mar 2022 Integrated Governance Report.pdf (51 pages)
- 5.0 d Finance Report M11_Board v2.pdf (6 pages)

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11:00 - 11:30
30 min

6. National Discharge Programme: Preparations for winter 2022/23

Information *Palmer Winstanley*

- 6.0 Discharge Winter Preparations Cover Sheet Public Board March 2022.pdf (2 pages)
- 6.0 Preparing for winter 2023 - (NGH).pdf (35 pages)

11:30 - 11:40
10 min

BREAK

11:40 - 12:10
30 min

7. System Operational Plan

Discussion *Chief Finance Officer, Director of Integration and Partnerships & Chief Operating Officer*

- 7.0 a NGH Cover Sheet and full report Board 30 March 22 Operational Plan Public Boards.pdf (2 pages)
- 7.0 b Summary - Initial Submission 17th March v23.3.22 Public.pdf (12 pages)

12:10 - 12:20
10 min

8. Group Communications Framework

Decision *Teresa La Thangue*

- 8.0 Comms Cover Sheet and full report NGH board.pdf (2 pages)
- 8.0 Communications Strategy booklet v10.pdf (24 pages)

12:20 - 12:50
30 min

9. Group People Plan Report and Spotlight on Volunteers

- 9.0 NGH People Plan Update.pdf (3 pages)
- 9.0 b People Plan Report - March 2022 - v0.3.pdf (15 pages)
- 9.0 c Spotlight on our Volunteers - Board NGH.pdf (14 pages)

12:50 - 13:10
20 min

10. Ockenden Review of Maternity Services - one year on

Information *Debra Shanahan*

- 10.0 Ockenden Review of Maternity Services - one year on.pdf (36 pages)

13:10 - 13:15
5 min

11. Public Sector Decarbonisation Scheme Grant Application

Decision *Heidi Smoult*

- 11.0 Public Sector Decarbonisation Scheme Grant Acceptance.pdf (3 pages)

13:15 - 13:15
0 min

12. Fit and Proper Persons Annual Declaration

Assurance *Alan Burns*

- 12.0 Fit and Proper Persons report.pdf (2 pages)

13:15 - 13:15
0 min

13. Questions from the Public (Received in Advance)

Discussion *Alan Burns*

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13:15 - 13:15
0 min

14. Any Other Business and Close

Discussion *Alan Burns*

Board of Directors Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Wednesday 30 March 2022 9:30-13:15
Location	Video Conference

Purpose and Ambition
The Board is accountable to the public and stakeholders; to formulate the Trust's strategy; ensure accountability; and to shape the culture of the organisation. The Board delegates authority to Board Committees to discharge its duties effectively and these committees escalate items to the Board, where Board decision making and direction is required.

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Patient Story – Discharge programme	Interim Director of Nursing and Chief Operating Officer	09:30	Discussion	Verbal
3	Minutes of meeting held on 27 January 2022	Chair	10:00	Approve	Attached
4	4.0 Chair's Report 4.1 Group Chief Executive's Report 4.2 Hospital Chief Executive's Report	Chair Group CEO Hospital CEO	10:00	Information	Verbal
Operations					
5	Integrated Governance Report (IGR)	Hospital Chief Executive	10:15	Assurance	Attached
6	National Discharge Programme: Preparations for winter 2022/23	Chief Operating Officer	11:00	Assurance	Attached
	BREAK		11:30		
7	System Operational Plan	Group Chief Finance Officer, Director of Integration and Partnerships, Chief Operating Officer	11:40	Assurance	Attached
Strategy and Culture					
8	Group Communications Framework	Group Director of Comms and Engagement	12:10	Approve	Attached

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9	Group People Plan Report and Spotlight on Volunteers	Group Chief People Officer	12:20	Assurance	Attached
Governance					
10	Ockenden Review of Maternity Services	Interim Director of Nursing and Quality	12:50	Assurance	Attached
11	Public Sector Decarbonisation Scheme Grant Application	Hospital Chief Executive	13:10	Information / Ratify	Attached
12	Fit and Proper Persons Annual Declaration	Chair	13:15	Assurance	Attached
13	Questions from the Public (Received in Advance)	Chair	13:15	Information	Verbal
14	Any Other Business and Close	Chair	13:15	Information	Verbal
Resolution to Exclude the Public and the Press: The Board is asked to approve the resolution that: Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.					
Date and Time of Next meeting: Thursday 26 May 2022, 09.30					

P = Paper, P* = Paper to follow, V = Verbal, S = Slides (to be added to agenda pack)

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Minutes of the meeting

Meeting	**Board of Directors (Part I) Meeting in Public**
Date & Time	27 January 2022 – 09:30am
Location	Video Conference

Purpose and Ambition
The Board is accountable to the public and stakeholders; to formulate the Trust's strategy; ensure accountability; and to shape the culture of the organisation. The Board delegates authority to Board Committees to discharge its duties effectively and these committees escalate items to the Board, where Board decision making and direction is required.

Attendance	Name and Title	
Present	Mr A Burns	Chairman
	Ms H Smoult	Hospital Chief Executive
	Mr S Weldon	Group Chief Executive
	Prof A Ng	Non-Executive Director
	Mr M Metcalfe	Medical Director
	Ms K Spellman	Director of Integration and Partnerships
	Ms D Shanahan	Deputy Director of Nursing and Quality
	Ms J Houghton	Non-Executive Director
	Mr J Evans	Group Chief Finance Officer
	Mr A Callow	Group Chief Information Officer
	Mr M Smith	Group Chief People Officer
	Ms R Parker	Non-Executive Director
	Mr D Moore	Non-Executive Director
	Ms E Lokteva	Non-Executive Director
In Attendance	Mr R Apps	Director of Integrated Governance (KGH)
	Mrs K Noble	Executive Board Secretary (Minute taker)
	Ms L Luxton	Patient Story
	Ms J Matthew	Patient Story
	Ms T La-Thangue	Group Director of Communications and Engagement
Apologies	Ms D Kirkham	Non-Executive Director
	Mr S Finn	Group Director of Operational Estates

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	Ms R Taylor	Interim Group Director of Transformation and Quality Improvement
	Ms S Oke	Director of Nursing and Quality

Item	Minute reference	Discussion	Action
INTRODUCTORY ITEMS			
1.0	**21/22 095**	**Introductions and Apologies inc Quorum & Declarations of Interest** Mr Burns welcomed all to the January Public Trust Board. He advised that the Board meeting would be shorter than normal. The NHS was working in a governance light environment due to COVID19 and the major incident declared. Mr Burns introduced Mr Apps who was the KGH Director of Governance and would lead on NGH corporate governance in the interim. The Board also welcomed Ms E Lokteva and Prof A Ng to their first Public Trust Board. They were asked to briefly introduce themselves to the Board. Ms Lokteva had a background in private equity with a focus on investment in complex turnaround situations. She had also managed international teams and led restructuring work programmes in other countries. Ms Lokteva had 20 years experience in NED and Executive roles. She was a NED in two other organisations, these were North Middlesex Hospital Trust and St Andrew's Healthcare. She was a fellow at the chartered institute for management accounts. Ms Lokteva remarked that she was looking forward to working alongside the Trust Board to deliver benefits to all patients. Prof A Ng advised that he was a Clinical Cardiologist and his day job was specialising in heart rhythm disturbance, with two days a week spent on procedures. He was a researcher and a University professor, with his area of interest in sudden death. He was Head of Department for cardiovascular science at University of Leicester. He started at NGH in December 2021 and had been involved in the Quality Governance Committee. He was excited to hear about working of the Trust and Group. Prof Ng was also involved in academic endeavours and was the Board's representative for the University of Leicester. There were no Declarations of Interest.	

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2.0	**21/22 096**	**Patient Story - Stroke Pathway** Ms D Shanahan introduced the patient story. This was about patients going through the stroke pathway. Ms J Matthew and Ms L Luxton shared the presentation with the Board. This presentation can be viewed via the below link – https://www.youtube-nocookie.com/embed/GrF0ZFYm9cE Ms J Matthew was the community stroke team lead, Ms L Luxton was the programme manager for NHS England pilot and Dr M Blake was the consultant who was involved in the community stroke team. Ms L Luxton discussed the pilot and referred to the presentation on the screen. She then introduced the patient story which involved three patients that had experienced part of the service. The first patient story was from Linda. She discussed her experience and the support given to her by the service after her stroke. She touched on the help and encouragement given to her to take back up her interest in painting. The second patient story was from Yvonne. The wellbeing support underpinned her recovery as you cannot put energy in to therapy if your mental health was low as it can stop those things. She noted that the Community Stroke team was not as consistent as what was provided in hospital. The outside agencies were not as consistent and needed to be linked together. The third patient story was from Emily. She discussed her discharge from the Community Stroke Team as she did not get as much information as she required. She needed to know what was available and hear from someone who had been through the process. This would have helped. A level of peer support would have helped. Mr Burns thanked all presenters and noted this linked in to ICS objectives. Ms Houghton complimented the fantastic presentation and great service provided. She had been impressed on how the team had properly engaged patients in the shaping of services. This was a good example. Ms Houghton asked how closely the team worked with the Stroke Association. Ms Shanahan commented that the presentation had been humbling and inspiring. She noted that to see the	

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		patient engagement had been great and without this engagement the team would not have the current model in place. Mr Metcalfe echoed what had been said. This was truly flagship work and a model of a lesson for all of us as the ICS emerges. He admired the way the team manages the obstacles and the approach take to ensure the service was still delivered. This was an inspirational team. Mr Weldon had the privilege of going along to support group before Christmas. It showed what could be done. There was lifesaving treatment being provided; however, how a patient lived beyond this was very important. The service helped them develop a new life. The challenge was how to get behind this piece of work to try and develop a county wide service as well as mainstreaming the service as part of what we do. This work touched on building services across organisational boundaries as when all come together it can be made to work. This needed to be support as the Trust moved through the ICS. Ms Smoult acknowledged the impactful patient story. The specific asks were reasonable asks and real opportunities to show benefits of the ICS alongside work with partners. Ms Spellman thanked the team for an excellent presentation. This was key to ICS working. The business case was being reviewed through the business planning process. Mr Burns noted that the public appeared positive about integration of services. There clearly needed to be more done with psychology therapy and working with the local authority. Mr Burns stated that the Trust had used volunteers in the ward and wondered about increasing volunteers in to the community to help with therapeutic input. There was a push to increase remote monitoring capability which would allow people to stay at home with confidence. The Board needed to set out that the funding would be sorted in the funding round coming in to the summer and start to make the process happen as soon as possible. Mr Burns thanked all for their time and the quality of the presentation. The Board **NOTED** the Patient Story.	

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3.0	**21/22 097**	**Minutes of meeting held on 25 November 2021 and Action Log** The minutes of the Public Trust Board held 25 November 2021 were presented and **APPROVED** as a true and accurate recording of proceedings. **Action Log –** there were no items to be discussed.	
4.0	**21/22 098**	**Chairman's Report** Mr Burns commented that the county had been in a major incident. His understanding was that the original request came from local government to take advantage of mutual support. The Trust had been supportive of this and time will tell if it made a difference. He encouraged a review to compare and contrast across the system as whether it made a difference. Mr Burns informed the Committee that the start date for the ICS had been delayed to 01 July 2022. It would operate in shadow form March to April as it has a handover. The ICS has recruited 3 out of 4 NEDS. There was no reason for the Trust to change its approach to the elective collaborative and this would be discussed more in the February Board Development. The Board **NOTED** the Chair's Report.	

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4.1	**21/22 099**	**Group Chief Executive's Report** Mr Weldon thanked all for their efforts the last month. He stated that as of today, the COVID19 numbers had plateaued, and it was good news that the numbers had not doubled in the way expected a few weeks ago. Mr Weldon commented that Trust would get through the wave and out the other side and this was largely in part to some of things that could have caused difficulty had not materialising. Firstly, Omicron had not given rise to the number of admissions expected and secondly the winter demand had been supressed. The attention would now be turned to winter 2022. Mr Weldon remarked there needed to be consideration on how does the Trust face winter 2022 in a better place than in at the moment. He summarised three key points to take forward. The first was on capacity and yet again, throughout this winter the Trust had seen numbers rise of patients with no reason to reside. The Trust had to balance the type of capacity available, and type needed. The second was on workforce. It was known in Northamptonshire, the ability of different sectors to recruit staff has differentiated. It was noted that there was a care home recruitment and the domiciliary care recruitment crisis in the country. The Trust was now dealing with these effects. The Trust would have to step in to some of these spaces to work more flexibly across organisational boundaries, which it had not done in the past. The last point was integration. There was a contract with over 80 care providers for domiciliary care. The current model was no longer fit for purpose and now the system needed get in to a better place to make an offer. The challenge was to make sufficient progress this winter. His biggest concern was what awaited 8 months later. There needed to be discussions as a system on a multi-level basis. Mr Weldon referenced the mandatory vaccination position. The Trust had to clearly uphold the law and would do so. It was also important to recognise the human impact and ask. He thanked the HR team who have done a huge amount of work and had those difficult sensitive conversations. The Board **NOTED** the Group Chief Executive's Report.	

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4.2	**21/22 100**	**Hospital Chief Executive's Report** Ms Smoult remarked that the teams were under a huge amount of pressure, and it was important to acknowledge that continued pressure. She stated that when she was walking the hospital, she had noticed the team work and the focus on dedication to excellence was humbling. The stroke pathway was a good example of work that continued and the difference it made. Ms Smoult had discussions with system partners ahead of next winter. There were also conversations on the workforce and staff being employed in a different way. The HR team were supporting across system in initial conversations. Ms Smoult referred back to whether the major incident had given what was needed. This needed to be reviewed and help the teams understand the ability to deliver next winter. This would include how to share risk across system and how respond under the pressure with capacity. Ms Smoult thanked system colleagues who had been in to NGH to understand the flow. Ms Smoult commented that there had been a lot of pressure put on to the SoS team. There had been an increase in capacity there with support from HR. Ms Smoult discussed the TIF funding for surgical robot. She asked the Board to take a moment to think about what this means and the journey to dedication to excellence. It would improve outcomes and deliver better training opportunities. It was a starter point for the centre of excellence for cancer. Ms Smoult had been to see another hospital to see the robot in action. The advancement was humbling. She noted what had been impactful for her was the improvement of MDT working, and NGH need to make sure it was ready to implement robot to ensure it was a success. She thanked Ms Spellman and Mr Nemade for their hard work on business case for robot. Ms Smoult advised that the outpatient work was noted in her report. She thanked the team again as there was a lot of working going in to deliver at pace. This was part of NGH's journey to excellence. Ms Smoult stressed that Maternity was a priority. There was two aspects in this. There was a big piece of work in terms of OD and the preliminary work with senior leaders was underway. This was a fundamental piece to get the culture aligned to the vision. There had been increased oversight in maternity to make sure safety ambitions are aligned and Mr Nemade was overlooking this weekly.	

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		Ms Smoult informed the Board that the Freedom to Speak Up Guardian was joining the Trust next week. She had an ambitious strategy which she would drive and get people feeling listened to. Ms Smoult acknowledged vaccination of conditional employment. This was a sensitive topic and the law required the Trust to implement this. She thanked all involved for their hard work for engaging in difficult conversations. Mr Moore referred to the local major incident which had been declared. He asked if there was any initial thoughts on the impact given the exposure doing so created. He queried where the intensive care unit would be opening and did it address areas with capacity. Mr Moore also asked for an update on the current relationship with the independent sector for demand and capacity. Ms Houghton was the maternity neonatal champ for the Board. She had worked with Ms Smoult on the OD project and had done a lot of work in another region with a number of hospitals. She had been impressed with the work and believed that it would make a real difference. Ms Houghton thanked the maternity staff as for a number of months there had been a 40 midwife felt vacancy. She also acknowledged the continuation of the continuity of care team. This team provided a good service to the BAME community of 177 women. Ms Lokteva praised the compassionate work staff do to keep patients safe. It was great that the Trust was already thinking about winter as the summer 2021 pressures were on par with a normal winter. She asked what modelling told the Trust about summer 2022. Ms Smoult reported that she had visited ITU last week to see progress. It should open late February and she would keep a close eye on this. The project manager was working on this make sure the transition was managed effectively. The team were engaged and working collaboratively with estates. Ms Smoult confirmed that the continuity of care team would continue. She would meet with the team and see what this means going forward. Ms Smoult discussed independent healthcare. The Trust was linking in with them and unfortunately some of their long waits were as long as NGH's. This was a live continued conversation. From a major incident perspective, it had increased complex discharges and highlighted areas that needed to be improved. It would look at what was needed to be escalated and what was invoked at a particular time.	

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		Mr Weldon stated that there was a bed report which was published every day which showed a large number of bed available to be discharge in to. The reality was that those beds did not meet the care needs of the patients NGH needed to discharge. This was an imbalance. One of things that needed to be understood was how NGH made it better over the next few months and this problem was driven by many factors. Mr Weldon remarked that the recruitment crisis needed to be addressed. He challenged whether the Trust needed to step into a space where it provided services regarded as care services as the Trust could recruit staff as people want to work for the NHS. It was noted that partners were willing to have conversations however he was worried at the speed of these. Mr Weldon commented that the modelling showed that the Trust did not have modelling outside of COVID19. It only showed how COVID19 played out over the next few weeks. The COVID19 modelling that showed the Trust in a plateau effect at current and was likely to drop away some time in February. The system needed to grapple with the forecast and get ahead of this. The system runs very hot with very little headroom of what was available and the demand the Trust had experienced with COVID19 showed that this headroom could be eaten away very quickly. Mr Callow explained that there had been modelling done in the autumn 2021 that went up to end of March 2022. It had told NGH that there would be a bed deficit, modelled on 90% occupancy. He suggested that this model be extended in to the next month. The Board **NOTED** the Hospital Chief Executive's Report.	
OPERATIONS			

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5.0	**21/22 101**	**Integrated Governance Report** Mr Burns remarked that the size if the IGR would be slimmed down further. Mr Callow's team would work with the team on the graphs and charts. There had been a considerable amount of work done and it had been a reasonable transition month from the old to the new. Mr Callow confirmed that this was the transition month and the end point is for the IGR to be solely accessible on Power BI, from where information could be filtered by Committee or Group priority area to provide focus. Mr Callow advised that work would be done ensuring when the IGR comes to a Committee there would be a snapshot of the metrics at that point in time to allow to go back from an audit point of view. Feedback from Board Committees about the format and content of the new IGR would be taken on board, with further training also planned. <u>Quality Governance Committee – Prof Ng, Mr Metcalfe & Ms Shanahan</u> Prof Ng stated that he had found the paperwork to be unmanageable. He welcomed the direction to scale down the information to allow discussions on the relevant elements and to provide public reassurance. He acknowledged that some KPI's had been incomplete until data capture processes were in place. A side by side comparative would be most useful. Mr Metcalfe advised that a VTE nurse was due to start in the Trust and this would show a positive impact. He had also been able to confirm SLT with the Digital Director with the new EPMA system to be completed by March 2023. <u>Finance & Performance Committee – Ms Parker, Mr Evans and Mr Metcalfe</u> Ms Parker advised that there was a surplus of £1.1m and the Trust expected to be in plan by year end. The key challenges related to pay pressures in urgent care and the cost of medicines. Ms Parker reported that capital spend had been discussed and that it had a significant programme to play. There had been money given to NGH and the teams were working very hard on this, as well as reviewing slippage regularly. Ms Parker discussed the Digital Targeted Investment Fund (TIF). The Trust had a well-structured team in place to support the delivery of this and there were no risks to flag.	

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		Ms Parker commented in regards to operational performance, there had been high staff absence. The calling of the major incident was supported by all COO's in the system. Ms Parker advised that the Robot business case had been supported by the Committee. It would improve patient experience and outcomes. The Committee had discussed the business case and was satisfied that it was future proofed. The Trust would be receiving the highest specification machine and would have the right level of skill set to use it. The Committee acknowledged the wider benefit of the Trust becoming a more attractive way to work. Mr Evans reported that the Trust was forecasting a break even position. In regards to annual leave accrual, this was a national issue. The Trust would continue to make a policy decision on what to communicate and agree. Mr Evans stated that in regards to capital, money was being given at late notice. The Trust had got a programme overall worth £28m. The business as usual side was £19m. The 19m was on track and was being managed locally to deliver in line with resource. The risk related to NGH's spend of TIF. There had been lengthy conversations had about the structure put in place. The Trust had done all it could to ensure that items were procured in the right way to meet timescales and comply with accounting standards. <u>People Committee – Ms Lokteva and Mr Smith</u> Ms Lokteva thanked Mr Smith and his team for the hard work done to promote the benefits of the vaccination. The Committee focused on the updates related to the current position on the mandate, The staff isolation figures were reviewed, and the latest position noted. Ms Lokteva referred to the BAF and the Committee agreed that NGH needed a 'deep dive' review of strategic risks. The IGR was noted by the Committee and feedback was asked to be sent to Ms Kirkham, with the comments passed on. Ms Lokteva stated that there had been low completion rates for mandatory training and appraisals due to operational pressures. Mr Smith advised that there had been high absence rates between December to January. He thanked all staff in the meeting and discussed the mitigation processes in place.	

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		Group Digital Hospital Committee – Mr A Callow Mr Callow advised that the NGH electronic patient record had been discussed. The challenges still continued in regards to accessing national funding. We have desegregated some components to get EPMA work underway however there were still challenges to access funding due to hurdles. Mr Callow advised that the restructure of the senior IT team was complete. The work would be done on the second phase to bring the rest of team in to a group function. CPC – Ms Parker & Mr Weldon Ms Parker advised that CPC had not taken place during January. The team had met to review the plan for the year and had put together a plan for focus areas. Audit Committee – Mr D Moore Mr Moore stated that this had been held in December 2021. There had been a deep dive into cyber security from Mr D Howard. The NGH risk exposure score was better than peers and this needed to be maintained. Mr Moore reported that the BAF and CRR had been discussed. The Committee believed that the CRR was not fit for purpose and was difficult for the Committee to reach the required assurance. The BAF had improved significantly. There needed to be narrative on how go from initial to target score. There was to also be discussions on the need to harmonise agendas with Kettering, and this would begin in February. Mr Moore explained that the Group CFO had outlined a number of accounting issues for year end and had also updated on issues on the external audit report 2020-21. The Board **NOTED** the Integrated Governance Report.	

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6.0	**21/22 102**	**Update on COVID and system response** Mr Metcalfe would take the report as read. The current situation was that due to staff absence, it had been difficult to maintain staff ratio and flow in the hospital. The recent figure was 385 staff off and this had peaked at just below 500. The Trust had deployed mitigations which had included cancelling some planned care and deploying of clinical corporate staff to the front line. Mr Metcalfe reported that the Trust had 94 COVID19 positive patients with two in critical care. There had been 126 patients exposed to COVID19 positive patients. There were patients testing negative on admission then 3 to 5 days later producing a positive test. This created an interesting challenge for site. As of the close of play yesterday the Trust had reduced the number of closed beds to 28 and by this morning it had raised to 48. This was the typical daily routine. Mr Metcalfe advised that the Trust had held at Opel 3 level of operational pressure with support of partners, and at times had to hold ambulances. He gave an example of a situation at individual service level. This was yesterday when there was a pop-up positive patient on a hyper acute bay. If the Trust had been rigid in IPC guidance, the Trust would have had to close the hyper acute stroke service. Mr Metcalfe stated that the Trust continued the Board round work. It had been rolled out to third phase of wards whilst maintaining support for the existing ward. The associate director of IPC in conjunction with NHSE/I had agreed derogation from IPC guidance to keep flow going. This had been done with transparency with and taken a tiered approach. It had gone through GOLD command. Mr Metcalfe explained that, as of next week and in to February, there would be increase planned care activity with the intent of being back to normal level activity by end of February. The Trust was piloting a virtual frailty ward next Monday and would be using the 'doccla' package. This system was to keep patients out of hospital. Mr Metcalfe thanked system partners. The impact of the major incident with refinement could be improved. It was the first time those involved had done it. At NGH there had been a 60% increase of complex discharges since it had been declared. Mr Metcalfe assured colleagues that the way in which the Trust had had stepped services down to prioritise emergency care pathways had been coordinated and stratified in clinical consequences across the system.	

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		Mr Burns remarked that a lot of effort had been made and noted that some elements did not materialise as predicted. Ms Smoult highlighted the daily pressure navigating this through silver and gold. The derogation from IPC guidance had been well-structured and managed. She acknowledged that Mr Metcalfe's oversight of this had been robust. The Board **NOTED** the Update on COVID and system response	
PEOPLE			

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7.0	**21/22 103**	**COVID-19 vaccination: Mandatory Vaccination for NHS workers** Mr Smith advised that he had attached national guidance that had been received 14 January 2022. This was in line with the amended health and social care act. It was noted that colleagues that supported CQC regulated activity needed two doses by 01 April with the first dose by 03 February 2022. Mr Smith explained that the team had started working on understanding who the Trust had vaccination status for and who it did not. His team wrote out to ascertain and the number had reduced on the uncertainty on who has or has not had the vaccine. The team met daily to understand the position. Mr Smith commented that line managers had conversations with colleagues. There was a policy on how the Trust managed vaccination as a condition of employment. There was informal then formal approaches and the step process which would be moved in to next Friday, as well potential deployment opportunities and notice of dismissal. Mr Smith reported that work was being done on roles to clarify what was in scope and out of scope. This was a hot topic of debate. The Trust would bring in scope panels. Mr Smith discussed the risks. These included identifying areas of risk of groups of staff who had chosen not to receive and present greater pressures. This would be on the CRR as the organisation needed to be informed by these service areas where a higher number of staff had not had the vaccine. Mr Smith stated that in regards to governance, because the vaccination mandate would be regulated by the CQC and inspection process, the scoping panels would be documented. Mr Smith advised that there had been regular contact with system and regional partners. The team had been working with social care to gain insight and advice. Mr Smith remarked that this had been an emotive topic. The mandate was being implemented at time when colleagues had been traumatised in regards to what they had been through. The communication has been done with that in mind. The Trust has held 3 briefing and Q&A sessions. He was grateful to panel who joined on the calls and there had been 500 attendees. The themes had moved, the original themes had been on the risk and its impact on fertility. The themes this week was on the process, the impact and the choice of not having	

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		the vaccination. The Trust continued to advertise where staff can get the vaccination. Ms T La Thangue briefly touched on external communication. The Trust had received a number of queries from media on how staff are being vaccinated and the Trust's policy was not giving any details out. The statistics were published nationally; however, they were a little out date. The Trust was receiving approximately two calls a week and she expected this to increase. Mr Burns appreciated that it was a massive piece of work and noted that it was the law the Trust had to uphold. The Board **NOTED** the COVID-19 vaccination: Mandatory Vaccination for NHS workers	
GOVERNANCE			
8.0	**21/22 104**	**Board Assurance Framework** Mr Apps advised that this was the quarter 3 review of the BAF for both the Group and NGH. The summary of changes were in appendix 1, with appendix 2 and 3 listing the reports. Mr Apps drew the Board to areas to note. The cyber security score had changed and was subject to a deep dive at the Digital Hospital Committee. He would meet Mr Moore today to discuss how the Audit Committee interacts with the BAF going forward as well as deep dives in to risks. Ms Lokteva had done a quick review of BAF and she expected the residual level to be driven by preventable controls. She queried whether the Trust had fully explored reducing risks through recovery controls. Mr Apps clarified that typically the NHS focus on preventable post impact mitigation. He looked forward to discussing Ms Lokteva's approach. The Board **NOTED** the Board Assurance Framework.	
CLOSING ITEMS			
9.0	**21/22 105**	**Questions from the Public (received in advance)** There were no questions received from the Public.	

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10.0	**21/22 106**	**Any Other Business** None	
11.0	**21/22 107**	**Resolution to Exclude the Public and the Press:** The Board approved the resolution that: Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.	

Next meeting

Date & Time	30 March 2022 – 09:30
Location	MS Teams

Palmer Kirsty
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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	4.1

Title	Group Chief Executive's report
Presenter	Simon Weldon, Group Chief Executive
Author	Simon Weldon, Group Chief Executive

This paper is for			
☐ Approval	☐ Discussion	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

Group priority				
☐ Patient	☐ Quality	☐ Systems & 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

Reason for consideration	Previous consideration
For the Board's information.	None

Executive Summary

As we meet today, we close out the operating year for the NHS and look forward to the year ahead. Given that context, it seems appropriate to reflect today on some of the key challenges that lie ahead in 2022/23 many of which are reflected in the discussions we will have today.

First, the ask of the NHS this year is to deliver services to people, particularly in the area planned care, that come back to levels of service delivered prior to the pandemic. In Northamptonshire, we are fortunate to begin that task with some of the lowest waiting lists in the Region and some of the best performance. I would

Palmer, Kirsty
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like to take this opportunity to pay tribute to all colleagues in Northamptonshire who have helped deliver that: it is something of which we should all be rightly proud. At the time of writing, we have just made the initial planning submission and while good progress has been made towards achieving this goal we know that we have specialties where we still have challenges in recovering to pre-pandemic levels of activity and we also know we need to improve our productivity in out theatres. Delivering this goal is self-evidently the right thing to do for patients but it also means that we can access the national elective incentive payment scheme which will form an important part of the system financial plan. Our system partners are clear this is their number one ask of us; it establishes our credibility at multiple levels.

Secondly, we will talk today about how we are doing on discharge. Both hospitals are part of a national programme that has recently been established to look at how discharge performance can be sustainably improved. The programme has four arms covering everything from hospital discharge through to flow through community facilities. I am really pleased we are a part of this programme and welcome the focus on it in our Board conversations. Simply, this programme is probably the number one thing we can do that will help us deliver the performance targets, the quality patients expect and improve the financial performance of the whole system. The element of the programme we will be discussing today will focus more on what we need to do better in the hospital but this is one of those areas for action that will require support from the whole system. I would expect us to continue to return to this topic regularly in the months ahead. Put simply, today we begin the work to prepare for winter 2022!

Thirdly, we will also consider progress on our People Plan. I have observed recently that sometimes we are defined by the challenges we face as much as the goals we set. In this instance, I would like to acknowledge and pay tribute to the enormous challenge the team faced and dealt with in respect of the Vaccination as a Condition of Deployment issue – an issue which dominated the early and mid-winter. The fact we got through this as well as we did is in no small measure due to the skill and dedication of the team and the myriad of individual conversations that were had with colleagues who had concerns.

But of course, the People Plan has delivered much more than this. I am particularly pleased to report that at end of this month we will have in place the agreement that will allow staff to work across both hospitals without having to go through burdensome bureaucracy. I am also delighted to celebrate the work of the growing volunteer workforce in our hospitals and the life changing impact that this can have the for the people who volunteer.

Finally, the People Plan report will also consider the how our staff are feeling and the steps we need to take to improve their engagement and advocacy during the year ahead. It will be important to take the time to reflect on the messages and go and listen deeply to staff as we lead up a whole day Board Development session on this in late April.

Palmer, Kirsty
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In addition to the challenges that are particularly pertinent to the hospitals, I also want to highlight some of the developments we expect in our system during the

upcoming year. The current position is that the new ICB will go live on the 1st July and indeed goes into shadow form from 1st April. It's difficult to overstate the importance of (and sometimes describe) these changes. They are perhaps best symbolised in the fact that we will move from the current purchaser provider split – a system based on competition and organisational optimisation to a system first approach where partners sit around the board table as equals tasked with working out what's best for the people of Northamptonshire, not just what's best for their own organisations. Alan and I take up our seats around that table from next month and I know both of us are really looking forward to shaping that the new Board.

Reflecting on that issue allows me to segue to thanking Janet Gray whose last Board at KGH is at the end of this month. Her contribution to Kettering has been enormous – she has seen the Trust through many issues but what marks out her contribution is her unfaltering commitment to the people agenda over many years. I would like to take this opportunity in closing to thank her for her many years of service and wish her well as she continues to serve the people of Northamptonshire in her new role as non-executive director of the ICB

Appendices
None
Risk and assurance
N/A
Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

Palmer Kirsty
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NHS
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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	4.2

Title	Hospital CEO Report
Presenter	Heidi Smoult, Hospital CEO
Author	Heidi Smoult, Hospital CEO

This paper is for			
☐Approval	☐Discussion	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

Group priority				
X Patient	X Quality	X Systems & Partnerships	X Sustainability	X 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

Reason for consideration	Previous consideration
Update to the board March 2022	None

Executive Summary

This month our teams are working incredibly hard on delivering our year end position, planning for 2022/23, whilst continuing to work under immense pressure in our urgent care pathway.

This is alongside maintaining a focus on elective recovery and cancer performance. The well-being of our teams has been a continued focus. I am working with my executive team to ensure we continue to strengthen our communications and engagement as a leadership team, and we are creating increased opportunities for teams to connect, be curious, explore safety concerns and improvement

Palmer, Kirsty
03/29/2022 15:03:45

opportunities collectively. This is key to our ambition of making NGH an even better place to work and receive care.

Urgent Care Pathway
Demand on our urgent care pathway and flow throughout our hospital continues to be a key challenge, which we are collectively working on as a team, both within the hospital and with our system partners. Along with KGH, we are part of a national discharge programme to look at sustainably and improvement. The programme consists of four pillars, including hospital discharge through to flow through community and across the system. Being part of this national work is a positive thing for us, in being part of a network who are sharing the same challenges and solutions. This will be covered more on the agenda.

In addition, as an executive team, we are leading collaboratively across and within teams to ensure we are focusing on all areas we can continue to improve. We aim to strengthen this further with increased openness to peer review and consideration of a sustainable UEC model. This includes continued focus working with system partners at Place level.

Recovery and Performance
Whilst the breadth of recovery and performance is covered on the agenda, there are some key areas I would like to highlight and draw out for the board to note.

Breast Screening Recovery
We were required to recover any backlog of breast screening by 31 March 2022. NHSE/I have confirmed we have recovered our backlog at the end of February 2022, which included 12,000 people from our community. The importance of highlighting this is to update the board and public, but importantly acknowledge the hard work and dedication from the team in delivering this work. The team showed positive alignment and solution focussed teamwork in achieving this in a safe and effective manner.

I would personally like to thank everyone involved in this work across clinical and non-clinical teams.

Regional and National Cancer performance
Whilst it is essential to note that we remain ambitious and focussed on improving our cancer performance at NGH to ensure all our patients are getting the care in the safest, most effective and patient centred manner, it is also important to acknowledge and recognise our current position and reflect on the dedication is our teams in been able to achieve this. Some key points from our most recent reported performance.

- For the second month in a row, we are first in the region for the 62-day standard, we reached 69.4%, the national average was 61.8%, this is a fantastic achievement but again shows the challenges being face nationally and across our region

Palmer, Kirsty
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- We were third in the region for our 2-week wait. At 83.6% we are not meeting the national required standard; this is against a benchmark national average was 75%
- We were third in the region for 28-day faster diagnosis reaching 75.7%, where the national average was 63.8%

Grail Cancer Study
We have been fortunate to be part of the Grail Cancer Study. Galleri, is a simple blood test that is capable of detecting more than 50 cancers. The test looks for signals of cancer and is designed to identify where in the body the signal may be coming from. Based on the experience of Trusts who have gone before us, approximately 15-20 people have a positive signal.

Northampton residents between the age of 55-75 were invited to take part in the GRAIL study which began on 14th February 2022. (Anyone who has had a previous diagnosis of cancer within the last three years was excluded from the study). Participants visited a mobile unit based in the town centre, were counselled and a blood sample was taken and sent to the USA for analysis. The unit was in Northampton for three weeks and has now moved on to Kettering.

The Trust has been notified of a positive signal by Kings College London who are coordinating the study for seven patients so far, three with Lower GI signals, one Prostate, one Renal, one Upper GI and one Neuroendocrine with Lung. All these patients are being managed on the two-week wait pathway for onward investigation and have the support of the Macmillan Cancer Information Centre for ongoing advice and support throughout the process. Patients have already provided feedback that the Trust are acting swiftly on investigating their result and the support provided by the Macmillan Information Centre is invaluable.

This has been a wonderful opportunity to be part of a study that may change pathways for cancer care for our patients.

Robot Assisted Surgery (RAS)
I updated the board last time about the news of us securing the funding for UHNs first surgical robot for the county. As previously noted, RAS is increasing across the country and it offers benefits for patients and hospitals in terms of reducing length of stay, increased surgical dexterity, and improved outcomes. It is expected that RAS will supersede conventional surgical techniques as it allows doctors to perform complex procedures with more precision, flexibility, and control.

We took delivery of the Robot this month and the dedication of the team to ensure this has been implemented in a safe, effective, and timely manner, has been truly humbling. The teamwork across the MDT, operational and support teams has been outstanding. This has allowed us to complete extensive training sessions, and importantly carry out five operations using RAS, which has already made a difference to patients. In addition, it has made a difference to our teams in coming together with a common purpose to continuously improve the care for our county. We should take a moment to be proud of the teams.

Palmer Kirsty
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We are planning further engagement with the community on this, by launching a competition to name the robot with primary schools.

PSDS 3 Grant

NGH has been successful in gaining a £20.6m grant from the government decarbonisation scheme, which represents a great opportunity for the Trust to move towards the NHS net zero target in 2040 by around 30%. By embracing innovative technologies at scale, the scheme will mitigate some of the existing infrastructure risks to the Trust and provide a better environment for staff, patients, and visitors in a more environmentally friendly way through various key developments.

Again, this is a testament to our teams in securing this, and we are considering how we engage with our people and community on this as something that embraces our wider social responsibility as a key employer in the county.

New ITU/CCU/Respiratory building

The new £16.7m build is nearing completion and will make a significant difference for our people and our patients. Our teams across a number of areas in ITU and particularly our estates team have relentlessly focussed on ensuring this is completed against a number of challenges, some due to the pandemic and impact on supply chain. The new build will significantly enhance the capability of the Trust by having a state-of-the-art facility.

Teams are working extremely hard and collaboratively in ensuring safe and effective handover of the building into delivering clinical care. We are currently planning the opening of this new area.

Update on electrical supply

The NHSI/E £8.9m emergency funding to support the Trust in the replacement of its High Voltage (HV) electrical infrastructure has now been completed. This work has included new cabling and switchgear across site and a new mains electrical incomer (including a redundant backup) from the utility supplier which has doubled the capacity of the site as the world moves into a more electrical led infrastructure. This capacity allows for any site growth for the next 10-15 years. As part of the works, a new set of emergency back-up generators have been installed and gives the entire site full electrical resilience in the unlikely event of a mains failure from the supplier.

International nurse recruitment

On 23rd March we celebrated the one-year anniversary of our international nurse recruitment collaborative. NGH, KGH and NHFT joined together to recruit international nurses to work across all three of our organisations and this time last year we welcomed our very first group of nurses to our teams. We connected with various areas within the hospital to thank nurses themselves and the wider team for welcoming our international nurses in a truly holistic and supportive way.

Palmer, Kirby
03/29/2023 15:35:45

Appendices
None
Risk and assurance
n/a

Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

Palmer Kirsty
03/29/2022 15:55:45

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

NHS University Hospitals of Northamptonshire NHS Group

Palmer Kirsty 03/29/2022 15:55:45

UHN Group IGR Metrics and reporting

March 2022

Presented By: Andy Callow, Group CDIO

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Background

- In January 2022, our Committee and Board meetings used PowerBI as the platform for the Integrated Governance Report (IGR) for the first time.
- The committees provided feedback on the developments needed in the future. This paper provides an update on progress and invites Committee and Board members to provide further feedback.

Palmer Kirsty
03/29/2022 15:55:45

A Reminder of the timeline for agreeing consolidated Group reporting for committees and Boards

NHS University Hospitals of Northamptonshire NHS Group

Throughout August 21

Discussions with execs

September 21 CPC

Discussion on proposed set of IGR metrics, identifying that we need a short, succinct set of measures

Agreement for each committee to provide feedback on the 6 key metrics to include in the IGR

September 21 Committees

Each committee to discuss the six key metrics for nomination for inclusion in the IGRs

Discussion on metrics to be included in the committee paper

September 21 Boards

Discussion on proposed approach to developing IGRs, timeline and initial metrics discussed at CPC

October 21 CPC

Discussion on collated metrics from committee discussions

Following October CPC

Approval of proposed IGR metrics by Group committees

Alignment of metric definition and targets in preparation for first reporting

December 21

Health Intelligence Firebreak completed – resulting in a initial set of reporting data available through Power BI

January 22

New Group metrics incorporated in Committee and Board meetings (first trance of metrics provided)

March 22 onwards…

Supporting colleagues to access, responding to feedback, building a backlog of improvements

We are Here

Engagement with Audit Committee chairs on the process to develop IGR metrics

Palmer Kirsty 03/29/2022 10:08:53

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An update on the metrics

- Over the past few months, we've worked to bring the sets of metrics together from each Trust. Some have been easy to bring together, others have been more challenging to come to a common understanding. We need to undertake work to ensure that we have aligned definitions for all metrics, this should have occurred in December but the actions were not undertaken.
- The tables in the Appendix detail each of the metrics along with their status. In summary:
  - We have 90 metrics available for the various committees/board
  - We have published 25 metric that are aligned and meet data quality requirements
  - There remaining 65 metrics that still require to have agreed definitions or data quality enhancements.
  - There are 3 metrics where collection is aligned but collection is currently paused
- It is recognised that the current IGR is not meeting Committee/Board expectations and work is ongoing to address this

Pamela Healy
03/2022 15:43:43

Next Steps

- We will continue to work through the IGR metrics and committee should see the number increase month on month. We estimate it will take 3 months to get to the full list of metrics
- As part of the group governance workstream committees will be asked to review the range of reports received (eg Quality dashboards, Urgent Care performance, Cancer performance etc) against the group IGR metrics and reporting to decide what additional performance reporting needs to be retained and at what frequency is required.
- Facilitated workshops will be setup in the coming weeks to support this work.

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Appendix – Detailed status of each metric

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Revised Indicator Set

	Indicator
Patient	% of patients who would recommend
	% of patients who would recommend - inpatient
	% of patients who would recommend - A&E
	% of patients who would recommend - maternity
	% of patients who would recommend - outpatients
	Patient pulse feedback on communication
	Number of complaints
	Complaints response performance
	Patient safeguarding
Quality	New harms
	Serious or moderate harms
	Serious or moderate harms – falls
	Serious or moderate harms – deteriorating patient
	Serious or moderate harms – pressure ulcers
	Serious or moderate harms – VTE
	Number of medication errors
	Hospital-acquired infections
	Covid-19
	MRSA
	C Diff
	SHMI
	HSMR
	SMR
	Safe Staffing
	MDT assessment and accreditation
	30 day readmissions
	Never event incidence
	Maternity bundle measures
	Dementia screening
	QI projects undertaken
	Thromboprophylaxis risk assessment tool on admission

	Indicator
Sustainability	Income YTD (£000's)
	Pay YTD (£000's)
	Non Pay YTD (£000's)
	Surplus / Deficit YTD (£000's)
	CIP Performance YTD (£000's)
	Bank and Agency Spend (£000's)
	Capital Spend
	Beds available
	Theatre sessions planned
	Headcount actual vs planned (substantive / agency / bank)
	A&E activity activity (& vs plan)
	Non-elective activity (& vs plan)
	Elective inpatient activity (& vs plan)
	Elective day-case activity (& vs plan)
	Outpatients activity (& vs plan)
	Maternity activity (& vs plan)
People	Quarterly People pulse advocacy questions
	Quarterly People pulse engagement questions
	People pulse 'how are you doing' measure
	People pulse response rates
	People pulse number of actions
	People pulse completion rate of actions
	Mandatory training compliance
	Appraisal completion rates
	Sickness and absence rate
	Vacancy rate
	Turnover rate
	WRES
	WDES
	Temporary staffing FTEs
	Overseas recruitment
	Formal procedures
	Roster publication performance
	Time to hire
	Speed of query resolution
	Satisfaction with query resolution
	Excellence values in survey results
	Number of volunteers
	Number of volunteering hours
	Satisfaction with volunteers
	Safe Staffing (*measure viability to be explored)

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	Indicator
Systems and Partnerships	Two week wait
	31-day wait for first treatment
	62-day wait for first treatment
	Cancer: Faster Diagnostic Standard
	Cancer: NGH internal metric (* to be explored)
	6-week diagnostic test target performance
	Unappointed outpatient follow ups
	Virtual outpatient appointments
	RTT over 52 week waits
	RTT median wait incomplete pathways
	Size of RTT waiting list
	Theatre utilisation
	Composite urgent care bundle - number of measures hit out of 7
	Bed utilisation
	Stranded patients (7+ day length of stay)
	Super-Stranded patients (21+ day length of stay)
	Patients with a reason to reside

Set of metrics agreed at November 2021 Boards

Current number of metrics: 90

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Board & Committee Metrics Status: IGR

Group Priority	Measure	Shown In Feb	Shown in March	Defect identified in March review	Defect Category	Defect Fixed?
Patient	% of patients who would recommend	Yes	Yes	Yes	Missing Data	Yes
Patient	Patient pulse feedback on communication	No	No	Yes	Alignment between Trusts	No
Patient	Complaints response performance	Yes	No	Yes	Missing Data	No
Patient	Patient safeguarding	No	No	Yes	Alignment between Trusts	No
Quality	New harms	No	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms	Yes	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – falls	Yes	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – deteriorating patient	No	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – pressure ulcers	Yes	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – VTE	Yes	No	Yes	Alignment between Trusts	No
Quality	Number of medication errors	Yes	No	Yes	Alignment between Trusts	No
Quality	Hospitalacquired infections	Yes	No	Yes	Missing Data	No
Quality	SHMI	Yes	No	Yes	Missing Data	No
Quality	Safe Staffing	No	No	Yes	Alignment between Trusts	No
Quality	MDT assessment and accreditation	No	No	Yes	Alignment between Trusts	No
Quality	30 day readmissions	No	No	Yes	Missing Data	No
Quality	Never event incidence	Yes	Yes	Yes	Missing Data	Yes
Sustainability	Surplus / Deficit YTD (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	CIP Performance YTD (£000's)	No	No	Yes	Missing Data	No
Sustainability	Bank and Agency Spend (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Capital Spend	No	No	Yes	Missing Data	No
Sustainability	Headcount actual vs planned (substantive / agency / bank)	No	No	Yes	Missing Data	No
Sustainability	A&E activity activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Nonelective activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Elective inpatient activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Elective daycase activity (& vs plan)	Yes	No	Yes	Missing Data	No

Palmer Kirsty
01/2022 15:55:4

Board & Committee Metrics Status: IGR

Group Priority	Measure	Shown In Feb	Shown in March	Defect identified in March review	Defect Category	Defect Fixed?
Sustainability	Elective daycase activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Outpatients activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Maternity activity (& vs plan)	No	No	Yes	Missing Data	No
People	Quarterly People pulse advocacy questions	No	No	Yes	Alignment between Trusts	No
People	People pulse 'how are you doing' measure	No	No	Yes	Alignment between Trusts	No
People	Mandatory training compliance	Yes	Yes	Yes	Missing Data	Yes
People	Appraisal completion rates	Yes	Yes	Yes	Missing Data	Yes
People	Sickness and absence rate	Yes	Yes	No		
People	Vacancy rate	Yes	Yes	Yes	Inaccurate Data	Yes
People	Turnover rate	Yes	Yes	No		
System & Partnerships	62day wait for first treatment	Yes	Yes	No		
System & Partnerships	Cancer: Faster Diagnostic Standard	Yes	Yes	No		
System & Partnerships	6week diagnostic test target performance	Yes	No	Yes	Missing Data	No
System & Partnerships	RTT over 52 week waits	Yes	No	Yes	Alignment between Trusts	No
System & Partnerships	RTT median wait incomplete pathways	Yes	No	Yes	Missing Data	No
System & Partnerships	Theatre utilisation	Yes	Yes	Yes	Missing Data	Yes
System & Partnerships	Composite urgent care bundle number of measures hit out of 7	No	No	Yes	Alignment between Trusts	No
System & Partnerships	Bed utilisation	No	Yes	Yes	Alignment between Trusts	Yes
System & Partnerships	Stranded patients (7+ day length of stay)	Yes	Yes	No		
System & Partnerships	SuperStranded patients (21+ day length of stay)	Yes	Yes	No		
System & Partnerships	Patients with a reason to reside	Yes	Yes	No		

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Board & Committee Metrics Status: Group FPC

University Hospitals of Northamptonshire NHS Group

Group Priority	Measure	Shown In Feb	Shown in March	identified in March review	Defect Category	Defect Fixed?
Sustainability	Income YTD (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Pay YTD (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Non Pay YTD (£000's)	Yes	Yes	Yes	Alignment between Trusts	Yes
Sustainability	Surplus / Deficit YTD (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	CIP Performance YTD (£000's)	No	No	Yes	Missing Data	No
Sustainability	Bank and Agency Spend (£000's)	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Capital Spend	No	No	Yes	Missing Data	No
Sustainability	Beds available	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Theatre sessions planned	Yes	No	Yes	Alignment between Trusts	No
Sustainability	Headcount actual vs planned (substantive / agency / bank)	No	No	Yes	Missing Data	No
Sustainability	A&E activity activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Nonelective activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Elective inpatient activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Elective daycase activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Outpatients activity (& vs plan)	Yes	No	Yes	Missing Data	No
Sustainability	Maternity activity (& vs plan)	No	No	Yes	Missing Data	No
System & Partnerships	Two week wait	Yes	Yes	No		
System & Partnerships	31day wait for first treatment	Yes	Yes	No		
System & Partnerships	62day wait for first treatment	Yes	Yes	No		
System & Partnerships	Cancer: Faster Diagnostic Standard	Yes	Yes	No		
System & Partnerships	6week diagnostic test target performance	Yes	No	Yes	Missing Data	No
System & Partnerships	Unappointed outpatient follow ups	Yes	No	Yes	Missing Data	No
System & Partnerships	Virtual outpatient appointments	Yes	No	Yes	Missing Data	No
System & Partnerships	RTT over 52 week waits	Yes	No	Yes	Alignment between Trusts	No
System & Partnerships	RTT median wait incomplete pathways	Yes	No	Yes	Missing Data	No
System & Partnerships	Size of RTT waiting list	Yes	Yes	Yes	Alignment between Trusts	Yes
System & Partnerships	Theatre utilisation	Yes	Yes	Yes	Missing Data	Yes
System & Partnerships	Composite urgent care bundle number of measures hit out of	No	No	Yes	Alignment between Trusts	No
System & Partnerships	Bed utilisation	No	Yes	Yes	Alignment between Trusts	Yes
System & Partnerships	Stranded patients (7+ day length of stay)	Yes	Yes	No		
System & Partnerships	SuperStranded patients (21+ day length of stay)	Yes	Yes	No		
System & Partnerships	Patients with a reason to reside	Yes	Yes	No		

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Board & Committee Metrics Status: Group QSC

University Hospitals of Northamptonshire NHS Group

Group Priority	Measure	Shown In Feb	Shown in March	identified in March review	Defect Category	Defect Fixed?
Patient	% of patients who would recommend	Yes	Yes	Yes	Missing Data	Yes
Patient	% of patients who would recommend inpatient	Yes	Yes	Yes	Missing Data	Yes
Patient	% of patients who would recommend A&E	Yes	Yes	Yes	Missing Data	Yes
Patient	% of patients who would recommend maternity	Yes	Yes	Yes	Missing Data	Yes
Patient	% of patients who would recommend outpatients	Yes	Yes	Yes	Missing Data	Yes
Patient	Patient pulse feedback on communication	No	No	Yes	Alignment between Trusts	No
Patient	Complaints response performance	Yes	No	Yes	Missing Data	No
Patient	Patient safeguarding	No	No	Yes	Alignment between Trusts	No
Quality	New harms	No	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms	Yes	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – falls	Yes	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – deteriorating patie	No	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – pressure ulcers	No	No	Yes	Alignment between Trusts	No
Quality	Serious or moderate harms – VTE	Yes	No	Yes	Alignment between Trusts	No
Quality	Number of medication errors	Yes	No	Yes	Alignment between Trusts	No
Quality	Hospitalacquired infections	No	No	Yes	Missing Data	No
Quality	Covid19	Yes	Yes	Yes	Alignment between Trusts	Yes
Quality	MRSA	Yes	Yes	Yes	Missing Data	Yes
Quality	C Diff	Yes	Yes	No		
Quality	SHMI	No	No	Yes	Missing Data	No
Quality	HSMR	Yes	No	Yes	Missing Data	No
Quality	SMR	Yes	No	Yes	Alignment between Trusts	No
Quality	Safe Staffing	No	No	Yes	Alignment between Trusts	No
Quality	MDT assessment and accreditation	No	No	Yes	Alignment between Trusts	No
Quality	30 day readmissions	No	No	Yes	Missing Data	No
Quality	Never event incidence	Yes	Yes	Yes	Missing Data	Yes
Quality	Maternity bundle measures	No	No	Yes	Alignment between Trusts	No
Quality	Dementia screening	No	No	Yes	Alignment between Trusts	No
Quality	QI projects undertaken	No	No	Yes	Alignment between Trusts	No
Quality	Thromboprophylaxis risk assessment tool on ad	No	No	Yes	Alignment between Trusts	No
People	Safe Staffing (*measure viability to be explored)	No	No	Yes	Alignment between Trusts	No
System & Partnershi	Cancer: NGH internal metric (* to be explored)	No	No	Yes	Alignment between Trusts	No

Palmer, Kirsty 03/29/2022 15:

excellence

Board & Committee Metrics Status: Trust QSC

Measure	Shown In Feb	Shown in March	identified in March review	Defect Category	Defect Fixed?
% of patients who would recommend	Yes	Yes	Yes	Missing Data	Yes
% of patients who would recommend inpatient	Yes	Yes	Yes	Missing Data	Yes
% of patients who would recommend A&E	Yes	Yes	Yes	Missing Data	Yes
% of patients who would recommend maternity	Yes	Yes	Yes	Missing Data	Yes
% of patients who would recommend outpatients	Yes	Yes	Yes	Missing Data	Yes
Patient pulse feedback on communication	No	No	Yes	Alignment between Trusts	No
Complaints response performance	Yes	No	Yes	Missing Data	No
Patient safeguarding	No	No	Yes	Alignment between Trusts	No
New harms	No	No	Yes	Alignment between Trusts	No
Serious or moderate harms	Yes	No	Yes	Alignment between Trusts	No
Serious or moderate harms – falls	Yes	No	Yes	Alignment between Trusts	No
Serious or moderate harms – deteriorating patie	No	No	Yes	Alignment between Trusts	No
Serious or moderate harms – pressure ulcers	No	No	Yes	Alignment between Trusts	No
Serious or moderate harms – VTE	Yes	No	Yes	Alignment between Trusts	No
Number of medication errors	Yes	No	Yes	Alignment between Trusts	No
Hospitalacquired infections	No	No	Yes	Missing Data	No
Covid19	Yes	Yes	Yes	Alignment between Trusts	Yes
MRSA	Yes	Yes	Yes	Missing Data	Yes
C Diff	Yes	Yes	No		
SHMI	No	No	Yes	Missing Data	No
HSMR	Yes	No	Yes	Missing Data	No
SMR	Yes	No	Yes	Alignment between Trusts	No
Safe Staffing	No	No	Yes	Alignment between Trusts	No
MDT assessment and accreditation	No	No	Yes	Alignment between Trusts	No
30 day readmissions	No	No	Yes	Missing Data	No
Never event incidence	Yes	Yes	Yes	Missing Data	Yes
Maternity bundle measures	No	No	Yes	Alignment between Trusts	No
Dementia screening	No	No	Yes	Alignment between Trusts	No
QI projects undertaken	No	No	Yes	Alignment between Trusts	No
Thromboprophylaxis risk assessment tool on ad	No	No	Yes	Alignment between Trusts	No
Safe Staffing (*measure viability to be explored)	No	No	Yes	Alignment between Trusts	No
Cancer: NGH internal metric (* to be explored)	No	No	Yes	Alignment between Trusts	No

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Board & Committee Metrics Status: Group PC

University Hospitals of Northamptonshire NHS Group

Group Priority	Measure	Shown In Feb	Shown in March	Defect identified in March review	Defect Category	Defect Fixed?
Sustainability	Headcount actual vs planned (substantive / agency / bank)	No	No	Yes	Missing Data	No
People	Quarterly People pulse advocacy questions	No	No	Yes	Alignment between Trusts	No
People	Quarterly People pulse engagement questions	No	No	Yes	Alignment between Trusts	No
People	People pulse 'how are you doing' measure	No	No	Yes	Alignment between Trusts	No
People	People pulse response rates	No	No	Yes	Alignment between Trusts	No
People	People pulse number of actions	No	No	Yes	Alignment between Trusts	No
People	People pulse completion rate of actions	No	No	Yes	Alignment between Trusts	No
People	Mandatory training compliance	Yes	Yes	Yes	Missing Data	Yes
People	Appraisal completion rates	Yes	Yes	Yes	Missing Data	Yes
People	Sickness and absence rate	Yes	Yes	No		
People	Vacancy rate	Yes	Yes	Yes	Inaccurate Data	Yes
People	Turnover rate	Yes	Yes	No		
People	WRES	No	No	Yes	Other	No
People	WDES	No	No	Yes	Other	No
People	Temporary staffing FTEs	No	No	Yes	Alignment between Trusts	No
People	Overseas recruitment	No	No	Yes	Alignment between Trusts	No
People	Formal procedures	No	No	Yes	Alignment between Trusts	No
People	Roster publication performance	No	No	Yes	Alignment between Trusts	No
People	Time to hire	No	No	Yes	Alignment between Trusts	No
People	Speed of query resolution	No	No	Yes	Alignment between Trusts	No
People	Satisfaction with query resolution	No	No	Yes	Alignment between Trusts	No
People	Excellence values in survey results	No	No	Yes	Alignment between Trusts	No
People	Number of volunteers	No	No	Yes	Alignment between Trusts	No
People	Number of volunteering hours	No	No	Yes	Alignment between Trusts	No
People	Satisfaction with volunteers	No	No	Yes	Alignment between Trusts	No

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BOARD COMMITTEE SUMMARIES

30 MARCH 2022 – AGENDA ITEM 5

Group Clinical Quality, Safety and Performance: 18 February
Trust Quality Governance Committee: 25 March (to follow)
Group Finance and Performance: 29 March (to follow)
Group People Committee: 28 March (to follow)
Group Digital Hospital: 3 March
Collaboration Programme: 14 February and 14 March
Audit: no meeting since last update
Strategic Development: no items to escalate

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Group Clinical Quality, Safety and Performance Committee Committee Summary to Public Trust Board	Date of committee meeting: 18 February 2022

Committee Chair: LIse LIewellyn

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Integrated Governance Report	The Committee recognised that this was work in process; however, concerns were expressed about it being not as advanced as hoped.	Noted	n/a
Group Maternity Update	The Committee received and welcomed a Group Maternity Report.	Noted	On Board Agenda
Learning from Excellence – Deteriorating Patient Pathway	The Committee received a report describing positive patient outcomes from the use of 'iBox' technology to provide electronic patient deterioration alerts at NGH, requesting that the Group Digital Hospital Committee prioritise the roll-out of the initiative across the Group.	Noted	n/a

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03/29/2022 15:55:45

Northampton General Hospital
NHS Trust

NGH Quality Governance Committee Committee Summary to Public Trust Board	Date of committee meeting: 25 March 2022

Committee Chair: Andre Ng

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Integrated Governance Report	The Committee, in addition to the IGR, received the Quality & Safety Report from the Director of Nursing and Medical Director. The Committee expressed concern over appraisal compliance and training compliance. The Committee was informed that a large piece of work was being done on Health & Wellbeing and this would be addressed swiftly. The Committee noted that the IGR was still a work in progress and concerns were raised whether the same data was being compared. A cancer update was also presented. An action was agreed to produce an urgent care report for the Quality Governance Committee.	Action	n/a
Ockenden Review Of Maternity Services	The Committee was informed that the final Ockenden Review was due 30 March 2022. An update on the 7 safety actions identified in the draft review was presented with a full discussion planned at the March Trust Board. All retired midwives would be contacted to ask if they could support in a super nummary function alongside new starters.	Noted	30/3/22
COVID19 Vaccination Mandate	The Committee received a verbal update from the Chief People Officer. The legislation had been revoked in its entirety. The Committee requested an update on the workforce areas which did not rescind their resignation following the change.	Noted	n/a
Group Governance Implementation & Committee Self-Evaluation	The Committee was informed that there were to be workshops arranged to take forward the Group Governance Implementation as outlined in the paper.	Noted	n/a
DSP Toolkit Summary	The Committee noted the annual DSP Toolkit Summary.	Noted	n/a
Research & Innovation Annual Review	The Committee noted the Research & Innovation annual review. The key areas to highlight was the first licenced project of a ruler to measure the decanting of medicine from bottles and the strategic projects with UHL.	Noted	n/a

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03/29/2022 15:55:45

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Group Finance and Performance Committee Committee Summary to Public Trust Board	Date of committee meeting: 29 March 2022

Committee Chair: Damien Venkatasamy

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Joint Performance Report, Cancer & IGR	The Committee noted the need to improve the IGR and that it was on a journey. The sooner this was embedded the better the transformation would be. The Committee was pleased to receive a joint performance report from both Trusts. The operational performance was positive in comparison to peers. An update on cancer was also shared. The issues relating to discharge were to be flagged to the Board, noting their adverse impacts on other areas.	Note	N/a
M11 2021/22 Financial Performance	The Committee received and noted the plan to achieve a group breakeven position. The Committee also discussed annual leave accrual, capital spend and the plans in place to mitigate any issues related to these.	Note	N/a
Planning & Contract Update for 2022-2023	The Committee received the report, which set out key updates on elective recovery, performance and finance elements of 22-23 planning. There was a discussion on operational versus finance balance, which would require further work prior to the system plan being finalised and submitted.	Note	N/a
Estates Update	The Committee was informed of the funding achieved for the public sector decarbonisation scheme at NGH. There would be £0.5m required from NGH capital. The Sterile Services had been audited and the audit had been passed.	Note	N/a

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Group People Committee Committee Summary to Public Trust Board	Date of Committee meeting: 28 March 2022

Reporting Committee Co-Chair: Janet Gray

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Communications Strategic Framework	The Committee endorsed the framework, which would be presented at both Public Trust Boards.	Note	30/3/22
People Plan progress - 6-month review	The Committee noted that progress had been made; however, requested milestones to be included. There were concerns raised regarding training compliance. A positive update on the impact of volunteers was shared and the Committee was informed that a further update was to be shared at both Public Trust Boards.	Note/Action	30/3/22
Safe Staffing	The Committee noted the increasing absence rates and that it would take a period of time for these to be brought back down.	Note	-
People Performance & IGR	The Committee noted the absence rate increasing over the last two weeks. The Committee had a discussion on staff health & wellbeing and the psychological support offered. The Committee asked to look at how the data in relation to psychological support was offered and the extent to which intervention led to positive outcomes.	Note/Action	-

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03/29/2022 15:55:45

Group Digital Hospital Committee Committee Summary to Board of Directors	Date of Committee meeting: 3 March 2022

Committee Chair: Alice Cooper

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Group Digital Strategy	The committee received a detailed update on each of the 8 themes within the Group Digital Strategy, and particularly noted: • The continued concern over the vulnerability and usability of the current intranet, and the temporary mitigations being put in place. The committee noted that a business case for the replacement has been submitted into the Trust business case approval process. • The encouraging progress in awarding contracting using the TIF funding that was received in late 2021 to support digital elements of the elective recovery work. The committee noted that further prioritisation would be needed in 2022/23 to continue to configure and embed the solutions procured. • The work of the RPA "Automation Accelerator" was set out in an early draft business plan. The committee have requested a review of a further draft to set out plans for sustainability once short-term funding arrangements have been completed. • The committee reviewed the response to a request from NHSEI on Cyber Security Resilience and noted a number of priority actions that were in place to complete the improvement recommendations.	n/a	n/a
Digital Team Restructure	As part of the work to align the Digital function across the group, to better support the clinical teams, the committee noted that the final gaps in Heads of Service have been appointed (Head of Clinical Systems, Head of Digital Transformation & Innovation, and Chief Clinical Information Officer) and will commence in the next three months. The committee also noted the appointment of the KGH Digital Director, commencing in April.	n/a	n/a
NGH Electronic Patient Record and Patient Administration System	The Committee noted with disappointment the continuing delays being experienced in completing the requirements of the business case process needed to secure national funding for the commencement of the project. Conversations are being held with Regional NHSEI teams to clarify the next steps to secure funding in the context of a changing national strategy context of EPR convergence. It was agreed that moving this forward remained a very high priority for the team. It was noted that there had been encouraging progress in procuring a EPMA solution and a pharmacy stock management system which will continue outside of the EPR business case.	n/a	n/a
Health Intelligence	The Committee welcomed the new Head of Health Intelligence, and discussed the progress of the development of the Health Intelligence team as it struggles to meet current demands. Additional assistance has been procured for the development of PowerBI dashboards in the short term, with planning taking place to ensure longer-term sustainability.	n/a	n/a
Northamptonshire Shared Care Record	The committee were disappointed to learn that the delays (noted in November 2021) being experienced making this system available for UHN clinical teams were continuing. A revised timetable for Q4 has been set out.	n/a	n/a

Gardner, Kirsty
3/29/2022 15:55:45

Collaboration Programme Committee Committee Summary to Trust Board	Dates of Committee meetings: 14 February and 14 March 2022		
Committee Co-Chairs: Rachel Parker (NGH) and Alice Cooper (KGH)			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
Group People Plan	The committee received an update on the progress of the Group People Plan to date, and discussed particularly whether we have adequate rounded metrics in place to assess progress, and some of the forthcoming challenges in continuing to make progress on this plan, including the need to significantly invest in managemen`t capacity and capability, the need to offer a rounded staff benefits offering, the challenges with HCA recruitment and retention (and the link to the wider local care system), and making sure that in a time of tightened resources, we are really focussing our time and resources on the work that will make the most difference.	Noted	-
Planning and Enablers	The committee had a thorough discussion as to the priorities for the group in 2022/23, and the enablers required to allow these to be achieved. Key areas of pressure discussed included embedding the group culture and engaging staff in delivery journey, developing our managers and leaders, and ensuring group support functions (digital, finance, communications, transformation, estates and people) are as ready as they can be to support the hospitals, and demands on them are appropriately prioritised.	Noted	-
Clinical Collaboration and Group Clinical Ambition	The committee reviewed the updates on the areas already working in collaboration, and the next steps for the development of the clinical ambition, which are primarily around wider engagement. It also noted the positive steps the group had made in delivering on its promise to invest in collaborative centres of excellence across the group.	Noted	-
Group Outpatients Transformation Project	The committee received a full briefing on the project - challenging the need for developing robust and rounded metrics (including a prominence for patient benefits) to track improvements from the start, and focussing also on the need to not forget need for transformation in ways of working, as well as new systems implementation, if maximum patient benefit is to be achieved.	Noted	-

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03/29/2022 15:55:45

NHS
University Hospitals of Northamptonshire
NHS Group

Integrated Governance Report

March 2022

Dedicated to excellence

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03/29/2022 15:51:45

NHS University Hospitals of Northamptonshire NHS Group

Welcome to the Committee Dashboard for the University Hospitals of Northampton NHS Group.

From this Power BI platform you will be presented with the following committee dashboards:

Integrated Governance Report (IGR)
Joint Finance and Performance Committee (FPC)
Joint Quality and Safety Committee (QSC)
Joint People Committee (JPC)
Trust Quality and Safety Committee (QSC)

Each dashboard will display metrics exclusively associated with that committee once a selection had been made.

The dashboard will be made up the following component parts:

Group Priority Executive Summary Page

An overview from the nominated executive for the following metric groupings: Patient, People, Quality, Sustainability and Systems & Partnerships.

Summary Page

Trust, Committee, Metric Group, Sub-group and Metric selection.
Presentation table showing metrics where a selection has been made.
Statistical process control (SPC) chart plotting metric data points over time.
Variation and Assurance icons are also presented for additional insight on how the metric is performing.

Variation icons: **Orange** indicates concerning special cause variation requiring action. **Blue** indicates where improvement appears to lie. **Grey** indicates no significant change (common cause variation).
Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. **Grey** icons tells you that sometimes the target will be met and sometimes missed due to random variation.

Detailed SPC Chart Page

As above excluding presentation table.

Notes

Elmer Kinsey
03/29/2022 15:55:45

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Click on one of tiles to view the commentary overview for that group

Systems & Partnerships

Metrics Associated with Systems & Partnerships Group Priority

- Two week wait
- 31-day wait for first treatment
- 62-day wait for first treatment
- Cancer: Faster Diagnostic Standard
- RTT over 52 week waits
- Size of RTT waiting list
- Bed utilisation
- Patients with a reason to reside
- Cancer: NGH internal metric (* to be explored)
- 6-week diagnostic test target performance
- Unappointed outpatient follow ups
- Virtual outpatient appointments
- RTT median wait incomplete pathways
- Super-Stranded patients (21+ day length of stay)
- Stranded patients (7+ day length of stay)
- Theatre utilisation
- Composite urgent care bundle - number of measures hit out of 7

Quality

Metrics Associated with Quality Group Priority

- New harms
- Serious or moderate harms
- Serious or moderate harms – falls
- Serious or moderate harms – deteriorating patient
- Serious or moderate harms – VTE
- Serious or moderate harms – pressure ulcers
- Number of medication errors
- Hospital-acquired infections
- 30 day readmissions
- MDT assessment and accreditation
- Maternity bundle measures
- Thromboprophylaxis risk assessment tool on admission
- Covid-19
- MRSA
- C Diff
- SHMI
- HSMR
- SMR
- Safe Staffing
- Never event incidence
- QI projects undertaken
- Dementia screening

Patient

Metrics Associated with Patient Group Priority

- % of patients who would recommend
- % of patients who would recommend - inpatient
- % of patients who would recommend - A&E
- % of patients who would recommend - maternity
- % of patients who would recommend - outpatients
- Patient pulse feedback on communication
- Number of complaints
- Complaints response performance
- Patient safeguarding

People

Metrics Associated with People Group Priority

- Quarterly People pulse advocacy questions
- People pulse 'how are you doing' measure
- People pulse number of actions
- Mandatory training compliance
- Sickness and absence rate
- Turnover rate
- WDES
- Overseas recruitment
- Roster publication performance
- Speed of query resolution
- Excellence values in survey results
- Number of volunteering hours
- Safe Staffing (*measure viability to be explored)
- Quarterly People pulse engagement questions
- People pulse response rates
- People pulse completion rate of actions
- Appraisal completion rates
- Vacancy rate
- WRES
- Temporary staffing FTEs
- Formal procedures
- Time to hire
- Satisfaction with query resolution
- Number of volunteers
- Satisfaction with volunteers

Sustainability

Metrics Associated with Sustainability Group Priority

- Income YTD (£000's)
- Pay YTD (£000's)
- Non Pay YTD (£000's)
- Capital Spend
- A&E activity activity (& vs plan)
- Non-elective activity (& vs plan)
- Outpatients activity (& vs plan)
- Theatre sessions planned
- Headcount actual vs planned (substantive / agency / bank)
- Bank and Agency Spend (£000's)
- Surplus / Deficit YTD (£000's)
- CIP Performance YTD (£000's)
- Beds available
- Elective inpatient activity (& vs plan)
- Elective day-case activity (& vs plan)
- Maternity activity (& vs plan)

Sylvia Hall 03/02/2022 13:55:45

Committee Dashboard | Summary Table | Back to Group Priority Executive Summary | University Hospitals of Northamptonshire

Committee Name
- Select all
- Integrated Governance Report (IGR)
- Joint Finance and Performance Committee (FPC)
- Joint People Committee (JPC)
- Joint Quality and Safety Committee (QSC)
- Trust Quality and Safety Committee (QSC)

Group
- Select all
- Patient
- People
- Quality
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

Variation
- Select all
- Concern (High)
- Concern (Low)
- Improvement (High)
- Improvement (Low)
- Neither (High)

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
KGH	Patient	% of patients who would recommend	01/02/22	90%	95%	73.01%	86.29%	99.57%		
NGH	Patient	% of patients who would recommend	01/02/22	87%	95%	84.95%	89.33%	93.71%		
KGH	People	Mandatory training compliance	01/02/22	89.3%	85%	86.65%	89.88%	93.1%		
NGH	People	Mandatory training compliance	01/02/22	83.1%	85%	61.43%	82.12%	102.81%		
NGH	People	Appraisal completion rates	01/02/22	72.7%	85%	31.58%	69.15%	106.71%		
KGH	People	Appraisal completion rates	01/02/22	80.83%	85%	77.34%	81.14%	84.94%		
NGH	People	Sickness and absence rate	01/02/22	6.67%	3.8%	4.36%	5.56%	6.75%		
KGH	People	Sickness and absence rate	01/02/22	6.18%	3.8%	3.72%	5.5%	7.29%		
KGH	People	Vacancy rate	01/02/22	7.48%	9%	6.69%	9.1%	11.5%		
NGH	People	Vacancy rate	01/02/22	8%	9%	6%	7.74%	9.48%		
NGH	People	Turnover rate	01/02/22	9.3%	10%	7.63%	8.03%	8.44%		
KGH	People	Turnover rate	01/02/22	11.29%	10%	9.39%	10.07%	10.74%		
KGH	Quality	Never event incidence	01/02/22	0	0	0	0.19	1.04		
NGH	Quality	Never event incidence	01/02/22	1	0	0	0.4	2.06		
NGH	Systems and Partner...	62-day wait for first treatment	01/01/22	69%	85%	52%	67.97%	99.88%		
KGH	Systems and Partner...	62-day wait for first treatment	01/01/22	67.2%	85%	60%	77.69%	97.15%		
NGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/01/22	78%	75%	52.65%	72.48%	92.31%		
KGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/01/22	80.8%	75%		84.07%			

Joanne Kirby 03/29/2022 15:05:46

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
NGH	Systems and Partner...	62-day wait for first treatment	01/01/22	69%	85%	52%	67.97%	99.88%		
KGH	Systems and Partner...	62-day wait for first treatment	01/01/22	67.2%	85%	60%	77.69%	97.15%		
NGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/01/22	78%	75%	52.65%	72.48%	92.31%		
KGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/01/22	80.8%	75%		84.07%			
KGH	Systems and Partner...	Theatre utilisation	01/02/22	68%		42.64%	54.75%	66.87%		
NGH	Systems and Partner...	Theatre utilisation	01/02/22	74%		40.56%	68.16%	95.76%		
NGH	Systems and Partner...	Bed utilisation	01/02/22	81.07%		69.96%	79.5%	89.05%		
KGH	Systems and Partner...	Bed utilisation	01/02/22	96.2%		81.85%	89.9%	97.94%		
NGH	Systems and Partner...	Stranded patients (7+ day length of stay)	01/02/22	327		233.67	287.2	340.73		
KGH	Systems and Partner...	Stranded patients (7+ day length of stay)	01/02/22	275		190.76	240.89	291.02		
NGH	Systems and Partner...	Super-Stranded patients (21+ day length of stay)	01/02/22	136	0.25	71.99	103.24	134.5		
KGH	Systems and Partner...	Super-Stranded patients (21+ day length of stay)	01/02/22	108		56.46	86.33	116.21		
NGH	Systems and Partner...	Patients with a reason to reside	01/02/22	67.81%		33.64%	46.48%	59.33%		
KGH	Systems and Partner...	Patients with a reason to reside	01/02/22	68.44%		62.48%	68.74%	75.01%		

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03/29/2022 15:55:45

Patient | People | Quality | Sustainability | Systems & Partnerships

Site	Metric	Latest Value
NGH	% of patients who would recommend	87%
KGH	% of patients who would recommend	90%
NGH	% of patients who would recommend - inpatient	86.9%
KGH	% of patients who would recommend - inpatient	90%
NGH	% of patients who would recommend - A&E	74%
KGH	% of patients who would recommend - A&E	77%
KGH	% of patients who would recommend - outpatients	92%
NGH	% of patients who would recommend - outpatients	93%
KGH	Complaints response performance	27%
NGH	Complaints response performance	100%

Metric	Comment
Complaints:	Complaints performance remains below trajectory. A review of the data has demonstrated that this is attributed to two issues. The first is the quality of the response, which means that questions are asked at quality assurance. The second is the timelines of these investigations being returned to the complaints team. one to one meetigns with the Director of Nursing are now in place to 'confirm & challenge' progress.

Palmer Kirsty
03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

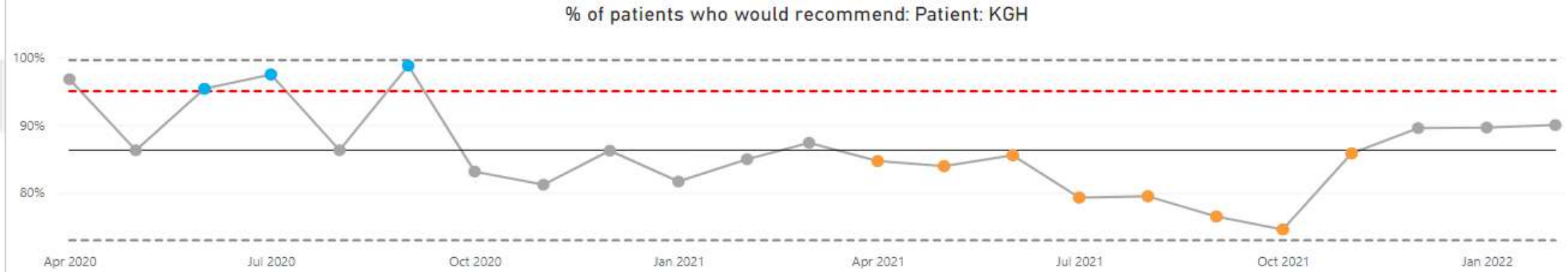
Committee Name: Integrated Governance Report (IGR)

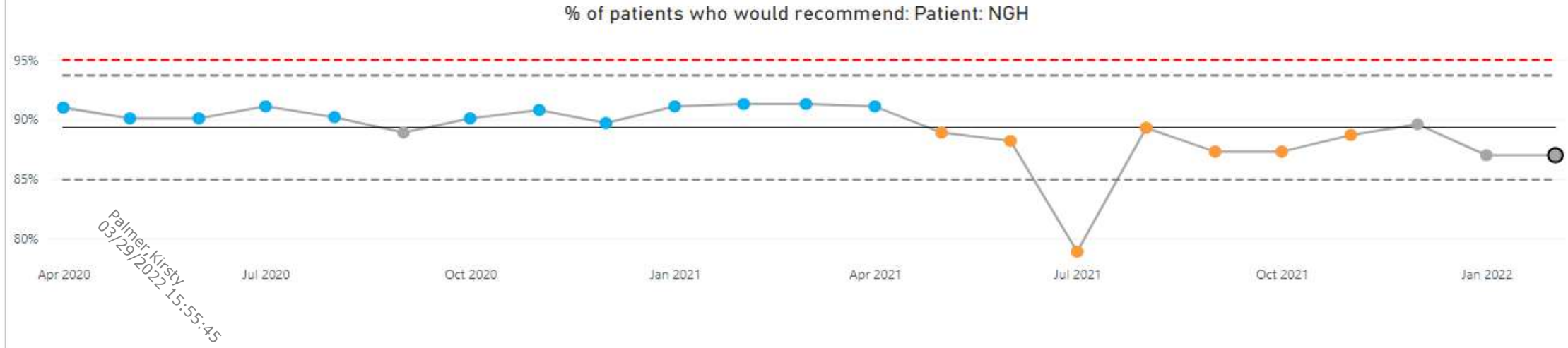
Group: Patient

Metric: % of patients who would recommend

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Palmer Kirsty
03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

% of patients who would recommend

Site

NGH

Clear Filters

01/02/22 Latest Date	84.95% -3σ	Patient_01||NGH Metric ID	
87% Value	89.33% Mean	Feb-20 to Feb-22 Horizontal Axis	
95% Target	93.71% +3σ	% of patients Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation

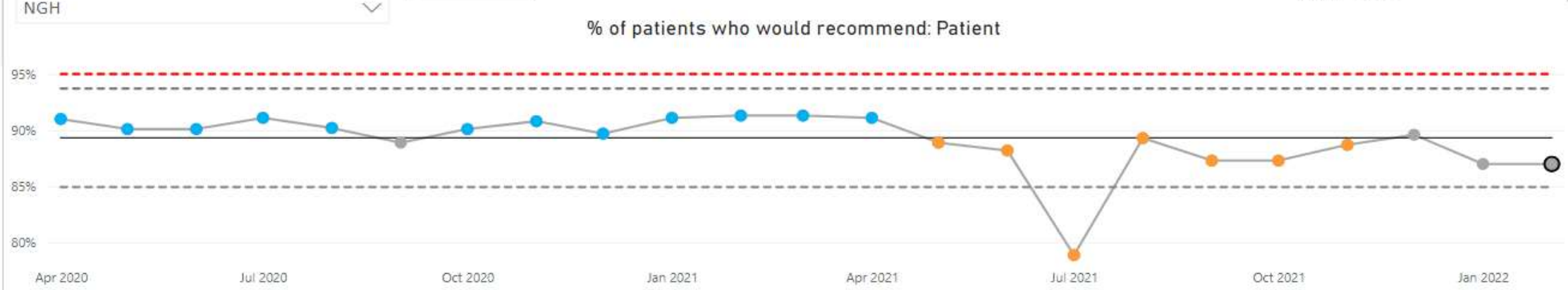
Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Common cause - no significant change Assurance: Variation indicates consistently (F)alling short of the target			

Committee Dashboard | Detailed SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

% of patients who would recommend

Site

KGH

Clear Filters

01/02/22 Latest Date	73.01% -3σ	Patient_01||KGH Metric ID	
90% Value	86.29% Mean	Feb-20 to Feb-22 Horizontal Axis	
95% Target	99.57% +3σ	% of patients Vertical Axis	

Date Annotation

Variation Assurance

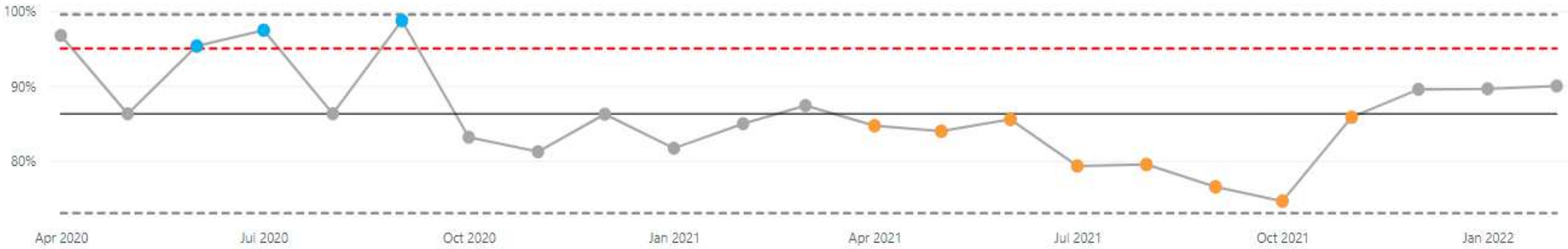
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

% of patients who would recommend: Patient



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty 03/29/2022 15:55:45

Patient | People | Quality | Sustainability | Systems & Partnerships

Site	Metric	Latest Value
NGH	Turnover rate	9.3%
KGH	Turnover rate	11.29%
KGH	Vacancy rate	7.48%
NGH	Vacancy rate	8%
KGH	Sickness and absence rate	6.18%
NGH	Sickness and absence rate	6.67%
NGH	Appraisal completion rates	72.7%
KGH	Appraisal completion rates	80.83%
NGH	Mandatory training compliance	83.1%
KGH	Mandatory training compliance	89.3%

Metric	Comment
Appraisal	Appraisal rates are showing common cause variation and are currently at 79.72% against a target of 85% with all areas showing similar but sustained compliance. Work is ongoing to support areas of concern and to develop tools across the Group to support improvement are in development
Absence	Sickness absence shows common cause variation (currently 5.89%; target 4%) . Both short and long term absence are a concern. Short term has been impacted by the rise in the Omicron varrient over December, going into January. Our range of support measures continues for those needing psyhological, emotional, financial or other support and we continue to work in partnership with NGH and wider system partners in delivering some of these services. We have supported a winter comms campaign to remind staff of support available and our we care offer reintroduced provision of evening meals.
Stat/Man training	Training rates are at 88.42% and remain above target (85%). Data shows maintained compliance across all divisions and staff groups with all areas above 85% aside resuscitation. Increased provision for resuscitation is in place, in particular supporting Paeds courses planned for this month. All divisions are reportiing Green at greater than 85%
Turnover	Turnover is showing common cause variation with rates remaining above target at 11.65 % (target 11%). Turnover has increased to higher levels than pre covid as the ecconomy recovers and people who have delayed retirements are now choosing to retire. Staff support and engagement activities continue as part of our people plan strategy, in particular to mitigate any potential future staff losses due to mandated vaccination.
Vacancy	Vacancy rates show special cause variation, currently standing at 7.08 % against a target of 7%. Vacancy rates have generally improved since August 2020 and currently there are no nursing vacancies. We are challenged in some speciality recruitment and the recruitment and retention of HCAs remains a concern as the labour market becomes increasingly competitive.

Palmer,Kirsty
03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name: Integrated Governance Report (IGR)

Group: People

Metric: Mandatory training compliance

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------

Palmer, Kirsty
03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Mandatory training compliance

Site

NGH

Clear Filters

01/02/22 Latest Date	61.43% -3σ	People_07||NGH Metric ID	
83.1% Value	82.12% Mean	Feb-20 to Feb-22 Horizontal Axis	
85% Target	102.81% +3σ	Mandatory training compli... Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation: H

Assurance: ?

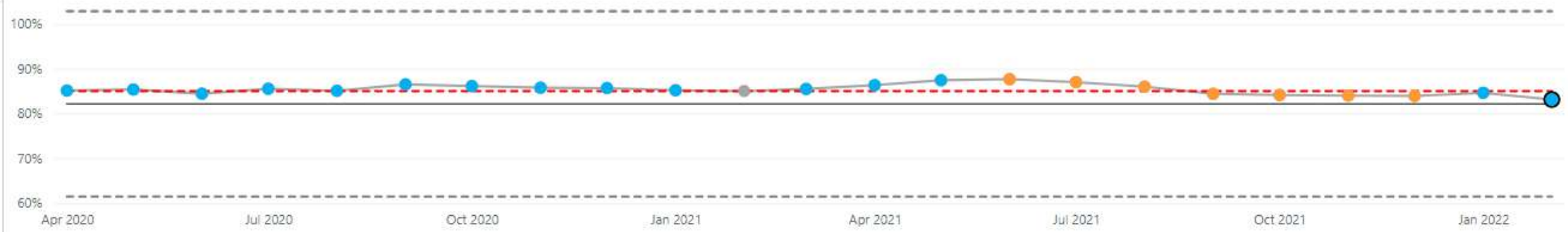
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Mandatory training compliance: People



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of improving nature or lower pressure due to (H)igher values Assurance: Variation indicates inconsistently hitting passing and falling	Back log of Manual Handling Training	Back Care Advisor post funded and out to advert. Manual Handling Trainer position out to advert	Interim Back Care Advisor engaged. External training capacity sourced pending appointment to substantive position.

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Mandatory training compliance

Site

KGH

Clear Filters

01/02/22 Latest Date	86.65% -3σ	People_07||KGH Metric ID	Date Annotation
89.3% Value	89.88% Mean	Feb-20 to Feb-22 Horizontal Axis	
85% Target	93.1% +3σ	Mandatory training complia... Vertical Axis	

Variation

Assurance

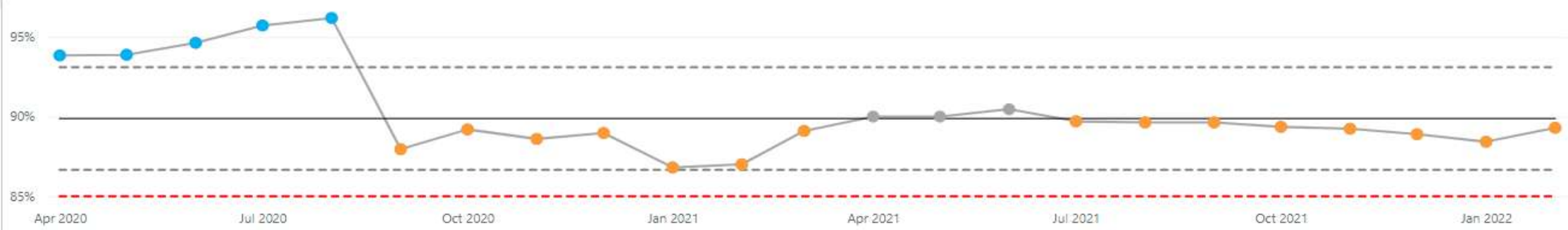
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Mandatory training compliance: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of staff compliant with their mandatory training	Appraisal is showing common cause variation and at 80.83% is below target of 85%	Operational pressures and absence levels were impacting compliance at the height of the pandemic. Catching up on appraisals is proving challenging as the impact of the pandemic continues to affect staff availability.	Compliance information is shared with managers and divisional leads. Regular reminders and prompts are sent when appraisals are due.	Work is ongoing to create a joint digital appraisal to support completion and return

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart | Back to Group Priority Executive Summary | University Hospitals of Northamptonshire

Committee Name: Integrated Governance Report (IGR)

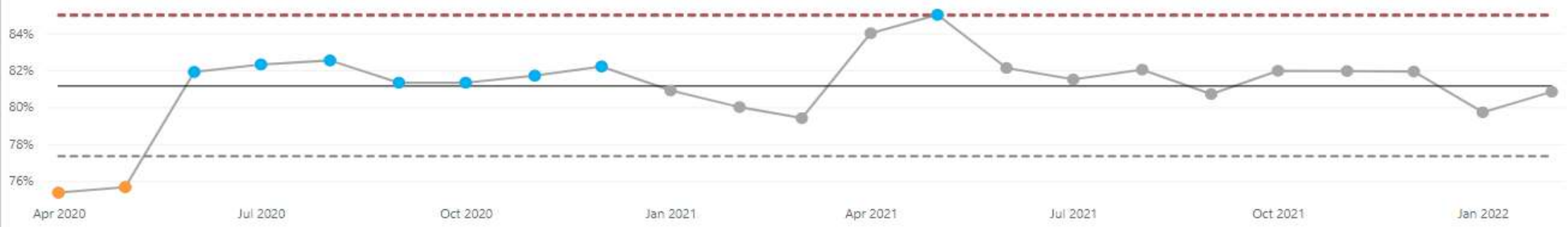
Group: People

Metric: Appraisal completion rates

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------

Appraisal completion rates: People: KGH



Appraisal completion rates: People: NGH

Palmer Kirsty
03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Appraisal completion rates

Site

NGH

Clear Filters

01/02/22 Latest Date	31.58% -3σ	People_08|NGH Metric ID	Date	Annotation	
72.7% Value	69.15% Mean	Feb-20 to Feb-22 Horizontal Axis	01/02/22	Latest data point = February 2022	
85% Target	106.71% +3σ	Appraisal completion rates % Vertical Axis			

Variation

Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Appraisal completion rates: People

Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of improving nature or lower pressure due to (H)igher values Assurance: Variation indicates inconsistently hitting passing and falling	Hospital Pressure adversely impacting compliance rate	Escalated to HMT for monitoring. Implementing Manager Self Service to Streamline the process	Continuation of the shortened Appraisal documentation 'Appraisal Light'.

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Appraisal completion rates

Site

KGH

Clear Filters

01/02/22 Latest Date	77.34% -3σ	People_08|KGH Metric ID	
80.83% Value	81.14% Mean	Feb-20 to Feb-22 Horizontal Axis	
85% Target	84.94% +3σ	Appraisal completion rates % Vertical Axis	

Date Annotation

Variation Assurance

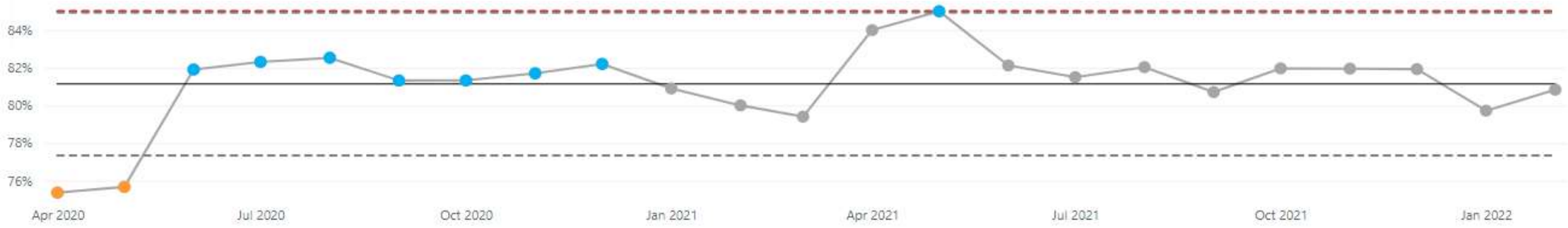
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Appraisal completion rates: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of staff having completed their appraisal	Statutory and mandatory training is showing common cause variation. Current performance is 89.3% which is above the Trust target of 85%	Operational pressures impacted completion rates and the inability to do face to face training has made delivery more challenging.	Additional routes to complete Statutory and Mandatory training have been developed and promoted. Direct reminders to people of outstanding training and their managers are maintained monthly.	Due to the omicron variant surge we have returned to virtual delivery.

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name: Integrated Governance Report (IGR)

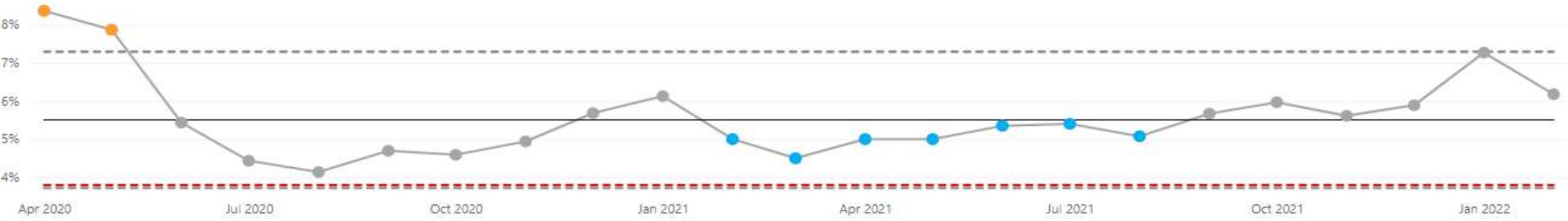
Group: People

Metric: Sickness and absence rate

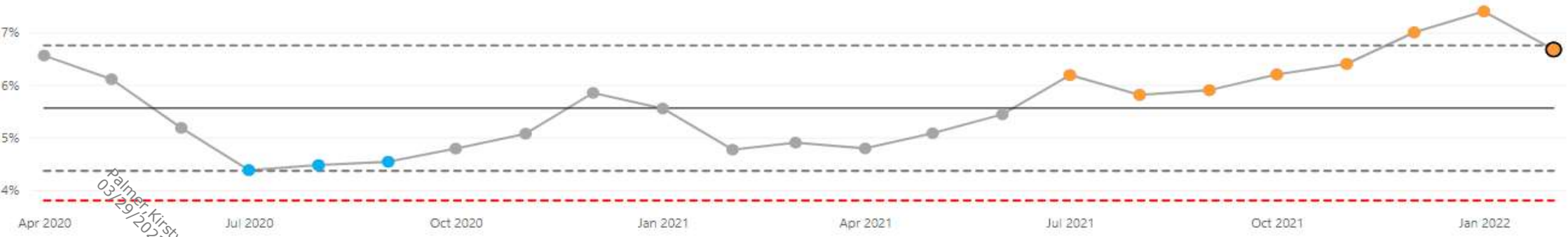
Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------

Sickness and absence rate: People: KGH



Sickness and absence rate: People: NGH



Palmer Kirsty
03/29/2022 15:55:45

Committee Dashboard | Detailed SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Sickness and absence rate

Site

NGH

Clear Filters

01/02/22 Latest Date	4.36% -3σ	People_09||NGH Metric ID	
6.67% Value	5.56% Mean	Feb-20 to Feb-22 Horizontal Axis	
3.8% Target	6.75% +3σ	Sickness and absence rate % Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation: H Assurance: F

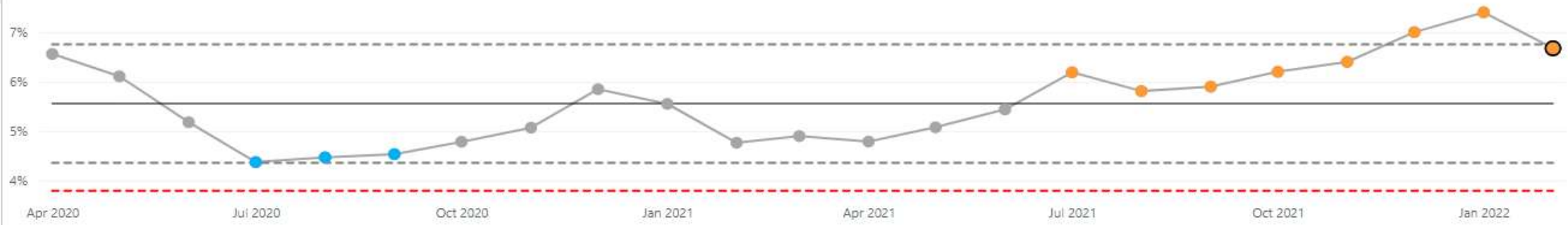
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Sickness and absence rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (H)igher values Assurance: Variation indicates consistently (F)alling short of the target	As a result of fatigue there is a risk of sickness rates increasing over the next 12 months. Sickness also adversely affected as a consequence of Covid related absence	Health and Wellbeing initiatives	Business Partners continue to work closely with Divisions

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Sickness and absence rate

Site

KGH

Clear Filters

01/02/22 Latest Date	3.72% -3σ	People_09|KGH Metric ID	
6.18% Value	5.5% Mean	Feb-20 to Feb-22 Horizontal Axis	
3.8% Target	7.29% +3σ	Sickness and absence rate % Vertical Axis	

Date Annotation

Variation Assurance

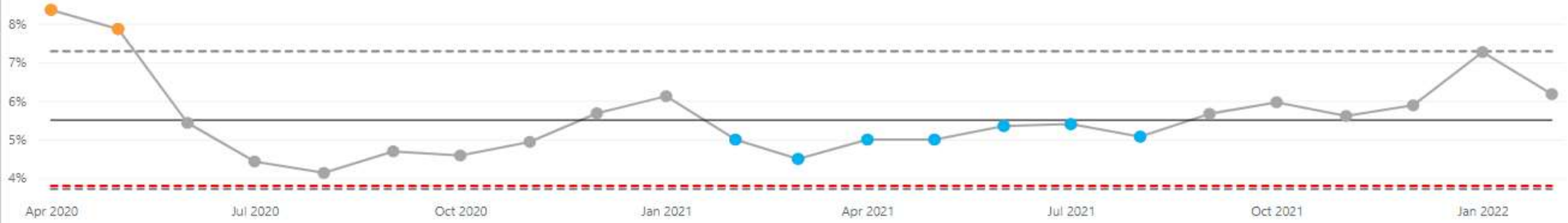
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Sickness and absence rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of Staff absent	Sickness absence is showing common cause variation. At 6.18% it is above trust target of 4%	We continue to see high levels of COVID-19, anxiety, stress and depression, following the impact of the pandemic, anxiety about further restrictions and increased pressure on the Trust and individuals/families. We are starting to see an increase in gastro issues which we	The Trust continues to support colleagues on a case by case basis to remain at work e.g. with appropriate support; or to return to work after absence at the earliest opportunity. The ER team support managers with oversight of their team absence and	Symptomatic PCR testing, Lateral flow testing and Local Test and Trace processes all support attendance management. Psychological support (Employee Assistance Programme, Care Cafe, Open Office and Out of Office outreach service to wards using staff trained

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

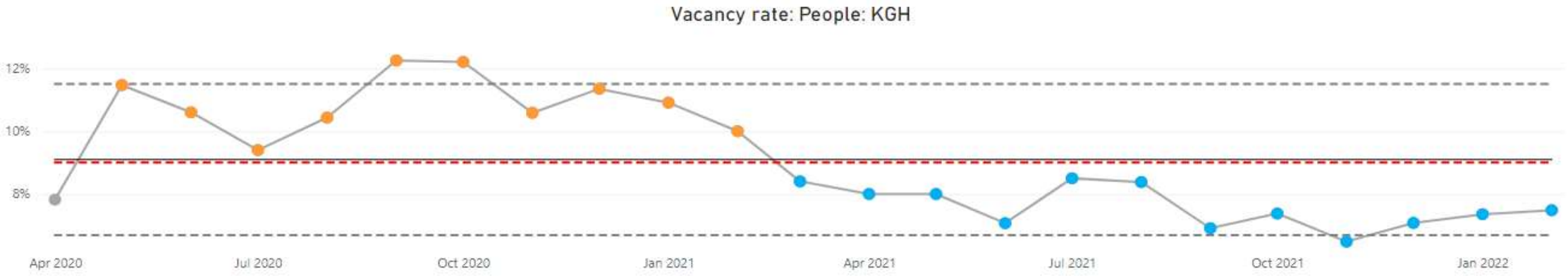
Committee Name: Integrated Governance Report (IGR)

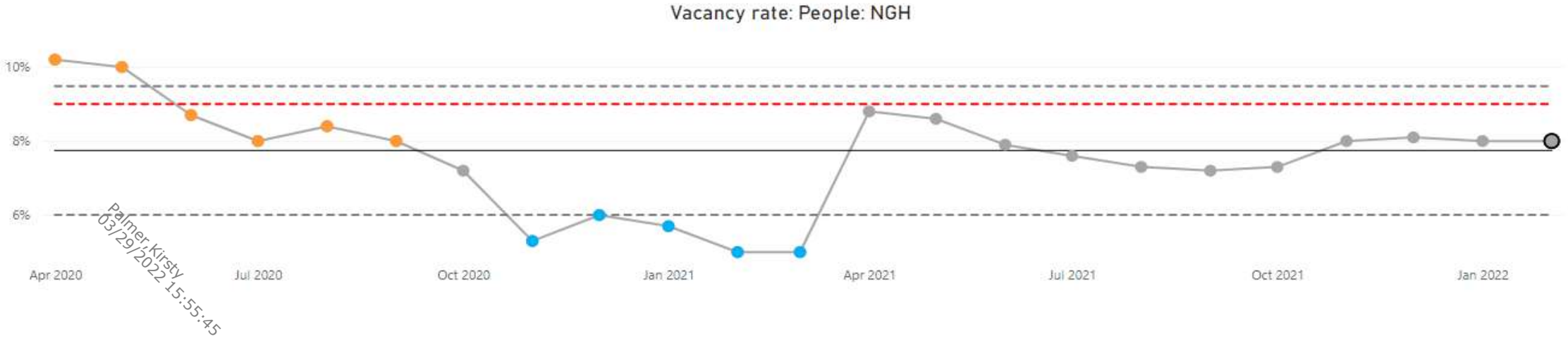
Group: People

Metric: Vacancy rate

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Palmer Kirsty
03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Vacancy rate

Site

NGH

Clear Filters

01/02/22 Latest Date	6% -3σ	People_10|NGH Metric ID	
8% Value	7.74% Mean	Feb-20 to Feb-22 Horizontal Axis	
9% Target	9.48% +3σ	Vacancy rate % Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation Assurance

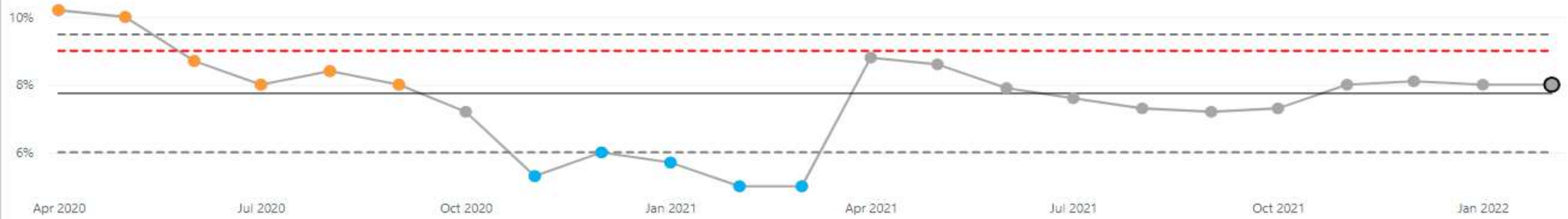
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Vacancy rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Common cause - no significant change Assurance: Variation indicates inconsistently hitting passing and falling short of the target	National Shortages of clinical staff. As a result of fatigue there is a risk of turnover increasing over the next 12 months	Overseas Nurse Recruitment Programme underway. Medical recruitment strategy devised.	Agency spend review underway.

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Vacancy rate

Site

KGH

01/02/22 Latest Date	6.69% -3σ	People_10|KGH Metric ID	
7.48% Value	9.1% Mean	Feb-20 to Feb-22 Horizontal Axis	
9% Target	11.5% +3σ	Vacancy rate % Vertical Axis	

Clear Filters

Date Annotation

Variation Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Vacancy rate: People

Background	What the chart tells us	Issues	Actions	Mitigations
% difference between budgeted establishment and actual establishment	Metric is currently experiencing Special Cause Variation - trend is showing a positive performance below the mean	The metric is within special cause variation. The international nurse recruitment carried out in 2021 and ongoing HCA recruitment is sustaining improved performance.	Ongoing HCA recruitment campaigns and targeted campaigns for specific vacancies (including newly qualified RCN). We have sustained an improvement in our position this year. International nurse recruitment has been paused whilst the Trust carries out an	The international nurse recruitment programme, ongoing HCA recruitment campaigns and targeted campaigns for specific vacancies have sustained an improvement in our position this year. International nurse recruitment has been

Opener,Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name: Integrated Governance Report (IGR)

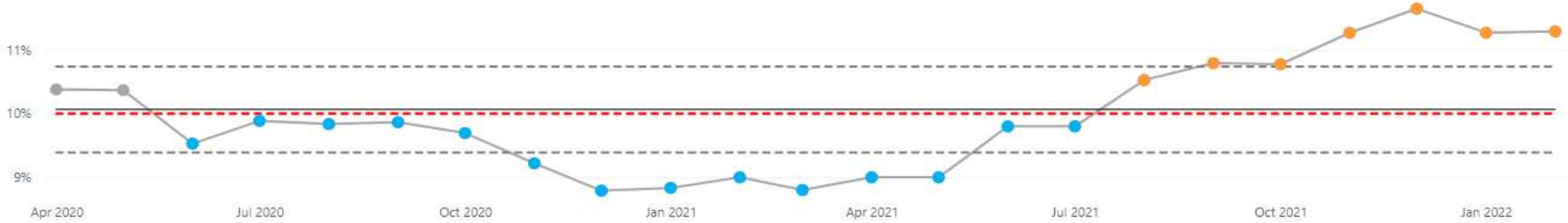
Group: People

Metric: Turnover rate

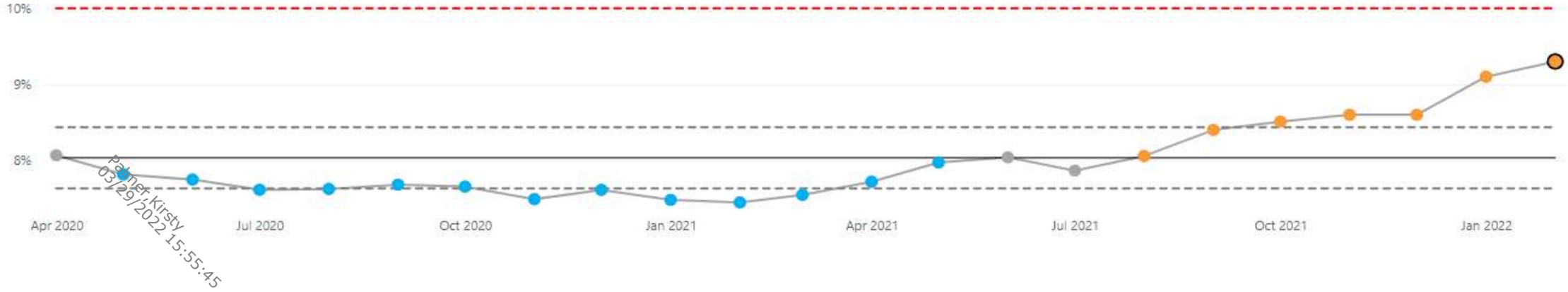
Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------

Turnover rate: People: KGH



Turnover rate: People: NGH



Palmer, Kirsty
03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Turnover rate

Site

NGH

Clear Filters

01/02/22 Latest Date	7.63% -3σ	People_11|NGH Metric ID	
9.3% Value	8.03% Mean	Feb-20 to Feb-22 Horizontal Axis	
10% Target	8.44% +3σ	Turnover rate % Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation: H

Assurance: P

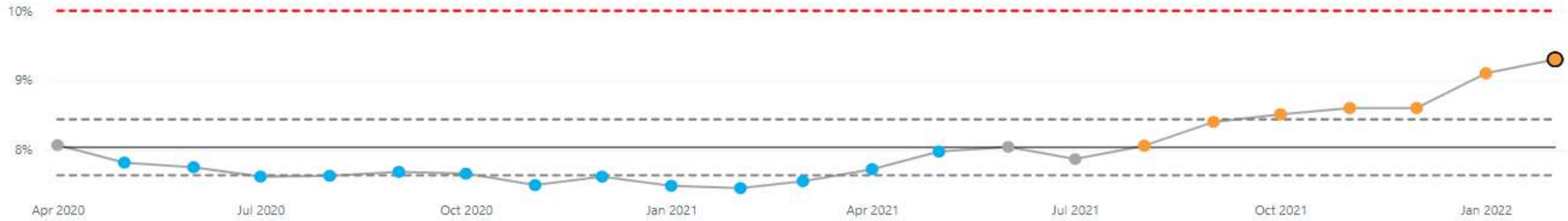
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Turnover rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (H)igher values Assurance: Variation indicates consistently (P)assing the target	As a result of fatigue there is a risk of turnover increasing over the next 12 months	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	Analysis undertaken of those eligible to retire over the next 12 months as a result of special class status and factored into a nurse overseas nurse recruitment business case. Potential of post pandemic increase in turnover/retirements raised at regional level.

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Turnover rate

Site

KGH

Clear Filters

01/02/22 Latest Date	9.39% -3σ	People_11|KGH Metric ID	
11.29% Value	10.07% Mean	Feb-20 to Feb-22 Horizontal Axis	
10% Target	10.74% +3σ	Turnover rate % Vertical Axis	

Date Annotation

Variation Assurance

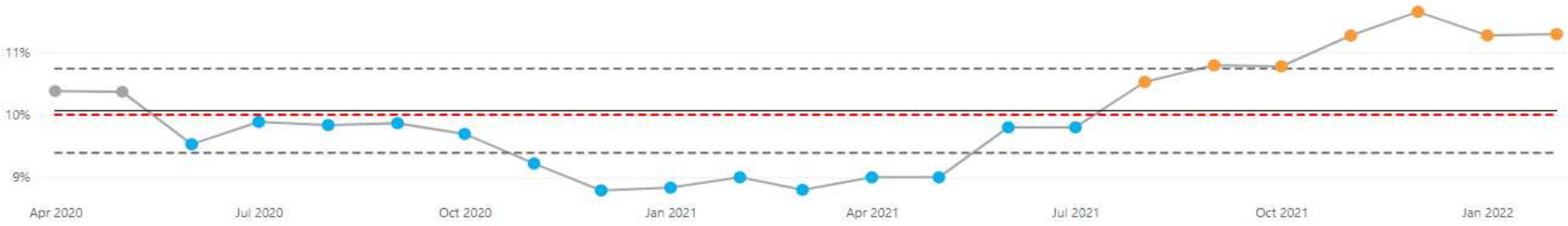
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Turnover rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing special cause variation and at 11.29% are above trust target of 11%	Turnover has been increasing since March 2021. The metric is outside common cause variation limits and now above Trust target. During covid we saw a	Work is being undertaken to review exit interviews to ensure feedback is enacted on. Divisions are being asked to review if there are any areas of concern given staff leaving. We have deep dived recruitment	Engagement with staff is critical to understand staff views. The listening events provide a good opportunity to do this. We are running HCA career development sessions and running a KGH loves HCA campain.

Palmer, Kirsty 03/29/2022 15:55:45

Patient | People | Quality | Sustainability | Systems & Partnerships

Site	Metric	Latest Value
KGH	Covid-19	273
NGH	Covid-19	278
KGH	MRSA	0
NGH	MRSA	0
KGH	C Diff	0
NGH	C Diff	3
KGH	Never event incidence	0
NGH	Never event incidence	1

Metric	Comment
Key drivers and indicators of Quality Care:	Additional metrics have been asked to be noted which are often regarded as performance measures, but are key drivers and indicators of Quality Care. Elective operations cancelled, Stranded/Super stranded patients and Ambulance breaches are included in the Operational section of the IGR. In addition, Bed Occupancy was 95.94% in month (average 94.6% across 2021). Attendances at ED was 8122 in month (average 8117 across 2021).
Cardiac Arrests:	In hospital cardiac arrests occur to patients who are extremely ill. Not all can be anticipated and actions taken to prevent arrest. In October and subsequently January, there was a rise in cardiac arrests over the ceiling for the first time Since April 2020.
Infection Prevention & Control	In January there were three (3) CDiff cases bringing the Trust cummulative total to 37 under the year cummulative ceiling set by the CCG of 38. There were five COVID-19 Outbreaks declared in January: • Naseby A & Naseby B • Cranford • Twywell • Lamport In percentage terms of all COVID-19 positive patients this is 13.3% a very small increase from December which was 12.8%.
Falls:	In January unfortunately there have been two falls where moderate harm occurred. A patient fell from her chair and sustained a fracture pubic rami. A further patient was found on the floor and sustained fracture of the wrist. These are the first falls with moderate or above harm since October 2021. Both were reviewed at the Serious Incident Review Group on 10th February 2022 and declared as internal investigations. Falls focus meetings continue bi-weekly chaired by the Director of Nursing. It is anticipated that the CQC will return in the next months to undertake a follow up inspection. The Trust response to the Section 29A is being refreshed and a working group formed in preparation for the inspection.
Staffing:	Staffing unavailability includes all absences due to sickness, annual leave, parenting, study leave, non-working days and other leave. In January Nursing availability was approximately 38%. However fill rates were Day 85% and Night 86% which are above the threshold of 80% set by the National Quality Board guidance on safe staffing. It is of note that the Day HCA (non-registered fill rate) fell below the 80% threshold due to high unavailability. The Trust subsequently introduced utilisation of agency HCA shifts to support mitigate the unfilled shifts.

Palmer Kirsty
03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

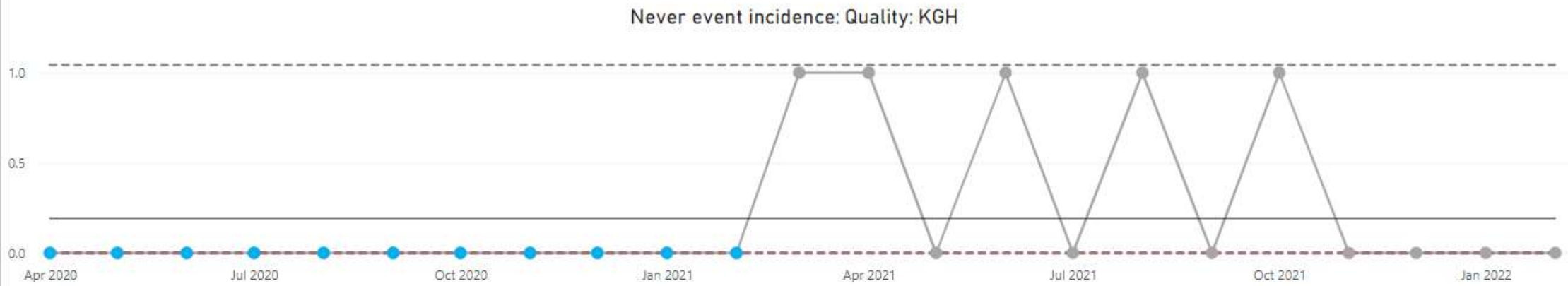
Committee Name: Integrated Governance Report (IGR)

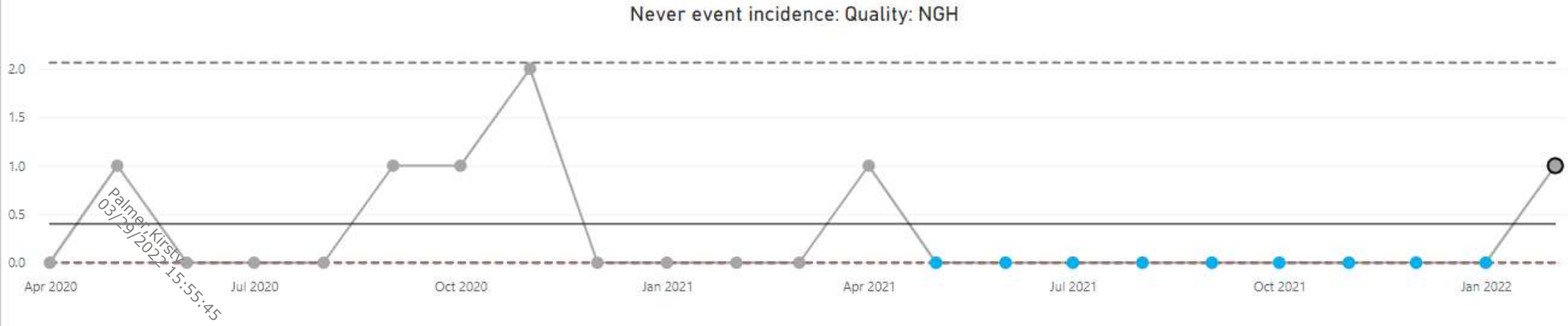
Group: Quality

Metric: Never event incidence

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Never event incidence

Site

NGH

01/02/22	Latest Date
1	Value
0	Target
0	-3σ
0.4	Mean
2.06	+3σ

Clear Filters

Quality_18||NGH	Metric ID
Feb-20 to Feb-22	Horizontal Axis
Never event incidence	Vertical Axis

Date	Annotation
01/02/22	Latest data point = February 2022

Variation

Assurance

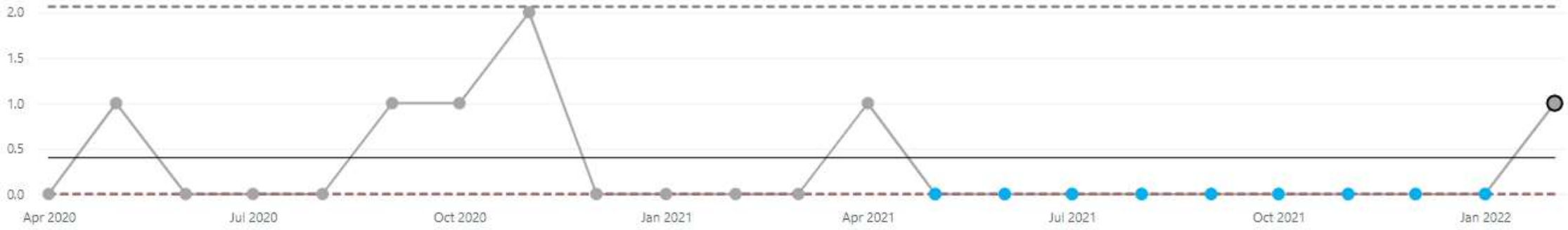
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Never event incidence: Quality



Background	What the chart tells us	Issues	Actions	Mitigations
	Variation: Common cause - no significant change Assurance: Variation indicates inconsistently hitting passing and falling short of the target			

Palmer Kirsty
03/29/2022 15:55:45

Committee Dashboard | Detailed SPC Chart

Back to Group Priority Executive Summary

University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Never event incidence

Site

KGH

01/02/22 Latest Date	0 -3σ	Quality_18||KGH Metric ID
0 Value	0.19 Mean	Feb-20 to Feb-22 Horizontal Axis
0 Target	1.04 +3σ	Never event incidence Vertical Axis

Date Annotation

Clear Filters

Variation Assurance

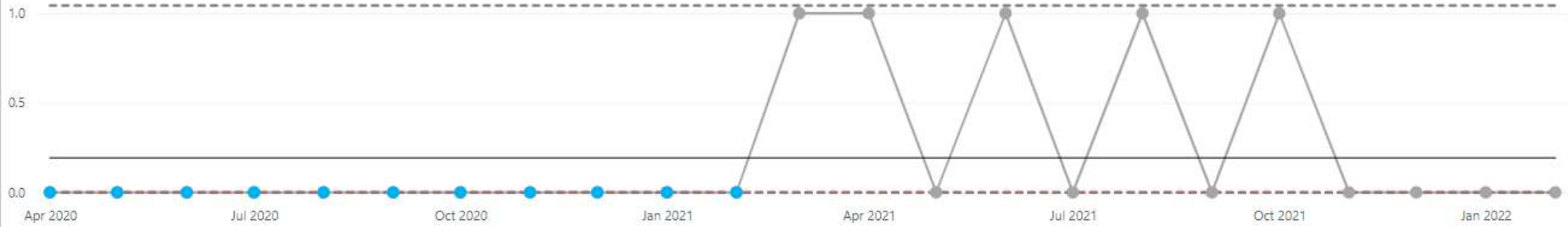
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Never event incidence: Quality



Background	What the chart tells us	Issues	Actions	Mitigations
A never event is the "kind of mistake that should never happen" in the field of medical treatment.	The chart show common cause variation.	The Trust has experienced five Never Events over the last year. 2021/4779 [WEB126862] – Medicine Division. Reported on 02/03/2021. Unintentional connection of a patient requiring oxygen to an air flowmeter. Low Harm.	All Never Events are investigated using robust Root Cause Analysis. Learning is shared in the Incident Learning Bulletins, Patient Safety Hot Topics and on the Trust Learning from Investigations page on K-Net.	There has been a Trust wide review to ensure that Air ports are removed where not needed, or are capped off to prevent inadvertant connection. A trust review has been made to review all imaging practices to ensure patients and

Palmer Kirsty 03/29/2022 15:55:45

Patient | People | Quality | Sustainability | Systems & Partnerships

Site	Metric	Latest Value
NGH	Two week wait	83.6%
KGH	Two week wait	88.8%
NGH	31-day wait for first treatment	92%
KGH	31-day wait for first treatment	97.9%
KGH	62-day wait for first treatment	67.2%
NGH	62-day wait for first treatment	69%
NGH	Cancer: Faster Diagnostic Standard	78%
KGH	Cancer: Faster Diagnostic Standard	80.8%
KGH	Size of RTT waiting list	24207
NGH	Size of RTT waiting list	26275
KGH	Theatre utilisation	68%
NGH	Theatre utilisation	74%
NGH	Bed utilisation	81.07%
KGH	Bed utilisation	96.2%
KGH	Stranded patients (7+ day length of stay)	275
NGH	Stranded patients (7+ day length of stay)	327
KGH	Super-Stranded patients (21+ day length of stay)	108
NGH	Super-Stranded patients (21+ day length of stay)	136
NGH	Patients with a reason to reside	67.81%
KGH	Patients with a reason to reside	68.44%

Metric	Comment
Diagnostics :-	MRI and echo modalities continue to be the cause of under performance Echo: •additional insourcing capacity started end January although at 50% of planned levels (due to insourcing avail capacity) - reviewing impact weekly. MRI: •Additional insourcing capacity was put in place through Jan but with other capacity loss due to staff absences this did not reduce the backlog but maintained it. We continue to utilise this additional capacity at w/e as NGH (who were meant to use 7 days/wk., are unable to utilise. A further case requiring investment is being worked up
Referral to Treatment (RTT) :-	14 x 52 wk breaches end Jan. We continue to review the PTL closely and expedite and escalate delays. Key Issues: Most breaches are awaiting inpatient surgery. In Feb elective sessions 80% of pre-pandemic levels. The transformation team are supporting an improvement programme and additional management resource being sought to support team. Addtioanl insourcing capacity of 6 lists a week in Feb from 14/2 and 10 lists a week in march commissioned. We are taking on large (150-200) long waiting (some 104wk+) UHL cases and this will impact performance and extend other routine waits.
Super stranded (21+ days in hospital) :-	Super Stranded numbers are in special cause variation. This trend is seen across the region. We continue to focus on expediting delays and working with our partners to discharge to suitable care packages and placements. Oversight on SBAR submission and Pathway Allocation now in place with challenge of any outstanding - aim to min internal admin process delays. The Head of Clinical Operations and COO are working with partners to review all SS patients incl.: -Identification of other pathways and packages for patients e.g if Marie Curie cannot support in 48hrs use hospice beds -System commissioning additional capacity e.g. delirium beds -National discharge focus support from 14/2
Cancer :-	The number of patients who are over 63 days on a cancer pathway has increased with delays due to patient choice, capacity limited due to holidays and specifics like key equipment failure.As of 14th February, there are 67 patients without treatment plans who have waited beyond 63 days and improvement from 90 in mid Jan. The target is 35. Mitigations Prostate biopsy replacement in place with lists from 15/2 Weekly tumour site specific tracking and trust wide confirm and challenge meeting with services, incl support services, pathology and imaging, are in place to expedite delays.Initiated surgical and endoscopy weekly focussed PTL from January With the focus and engagement in place, we are expecting a reduction to backlog target by April with recovery in 62-day performance in April/May.

Public (03/29/2023 3:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

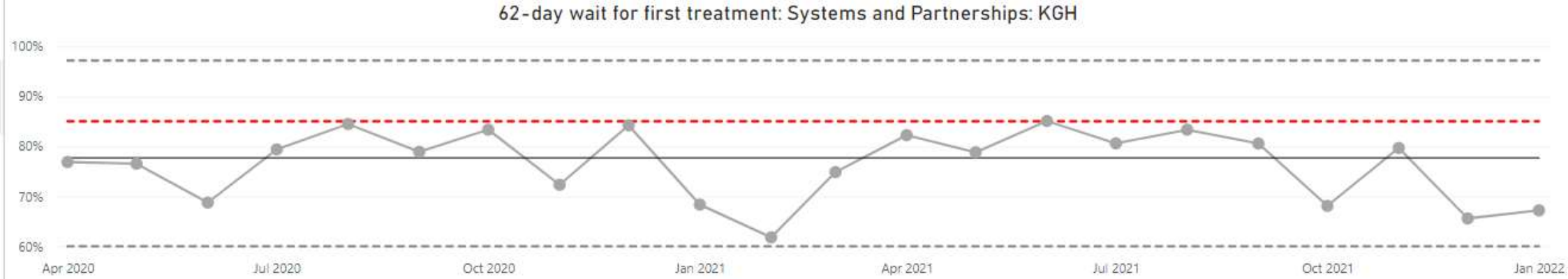
Committee Name: Integrated Governance Report (IGR)

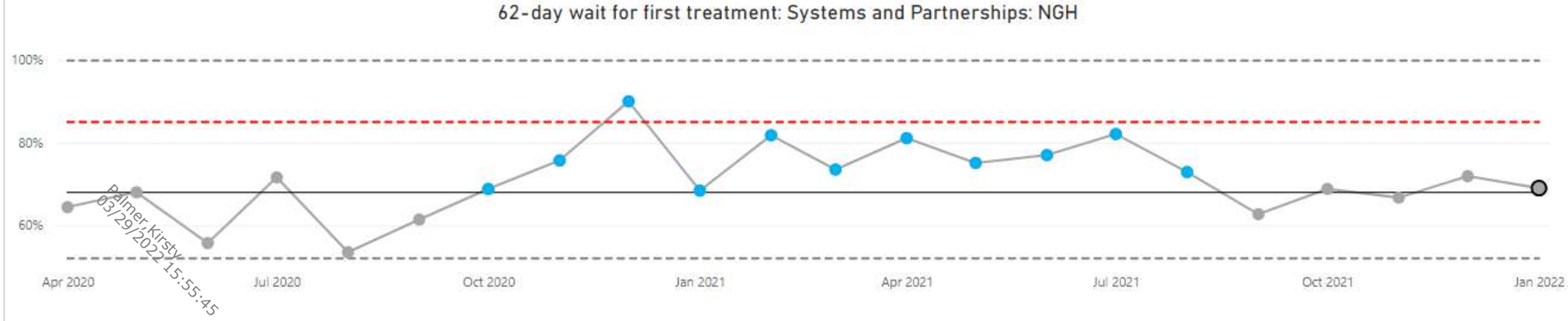
Group: Systems and Partnerships

Metric: 62-day wait for first treatment

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

62-day wait for first treatment

Site

NGH

Clear Filters

01/01/22 Latest Date	52% -3σ	Systems_and_Partnerships_0... Metric ID	
69% Value	67.97% Mean	Feb-20 to Feb-22 Horizontal Axis	
85% Target	99.88% +3σ	62-day wait for first treatment Vertical Axis	

Date	Annotation
01/01/22	Latest data point = February 2022

Variation

Assurance

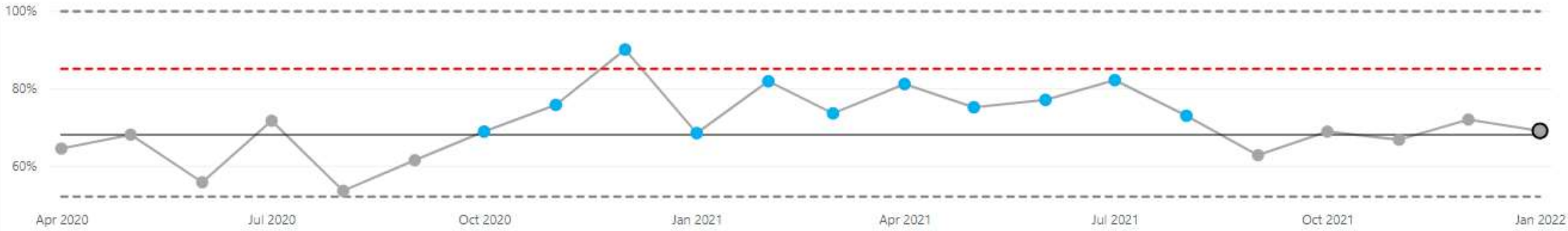
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

62-day wait for first treatment: Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (L)ower values Assurance: Variation indicates inconsistently hitting passing and falling	The Trust did not meet this standard achieving 69.4%. The Trust maintained the level of treatments but there were 29.5 breaches. Recurring pathways delays involve, surgical and oncological capacity, diagnostic waits, outpatient capacity and complex	Actions to improve our patient outcomes, experience and performance remain the same month on month unless we identify a specific outlier in terms of a pathway, the challenge is to embed and sustain the pathway changes teams have made over the	The delivery of Cancer diagnostics and treatments remain with the Divisions. The Cancer Team continue to focus on holding to account these teams for delivery of sustained improvement plans through the escalation policy and corporate ptl.

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

62-day wait for first treatment

Site

KGH

01/01/22	Latest Date	60%	-3σ	Systems_and_Partnerships_0...	Metric ID
67.2%	Value	77.69%	Mean	Feb-20 to Feb-22	Horizontal Axis
85%	Target	97.15%	+3σ	62-day wait for first treatment	Vertical Axis

Date Annotation

Variation Assurance

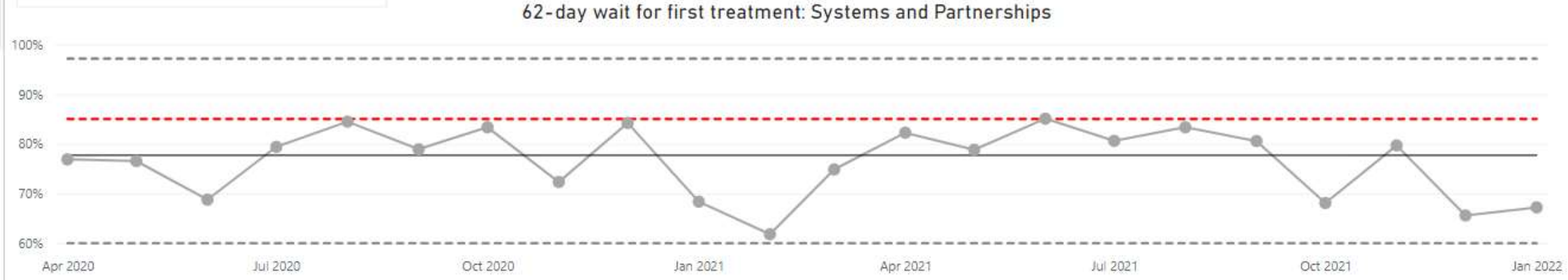
Clear Filters

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------



Background	What the chart tells us	Issues	Actions	Mitigations
% of patients whose treatment in initiated within 63 days of urgent referral	Performance is not achivineg national targets and is in special cause variation. As of 14th March, there are 65 patients without treatment plans who have	The number of patients who are over 63 days on a cancer pathway has increased with delays due to patient choice, capacity limitations, demand increase and specifics like key equipment failure. Urology one-stop pathway not in place for	Continual patient level reviews to expedite pathways Recruitment to vacant tracking posts Urology one-stop BC submitted, awating outcome Significant ongoing work and support from	Weekly tumour site specific tracking and trust wide confirm and challenge meeting with services, incl support services, pathology and imaging, are in place to expedite delays. Initiated surgical and endoscopy weekly focussed PTL from January

Palmer, Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

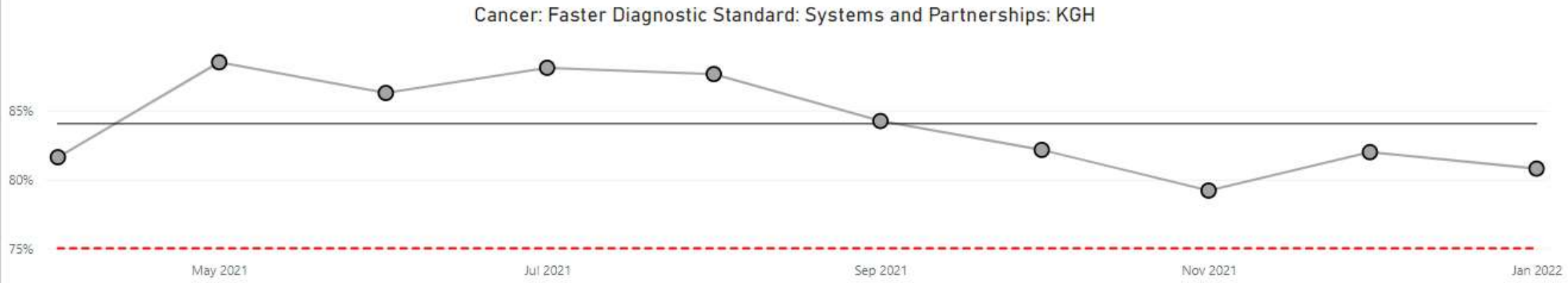
Committee Name: Integrated Governance Report (IGR)

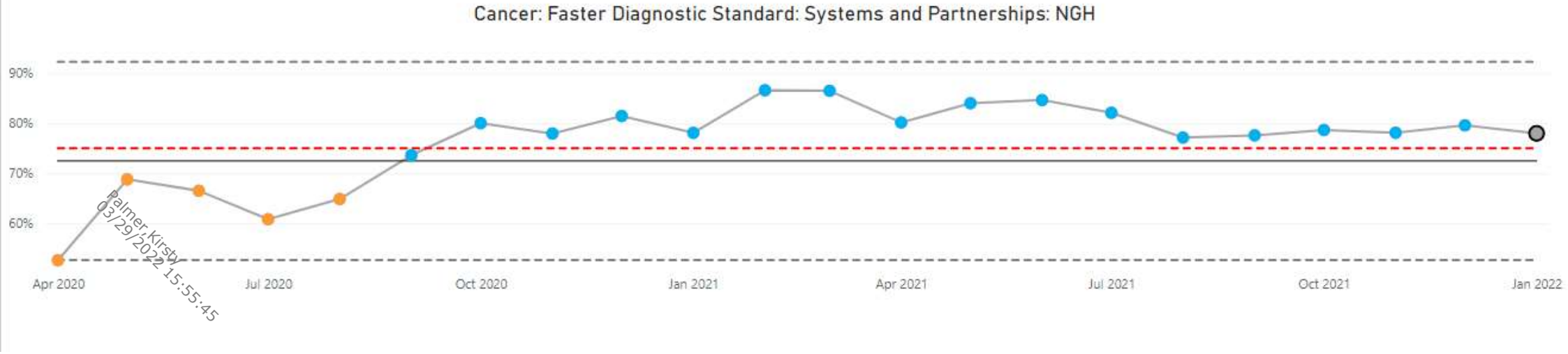
Group: Systems and Partnerships

Metric: Cancer: Faster Diagnostic Standard

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Cancer: Faster Diagnostic Standard

Site

NGH

Clear Filters

01/01/22 Latest Date	52.65% -3σ	Systems_and_Partnerships_0... Metric ID	
78% Value	72.48% Mean	Feb-20 to Feb-22 Horizontal Axis	
75% Target	92.31% +3σ	Cancer: Faster Diagnostic St... Vertical Axis	

Date	Annotation
01/01/22	Latest data point = January 2022 (2 months in arrears)

Variation

Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Cancer: Faster Diagnostic Standard: Systems and Partnerships

Background	What the chart tells us	Issues	Actions	Mitigations
Palmer, Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (L)ower values Assurance: Variation indicates inconsistently hitting passing and falling	The Trust met this standard achieving 75.7%	Trust stretch target to see patients for first appointment or straight to test in 7 days. Every patient is tracked and micromanaged through every step of their pathway, using the trust escalation policy if key milestones are not met.	Trust escalation policy, site ptl meetings, corporate ptl meeting,ervices flexing capacity if able

Committee Dashboard | Detailed SPC Chart | Back to Group Priority Executive Summary | University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Cancer: Faster Diagnostic Standard

Site

KGH

Clear Filters

01/01/22 Latest Date	(Blank) -3σ	Systems_and_Partnerships_0... Metric ID	
80.8% Value	84.07% Mean	Feb-20 to Feb-22 Horizontal Axis	
75% Target	(Blank) +3σ	Cancer: Faster Diagnostic St... Vertical Axis	

Date	Annotation
01/04/21	National Metric. KGH Data Collection started 04/2021
01/05/21	National Metric. KGH Data Collection started 04/2021
01/06/21	National Metric. KGH Data Collection started

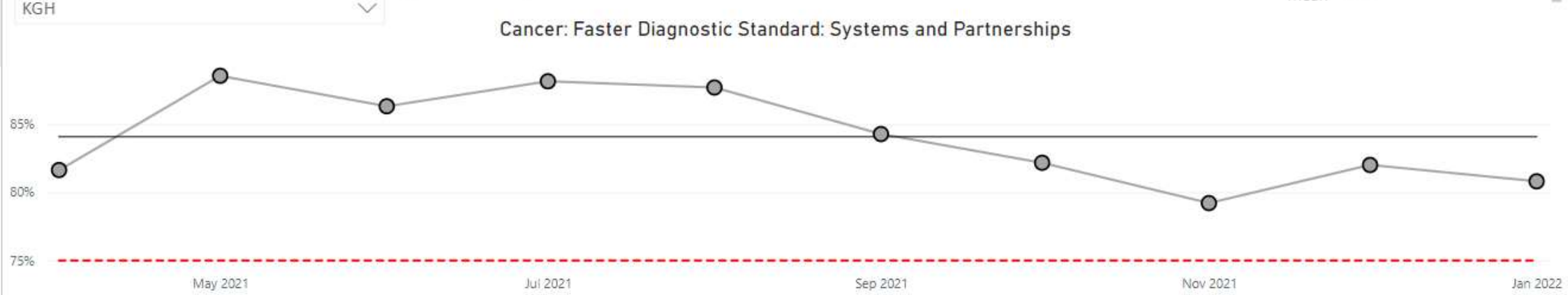
Variation Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------



Background	What the chart tells us	Issues	Actions	Mitigations
% of patients diagnosed in less than 28 days	We sustainably over achieve national target of 75%	Urology one-stop clinic outstanding - business case approval pending	One-stop Haematuria pathway started Feb One-stop gynaecology cancer pathway started March	

Parker, Kirsty 05/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

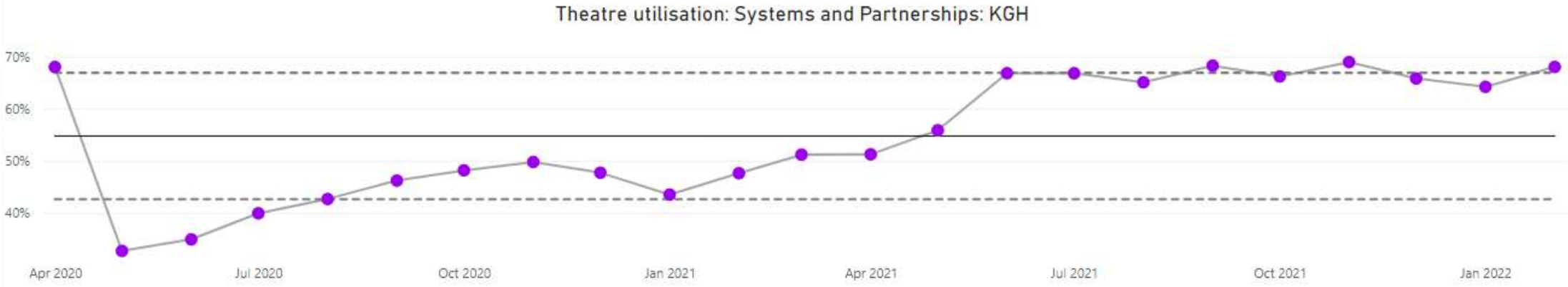
Committee Name: Integrated Governance Report (IGR)

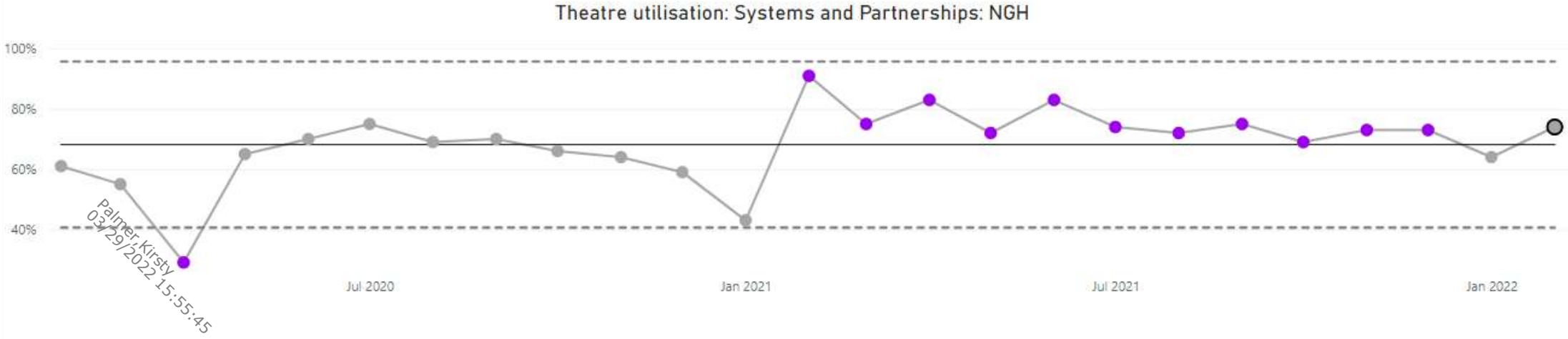
Group: Systems and Partnerships

Metric: Theatre utilisation

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnersh

Metric

Theatre utilisation

Site

NGH

Clear Filters

01/02/22 Latest Date	40.56% -3σ	Systems_and_Partnerships_1... Metric ID	
74% Value	68.16% Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	95.76% +3σ	Theatre utilisation Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation Assurance

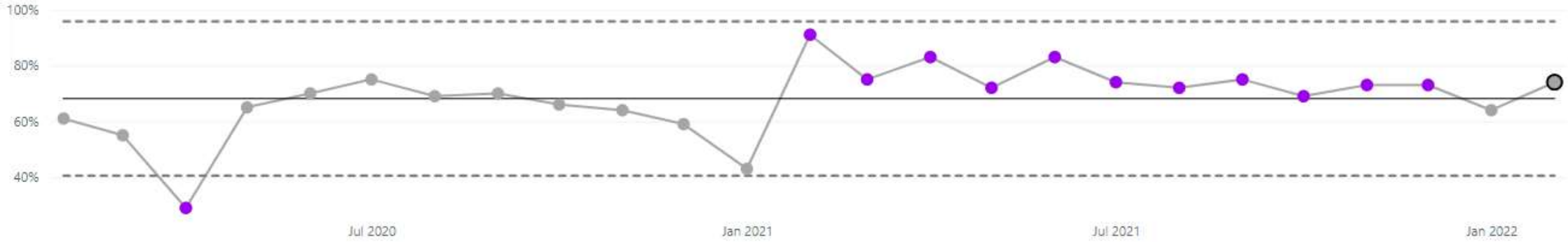
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Theatre utilisation: Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Detailed SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Theatre utilisation

Site

KGH

Clear Filters

01/02/22 Latest Date	42.64% -3σ	Systems_and_Partnerships_1... Metric ID	Date	Annotation
68% Value	54.75% Mean	Feb-20 to Feb-22 Horizontal Axis		
Target	66.87% +3σ	Theatre utilisation Vertical Axis		

Variation Assurance

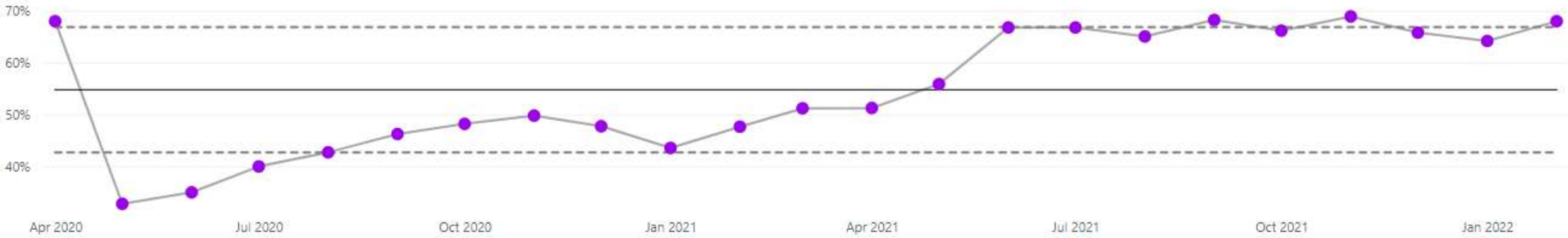
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Theatre utilisation: Systems and Partnerships



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

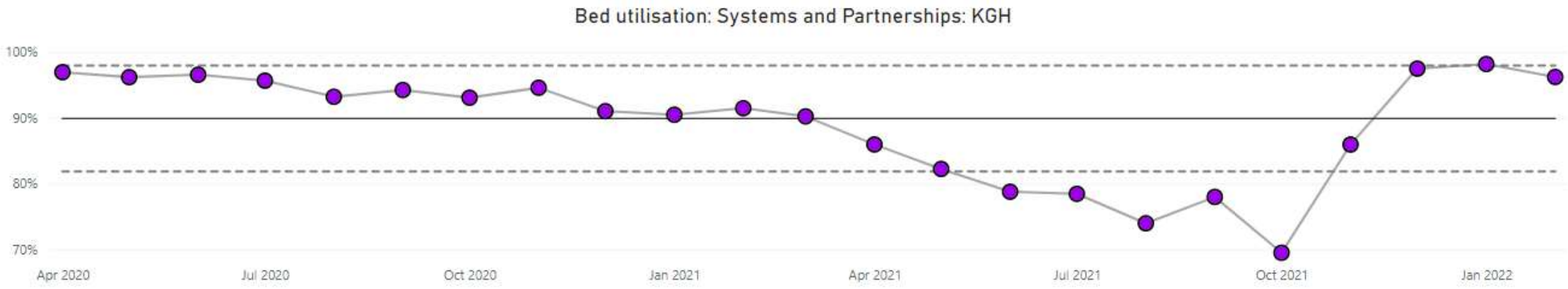
Committee Name: Integrated Governance Report (IGR)

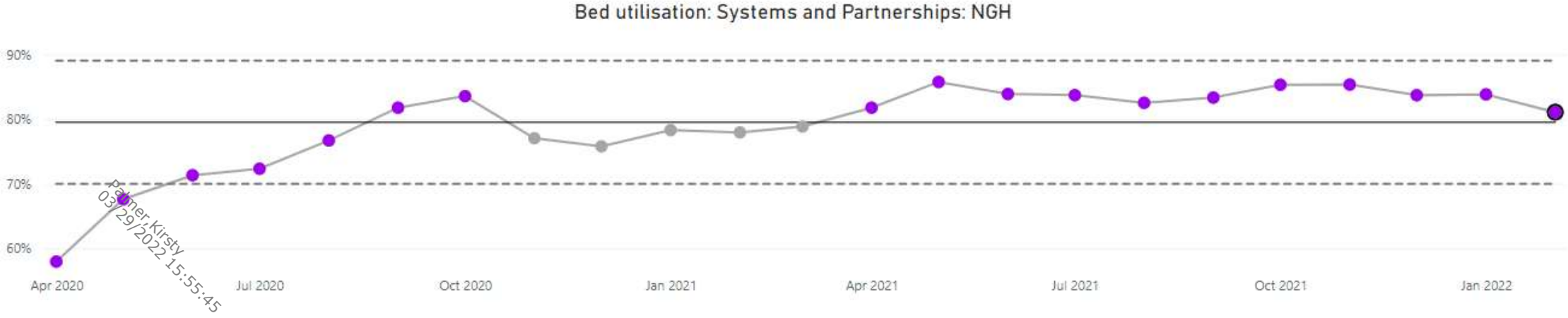
Group: Systems and Partnerships

Metric: Bed utilisation

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Dashboard | Detailed SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Bed utilisation

Site

NGH

Clear Filters

01/02/22 Latest Date	69.96% -3σ	Systems_and_Partnerships_1... Metric ID	
81.07% Value	79.5% Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	89.05% +3σ	Bed utilisation Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation Assurance

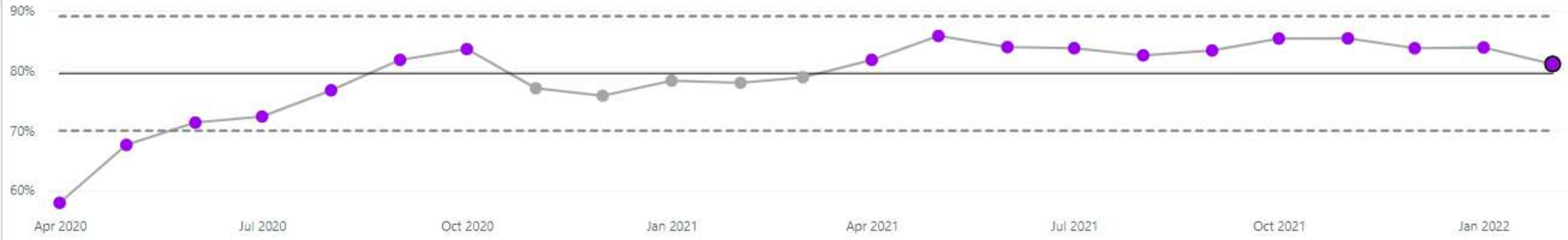
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Bed utilisation: Systems and Partnerships



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty 03/29/2022 15:55:45

Committee Dashboard | Detailed SPC Chart

Back to Group Priority Executive Summary

University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Bed utilisation

Site

KGH

Clear Filters

01/02/22 Latest Date	81.85% -3σ	Systems_and_Partnerships_1... Metric ID	
96.2% Value	89.9% Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	97.94% +3σ	Bed utilisation Vertical Axis	

Date	Annotation
01/04/20	Reported nationally Via KH03
01/05/20	Reported nationally Via KH03
01/06/20	Reported nationally Via KH03
01/07/20	Reported nationally Via KH03
01/08/20	Reported nationally Via KH03

Variation

Assurance

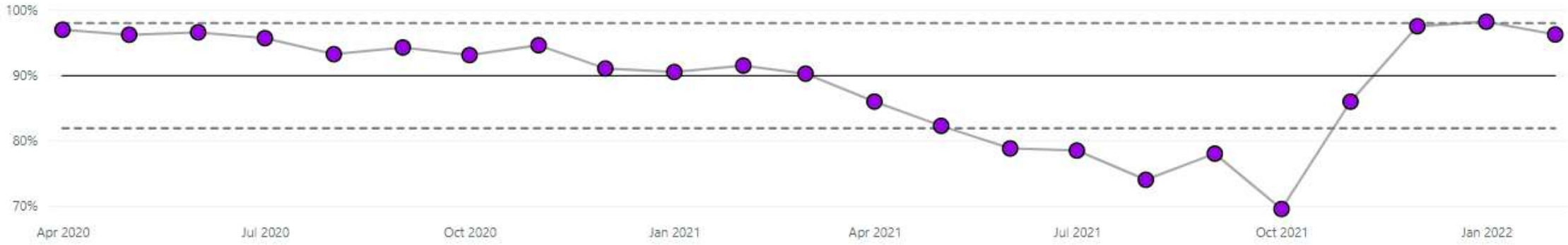
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Bed utilisation: Systems and Partnerships



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty
03/29/2022 15:55:45

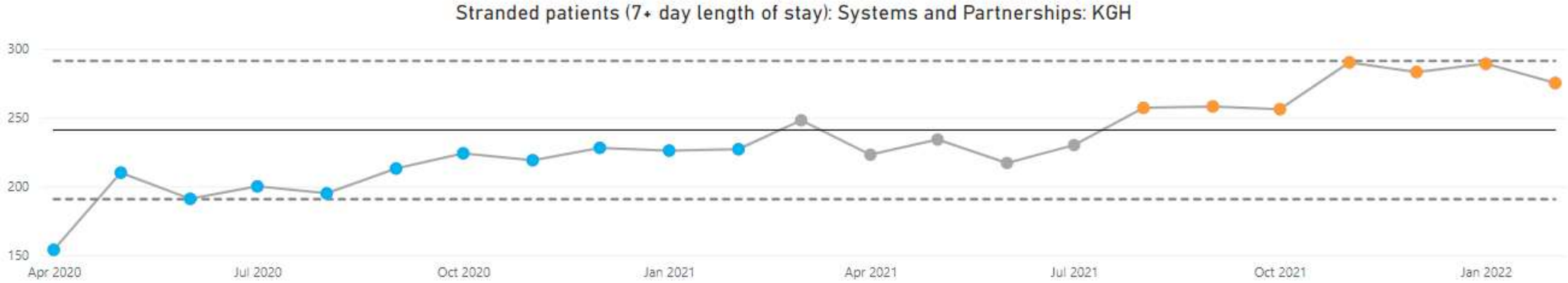
Committee Name: Integrated Governance Report (IGR)

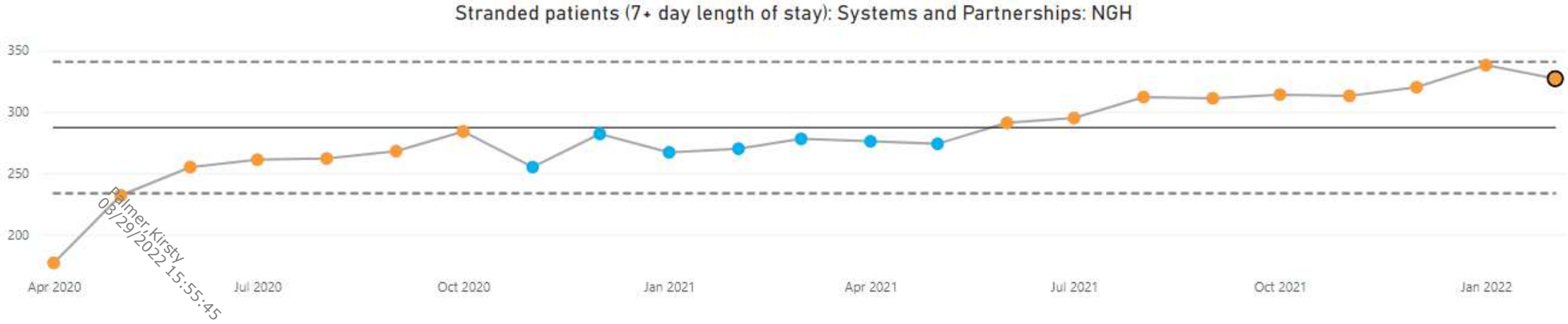
Group: Systems and Partnerships

Metric: Stranded patients (7+ day length of stay)

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Stranded patients (7+ day length of stay)

Site

NGH

Clear Filters

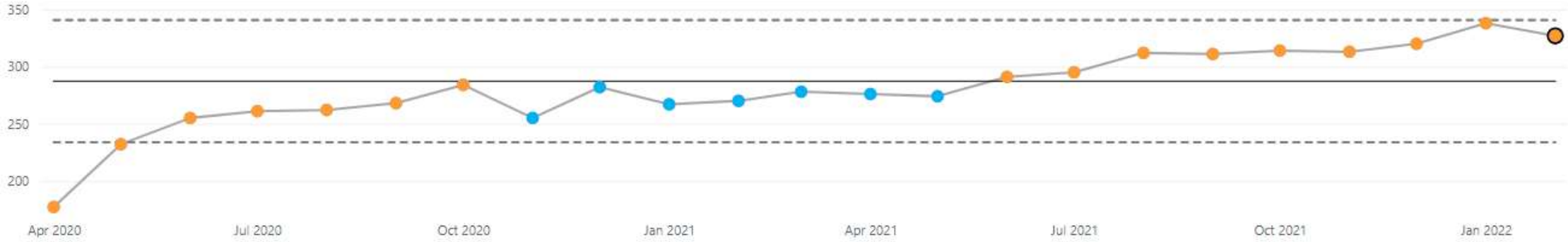
01/02/22 Latest Date	233.67 -3σ	Systems_and_Partnerships_1... Metric ID	
327 Value	287.2 Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	340.73 +3σ	Stranded patients (7+ day le... Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation: H Assurance: F

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------

Stranded patients (7+ day length of stay): Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (H)igher values Assurance: Variation indicates consistently (F)alling short of the target			

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Stranded patients (7+ day length of stay)

Site

KGH

Clear Filters

01/02/22 Latest Date	190.76 -3σ	Systems_and_Partnerships_1... Metric ID	Date Annotation
275 Value	240.89 Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	291.02 +3σ	Stranded patients (7+ day le... Vertical Axis	

Variation Assurance

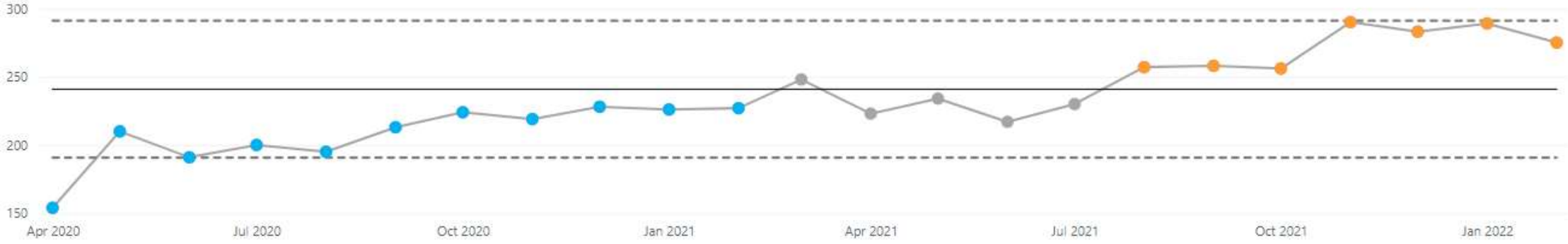
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Stranded patients (7+ day length of stay): Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
Number of patients with a LoS > 7 days				

Palmer, Kirsty 03/29/2022 15:55:45

Committee Dashboard | Comparison SPC Chart Back to Group Priority Executive Summary University Hospitals of Northamptonshire

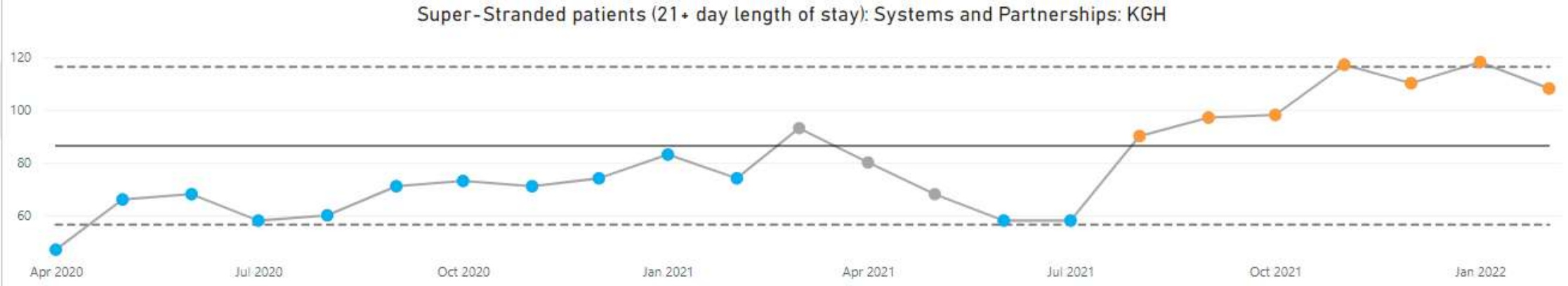
Committee Name: Integrated Governance Report (IGR)

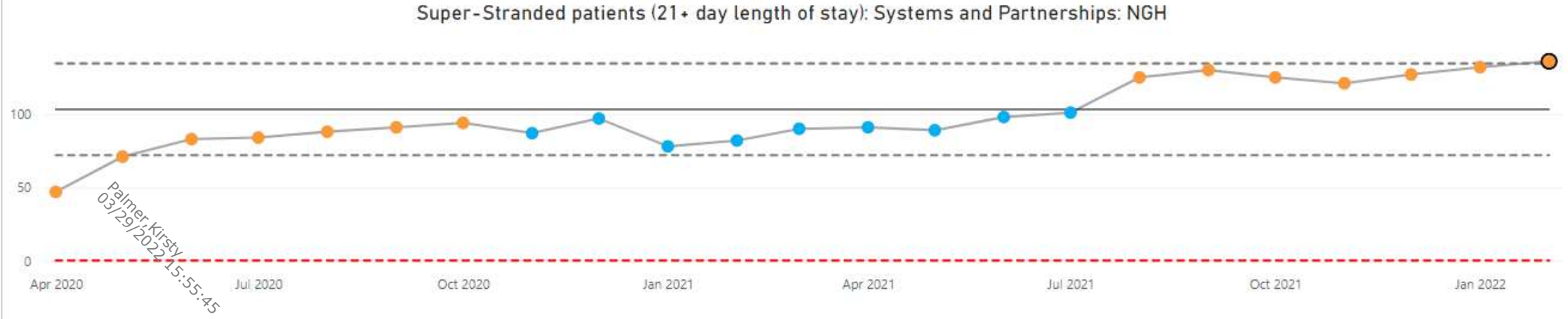
Group: Systems and Partnerships

Metric: Super-Stranded patients (21+ day length ...

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Super-Stranded patients (21+ day length...

Site

NGH

Clear Filters

01/02/22 Latest Date	71.99 -3σ	Systems_and_Partnerships_1... Metric ID	
136 Value	103.24 Mean	Feb-20 to Feb-22 Horizontal Axis	
0.25 Target	134.5 +3σ	Super-Stranded patients (21... Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

Variation: H

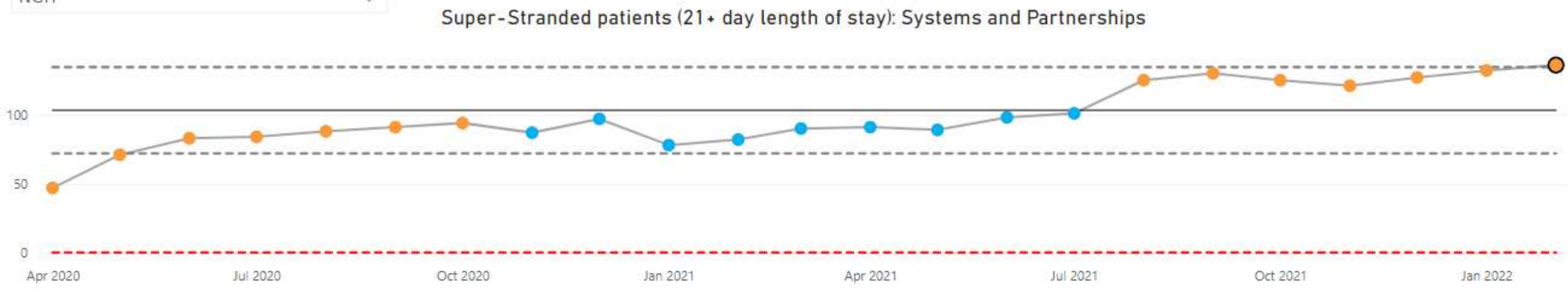
Assurance: F

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------



Background	What the chart tells us	Issues	Actions	Mitigations
Palmer Kirsty 03/29/2022 15:55:45	Variation: Special cause of concerning nature or higher pressure due to (H)igher values Assurance: Variation indicates consistently (F)alling short of the target			

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Super-Stranded patients (21+ day length...

Site

KGH

Clear Filters

01/02/22 Latest Date	56.46 -3σ	Systems_and_Partnerships_1... Metric ID	Date Annotation
108 Value	86.33 Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	116.21 +3σ	Super-Stranded patients (21... Vertical Axis	

Variation Assurance

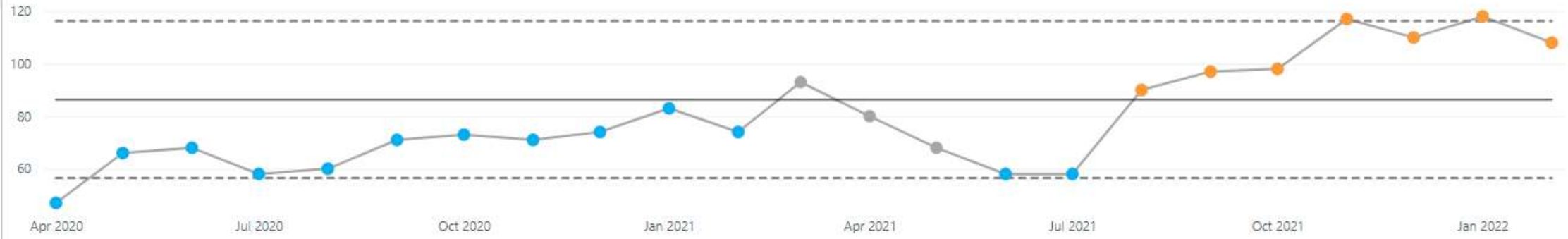
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Super-Stranded patients (21+ day length of stay): Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
Number of patients with a LOS> 21 days	Super Stranded numbers are in special cause variation. This trend is seen across the region.	Oversight of processes not in place to understand delays and bottlenecks to focus on and mitigate SS numbers reduced to 79 as of 16/3	We continue to focus on expediting delays and working with our partners to discharge to suitable care packages and placements. The Head of Clinical Operations and COO are working with partners to review all SS patients incl.:	Oversight on SBAR submission and Pathway Allocation now in place with challenge of any outstanding - aim to min internal admin process delays. We have seen a reduction in the overall time to allocate pathways.

Palmer, Kirsty 03/29/2022 15:55:45

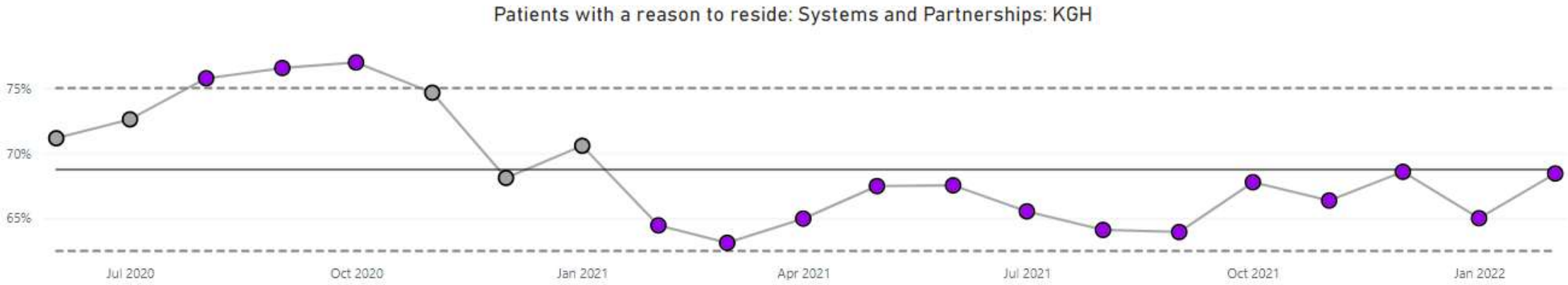
Committee Name: Integrated Governance Report (IGR)

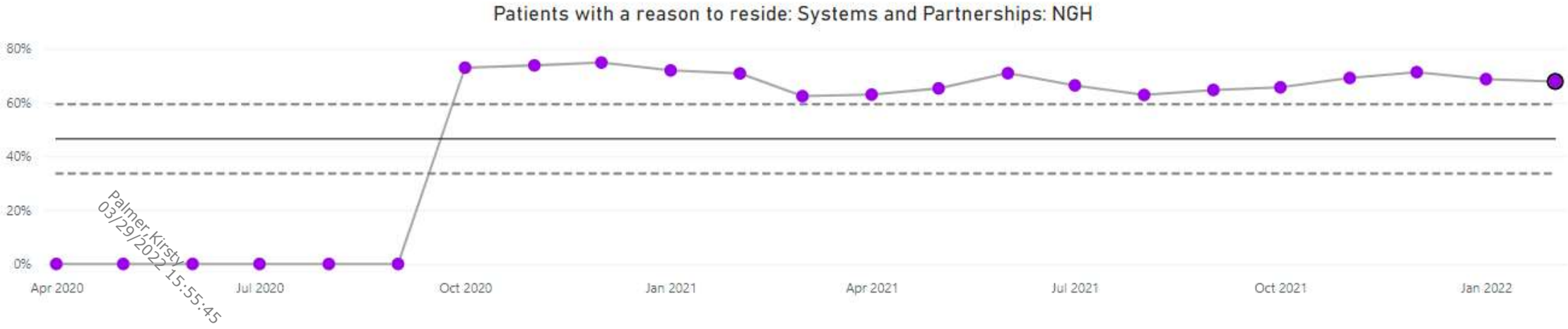
Group: Systems and Partnerships

Metric: Patients with a reason to reside

Clear Filters

Legend
Target ------
Upper/Lower Process Limit ------
Mean ------





Committee Dashboard | Detailed SPC Chart | Back to Group Priority Executive Summary | University Hospitals of Northamptonshire

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Patients with a reason

Site

NGH

Clear Filters

01/02/22 Latest Date	33.64% -3σ	Systems_and_Partnerships_1... Metric ID	
67.81% Value	46.48% Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	59.33% +3σ	Patients with a reason to res... Vertical Axis	

Date	Annotation
01/02/22	Latest data point = February 2022

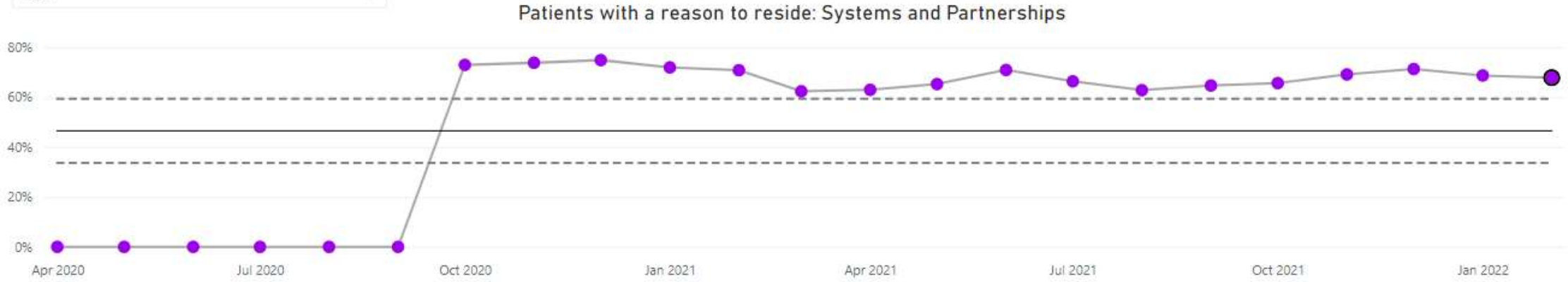
Variation Assurance

Legend

Target ------

Upper/Lower Process Limit ------

Mean ------



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty 03/29/2022 15:55:45

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Patients with a reason to reside

Site

KGH

Clear Filters

01/02/22 Latest Date	62.48% -3σ	Systems_and_Partnerships_1... Metric ID	
68.44% Value	68.74% Mean	Feb-20 to Feb-22 Horizontal Axis	
Target	75.01% +3σ	Patients with a reason to res... Vertical Axis	

Date	Annotation
01/06/20	Metric under Review. Data Reported from Patient Flow
01/07/20	Metric under Review. Data Reported from Patient Flow
01/08/20	Metric under Review. Data Reported from

Variation Assurance

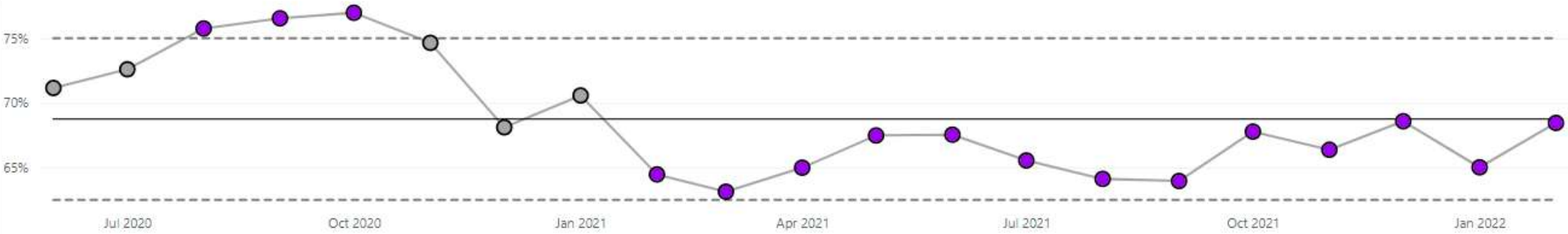
Legend

Target ------

Upper/Lower Process Limit ------

Mean ------

Patients with a reason to reside: Systems and Partnerships



Background | What the chart tells us | Issues | Actions | Mitigations

Palmer Kirsty
03/29/2022 15:55:45

NGH Board
Finance Performance

Month 11 (February 2022)
FY 2021/22

Palmer Kirsty
03/29/2022 15:55:45

Northampton General Hospital NHS Trust

Executive Summary – Year to Date

The Trust ended the month with a year –to-date financial position of £1.4m surplus, which is £0.2m better than plan. This is primarily driven by increased income.

The key parts of the M11 year to date position are as below.

Income - £4.4m favourable variance YTD / £0.8m in-month.

- Clinical income increases in cost and volume medicines (£0.2m) and overseas & PP (£0.2m).
- Non-clinical income is exceeding Plan largely due to additional Education & Training income (£0.9m), donated Covid PPE funding (£1.3m) and project cost income (£0.5m).

Pay - £1.6m adverse variance YTD / £0.7m adverse variance in-month

- Broadly £0.5m of the in-month variance is due to the bank shift bonuses offered for most of February.
- The winter expenditure consequently spent £0.9m versus a plan of £0.6m.
- Agency expenditure spend to date is £20.5m, although this has not seen an increase in monthly spend rate in winter.

Non-Pay - £2.3m adverse variance YTD / £0.4m favourable in-month.

- Adverse year-to-date is from the increase in expenditure to reflect the £1.3m DHSC donated PPE stock, which is also adjusted out in the reported position through 'normalisation'.
- Additionally cost & volume medicines £0.2m is income backed.
- The most significant pressures, not covered directly by income has been the estates and energy increases in recent months.

Efficiency year-to-date delivery from 11 months is measured at £8.5m, with the vast majority (78%) from temporary vacant posts that have not required backfill cover.

The Trust continues to have a healthy cash position, with a balance at the end of the month of £26.0m.

Capital spend at the end of M11 is £15.0m with commitments of £8.6m against a reallocated plan of £27.5m (including TIF funding allocations), leaving a balance of £3.8m to spend before the Year End. These have mostly been committed in March and the Teams are working hard to ensure any residual orders are placed and received in time to meet the 31 March deadline. We continue to monitor the position on a daily basis and a verbal update will be provided at the Board meeting.

Palmer Kirsty
03/30/2022 15:55:45

2021/22 M11 I&E Summary

Description	NGH Year To Date					NGH In Month		
	H1 Act. £m's	H2 Plan £m's	H1A + H2P £m's	Actual £m's	Variance £m's	M11 Plan £m's	M11 Actual £m's	Variance £m's
Total Income	216.0	184.6	400.6	404.9	4.4	36.6	37.4	0.8
Total Pay	(149.5)	(127.0)	(276.5)	(278.1)	(1.6)	(25.4)	(26.1)	(0.7)
Total Non Pay	(63.9)	(54.1)	(118.0)	(120.3)	(2.3)	(10.6)	(10.2)	0.4
Operating (Deficit)	**2.6**	**3.4**	**6.0**	**6.6**	**0.5**	**0.6**	**1.1**	**0.5**
Capital Charges	(2.8)	(2.0)	(4.8)	(5.1)	(0.3)	(0.4)	(0.4)	0.0
I&E Surplus / (Deficit)	**(0.2)**	**1.4**	**1.2**	**1.4**	**0.2**	**0.2**	**0.7**	**0.6**

NGH Finance Overview – In month reporting a £0.7m surplus, £0.6m favourable to plan.

Income - £0.8m favourable in month

- Training income and other income running higher than anticipated for Half 2.
- Year-to-date, much of the favourable variance is off-set with equal adverse numbers in Non Pay e.g. medicines and covid consumables.

Pay - £0.7m adverse in month

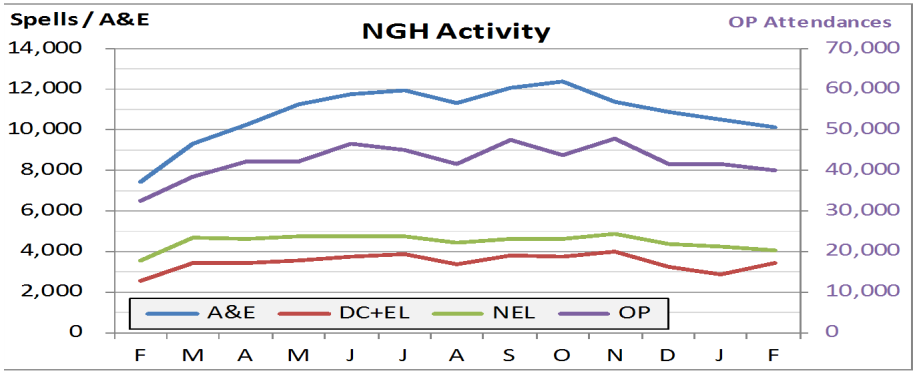
- The H2 plan for pay allowed for pay growth of £0.5m in Month 11, to account for planned investment recruitment and temporary winter costs.
- This has been exceeded by £0.3m due to shift bonuses available to some bank workers in January & February costing c. £0.9m across the 2 months.
- Additional pressure has been added on the Pay budget with a loss of 30wte contracted staff since Nov-21 often requiring temporary cover at higher rates of pay.

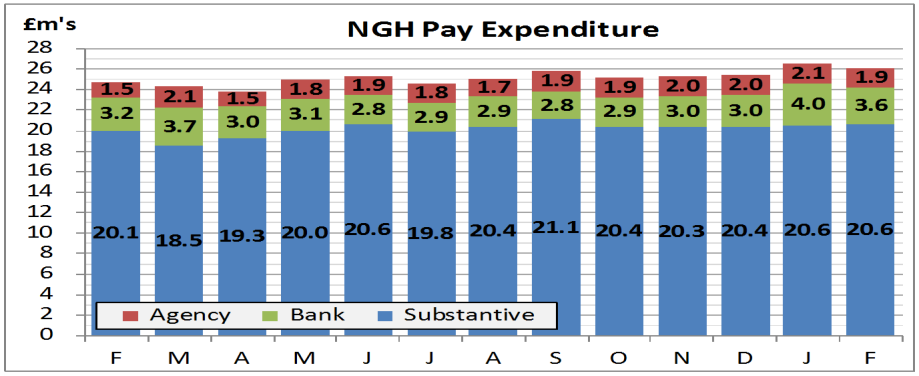
Non-pay - £0.4m favourable in month

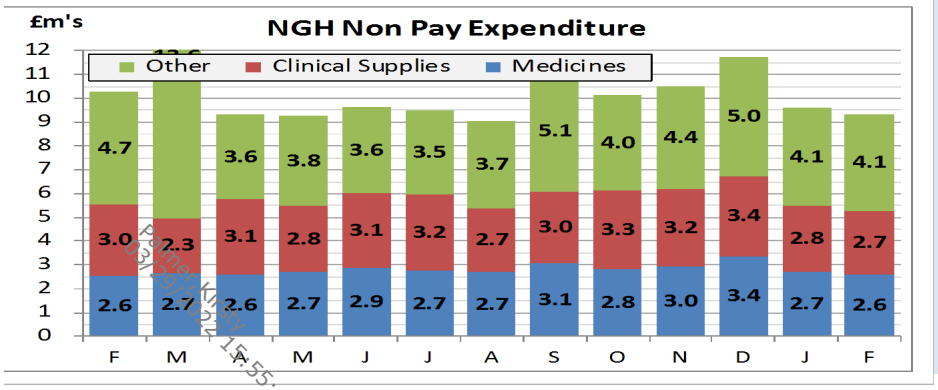
- Clinical non-pay has underspent £0.3m per month in 2022, as the elective activity has been constrained in response to the operational pressures.
- Other non-pay is looking relatively low to previous months, but still surpasses the budget expectation by £0.2 per month in 2022.
- Pressures in Half 2 budgets have been higher estates maintenance costs and the increased costs of energy in recent months.

Pamela Firsty
03/Feb/2022 15:55:45

Summary - Activity & Expenditure – Monthly Trend







Highlights / Key Issues

Activity

Total A&E daily attenders in February were down on the 9% higher monthly levels experienced in Sep-Nov '21. Daycase + Elective spells showing recovery from the January constraints.

Monthly Outpatient numbers look visibly lower in the last 3 months, compared to preceding 3 months, Sep-Nov. But note the 6% fewer working days account for a significant part of the 11% reduction.

Pay

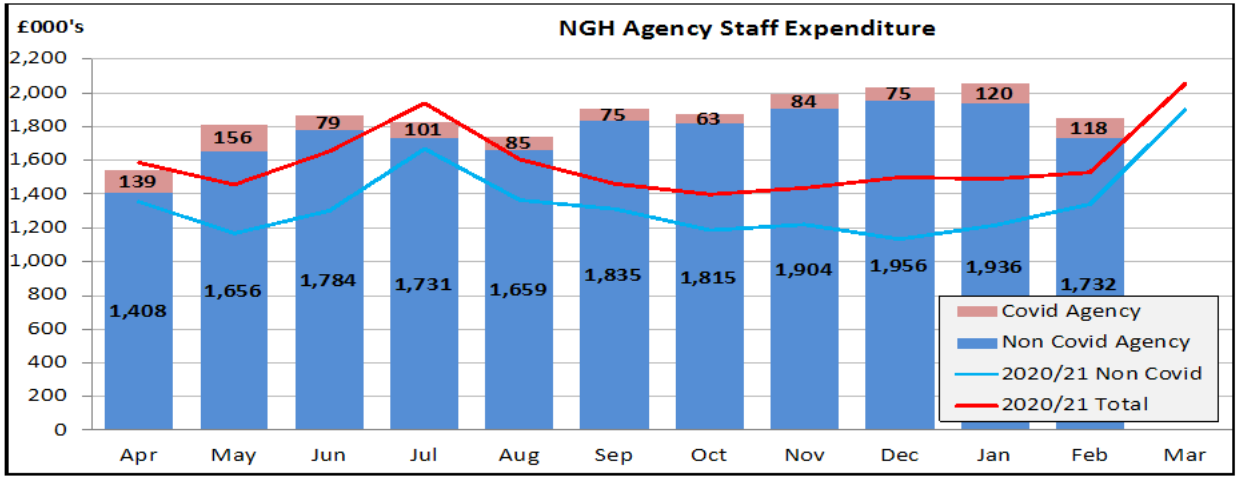
In Month 11 there was a total worked WTE of 5947WTE, of which 862WTE were temporary staff (14.5%). Permanent staffing has been on a downwards trend since November, most noticeably in Nursing.
Weekend and bank holiday enhancements keeping expenditure appearing to increase on contracted staff.
Temporary staffing has filled that reduction in permanent staffing and more, with shift bonus incentive scheme making a marked difference to the spend rate on bank staff in January & February.

Non Pay

Clinical non-pay has underspent £0.3m per month in 2022, as the elective activity has been constrained in response to the operational pressures.
Other non-pay is looking relatively low to previous months, but still surpasses the budget expectation by £0.2 per month in 2022. This is due to higher estates maintenance costs and the increased costs of energy in recent months.

Page 4 of 5
13/29/2022 15:55:45

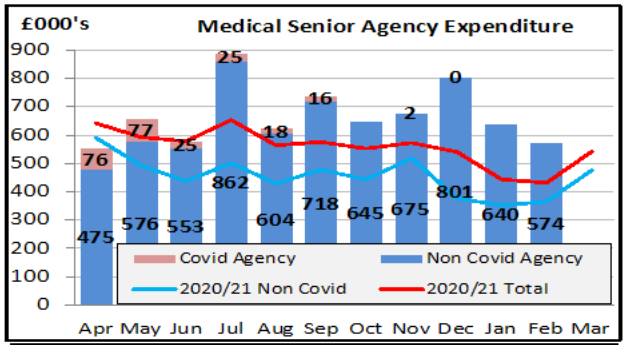
Agency Pay Expenditure

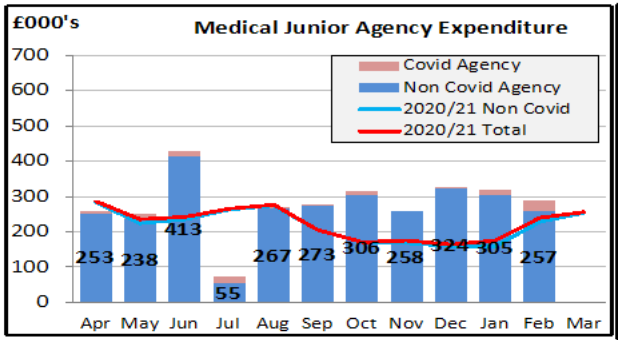


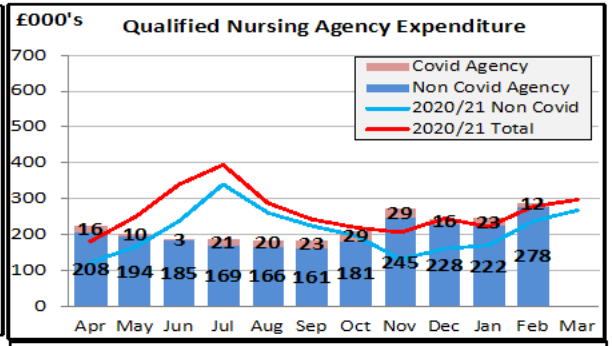
Monthly Agency spend of £1.85m, the highest month to date, bringing the total agency spend to £20.5m (including COVID expenditure). This exceeds the annual ceiling of £11.2m.

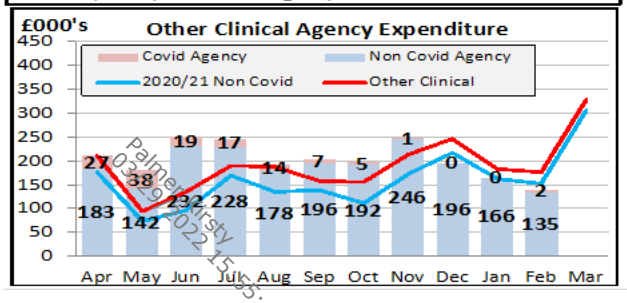
The number of agency staff of 257wte in February, consistent with the average since September 2021. Key drivers continuing to be operational pressures in Urgent Care, sickness and vacancy cover.

February expenditure benefitted from some accrual release £0.1m against anticipated agency medical staff costs.









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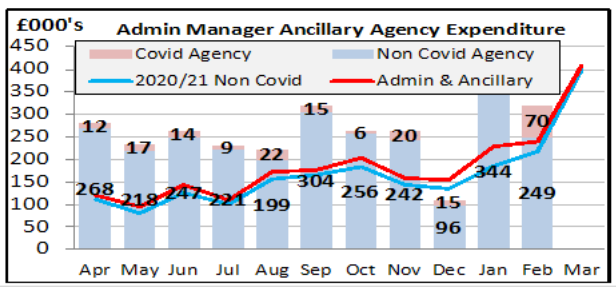

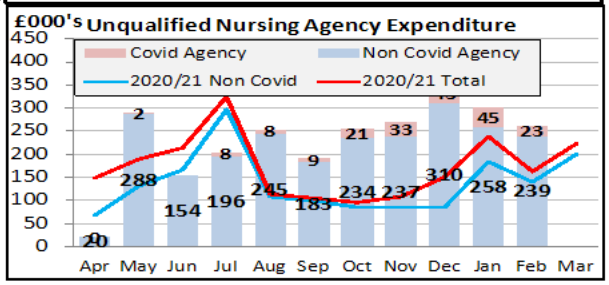

Statement of Financial Performance

The key movements from the opening balance are:

Non Current Assets

- M11 capital additions of £2.4m, this includes Estates spend of £0.6m, Digital of £1.4m of which £1.2m is for 'End User Devices' and Medical Equipment of £0.2m.

Current assets

- Inventories - £0.1m. Decrease in Pharmacy stock. Increases in Pathology and Pacing/Excluded devices partially offset by decreases in other stockholdings.
- Trade and Other Receivables – £3.8m due to: Increases in NHS Receivables (£2.5m), Trade Receivables (£0.1m) and Prepayments (£3.0m). Decreases in Non-NHS Receivables (£0.2m), NHS Income Accruals (£1.5m), VAT reclaim (£0.3m)
- Salary overpayments have increased this month with an overall balance of £0.3m. Year to date overpayments are £0.4m which is slightly higher than the same period last year.
- Cash –Increase of £1.3m.

Current Liabilities

- Trade and Other Payables - £4.2m due to: Increases in Trade Payables (£4.3m), Capital Payables (£0.6m), PDC Dividend (£0.4m) and Tax, NI and Pension Creditor (£0.1m) . Decreases in NHS Payables (£0.3m) and Receipts in Advance (£1.1m).
- Provisions . Release of provision utilised: NMET Income and HR Compensation.

Non Current Liabilities

- Finance Lease Payable - £0.1m. Nye Bevan and Car Park.
- Loans over 1 year. Repayment of Salix Loan.

Financed By

- PDC Capital – Radiology Digital Diagnostic Equipment (£0.2m), Cyber Security (£0.2m) and Frontline Digitalisation – End User Devices (£1.5m)
- I & E Account - £0.7m surplus in month.

Baker, Kirsty
03/29/2022 15:55:43

SOFP

TRUST SUMMARY BALANCE SHEET
MONTH 11 2021/22

	Balance at 31-Mar-21 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	188,782	188,782	188,782	0	188,782	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	13,280	15,675	2,395	28,141	28,141
LESS DEPRECIATION	0	(10,320)	(11,177)	(857)	(12,334)	(12,334)
NET BOOK VALUE	188,782	191,742	193,280	1,538	204,589	15,807
CURRENT ASSETS						
INVENTORIES	6,310	7,594	7,508	(86)	7,310	1,000
TRADE & OTHER RECEIVABLES	16,048	17,084	20,928	3,844	18,282	2,234
NON CURRENT ASSETS FOR SALE	0	0	0	0	0	0
CLINICIAN PENSION TAX FUNDING	966	966	966	0	966	0
CASH	25,428	24,719	26,028	1,309	6,000	(19,428)
TOTAL CURRENT ASSETS	48,752	50,363	55,430	5,067	32,558	(16,194)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	34,787	40,760	44,914	4,154	24,802	(9,985)
FINANCE LEASE PAYABLE under 1 year	1,206	1,246	1,250	4	1,254	48
SHORT TERM LOANS	246	246	246	0	274	28
STAFF BENEFITS ACCRUAL	0	0	0	0	0	0
PROVISIONS under 1 year	2,477	1,469	1,445	(24)	2,477	0
TOTAL CURRENT LIABILITIES	38,716	43,721	47,855	4,134	28,807	(9,909)
NET CURRENT ASSETS / (LIABILITIES)	10,036	6,642	7,575	933	3,751	(6,285)
TOTAL ASSETS LESS CURRENT LIABILITIES	198,818	198,384	200,855	2,471	208,340	9,522
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	8,323	7,299	7,192	(107)	7,069	(1,254)
LOANS over 1 year	763	606	546	(60)	669	(94)
PROVISIONS over 1 year	1,585	1,585	1,585	0	1,585	0
NON CURRENT LIABILITIES	10,671	9,490	9,323	(167)	9,323	(1,348)
TOTAL ASSETS EMPLOYED	188,147	188,894	191,532	2,638	199,017	10,870
FINANCED BY						
PDC CAPITAL	259,588	259,588	261,537	1,949	270,466	10,878
REVALUATION RESERVE	42,144	42,144	42,144	0	42,144	0
I & E ACCOUNT	(113,585)	(112,838)	(112,149)	689	(113,593)	(8)
FINANCING TOTAL	188,147	188,894	191,532	2,638	199,017	10,870

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30th March 2022
Agenda item	6

Title	National Discharge Programme - Preparing for Winter 2022/23
Presenter	Palmer Winstanley, Chief Operating Officer, NGH
Author	Andy Callow, Group Chief Digital Information Officer Palmer Winstanley Chief Operating Officer, NGH Fay Gordon, Interim Chief Operating Officer, KGH

This paper is for			
☐Approval	☒ Discussion	☒ 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

Group priority				
☒ Patient	☒ Quality	☒ Systems & 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

Reason for consideration	Previous consideration
This paper outlines our plans and anticipated goals to ensure we are ready for the demands this winter may pose.	NA

Executive summary

The need to prepare and be ready for winter is a national and local priority as it is predicted to be one of the worst winters for some time. It is important therefore that we start to plan now for winter 22/23 to ensure that we are in the best position possible to be

Palmer, Kirsty
03/29/2022 15:45

able to maintain patient safety.

Discharge is a complex issue and has been a problem for us and others across the country for some time.

In January NHSE launched a national program to focus on discharge and we are one of 14 trusts who have been asked to participate in the Hospital only Discharge programme (HOD), before it is rolled out more widely. The national programme has 3 other workstreams which are focused on Community and Adult social care and both North Northants Council (Adult Social care) and NHFT will be participating in.

We are committed to improving our internal processes to support discharge and flow across the hospital and since we commenced the programme in January 2022, we have already seen a reduction in the number of super stranded patients (patients who have been in hospital for over 21 days) and a reduction in the time it takes to discharge a patient who needs some form of support after discharge.

We have a track record for being able to make positive changes and improvements, the challenge however is how we sustain the improvements necessary to ensure we can respond to the demands of increased activity and acuity over winter along with any new covid variant challenges, and this will require a whole system approach.

Our commitment to reduce waiting times for patients who are waiting for elective surgery is predicated on our ability to be able to release sufficient bed capacity, this is why it's important we work as a system to ensure timely and appropriate discharge for all of our patients who require our services.

Our bed occupancy has been constantly exceeding 95%, our ambition through the focused work is to reduce this to 90%. This will not only improve flow across the organisation but will importantly improve the experience for our patients.

Appendices

NGH plan

Risk and assurance

It is acknowledged that the impending winter is going to be a challenge, but we have started to prepare and will continue to make this one of our main priorities for next 6 months.

Financial Implications

Unknown at present

Legal implications/regulatory requirements

None identified

Equality Impact Assessment

No direct implications

Palmer Kirsty
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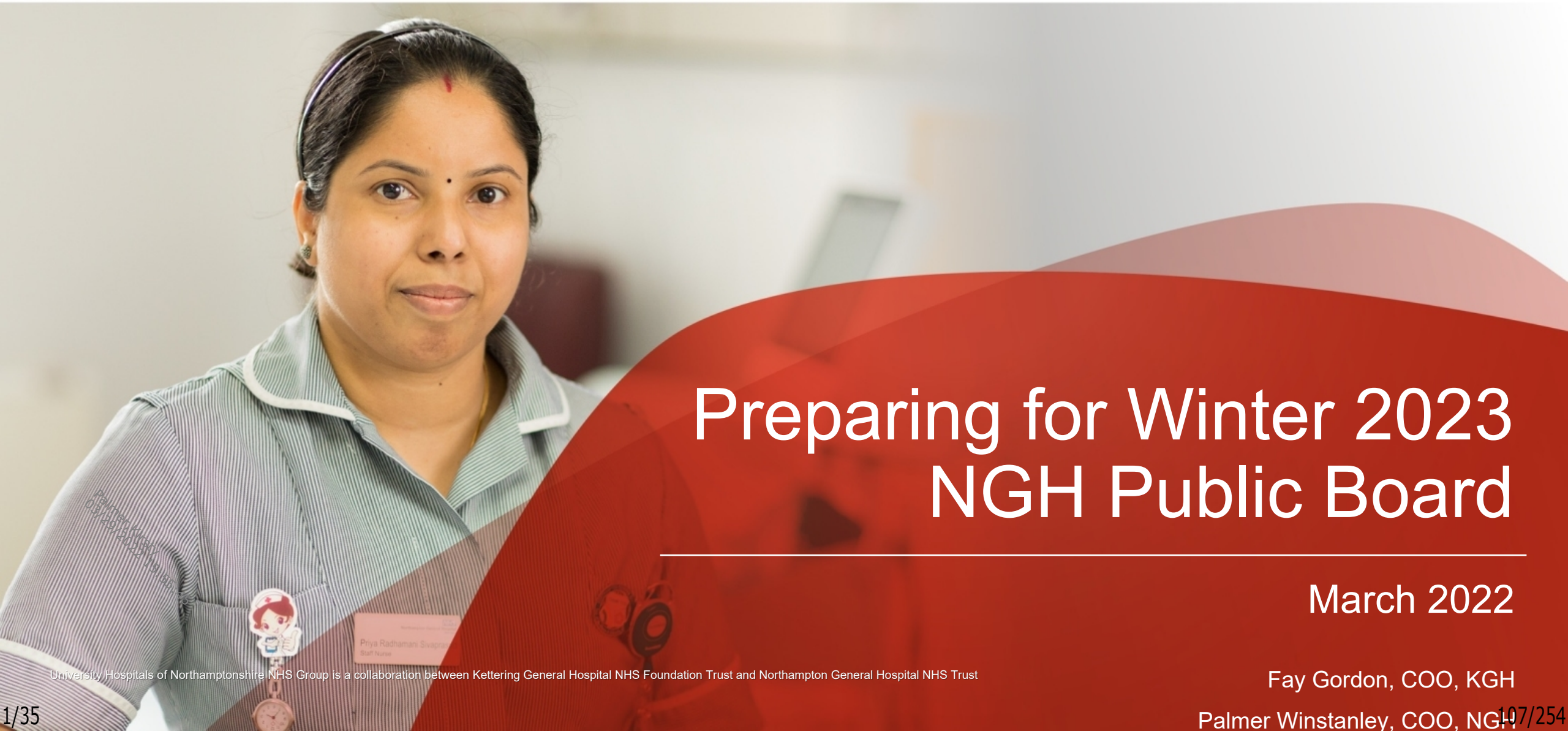

Preparing for Winter 2023
NGH Public Board

March 2022

Fay Gordon, COO, KGH
Palmer Winstanley, COO, NGH

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Introduction

- Improving discharge is a national priority, flow needs to be improved as we look towards recovery. Northamptonshire has traditionally been challenged with addressing discharge; short-term efforts have made with some gains, but these have struggled to be maintained. We now need to get in a position for higher levels discharge to be achieved and sustained permanently.
- Both KGH and NGH are part of a group of 14 Trusts working with NHSEI focusing on discharge, known as the Hospital Only Discharge (HOD) programme, with the aim that developments can be scaled out wider.
- Covid continues to be an issue for our hospitals with both Trusts still seeing a high level of admissions. Whilst the numbers are static, the need to maintain infection control measures causes disruption to our bed base often reducing the bed base by 10 at both sites.
- It is important that we plan for winter 2023 now to be in the best position to maintain patient safety both as Trusts and an ICS
- Over the next 12 months, our focus will be on discharge. Over the last 4 months, occupancy levels at both hospitals have averaged over 95%. Evidence shows us that a full hospital has an impact on patient flow and experience. Fuller hospitals lead to more patient moves, which in turn leads to longer stays [Nuffield, 2017, Webster et. Al 2016]
- Elective care and maintaining an adequate bed base is also a top priority, with some patients still waiting over 52 weeks for their surgery. Effective Flow and discharge across the hospitals is going to be critical if we are to achieve this.
- This paper sets out the outcome of our demand and capacity modelling for the next 12 months and how that is offset by various initiatives (including HOD and ICAN).

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Hospital Only Discharge Programme

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03/29/2022 15:55:45

Hospital Only Discharge Programme (HOD)

- NGH and KGH have been identified as 1 of 15 high impact trusts to allow the NHS to test the impact of individual interventions and demonstrate change rapidly before expanding their focus to the whole country. This work will be undertaken in partnership with key stakeholders.
- The program is made up of 4 work streams:
  - Hospital Only Discharge Programme. (Which we are part of)
  - Interface
  - Community Healthcare
  - Adult social care
- The HOD programme's overall objective is to support improved flow through hospitals. It aims to ensure patients do not stay in hospital beds longer than they need to, and will, amongst other improvements, support safer care, reduce levels of bed occupancy, improve urgent and emergency care pressures, and contribute to elective care recovery.

HOD Trusts

The Princess Alexandra Hospital NHS Trust
James Paget University Hospitals NHS Foundation Trust
Croydon Health Services NHS Trust
Whittington Health NHS Trust
Northampton General Hospital NHS Trust
Kettering General Hospital NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust
Leeds Teaching Hospitals NHS Trust
Hull University Teaching Hospitals NHS Trust
Wrightington, Wigan and Leigh NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust
Surrey and Sussex Healthcare NHS Trust
Portsmouth Hospitals University NHS Trust
Royal Cornwall Hospitals NHS Trust
University Hospitals Plymouth NHS Trust

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Activity Areas

ACTION PLANS

Each Trust submitted HOD improvement action plans. Work has taken place to extract key themes

VISITS

Each Trust has been visited by the HOD team during February. Regular follow up visits planned

METRICS

Creation of a balanced scorecard to monitor key metrics. Aiming to measure impact of improvement interventions

SUPPORT

Support provided by ECIST for sharing learning across the programme

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Metrics Being Collected

Initially, 26 qualitative and 17 quantitative metrics were considered during February by the group. Currently, **7 metrics** are being regularly requested from the HOD Trusts, of which UHN can report on 4 currently:

No	Measure	Collected at UHN?
1ai	Number of emergency admissions of patients aged 65 and over who have a 24+ hour length of stay	👍
1aii	Of 1ai, the number whose cognitive, functional and social status has been assessed within 24 hours of admission	
1ci	Of 1ai, the number of patients who have a Clinical Frailty Score recorded	👍
1cii	Of 1ci, the number of patients with a clinical frailty score of 5 or more	👍
1ciii	Of 1cii, the number of patients who were reviewed by a frailty specialist or team within 24 hours of admission	
2a	Of 1ai, the number of patients, with a firm expected date of discharge set within 24 hours of admission	👍
2b	Of 2a, the number of patients whose expected date of discharge has been communicated to the patient and family and carers within 24 hours of admission	

Summary of responses as at 25 Feb 2022

Nine of the fifteen trusts were able to answer more than half of the questions.

Only Surrey and Sussex Healthcare NHS Trust were able to answer all questions.

Of those who answered 1aii), three out of five trusts were able to assess all patients within 24 hours of admission.

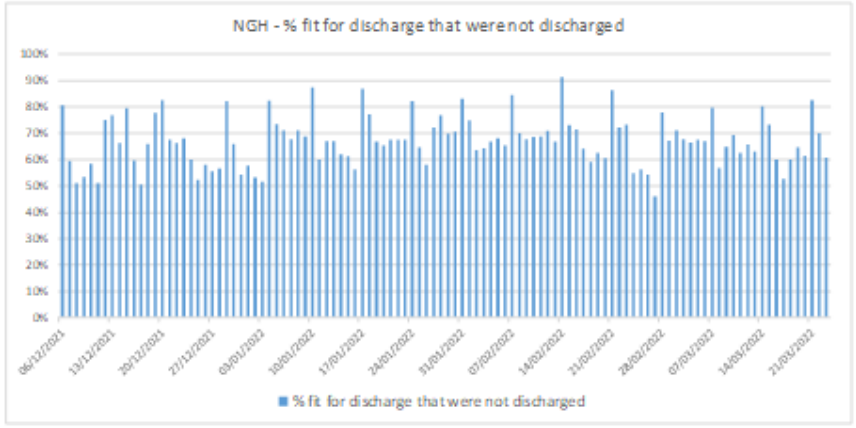
Of the trusts who responded to 2a), 40% of patients had an expected date of discharge set within 24 hours of admission.

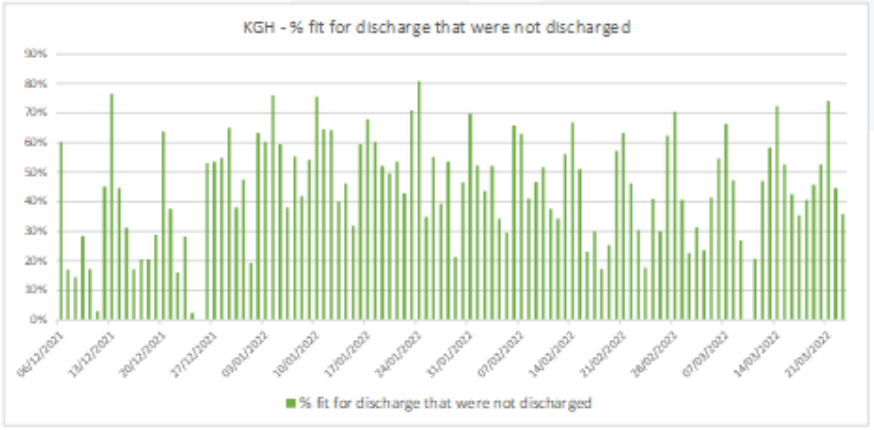
Patient Kiosk 03/29/2022 15:53:45

What's Our Current Position?

The measures introduced at a national/regional level are showing no signs of improvement

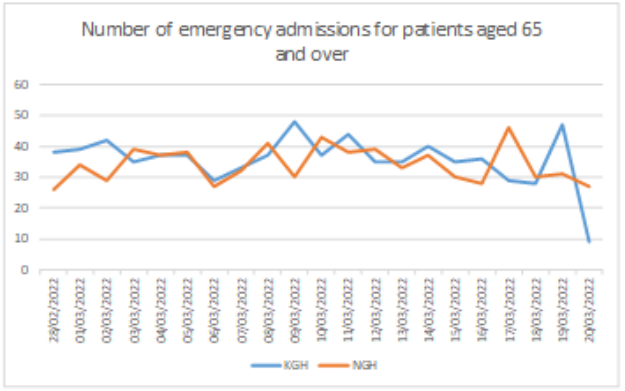
% MFFD but not discharged has not changed significantly

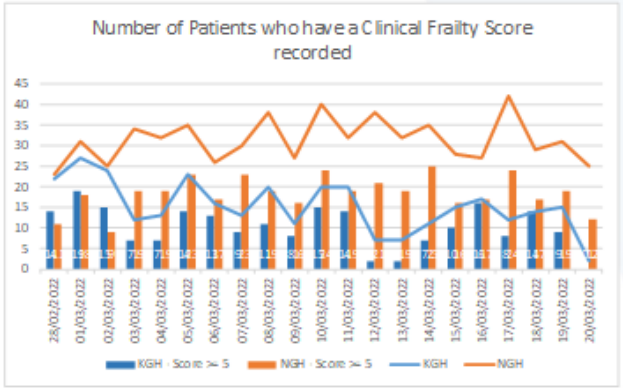


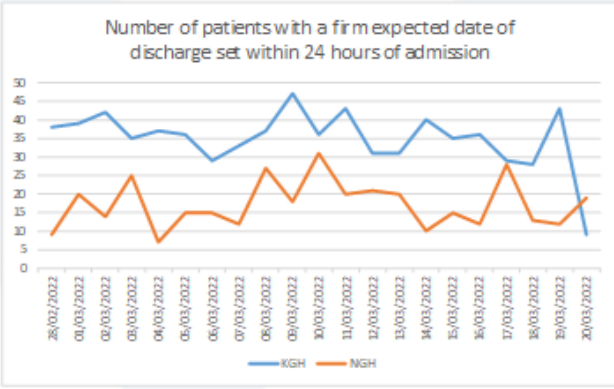


HOD measures. Static at NGH. Small movements down at KGH

(*KGH data point 20 March being verified)







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Hospital Only Discharge programme: What are we doing?

Both hospitals have clear action plans in place which focus on:

- **Ward processes**:
  Implementation of effective board rounds, ensuring each patient has a clear plan developed by the MDT
  Roll out of criteria led discharge across the trust
  Visibility of each patients anticipated discharge pathway with the introduction of the new Icon on patient low
- **Discharge processes:**
  Introduction of SBAR (Situation, Background, Assessment, Recommendation) documentation upon admission for patients who will require a supportive discharge
  Early identification of patients on pathway zero using a new Icon on patient flow / IBox
- **Internal delays:** Particularly Radiology and Pharmacy. "Undertaking today's work today"
- **Frailty:** To increase the number of preventable admissions and in addition reduce LOS for this cohort of patient. The concept of a virtual ward is being explored
- **ECIST** (Emergency care intensive support team) have offered support to both trusts to expedite our plans to improve patient safety and flow across the organisations.
- **The Royal Academy of Engineers** (Cambridge University) are also supporting us as part of their "Engineering better care" initiative, offering a different perspective on our processes across the whole system
- Weekly HOD steering group to maintain focus and oversight

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03/31/2022 15:55:43

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HOD Action Plan - NGH

Trust Name: Northampton General Hospital NHS Trust (NGH)

Workstream	Activity	Timescale	Expected Impact
Ward Based Processes	Board rounds in medical and surgical departments • Board round improvements via knowledge share sessions and workshops • Board round poster distributed • Sustainability plans to be agreed • Culture surveys completed • Dashboard training • Criteria to Reside – some wards 7dpw but others only 5dpw – staffing restrictions. Aim to improve staffing via business case. 3x daily board rounds on acute assessment units 7dpw, 5 dpw board round x2 base wards: (Supported by iCAN work (Newton Europe supporting) Medical Model modernising - investigating how we could bring medicine ways of working forward Diagnostics: working with newton around time to IP CT & MRI.	February 2022 February 2022 February 2022 March 2022 March 2022 2022-23	2% reduction in 7 Day +LoS. (14 Pts)
Ward Discharge Processes	• WMTM form redesigned • Dashboard user testing • Discharge handbook signed off (Mapping of processes support required – in process form RAoE) • Trackers and metrics approved • Frailty assessment unit and reviews throughout the patient journey (virtual – ibox) • Criteria led discharge in place (ibox). Further improvement to capture surgical criteria) • Discharge team does not assess every 21+ day patient and only 5dpw. Aim to improve staffing via business case. • Transfer of Care (ToC) Hub in place updated each day and all partners attend including therapists • Specialist clinicians work alongside ED at peak demand times (daily at 8am to review ED patients)	February 2022 March 2022 March 2022 March 2022 Complete 2022-23 2022-23 Complete Complete	2% reduction in 7 Day +LoS (14 Pts)
Improvement	IV antibiotics study to consist of: (Supported by iCAN work (Newton Europe supporting) • Review process with MDT, trial set up and pilot, training/roll out • Implement MDT 7dpw – winter funds allocated to complete business case CT & MRI study to consist of: • Plan for studies, trials designed and agreed with iterations as required: Frailty process and 7 day services to increase uptake and Discharge profile (Supported by iCAN work (Newton Europe supporting)	April 2022 2022-23	Reduction 2-3% in 7 Day +LoS. (14-21 Pts)
Other	**Digital** • Newton to obtain BI access • Background data available in correct format, measures calculated and BI visualisations agreed • User feedback collated • Dashboard updated • Training manual agreed • IT are working on a reporting function and escalation of speciality delays for base wards via careflow. ED have live dashboard that shows speciality waits and a monthly HIVE report • IG benchmarking and support for inter agency flow of information (Support requested)	Complete February 2022 February 2022 March 2022 March 2022 March 2022	These metrics will support the actions above to achieve this.

Palmer Kirsty
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Hospital only discharge: What have we done at NGH?

Actions taken:

- Discharge planning is now commenced on admission
- Decisions are made about the patient's onward journey at the daily MDT. Any outstanding information the wards are contacted immediately
- Completed and outstanding SBARS reported and monitored at the bed meetings
- Daily Super Stranded reviews starting with senior input from Hub and COO/Dept COO supporting and challenging wards.
- A focus on implementing High quality effective board rounds with Exec Sponsors.

Successes so far:

- SS Reviews have shown areas for improvement projects to support discharge.
- LOS & Quality improvements shown in the board rounds on pilot wards.
- Compton Ward has been opened as elective again a month earlier than expected.
- Frailty trolley spaces being opened in coming week.

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Next Steps for improving discharge at NGH

- Board rounds being rolled out to final wards and shifted into BAU.
- Setting up education and support session between NHFT and ED to support increased discharges from the front door.
- Urgent and Emergency Care and Flow board set up along with open sessions held with consultants to support idea generation.
- Focus on diagnostics and delays to IP journeys for MRI And CT.
- Frailty service trolleys being started in place of beds, with addition investment in coming year.
- Medical Model being reviewed by ECIST to support recruitment, modernisation to support consistency of care throughout the week.
- SDEC hours being pushed to open until midnight.
- Focus on the hub to decrease time from MOFD to accepted on pathways.
- Moving from PDNA forms to ToC with ‘what matters to me’.
- Discharge Coordinators moving to support wards with new ways of working.

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What does success look like?

Success Parameter	KGH	NGH
Reduction in Super Stranded (SS) and stranded patients	In January 2022 we had 136 Super stranded patients (36% of bed base) Our aspiration is to reduce this to 54 (10% of bed base) by October 2022 and then to 36 (6.9%) by January 2023, but going to require partners to achieve this	Since January 2022, we have had c.130-140 Super Stranded patients (23% of bed base). Our aspiration is to reduce this to under 100 by May 2022, and to under 60 by October 2022.
Reduction in length of time from patient being medically fit to being discharged	Our target is to reduce the mean duration from 18.5 to 5.5 days over the next 6 months	Currently, it takes an average of 15 days from MOFD to accepted to a pathway and a further 9 days to move out on a pathway totalling 24 days. The aim is to reduce this to under 10 days over the next 6 months.
Protection of elective beds has been challenging and has resulted in extended waiting times.	Elective beds will be protected. We will have zero known 52 week breaches from April 22.	Elective beds will be protected. We will have zero known 52 week breaches from July 22.
Length of Stay (LOS)	0.5 of a day from April to August and then a day from September onwards. Support from system partners is again critical for this to be achieved	0.5 of a day from April to August and then a day from September onwards. Support from system partners is again critical for this to be achieved
There is a commitment to ensure that all Ambulance handovers are undertaken as swiftly as possible in line with the best interests of safety for patients in the community	KGH continues to have some of the best performance both regionally and nationally against the 60-minute standard. Our current performance for 30 minute hand overs is 80%. Our aspiration is now to achieve 95% handovers within 30 minutes and 65% with 15 minutes,	NGH is middle of the pack with Ambulance delays. It struggles with ensuring we achieve the national standard due to overcrowding and flow out of ED. Aspiration is to eradicate all over 60 min delays by May 2022.
We will aspire to reduce bed occupancy to improve patient flow and experience	Our target is to achieve 90% occupancy, which will require full system support	We aim to achieve 90% occupancy; however this would require a significant support from the system.

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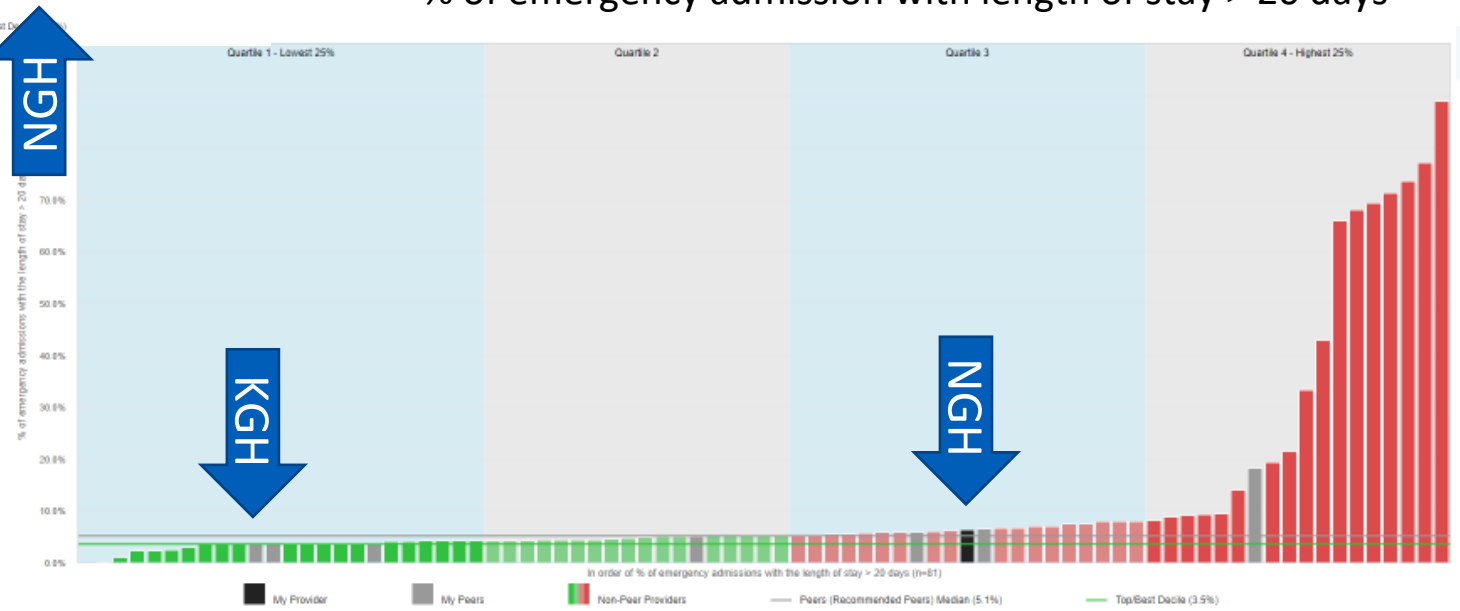
Model Hospital Benchmarking

% of bed days that are due to emergency patients staying > 6 days

% of emergency admission with length of stay > 20 days



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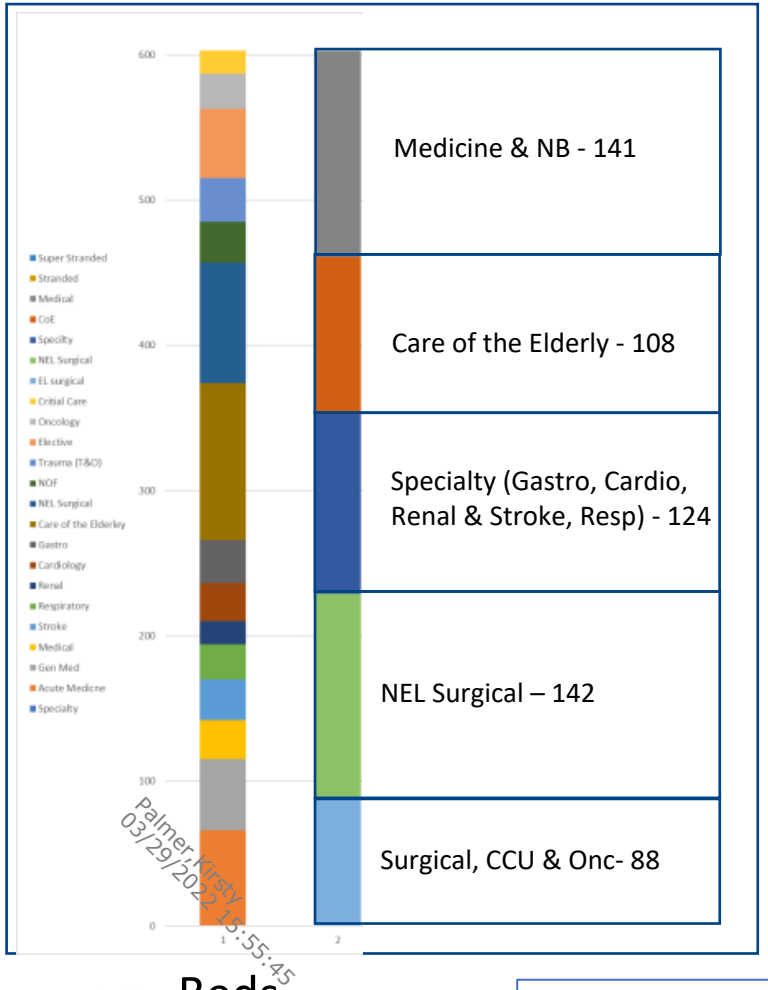
NGH Discharge Info

Beds



Pathways

	Ave Pts
Pathway 0	15
Pathway 0 TBC	52
Pathway 1	43
Pathway 2	22
Pathway 3	17
Total	150

Stranded & Super Stranded

LoS

January 2022
Av 7+ Day
338

Of this, av 21+ days was 132

Discharges

Medicine & NB - 141	Av Weekday - 19 Ave W/E - 11 Total Ave - 17
Care of the Elderly - 108	Av Weekday - 7 Ave W/E - 2 Total Ave - 5
Specialty (Gastro, Cardio, Renal & Stroke, Resp) - 124	Av Weekday - 12 Ave W/E - 5 Total Ave - 10
NEL Surgical – 142	Av Weekday - 12 Ave W/E - 9 Total Ave - 11
Surgical, CCU & Onc- 88	Av Weekday - 20 Ave W/E - 13 Total Ave - 18

- Average discharges per day in each bed grouping is less that 10% of its bed base

FEBRUARY
Av Weekday - 50
Ave W/E - 26
Total Ave - 43

MARCH
Av Weekday - 49
Ave W/E - 30
Total Ave - 43

- Total beds are 608, when grouped together there are 520 non elective.
- Of those, on average, there are 43 discharged per day (50 on weekdays, 26 at weekends.
- 338 (53%) are over 7 days and 132 (23%) are over 21 days. Of these, 150 are MFFD on pathways.

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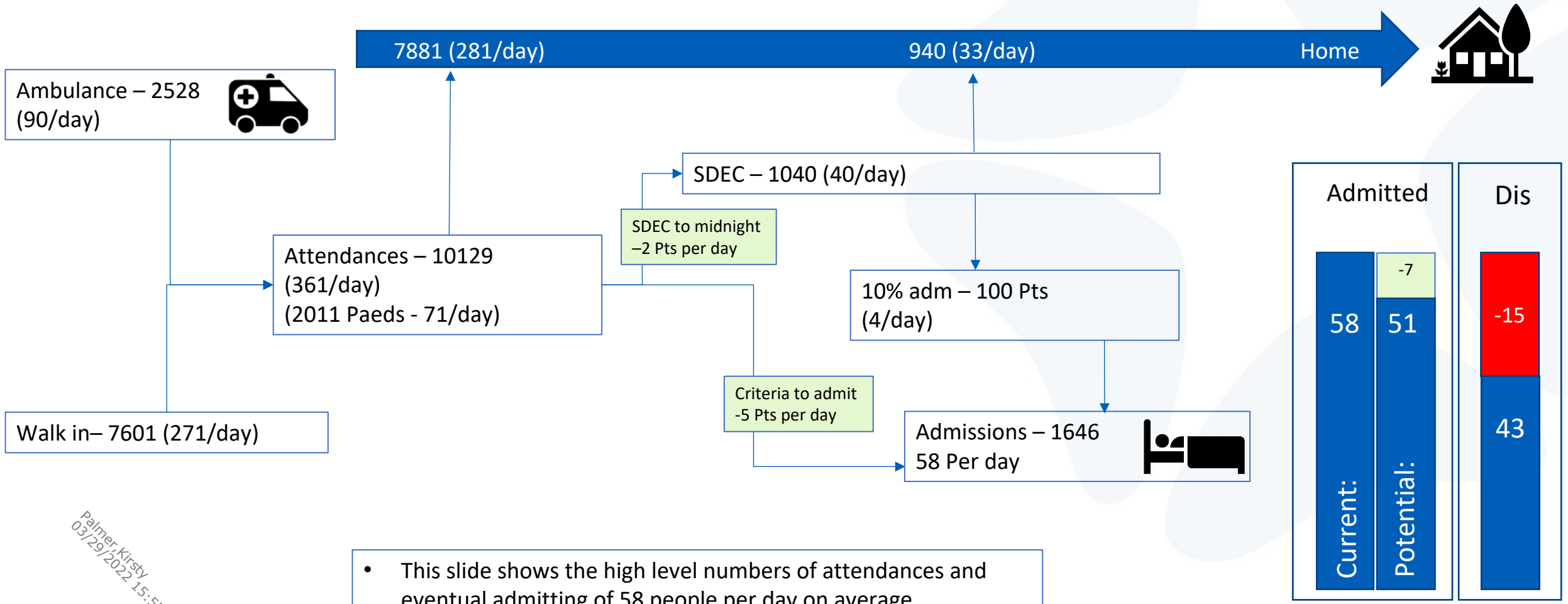
Opportunity.....



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- This slide shows the high level numbers of attendances and eventual admitting of 58 people per day on average.
- There is an opportunity of reducing this by up to 7 per day through ED process and decision making.
- Average discharges per day at NGH is 43, leaving a gap of 15 per day.

Legend: Opportunity

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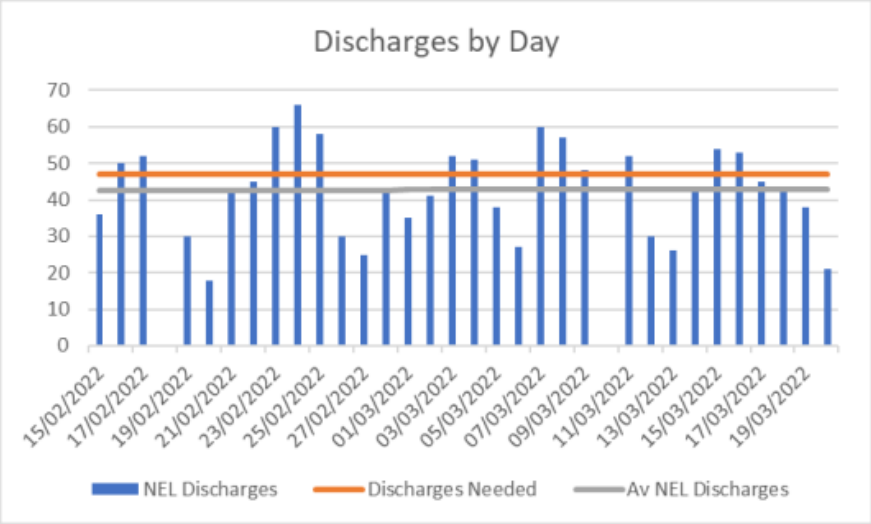
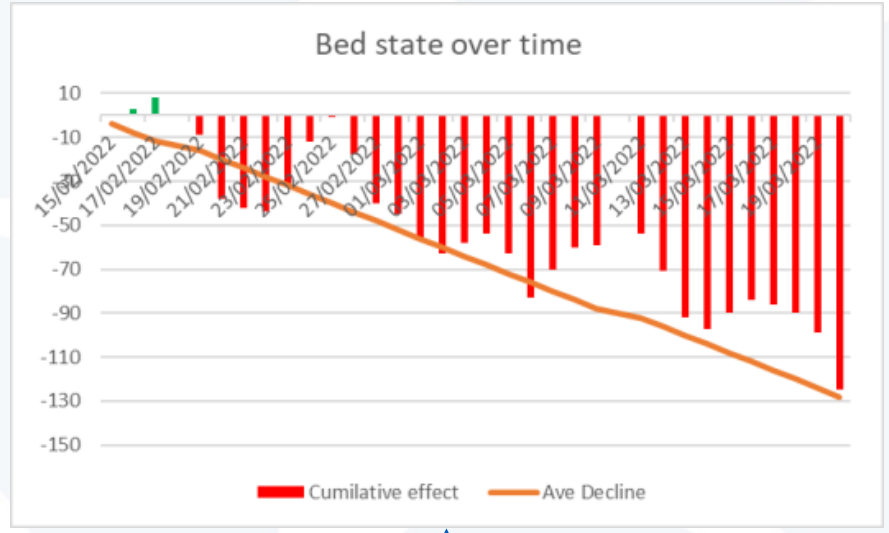
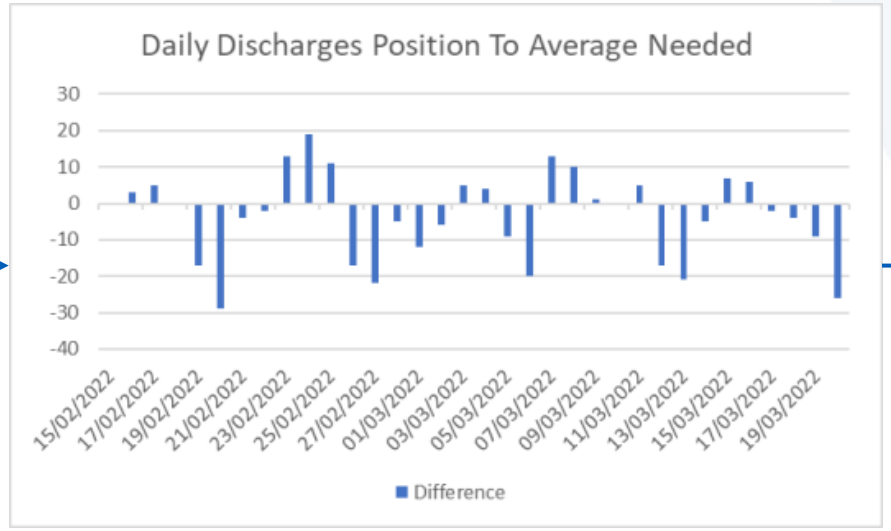
Discharge Profiles







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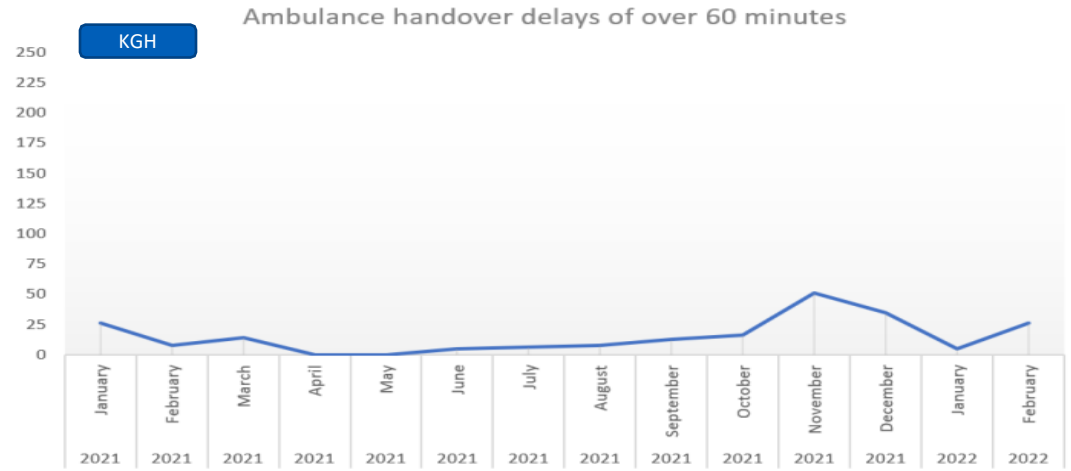
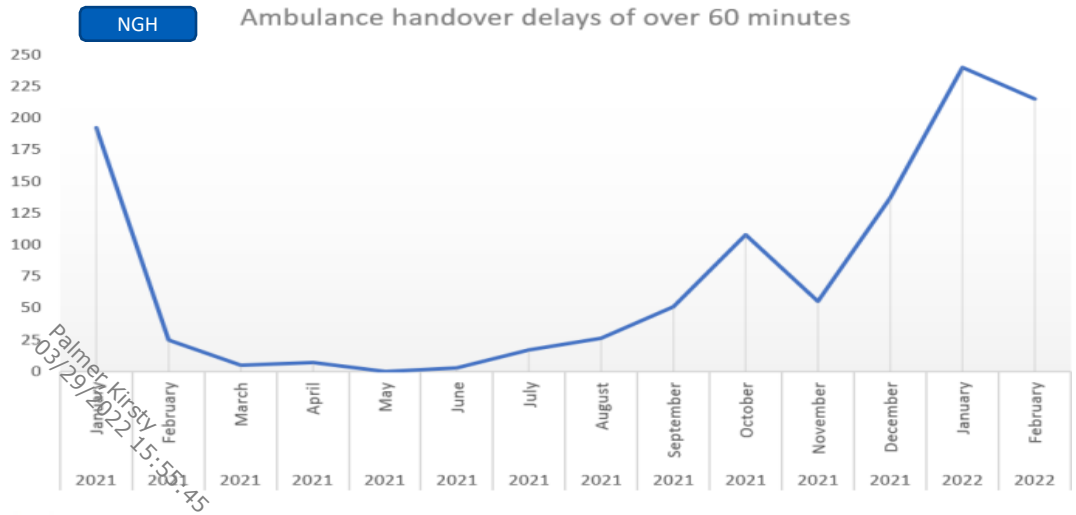
Ambulance Handovers





Kettering:

- January has seen a significant reduction in breaches from the previous month (32) down to 2 for January 2022. Capacity pressures within the trust continue to be a predominant reason for the number of Black breaches.
- The service continue to undertake a thorough investigation into all ambulance handover delays > 60 mins including an ED Clinical Harm Review on each patient.

Northampton:

- Limited physical space especially with the requirement to have Covid symptomatic pts and evening surge in Covid presentations. as Covid numbers increase it is challenging to offload safely
- Review of Covid area, recruitment for an ambulance offload co-ordinator underway with bank staff supporting

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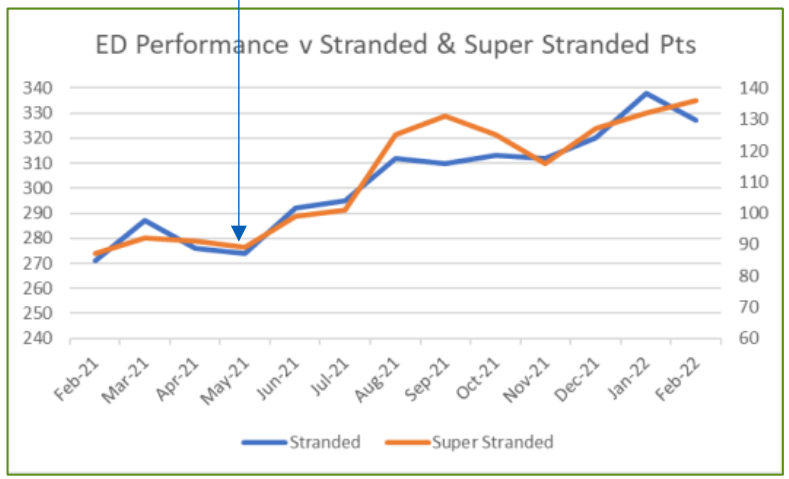
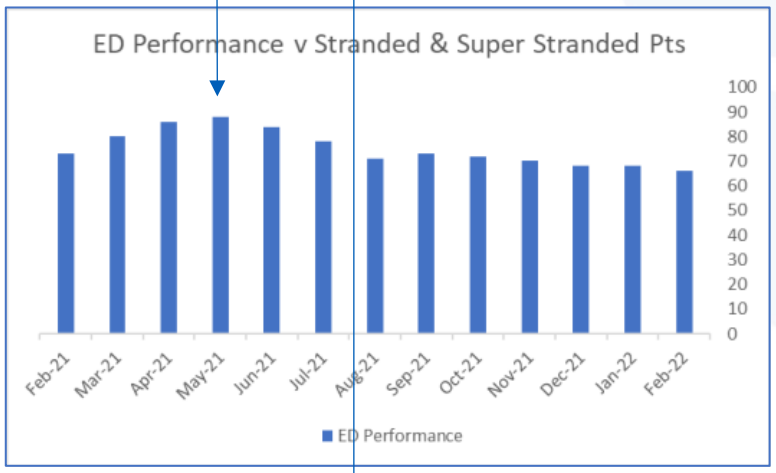
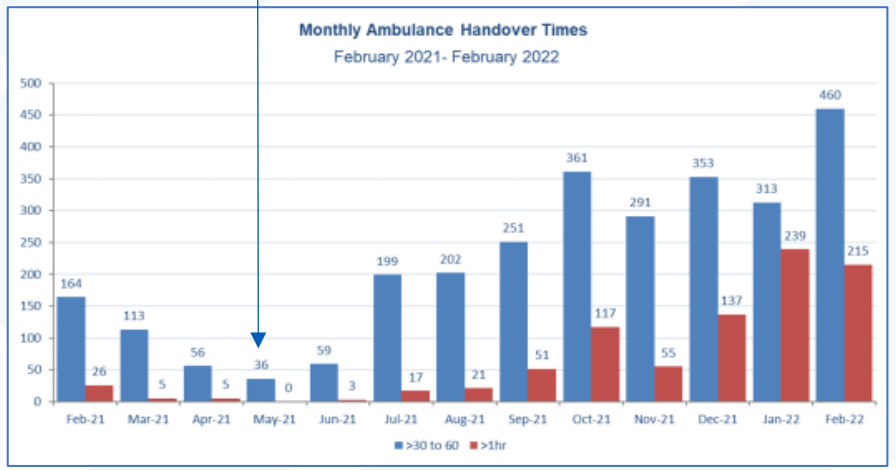
NGH Ambulance Handover - Cause & Effect

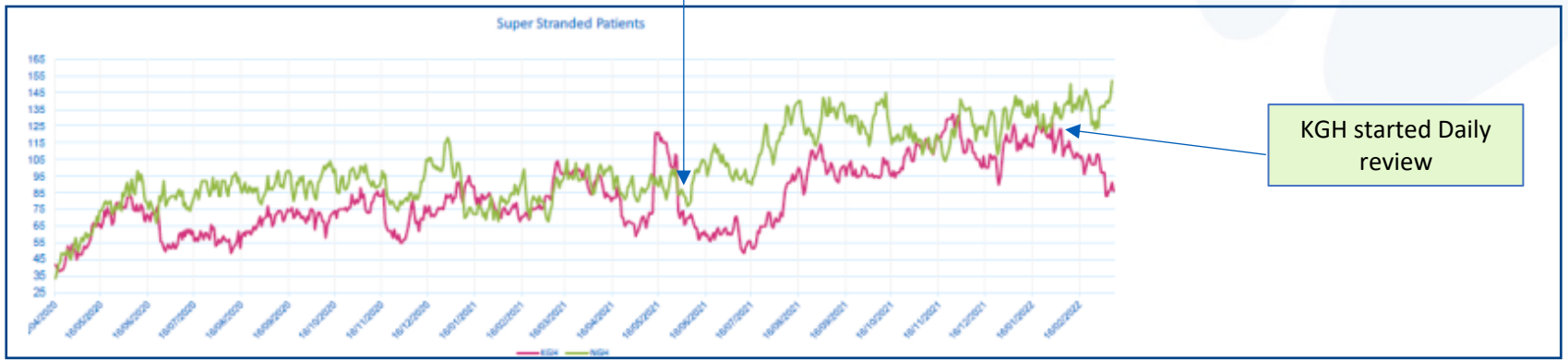
Stopped stranded patient daily reviews







Downstream decisions causing upstream symptoms



KGH started Daily review

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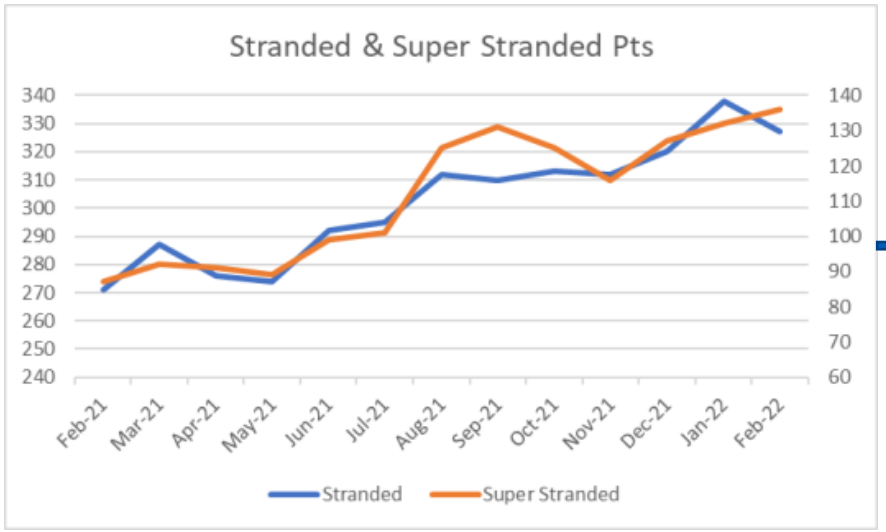
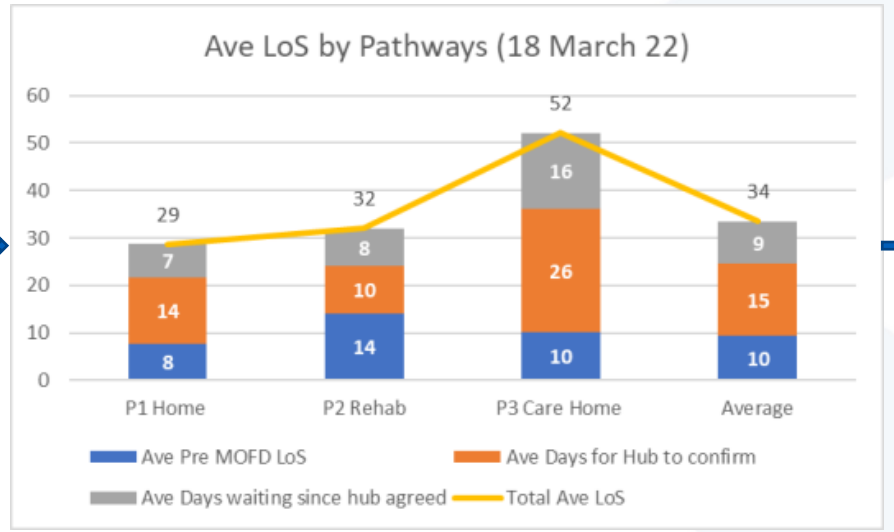
NGH Ambulance Handover - Cause & Effect



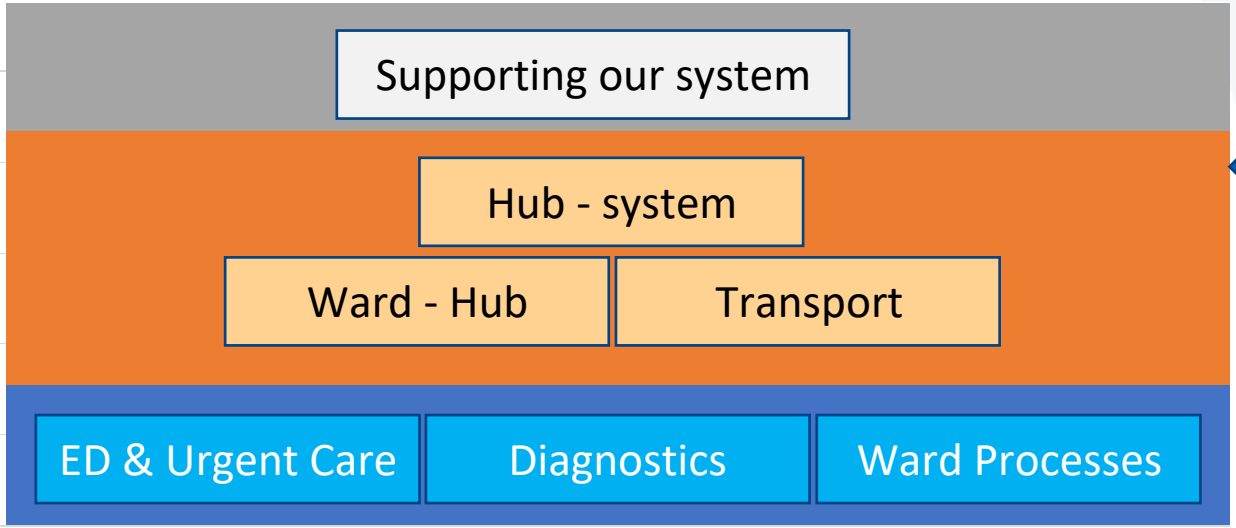


So where are those issues?

3. External system Working

2. Internal Processes & internal/external interface

1. Internal Processes & decision making



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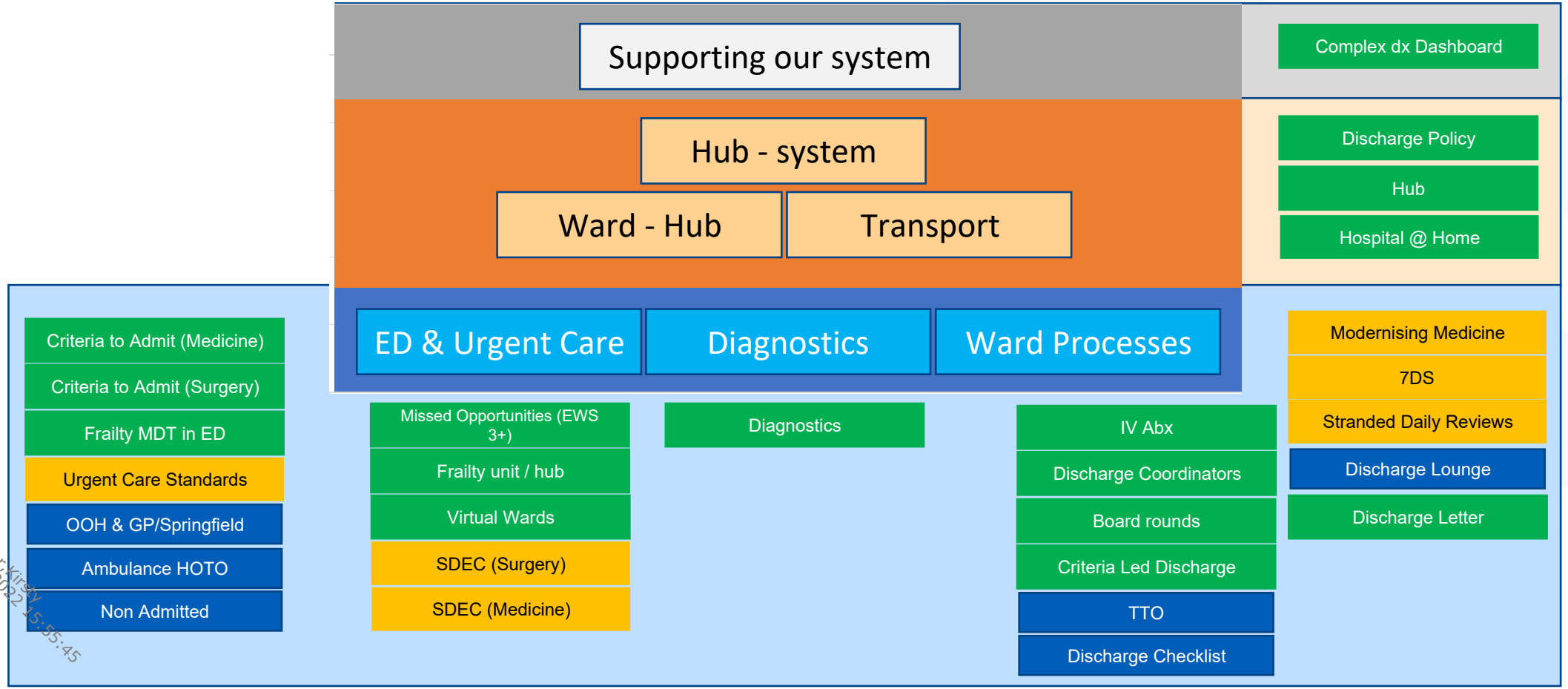
So what is being done about it at NGH?



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KPI's & Best Practice

Data Source:		ENGLAND	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West
UEC SitRep	Adult G&A Occupancy (adjusted for void beds)	**95.0%**	95.9%	93.4%	95.1%	93.7%	94.7%	96.0%	97.8%
UEC SitRep	LOS - 7+ Days (% of Occupied Beds)	**50.7%**	48.5%	51.7%	46.3%	51.6%	54.3%	50.7%	52.9%
UEC SitRep	LOS - 14+ Days (% of Occupied Beds)	**30.4%**	28.1%	31.2%	26.7%	31.3%	34.2%	29.4%	33.0%
UEC SitRep	LOS - 21+ Days (% of Occupied Beds)	**20.2%**	17.6%	21.2%	17.1%	20.9%	24.2%	18.8%	22.7%
UEC SitRep	Total discharges	**17,358**	1,721	1,834	3,409	3,044	2,503	2,911	1,936
Discharge SitRep	No longer meeting Criteria to Reside	**22,855**	1,983	2,429	3,962	4,332	3,522	3,538	3,089
Discharge SitRep	No longer meeting Criteria to Reside and not discharged	**12,602**	992	734	2,063	2,525	2,205	2,036	2,047
Discharge SitRep	Reason to reside type 1 adult discharge - estimated (SUS)	**10,244**	**991**	**1,695**	**1,899**	**1,807**	**1,317**	**1,502**	**1,042**

Source: *1: UEC Daily SitRep (extracted 26 January 2022 at 11:45)* *2: Discharge SitRep* *3: SUS*		G&A Occupancy[1]	Adult G&A Occupancy[1]	Patients in hospital for 7+ days (ave per day)[1]	% Beds Occ 7+ Days[1]	Patients in hospital for 14+ days (ave per day)[1]	% Beds Occ 14+ Days[1]	Patients in hospital for 21+ days (ave per day)[1]	% Beds Occ 21+ Days[1]	Number attendances >12h from arrival at A&E (ave per day)[1]	% of all attendances >12 Hours[1]	Discharges from PTL	Discharge DQ Rating	CTR outturn	CTR baseline	Discharges (ave per day)[1]	Clearance time (in days)
ENGLAND - TYPE 1 ACUTES ONLY		**91.90%**	**93.30%**	**44,348**	**50.80%**	**26,819**	**30.70%**	**17,660**	**20.20%**	**2,673**	**4.80%**	**8,609**	15 to 30% Diff	**12,823**	**11,013**	**17,214**	**1.26**
The Princess Alexandra Hospital NHS Trust	East	97.00%	97.90%	190	47.10%	106	26.30%	54	13.40%	33	9.90%	36	5 to 15% Diff	55	53	78	1.11
James Paget University Hospitals NHS Foundation Trust	East	93.10%	96.60%	232	56.00%	139	33.60%	87	21.10%	21	10.90%	45	15 to 30% Diff	51	56	49	1.09
Croydon Health Services NHS Trust	London	97.80%	98.20%	250	55.20%	167	36.80%	115	25.30%	35	8.00%	45	Within 5%	46	114	46	0.76
Whittington Health NHS Trust*	London	96.70%	97.90%	106	45.1%	65	27.40%	41	17.50%	13	4.90%	21	5 to 15% Diff	31	21	23	0.98
Northampton General Hospital NHS Trust	Midlands	94.90%	98.20%	337	55.40%	206	33.80%	132	21.60%	13	4.00%	53	5 to 15% Diff	114	104	105	1.92
University Hospitals Coventry and Warwickshire NHS Trust	Midlands	96.90%	98.10%	466	46.20%	286	28.40%	189	18.70%	33	5.80%	96	15 to 30% Diff	225	170	207	1.88
Kettering General Hospital NHS Foundation Trust	Midlands	96.20%	97.80%	286	54.20%	179	34.00%	120	22.60%	15	5.80%	54	Within 5%	82	34	63	0.49
Leeds Teaching Hospitals NHS Trust	NEY	96.00%	96.40%	915	58.40%	613	39.20%	442	28.20%	41	4.80%	105	Within 5%	321	306	209	1.32
Hull University Teaching Hospitals NHS Trust	NEY	93.00%	94.80%	413	46.40%	246	27.60%	158	17.70%	18	3.60%	35	>30% Diff	192	68	121	1.33
Wrightington, Wigan and Leigh NHS Foundation Trust	North West	99.80%	99.80%	218	57.50%	132	34.80%	85	22.30%	30	8.40%	22	>30% Diff	69	47	79	1.54
Countess of Chester Hospital NHS Foundation Trust	North West	95.60%	98.00%	230	56.20%	142	34.80%	92	22.40%	25	11.80%	35	>30% Diff	36	14	78	1.44
Surrey and Sussex Healthcare NHS Trust	South East	98.10%	98.70%	348	54.70%	201	31.60%	132	20.80%	22	6.60%	64	15 to 30% Diff	82	43	99	2.96
Portsmouth Hospitals University National Health Service Trust	South East	96.30%	98.20%	417	43.40%	222	23.10%	111	11.60%	26	4.70%	116	Within 5%	89	33	145	1.86
Royal Cornwall Hospitals NHS Trust	South West	92.60%	95.10%	300	51.70%	195	33.50%	141	24.30%	23	5.70%	72	5 to 15% Diff	124	97	130	1.48
University Hospitals Plymouth NHS Trust	South West	90.90%	93.20%	461	52.40%	308	35.00%	220	25.10%	48	14.40%	81	15 to 30% Diff	158	138	127	1.67

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National best practice is:

80% pt's Discharged in 7 days
95% pt's Discharged in 21 days

For NGH this would mean:

- 122 Patients over 7 days (-249 Pts)
- 30 Patients over 21 Days (-92 Pts)

Realistically, that would put our trusts in the top decile of the country. Whilst this should be the aim, we must be realistic about aims.

Realistic step for NGH would be:

- May 20 - Reduce 21+ from c.140 to under 100 pts (23% down to 16%)
- November – reduce over 7 days from c.340 to 200pts (55% down to 32%).

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Risks

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03/29/2022 15:55:45

Risks, Issues and Mitigation

Risk Description	Mitigation	Likelihood	Impact
The ceasing of the national Discharge funding resulting in discharge delays and protracted LOS. eg) Approximately 75 patients a month will be impacted and their associated LOS	The CCG is looking to extend the contract with CHS for a further 3 months to allow ASC to develop a plan. This mitigate the immediate risk but not for winter.	H	H
Pathway capacity: Gaps in care hours due to ASC continued inability to recruit staff to support patients being discharged on pathways, which is leading to protracted LOS and delays for patients' discharge.	Ongoing discussion are being had with ASC about their gaps in care provision, but not firm plan is yet in place. NGH is looking to commission a hospital at home service and KGH will look to increase the service provided by KGH @ home . The use of Virtual wards for Heart failure and Frailty are being explored	M	H
Cancelation of Elective activity: Financial risk/ ability to deliver sustained improvements in National waiting time targets	KGH & NGH both currently have ring fenced capacity for electives. Both hospitals have an internal plans in place to reduce LOS & bed occupancy.	M	H
If the 3 national work streams don't deliver, there is a risk that the Winter plans for both organisations will fail.	System COOs and DASS have meet to agree key high impact interventions for this winter. Plans are still in their infancy but will be signed off by System CEOs by the end of March	H	H

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Risks, Issues and Mitigation

Risk Description	Mitigation	Likelihood	Impact
Risk of Covid outbreaks in the hospitals, reducing bed availability and thereby compromising flow	Strict adherence to IPC guidance remains in both hospital. All patients will continue to be tested covid at the point of entry.	M	H
Protracted ambulance hand overs and the risk to patient safety both **IN** and **OUT** of hospital	Fully embed the redirection service at both sites. Direct streaming by EMAS to SDEC. Rapid handover action cards in place	M	H
Risk of staff absences and a willingness to undertake additional work due to tired and burnt- out staff.	Well-being cafés and "Supporting together " services remain in place.to support staff. Weekly lets talk events at KGH.	M	H

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Conclusions

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03/29/2022 15:55:45

Conclusion:

- The coming winter is forecast to be one of the busiest winters for some time, so it is essential that we are prepared and ready to respond. How we work with our partners and how they respond is going to be critical for timely discharge and flow through the organisation, as is how we transform our internal processes in relation to simple and complex discharges.
- On the 22nd March, a meeting was convened with senior system leaders to agree on the top 3 high impact interventions that will make a difference for winter. The success and outputs of these plans are critical if the acutes are to be ready and prepared for the predicted challenges this winter may present.

- We therefore ask that the Board:-
  - Receive and challenge the approach being taken through the HOD programme
  - To note the risk and mitigation put forward
  - Consider that investment will be required to support winter schemes
  - Promote effective system wide working with Executive partners to ensure timely discharge and flow across the both trusts

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Appendix A – KGH information for reference & comparison

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HOD Action Plan - KGH

Trust Name: Kettering General Hospital NHS Trust (KGH)

Workstream	Activity	Timescale	Expected Impact

Ward Based Processes	**Board Rounds**
	• Improve board round processes in every Division within the hospital, centred around each patient having a clear diagnosis and each ward developing and delivering a patient centric plan every day, returning every patient to MOFD in the most appropriate timescale.
	  • Delivered through Divisional leadership based on best practice knowledge share and ward level customisation
	  • Underpinned by a coaching approach to introduce and embed the improvements by empowering ward leadership
	  • Introduce sustainable reporting and escalation where blockers arise, maximising the use of in place digital and analytical tools
		April 2022	0.5 day (5%) Reduction in Length of Stay of Patients from Base Wards

	Criteria Led Discharge • Introduce robust and effective processes for criteria led discharge to reduce the need for a medical review, reducing the drain on medical resource and time in hospital for patients		
Discharge Process	**Simple Discharges** • Use CareFlow improvements and the Board Rounds initiative to empower ward level discharge of pathway 0 patients, with automated performance reporting to drive accountability at Divisional level		
	Complex Discharge Hub • Introduce the SBAR process which enables accurate and timely flow of information to cue complex discharge • Introduce the complex discharge tracker to drive high performing multi agency planning sessions for all Non-Zero pathway discharges, through individual process step length visibility, accountability and target setting • Define clear and effective escalation routes to ensure timely decision making across the system	April 2022	20% Reduction in SS Number
Improvements to internal delays	**Diagnostics** • Redesign, trial and implement improved diagnostics booking and ward communication processes to boost same day access to the most heavily requested radiology tests	July 2022	Increase the number of inpatient scans completed per day by up to 20%
	Antibiotics • Introduce pharmacist and microbiologist medicine reviews to identify patients eligible for reduction to oral ABs, in receipt of IV ABs in the community (ICT) or removal from ABs altogether. Refer this information to the doctor in charge to facilitate decision making	July 2022	Reduce the number of in-patients on IV antibiotics by up to 10%
	Discharge Administration • **Transport** • **TTOs** Review the processes for both Transport home and TTOs to ensure they are clearly understood and efficient. Design, trial and implement fixes where poor or misunderstood processes are unnecessarily delaying patient discharge	July 2022	Reduce failed discharges by 1 per week, saving 37 bed days per annum
ED Frailty Team	• Design a frailty pathway for over 65s attending the ED • Introduce clear referral criteria, supported by ED team training • Review the possible introduction of direct referrals from EMAS & primary care • Establish ways of working for the whole frailty MDT • Establish visibility of and accountability for performance through frailty MDT dashboard • Introduce daily team huddles to support cooperation • Utilise virtual ward dashboard will measure the impact on LoS of this provision	July 2022	Admission avoidance – admissions by 3 per day

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Hospital only discharge: What have we done at KGH?

The number of super stranded and stranded patients fluctuated over the past quarter and despite seeing a reduction in November 2021 the position deteriorated in December and continued to do so into January 2022. The main driver was a lower number of complex discharges and an increase in the time it was taking to complete the discharge documentation and decide on the patient's onward journey.

Actions taken:

- Discharge planning is now commenced on admission
- Decisions are made about the patient's onward journey at the daily MDT / any outstanding information the wards are contacted immediately
- Completed and outstanding SBARS reported and monitored at the bed meetings
- Daily Top 50 Super stranded meeting chaired by COO or DASS
- A focus on implementing High quality effective board rounds – 5 pilot wards
- Weekly HOD steering group chaired by the COO

Successes so far:

- The number of SS patients has reduced from 136 in January 2022 to 77 to date
- LOS has reduced by 15% on the pilot wards through the focus work during Board Rounds (See slide 17)
- The length of time from completion of SBAR to discharge has reduced by 5 days through revising the Complex Discharge Process (See slide 18)
- Ashton ward is now ring fenced for elective Orthopaedics (12) as is Geddington ward (19) for Surgery

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Next Steps for improving discharge at KGH

- Best practice ward rounds to be rolled out and embedded across the whole organisation
- Focus on internal delays particularly pharmacy and Radiology
- To eradicate aborted journeys / discharge other than for clinical reasons
- Embed the use of the destination pathway tracking tools so we can ensure all patients on pathway zero leave the hospital as soon as they are medically fit
- Frailty: we need to stretch ourselves to increase the number of patients where admission was avoided and in addition reduce LOS for this cohort of patients, possibly using a virtual ward

Palmer Kirsty
03/29/2022 15:55:45

Improving Board Rounds: KGH

Board Round Process Summary & Work So Far

Northamptonshire Health and Care Partnership

Why Aim to Improve Effectiveness of Board Rounds?

Consistent high-quality board rounds that employ technology and feed a responsive governance system are central to delivering the most ideal outcomes for every patient. Additionally, a aboard round with an action focus and clear escalation routes aids targeted improvement initiatives to gain real focus and momentum.

What Does an Effective Board Round Look Like?

Work Carried out Supporting Board Round Processes:

- SOP & PDSAs agreed with NHSE/I focusing on clear actions for each patient with an owner assigned and instigating an afternoon Board Round — October 2021
- NHSE/I Rapid Improvement Week – PDSAs trailed on 5 wards– Improvement Huddles set up to support sharing of best practice
- Board Round scorecards in place with focused improvements implemented – supported by Matrons & SLT
- Sessions set up with NHSE/I team for Matrons and Ward Sisters to get continued support
- Trial wards complete board round adoption with sustainable tracking in place & additional focused support where required
- Further 6 Medicine wards introduced to the process, metric baselining completed & initial matron led improvements started.
- Complete process roll-out to Surgery and Family Health divisions underway — March 2022

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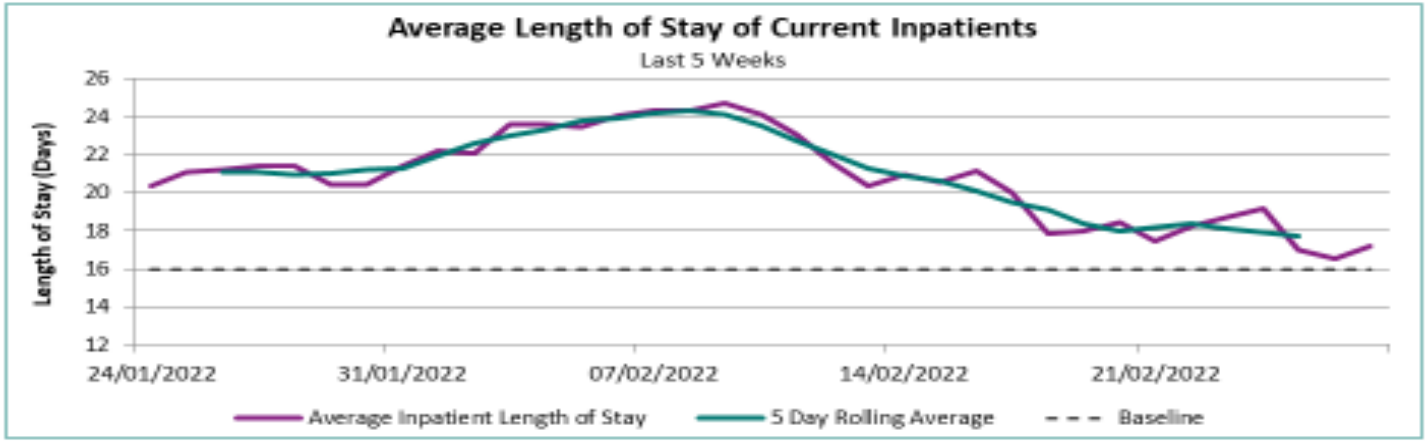
Improving board rounds at KGH

Board Round Processes Summary: Combined Phase 1 Ward Metrics

Northamptonshire Health and Care Partnership

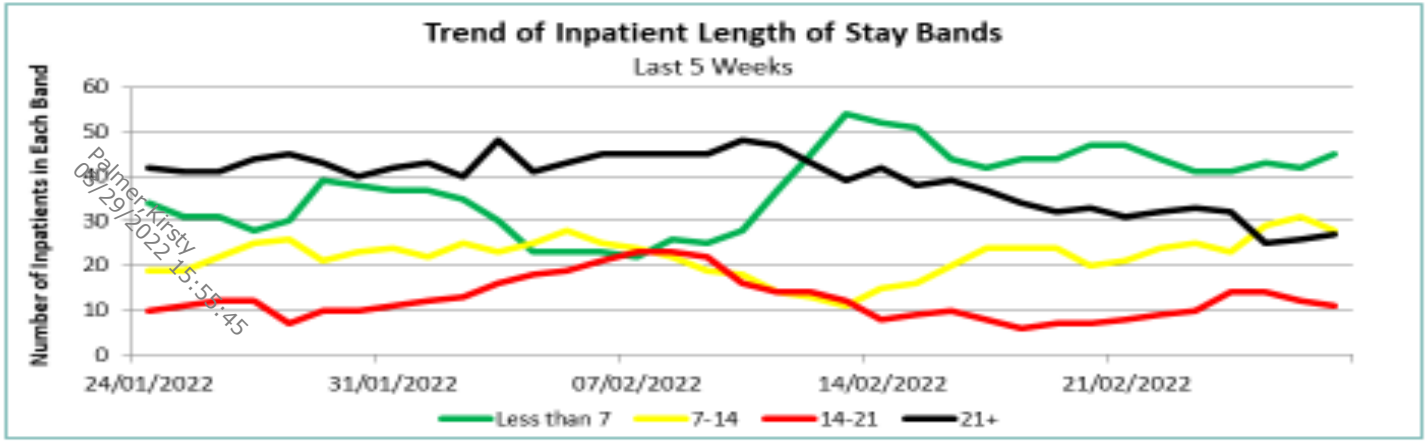
Alongside Adoption Tracker results we are monitoring lagging measures such as Length of Stay and the Number of Super Stranded Patients. These measures are a useful guide. However, they do not reflect progress made perfectly due the number of external impacting factors. Therefore, these metrics must be monitored in conjunction with the adoption scorecards.



15% reduction in Phase 1 Wards inpatient LoS

Phase 1 wards are currently seeing a steady decline in inpatient length of stay. After a peak average length of stay of 24 days, the phase 1 average is now down to 17 days – only 6% above baseline. Continued progress will bring this average below baseline.

Definition: Averaged 'current' length of stay of all inpatients in Phase 1 Wards. The daily trend of this average over the last 5 weeks.



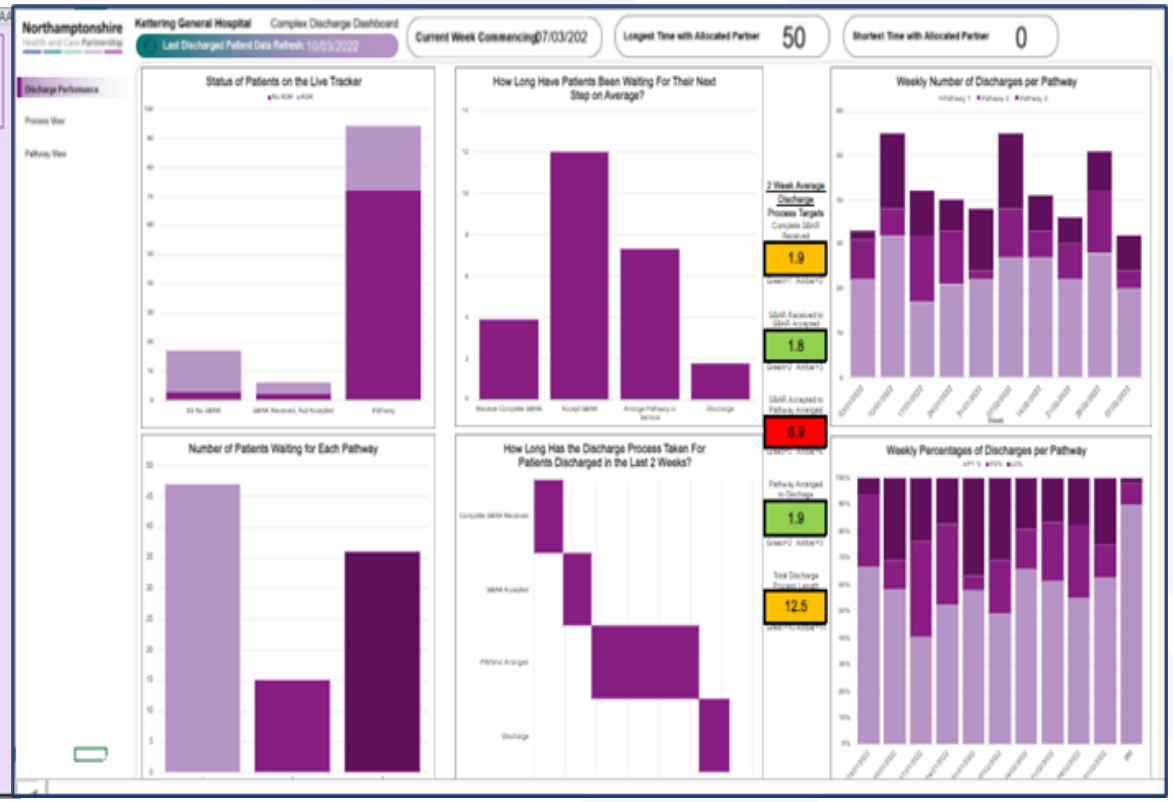
32% increase in Phase 1 inpatients with a LOS < 7

27% reduction in Phase 1 inpatients with a LOS > 14

Similarly to the above graph, the number of stranded and super stranded patients has declined significantly in Phase 1 wards alongside an increase in patients with a length of stay under 7 days.

Definition: Weekly average number of patients in Phase 1 Wards with a length of stay categorised into one of four bands.

Complex Discharge Process Improvements: KGH



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Discharge process length at the start of Jan 2022 was **18.5 days** and has now reduced to **12.5 days.**

This is a **32%** reduction

We have been undertaking improvements to the processes around complex discharges.

All internal process elements have improved to amber or green status.

Focus is around cultural change in planning discharge from point of admission, completing discharge assessments (SBAR) early in patient's journey to ensure support is in place prior to MOFD to sustain this improvement.

Appendix B – References

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03/29/2022 15:55:45

References

Nuffield 2017

https://www.nuffieldtrust.org.uk/files/2017-01/improving-length-of-stay-hospitals-web-final.pdf - Patient moves
Multiple patient moves within the hospital, particularly if it is an older patient, can increase length of stay and stall patient flow. Research has found that patients can be moved four or five times during a hospital stay, often with incomplete notes and no formal handover (Cornwell and others, 2012; Royal College of Physicians, unpublished). Each patient move can add one or two nights to length of stay, and patients that are outliers (i.e. not on the most appropriate speciality ward for their condition) can lead to length of stay increasing by an average of 2.6 days (Emergency Care Intensive Support Team, 2010; Royal College of Physicians, 2012a; Alameda and Suárez, 2009). Intra- and inter-hospital transfers of older people at night can also increase the risk of delirium and, as a result, increase length of stay (Royal College of Physicians, 2012b).

Palmer, Kirsty
03/09/2022 15:55:45

Webster et.al 2016

https://www.publish.csiro.au/ah/pdf/AH15095

Those moved three or more times were almost threefold more likely to have an adverse event recorded compared with those moved fewer times (relative risk (RR) 2.75; 95% confidence interval (CI) 1.18, 6.42; P = 0.02) and to have a hospital stay twice as long

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 22
Agenda item	7.0

Title	Operational Plan Draft Submission
Presenter	Karen Spellman Director of Integration and Partnerships Jon Evans Group Chief Finance Officer
Author	NHCP System Planning Submission Karen Spellman Director of Integration and Partnerships Jon Evans Group Chief Finance Officer

This paper is for			
☐Approval	☐Discussion	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

Group priority				
X Patient	X Quality	X Systems & Partnerships	X Sustainability	X 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

Reason for consideration	Previous consideration
This paper is presented to note: • The summary of the first draft NHCP System Operating Plan for 22/23 • The summary position for elective recovery, finance and performance, and • High level risks to plan delivery	The draft plan has been considered at a Group NED and Executive development session on 16 March 22 and will be considered at Group Finance and Performance Committee on 29 March 22.

Palmer Kirsty
03/29/2022 15:55:45

Executive Summary

This paper presents the summary of the draft NHCP system Operational Plan submission made on the 17th March 2022. This is in line with 2022/23 Operational Planning Guidance published by NHS England and Improvement (NHSEI) on 24th December 2021.

The planning round process for 2022/23 is divided into two main phases*:

- Initial submissions by noon on 17th March
- Final submissions by noon on 28th April

(*the Mental Health workforce submissions are subject to different timescales)

As per previous planning rounds, the submission comprises multiple elements namely;

- Activity & Performance
- Workforce
- Finance (System &Providers)
- Narrative

Nationally, the 2022/23 planning round is intended to be the final year of a single year planning return with a move to multi-year, ICS aligned planning process from 2023/34.

The Board is asked to:

- Note the summary position for elective recovery, finance and performance across the system and
- Note the high level risks to plan delivery.

Appendices

Slide Pack: 2022/23 Planning Summary – Initial Submissions

Risk and assurance

The risks to draft plan submission are summarised in the paper.

Financial Impact

The financial implications across the system are described within the paper.

Legal implications/regulatory requirements

There are no legal implications in this paper

Equality Impact Assessment

As part of the final submission there will health inequalities will be incorporated into the system elective recovery plan with a clear strategic direction.

Pamela Kirsty
03/29/2022 15:55:45

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2022/23 Planning Summary – Initial Submissions 17th March

March 2022

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03/29/2022 15:55:45

Executive Summary

Northamptonshire Health and Care Partnership

The planning round process for 2022/23 is divided into two main phases*:

- Initial submissions by noon on 17th March
- Final submissions by noon on 28th April

(*the Mental Health workforce submissions are subject to different timescales)

As with other years, the submissions comprise multiple elements, namely:

- Activity & Performance
- Workforce
- Finance (System & Providers)
- Narrative

Triangulation between all elements is expected

Nationally, the 2022/23 planning round is intended to be the final year of single year planning returns with a move to a multi-year, ICS aligned planning process from 2023/24.

Palmer, Kirsty
03/10/2022 15:35:45

Draft Activity Plan – Key Messages

Northamptonshire Health and Care Partnership

Elective activity (or weighted financial activity for the purposes of ERF) is currently anticipated to be between 100% and 104% (the national target).

The system is therefore anticipating receipt of a level of ERF. System providers colleagues, with the support of the Elective Care Board and PWC, are currently working through further options for mitigating this position.

Palmer Kirsty
03/29/2022 15:55:45

Draft Workforce Plan – Key Messages

Northamptonshire Health and Care Partnership

Workforce growth

- 125 FTE workforce growth planned for 2022/23. This builds on the 419 FTE growth across the system in 2021/22.
- Growth in nursing and midwifery, scientific and technical staff groups as well support to nursing (health care support workers).
- Reduction in bank and agency FTE across the year.
- Primary Care – 60.56 FTE growth in ARRS funded additional roles, in line with primary care recruitment intentions.
- Oundle has been added to baseline as per NHSI/E advice.

A system workforce planning summit is planned for end of March 22 during which the workforce plans will be stress tested. It is anticipated that following this, discussions will have progressed to a point of clarity around investments and WTE, which will be reflected in our final submission.

Palmer, Kirsty
03/29/2022 15:55:45

Draft Workforce Plan – Key Messages

Northamptonshire Health and Care Partnership

System risks

The Northamptonshire People Board holds a system risk register of all workforce risks, including those fed through the People Board subgroups. This is monitored monthly and workforce risks affecting quality are escalated via the NHCP Quality risk register process. This provides a robust approach to the review, management and escalation of workforce risks across the system.

Sickness absence, recruitment and supply and health and wellbeing of our staff remain our key risks. Mitigations, and full details of our workforce interventions planned for 2022/23 can be found in our narrative and SWIM model.

Palmer Kirsty
03/29/2022 15:55:45

Financial Summary

Northamptonshire Health and Care Partnership

System Summary

- The national ask is for all Systems to break even against funding allocations in 22/23.
- Funding allocations for 22/23 contain a material efficiency driven by core efficiency, the movement to fair shares allocation and a reduction in national funding for Covid-19. This equates to 3.9% or £46m for Northamptonshire.
- Allocations have been rebased in 22/23 to recurrently include “System Top Ups” which eradicate historical underlying deficits.
- The system financial plan was briefed to the NHCP development session in draft last month and was estimated at c.£118m deficit – but was subject to further work as part of the submission for the 17th.
- Further changes at system level have been discussed with DoFs and CEOs and this position has now moved to £75.7m deficit
- The improvement is driven by a review of investments, transformation programmes, efficiency and financial incentives associated with performance delivery.

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03/29/2022 15:55:45

Financial Summary

Northamptonshire Health and Care Partnership

Efficiency

The minimum efficiency expectation for the system to deliver a breakeven position is 3.9% or £46m is driven in 3 parts:

- Core efficiency - £14m
- Movement to fair shares - £4m
- Covid-19 funding reduction - £28m
- The system has a number of further pressures e.g.
- Additional capacity to manage system flow / activity pressures
- Continued Covid-19 and IPC costs
- Inflation in excess of funding allocated
- System investments
- Non-recurrent impacts on positions from 21/22

Palmer Kirsty
03/29/2022 13:55:42

This increases the efficiency ask for Northamptonshire as part of 22/23 and means that the planned position is currently not in line with the breakeven ask from NHSE/I.

Financial Summary

The system plan currently includes funding to achieve the Mental Health Investment Standard (MHIS) and funding for the Better Care Fund (BCF).

Further work is required to understand the financial impact of system boundary changes on 1st July.

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03/29/2022 15:55:45

Activity & Performance Summary

Northamptonshire Health and Care Partnership

Long waits

- 52 week waits are projected to continue the downward trajectory already begun, and should be below 100 patients across the system by March 2023.
- 104 week waits in county and for all providers should be zero by the end of Q1. For out of county providers this should reach zero by February 2023.
- The intermediate figure of 78 week waits is projected to be eliminated by March 2023.

Cancer

- Plan to achieve a minimum 75% against 28 days Faster Diagnosis standard throughout the year.
- Plan to achieve equal to or better than Q4 2019/20 levels of number of patients waiting >62 days to start of first treatment

Palmer Kirsty
03/29/2022 15:55:45

Activity & Performance Summary

Northamptonshire Health and Care Partnership

Adult & Older People's Mental Health

- Reduction of inappropriate Out of Area Placement bed days to zero by Q3 of 2022/23
- Quarter on quarter increase of people on GP SMI registers who receive a physical health assessment and people receiving Individual Placement & Support services
- Maintenance of current performance levels on most other measures

Children & Younger People's Mental Health

- Quarter on quarter improvements to the percentage of CYP accessing eating disorder services with both urgent and routine referrals

Learning Disabilities

- Material quarter on quarter increase in Annual Health Checks carried out for persons aged 14 and over on QOF Learning Disability Registers
- Quarter on quarter reduction in autistic and/or learning disabled adults in NHSE or Provider Collaborative commissioned inpatient care for treatment of a mental health disorder

Palmer,Kirsty
12/29/2022 15:55:05

Activity & Performance Summary

Northamptonshire Health and Care Partnership

Community Services

- Maintenance of current levels of 2 hour Urgent Community Response and Virtual Ward numbers
- Increased numbers of Adults waiting during Quarters 1 & 2 as two large services recover to pre-Covid levels of both activity and demand before reducing in line with the majority of other services in Quarters 3 & 4
- Material quarter on quarter reduction in the number of Children (0-17 years) on waiting lists

Primary Care

- Steady state (with monthly and seasonal variations) numbers of primary care appointments

Palmer Kirsty
03/29/2022 15:55:45

High Level Risks to Plan Delivery

Northamptonshire Health and Care Partnership

- International conflict
- National economic challenges
- Further Covid waves during 2022/23 (likely to be between April and July)
- Delay in the upcoming IPC guidance
- Winter 2022
- Significant structural change to the NHS within 2022/23
- Recruitment and retention of workforce – in both health and social care
- Maintaining system financial balance while delivering planned performance
- Delivery of system transformation programmes
- Impact of withdrawal of national Hospital Discharge programme funding

Palmer, Kirsty
03/10/2022 15:55:45

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	8

Title	The Communications Strategic Framework
Presenter	Teresa La Thangue, Group Communications and Engagement Director
Author	Teresa La Thangue, Group Communications and Engagement Director

This paper is for			
X Approval	☐Discussion	☐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

Group priority				
X Patient	X Quality	X Systems & Partnerships	X Sustainability	X 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

Reason for consideration	Previous consideration
Effective communications are at the heart of effective organisations. The communications strategic framework sets out how we commence building effective communications structure and content, and is **RECOMMENDED** for the Board's **APPROVAL**.	Group People Committee, 28 March 2022

Palmer, Nicky
03/29/2022 09:55:45

Executive Summary
Effective two-way communications are at the heart of well led organisations. An organisation that listens to its audiences, those it serves and supports, will enable

meaningful communications that reach people in a way that, over time, delivers connection with impact. At UHN we are at the beginning of this journey and the communications strategic framework sets out how we will equip colleagues to communicate with impact and meaning, with the intention of establishing strong, durable connections with the communities we serve and the colleagues we work alongside.

Appendices

Communications Strategic Framework 2022-2027

Risk and assurance

The framework references a need for new intranets at both Trusts that would support effective communication. Both intranets are no longer covered by service agreements due to their age, and neither sits within an infrastructure that supports communications channels such as video.

Financial Impact

Unknown

Legal implications/regulatory requirements

None

Equality Impact Assessment

Supporting effective communication will enable for effective connections with all our audiences and this will support our EDI work.

Palmer Kirsty
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NHS Group

Communications Strategic Framework

2022 - 2027

Palmer,Kirsty
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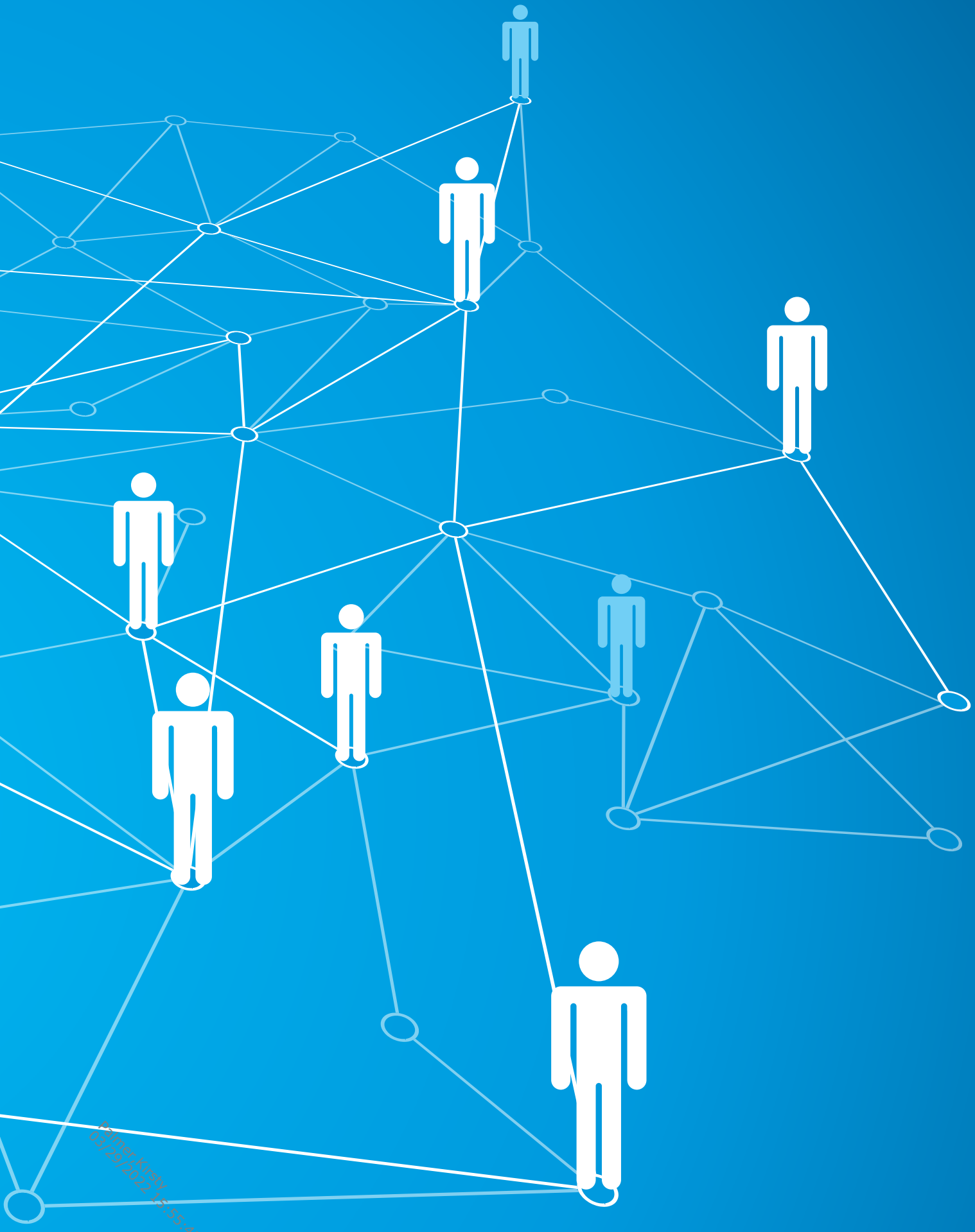
Dedicated to excellence



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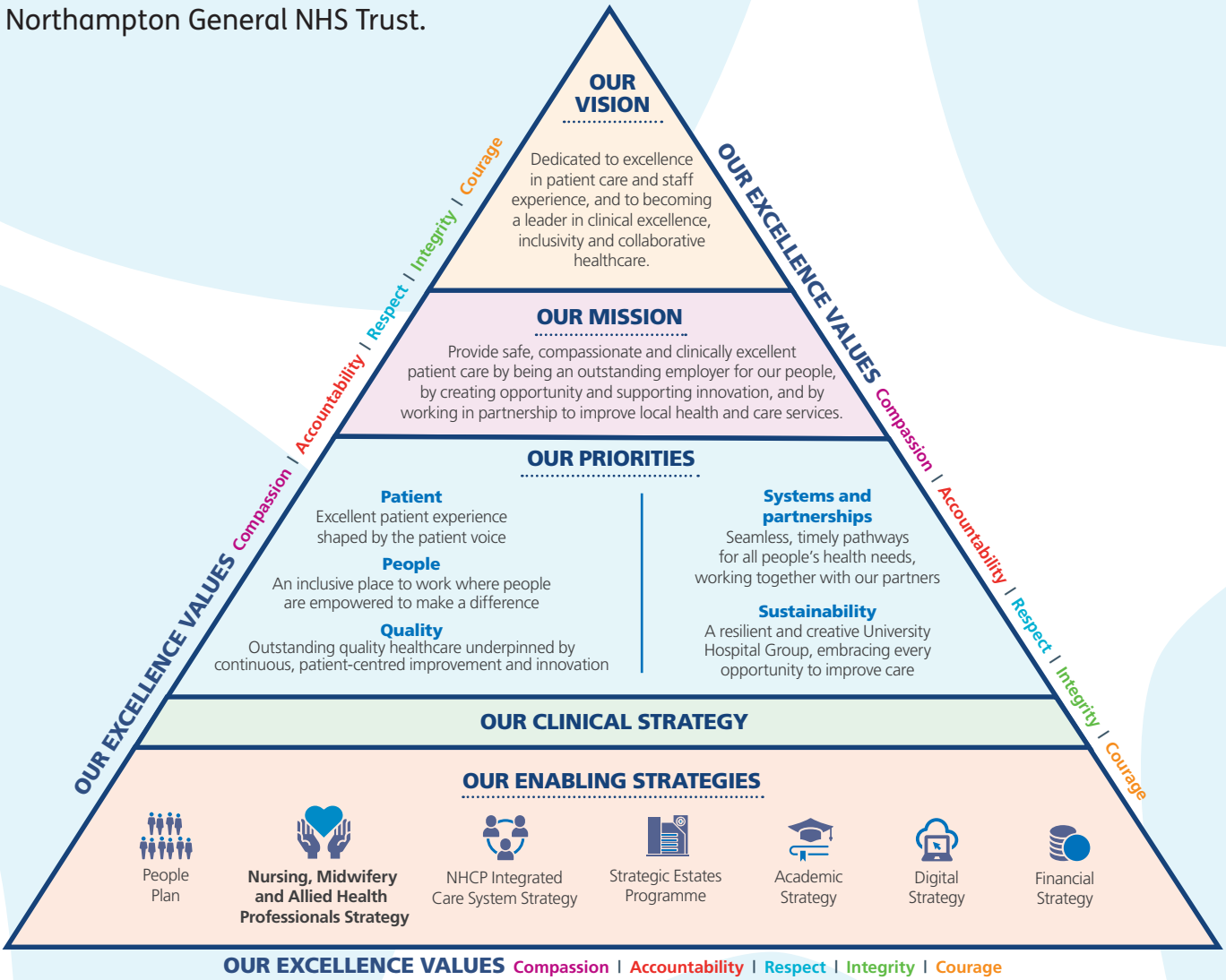
03/29/2022 15:55:45

The Group Strategy

Our communications and engagement strategic framework has been created to support the University Hospitals of Northamptonshire and its Dedicated to Excellence Strategy, across Kettering General NHS Foundation Trust and Northampton General NHS Trust.

We aim to embed the Dedicated to Excellence vision, mission, values, priorities and enabling strategies throughout our communications and engagement activity over the forthcoming 12 months.



Our Excellence Values

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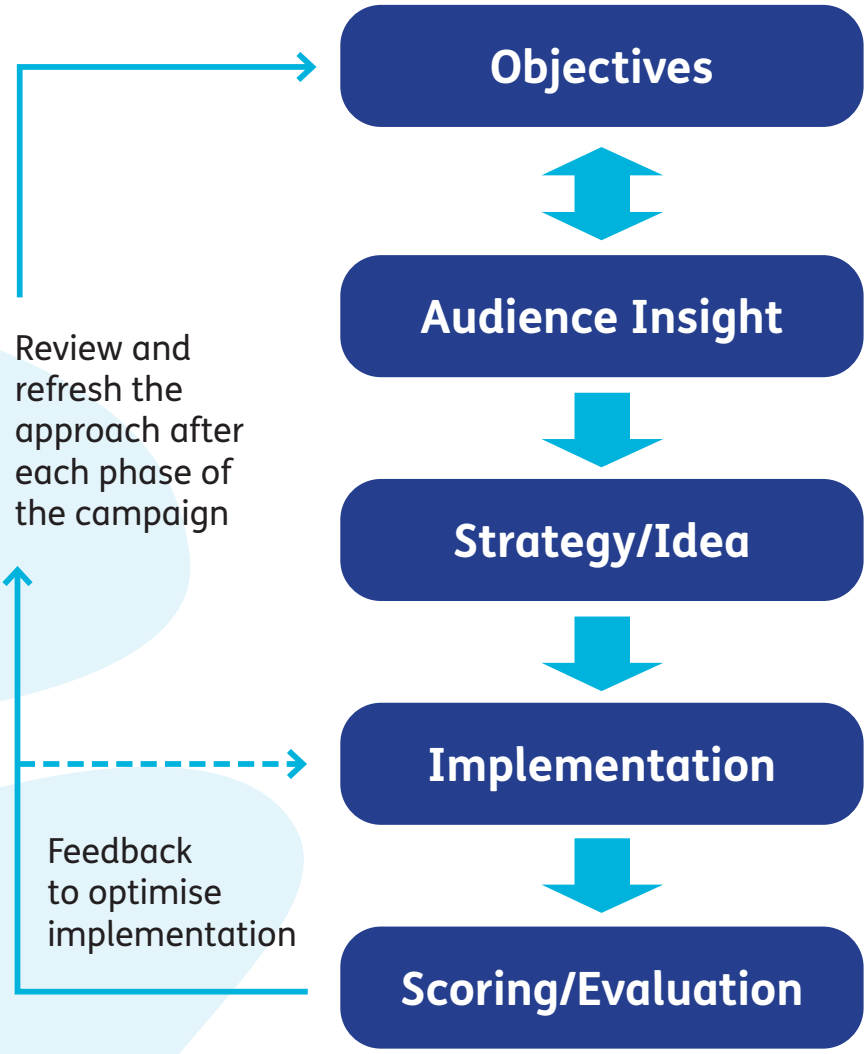

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Introduction

The communications strategy framework has been guided by the Government Communications Service OASIS model

The strategy will run for five years, 2022-2027.

It will be refreshed annually to ensure our pledges remain current

The delivery of the framework will be monitored by the People Committee

Effective two-way communications are at the heart of well led organisations. An organisation that listens to it's audiences, those it serves and supports, will enable meaningful communications that reach people in a way that, over time, delivers connection with impact. At UHN we are at the beginning of this journey and the following document sets the framework for how we will equip colleagues to communicate with impact and meaning, with the intention of establishing strong, durable connections with the communities we serve and the colleagues we work alongside.

Palmer Kirsty
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Our commitment:

We will provide patients and the wider communities we serve with the information they need, when they need it via a route that works for them.

We will provide colleagues with the information they need to have, when they need to have it and via a route that works for them. We will support two-way communication and a listening culture.

We are proud to be the University Hospitals of Northamptonshire and this will shine through all our activity, with a consistent visual identity.

Our commitments will be measured by:

- Improve social media engagement (internal and external)
- Increase Pulse and Staff Survey participation
- Evaluation and attendance data on executive led events
- Newsletter open rates
- Media coverage sentiment evaluation
- Anecdotal feedback on campaigns and services

Paula Kirby 03/29/2022 15:55:45

Objectives

Our overarching aim will drive all our communications activity, supported by our objectives aligned to the needs and aims of the Group, individual Trusts, specific audiences and partners.

Overarching aim:

The Communications Strategic Framework will establish the structures necessary to deliver meaningful and impactful communications that promote and enhance the reputation of the University Hospitals of Northamptonshire with a broad and diverse range of audiences

Our objectives: (UHN Group)

The Communications Strategic Framework will:

- Drive awareness of the UHN Group with internal and external audiences by promoting the aims, ambitions and achievements of UHN
- Support the Group strategic direction by promoting the enabling strategies listed on page 4.
- Promoting continuous improvement, our collaboration and transformation programmes
- Support the aims of the Group People Plan in having well led, engaged and motivated teams
- Embed the 'UHN' and 'Dedicated to Excellence' brand across KGH and NGH
- Ensure UHN is seen as an employer of choice and drive attraction and retention of staff
- Ensure UHN is a key partner in the integrated care system for the county
- Provide comprehensive support for our EDI stategy

Patient Know
05/09/2022 15:55:45

Our hospitals

The Communications Strategic Framework will:

- Work with colleagues to ensure patients have a voice
- Ensure staff are well informed and engaged on on Group and hospital matters an example being with regards to our estate development plan
- Promote the Hospital Chief Executives and their Senior Leadership team with key audiences, to ensure colleagues feel they have confidence and trust in their leadership team
- Equip colleagues with the tools they need to communicate with colleagues and encourage pride in who they work for
- Promote initiatives to all audiences to encourage advocacy and confidence in the individual Trusts

Additionally,

- Ensure board members are communicated to in a timely and appropriate manner
- Ensure NEDs are supported in engaging appropriately with the workforce
- Develop a briefing process to ensure Governors can promulgate Group and Trust messages appropriately

Our objectives: Local Partners & Stakeholders

The Communications Strategic Framework will:

- Position UHN and the individual Trusts as a key partner in integrated care system
- Keep all partners informed in a timely and relevant manner
- Provide structure and process for engagement with local and national stakeholders
- Develop a briefing process to ensure stakeholders, including local MPs, are kept informed in an appropriate manner

Audiences:

Our audiences are extensive, the framework will focus on key audiences that we plan to specifically target and engage with.

Audiences

Each audience has its own preferences for how it is engaged and communicated with. Some channels can be used for multiple audiences while other channels are bespoke for one audience group. In the strategy section, proposals for increasing audience engagement and message penetration with colleagues across both Trusts is outlined.

This section lists the various audiences the strategy will endeavour to engage with.

- **Patients**
- **Our team including**
  - Medics
  - Nurses and midwives
  - Allied Health Professionals
  - Healthcare Assistants
  - Healthcare scientists & pharmacists
  - Admin & clerical
  - Estates and facilities
  - Executives and senior leaders
  - Those considering a role at UHN
- **NEDs and Governors**
- **Our Northamptonshire Integrated Care System**
- **Wider community**
- **Regional & university partners**

Palmer Kirsty
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- **Our teams**
  - Our people communications channels currently do not engage a significant proportion of our staff, across all groups. We are undertaking work currently to improve reach and penetration to ensure all colleagues feel engaged, listened to and informed.
  - It is also important that people considering joining UHN have access to information that inspires confidence and a desire to work with us.
- **NEDs and Governors**
  - We will ensure there are appropriate and timely two-way communications channels in place to keep these key stakeholders informed, with access to the tools to engage with colleagues and their wider audiences.
- **Patients**
  - We will work with the Patient Experience Teams to listen to patient feedback and ensure our messages are informative, supportive, timely and appropriate.
- **System partners**
  - There is scope for UHN communications to become integral to the integrated care system in supporting our common goals and outcome framework across the county.
- **Northants and wider community**
  - We will explore and develop channels to deepen engagement with the local communities we serve, ensuring a conversational and informative approach to health outcomes across Northamptonshire.
- **Local stakeholders**
  - We need to ensure there are appropriate and timely communications channels and processes in place to keep these key stakeholders informed so they can choose to support the aims of the Group within local healthcare system.
- **Local and National politicians**
  - We need to ensure there are appropriate and timely communications channels and processes in place to keep these key stakeholders informed so they understand and support the aims of the Group with DHSC and other relevant national entities particularly with our environment development aims.

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Strategy and ideas

Prioritisation

- We will implement a prioritisation process for communications activity. This will ensure those initiatives with the biggest impact and carrying the greatest risk receive the most appropriate level of cover, while activity that carries less risk and is intended for smaller audiences receives suitable support.
- This process will ensure the communications team resources are used appropriately and will drive improved communications skills across the Group, with colleagues having a greater awareness of communications tools and channels.
- The communications team will work together, using the matrix, to allocate the most appropriate levels of support to projects and initiatives.

Prioritisation matrix

- **Level 1:** comms team member on project group with oversight and input from senior managers and director; full comms plan produced by comms and agreed by project group/sponsor; 'core script' drafted by comms, with specialist input commissioned/supplied by relevant SMEs, eg. Finance, People, Clinical; content supplied by/ overseen by comms, e.g. publications, digital/ social media collateral; materials deployed only through corporate channels/accounts.
- **Level 2:** high level of professional counsel and support, with checks and advice throughout; comms plan drafted by comms, and implemented jointly between service/team and comms, with full 'account management' by comms senior managers; materials developed jointly and deployed first through corporate channels/accounts.
- **Level 3:** comms plan by comms manager or senior comms officer; core script/key messages to be supplied by team or service, for review/edit by comms; sign off of content and collateral by comms; messaging and materials used jointly between corporate and service/ lead accounts and channels.

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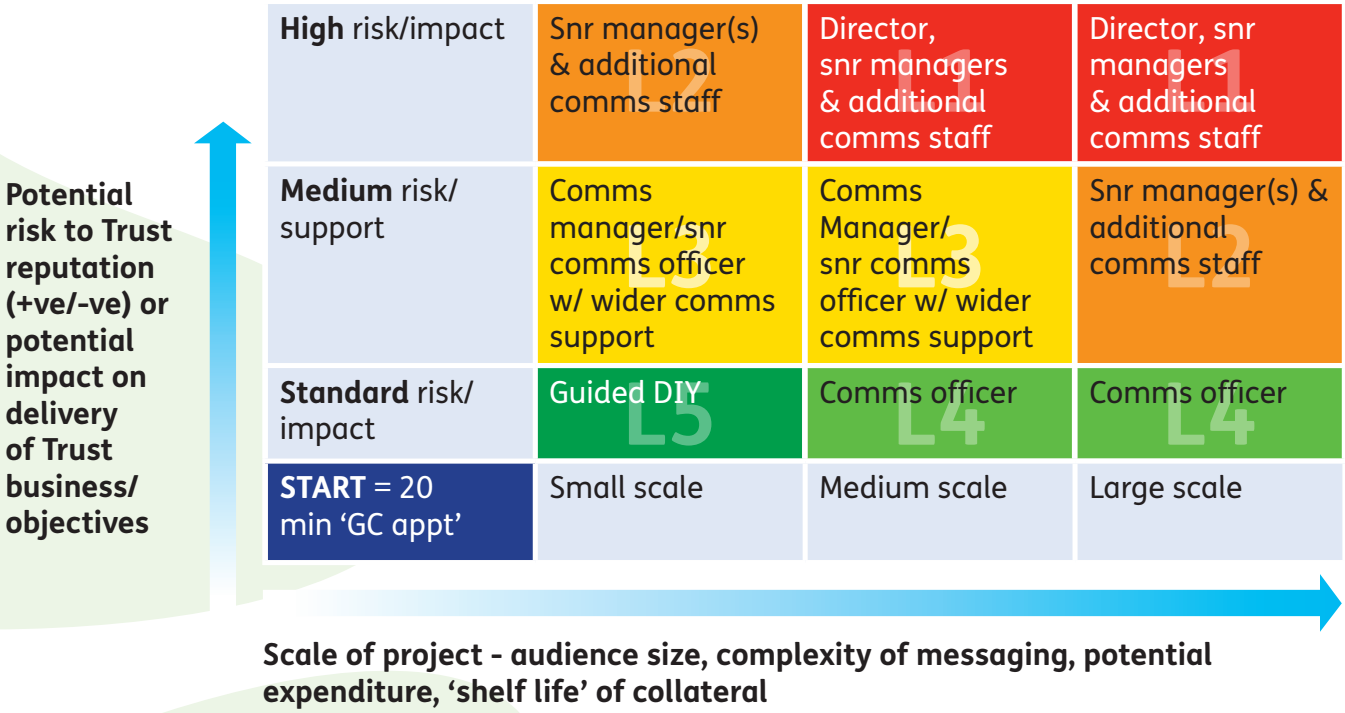
How we prioritise and allocate resource



- **Level 4:** 'comms surgery' advice session provided by comms officer with project lead, inc. discussion of and advice on key messages/core script; advice and recommendations on materials and deployment; agreement and advice on risk points and mitigation; materials predominantly shared through team/ service/lead channels.
- **Level 5:** dedicated advice session with project lead; suggestions and supply of templates/existing materials for repurposing to enable a guided approach.

Prioritisation matrix: details & definitions

- **High risk or impact:** patient safety; operational imperative; life-impacting patient or public action required; reputational risk of major or catastrophic for any length of time; moderate reputational risk for 3+ months Eg. Flu vaccination; Winter resilience/urgent care alternatives; Group strategies collaboration & transformation programmes.
- **Medium risk or impact:** ongoing delivery of core Trust objectives or high priority Trustwide projects; reputational risk of moderate for less than 3 months; Eg. Changes to visiting arrangements; new or specialist recruitment drives; planned redevelopment of services;
- **Standard risk or impact:** everyday work 'owned' in other teams; no or minor reputational risk Eg. Regular updates on non-contentious issues; routine communication of planned projects.
- **Small scale:** small numbers of staff or single groups/roles patient groups; simple calls to action; none or small spend on external comms providers (eg. 1 pull-up banner or 100 A5 flyers).
- **Medium scale:** needs to reach more than half of trust body, or cross-geographical range of positive stakeholders; may require £1000+ spend on external products, eg. Publications or digital media.

- **Large scale:** will involve complex communication with a range of internal and external individuals and groups which have mixed views and opinions of trust; will require significant commissioning of specialist resources, eg graphic installations, microsite, corporate video involving an exec/NED or influential stakeholder.

Key themes for the communications team:

- To ensure our communications activity has the biggest impact across the broadest audiences internally and externally, the communications team will focus it's attention on five key themes. These themes will be refreshed every year. Activity however that falls outside of these themes will have a level of support delivered by communications that is in line with the prioritisation matrix.
- Work to support operational activity sits outside of the five key themes
- Five key themes
  - Our Dedicated to Excellence stategy; values, priorities and enabling strategies listed on page 4
  - People, although this is a facet of the D2E strategy this will have specific focus outside of the Group
  - Wellbeing and mental health
  - Women's Health including maternity
  - Equality and inclusion

Internal communications: framing the conversation

Research shows that communications that have the most impact occur in a conversation, listening, setting, with someone known and trusted. Replicating this environment within the internal communications sphere can be challenging, although the simplest route is to do less predominately in a top-down communications style, unless the nature of the communications activity requires this approach.

We will encourage and promote leaders' and NEDs and Governors (KGH) face-to-face engagement and ensure Teams events and town halls are meaningful and impactful, using data we will harvest from events and industry best practice. Feedback will be captured as appropriate and directed to the most appropriate area of the Trusts, a process that already exists for some exec-led events.

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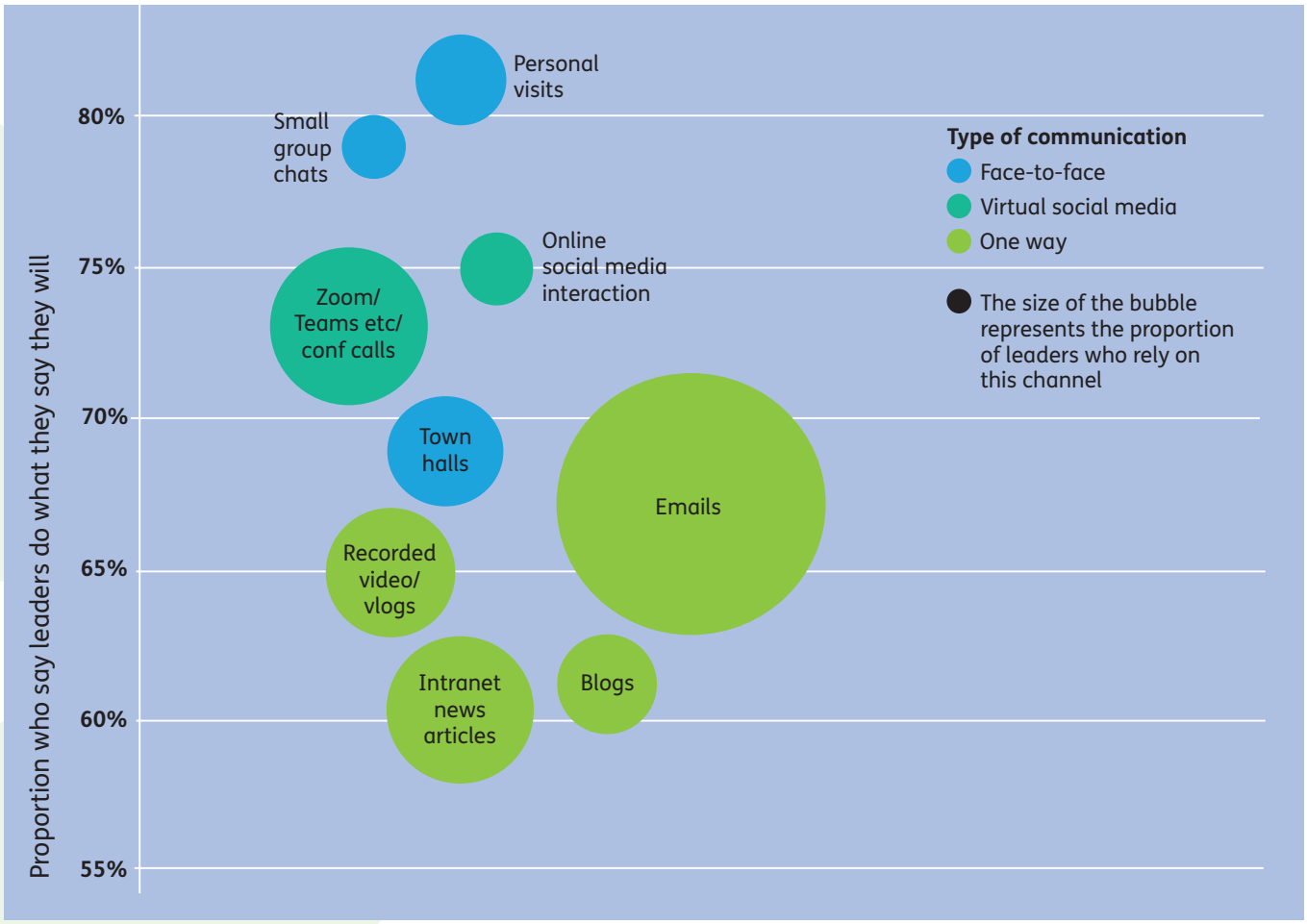
How leaders communicate with their people, and its impact on employee trust



Internal communications: embracing traditional channels

- Much of our internal communication is now delivered via digital channels, which is impacted based on the graph, however digital channel are not always accessible to our colleagues.
- We will work with colleagues in the People team to ensure communications skills is integral to future management capability programmes.
- This activity will feature face-to-face engagement, the intelligent use of physical assets and signposting towards digital channels that can be accessed easily without the need for a computer.
- Plans for new intranets across both Trusts will be vital and designed to ensure they can be viewed on a smart phone, and accessed via QR codes and quick links.
- Utilise existing channels such as WhatsApp groups and applications ward/ safety briefings
- We will also explore opportunities to use digital screens to increase engagement with colleagues
- In 2021 staff were surveyed on how they would prefer to be engaged with. Response rates were low. The preferred engagement channel was email, suggesting the survey had not reached non-digitally engaged staff.

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External communication: developing our voice

- We will capitalise on the individual Trust's existing social media presence to raise awareness of initiatives with local communities and other audiences that will inspire confidence in the Trusts, position the Group as an employer of choice and encourage our colleagues to feel well led and proud of where they work.
- We will use social media as our predominate external communications channel while also cultivating relationships with key regional outlets, with a focus on broadcast media
- We will explore social media channels and utilise those that are likely to increase audience reach and engagement
- We will develop a tone of voice that suits the demographic of the channels we use
- We will encourage and support use of social media by senior leaders and other colleagues across the Group
- We will implement a regular programme of media training, at both foundation and refresher level
- We will promote awards, accreditations and notable achievements

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Implementation

Consistency

- This strategy will overlay all of our communications activity, with all activity being derived from within the parameters of this framework
- All communications plans to support activity across the Trusts will be created within the OASIS model, to ensure consistency of planning and measurement
- The Communications Strategic Framework will establish the structures necessary to deliver meaningful and impactful communications that promote and enhance the reputation of the University Hospitals of Northamptonshire with a broad and diverse range of audiences
- We will work with the patient experience teams to ensure consistent tone of voice, look and feel to our communications to patients.
- Key messages to guide all communications activity:
    - We will develop collaborative and innovative solutions to meet the acute healthcare needs of all Northamptonshire communities
    - Our staff are our strength, we will support their health and wellbeing and encourage their development, with the aim of being seen as an employer of choice in the region
    - We play an integral role in the local healthcare system

Internal channels

- As mentioned in the preceding section, work is being undertaken to develop new internal communications channels. These will sit alongside or improve existing channels:
- Newsletters
- Internal Facebook groups
- Teams briefings (Group and Trusts)
- All staff email
- Intranets

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03/29/2022 15:55:45

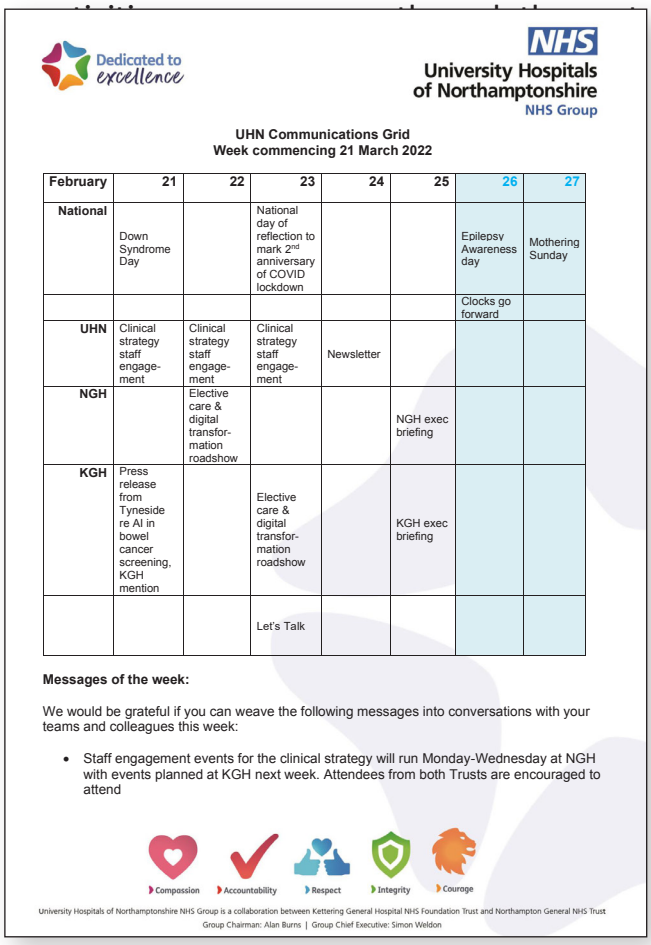
- Posters
- Potential new channels include a fit-for-purpose intranet, Yammer, Team cascades and utilising face-to-face communications such as ward briefings and other similar engagement activity
- We will work with colleagues in the People team to ensure communications skills is integral to future management capability programmes
- We commit to ensuring fully-captioned video is used when appropriate.

Message grid

- We will distribute a weekly grid outlining communications and engagement activity for the forthcoming seven days at a national, regional, Group and Trust level.
- The grid will also contain 'message(s) of the week' to assist execs, other senior managers, Governors and NEDs with what topics to engage with staff about. Message of the week will cover positive news we wish to promote
    - If physical and digital assets are available to support the message of the week we will make these available.
    - Messages of the week will derive from a range of sources, dependent on local issues and national matters that need to be address
    - Senior leaders with a social media presence will be encouraged to promote the message of the week on their channels.

Feedback and sign off process

- For significant 'level 1' projects we will engage the NED community for feedback before delivery, if appropriate and timely.
- We will ensure all quotes are approved with those named as spokespeople, internally and externally.
- Our plans will be nimble so they can incorporate feedback and measurement data to ensure they engage appropriately with the correct audiences
- Communication plans for projects and initiatives will be submitted for review in good time before planned implementation.
- We will actively seek feedback on our



Dedicated to excellence

NHS University Hospitals of Northamptonshire NHS Group

UHN Communications Grid
Week commencing 21 March 2022

February	21	22	23	24	25	26	27
National	Down Syndrome Day		National day of reflection to mark 2nd anniversary of COVID lockdown			Epilepsy Awareness day	Mothering Sunday
						Clocks go forward	
UHN	Clinical strategy staff engage-ment	Clinical strategy staff engage-ment	Clinical strategy staff engage-ment	Newsletter			
NGH		Elective care & digital transfor-mation roadshow			NGH exec briefing		
KGH	Press release from Tyneside re AI in bowel cancer screening, KGH mention		Elective care & digital transfor-mation roadshow		KGH exec briefing		
			Let's Talk				

Messages of the week:

We would be grateful if you can weave the following messages into conversations with your teams and colleagues this week:

- Staff engagement events for the clinical strategy will run Monday-Wednesday at NGH with events planned at KGH next week. Attendees from both Trusts are encouraged to attend

Compassion Accountability Respect Integrity Courage

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General NHS Trust
Group Chairman: Alan Burns | Group Chief Executive: Simon Weldon

Palmer-King
03/12/2021 14:55:45

Scoring, measurement & evaluation

Measuring effectiveness of the communications strategic framework

- The effectiveness of the communications strategy will be measured by a number of factors, some of which are listed below.
- Work has commenced to put in place a formal measurement, evaluation and reporting process, with the intention of creating a monthly report of activity and effectiveness of communications to hospital executives and leaders, project boards and others that would find the information useful.
- Data gathered via evaluation and scoring will be used to inform future plans and amend plans being implemented, as necessary.
- We will use metrics and data from 2021 and earlier to benchmark against.

Measurement tools to be deployed, some of which will pick up message penetration and others which will provide data about specific communications activity:

- Staff Pulse survey
- National staff survey
- Ad-hoc surveys as necessary
- Participation data on Teams and F2F events
- Open rates on newsletters
- YouTube and other video platforms viewer information
- Visitor data on intranets and intranet articles
- Social media engagement

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Measuring effectiveness of communications activity

- The communications team commit to reporting bi-annually to the People Committee on progress against the strategic objectives and our pledges for delivery in the first year.
- Work is underway currently within the team to put in place a formal measurement, evaluation and reporting process for all communications-driven activity (levels 1-4 in the prioritisation matrix), with the intention of creating a monthly report of activity and effectiveness of communications for those who have been instrumental in commissioning or driving communications activity.
- Data gathered via evaluation and scoring will be used to inform future plans and amend plans being implemented, as necessary.
- A selection of the measurement tools available:
    - Participation data on Teams and F2F events, such as attendee numbers, questions raised and 'how useful did you find this event?' feedback
    - Pulse survey
    - Open rates on newsletters
    - YouTube and other video platforms viewer information
    - Visitor data on intranets and intranet articles
    - Social media engagement rates
    - Anecdotal commentary on campaigns and services
    - Media coverage sentiment evaluation

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Risks and mitigations

Our future communication ambitions are reliant on investment on a new Group-wide intranet. This is key communications tool and will enable the focus of communications to move away from transactional activity towards a more conversational and listening setting. Currently much of the communications team resource is dedicated to disseminating operational updates to colleagues. A functional, attractive and easily accessible intranet is the ideal location for such material. A well designed intranet is integral to enable communications that reach, connect and engage colleagues. Currently the intranets at KGH and NGH are not supported by a service contract and although frequently accessed by over half of our colleagues, they do not have the capacity to support a communications approach that engages and drives real and meaningful change.

Additionally, digital screens that can be accessed and updated from a central hub in the communications team will enable quick-time and urgent communications for patients and colleagues who do not routinely access email during the working day.

Benchmark

The Communications strategy framework Appendix

Benchmarking:

- During 2021 the communications and engagement director engaged with a number of Trusts and Groups to discuss, amongst other things:
- Best practice within communications for the acute healthcare sector
- Effective team size and skills mix
- Effective channels for non-digitally engaged staff
- On call and major incident practice
- Reporting and analysis structures
- What 'good' looks like

These engagements have led to the development of our strategic framework and we would like to gratefully acknowledge the advice and insight offered by these Trusts.

- **Milton Keynes University Hospital**
- **Sherwood Forest Hospitals**
- **University Hospitals of Sussex**
- **University Hospital of Derby & Burton**
- **Bedfordshire Hospitals**
- **University Hospitals Birmingham**
- **The Royal Wolverhampton Trust**
- **Northamptonshire Healthcare NHS Foundation Trust**

We would also like to thank colleagues across both KGH and NGH who have provided advice, information and guidance in the creation of this document, including hospital executives, NEDs, Governors, the Patient Experience Teams and those colleagues who provided feedback via surveys

Palmer Kirsty
03/29/2022 15:55:45

Professionally managed communications across both trusts enabled by a nimble, respected and engaged communications team.

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NHS

University Hospitals of Northamptonshire

NHS Group

Designed and produced by Communications Department

March 2022

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30th March 2022
Agenda item	9

Title	People Update: Group People Plan Annual Review and Spotlight on Volunteers
Presenter	Mark Smith, Chief People Officer
Author	Catherine Wills, Deputy Director of People

This paper is for			
☐ Approval	☐Discussion	☐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

Group priority				
☐ Patient	☐ Quality	☐ Systems & Partnerships	☐ Sustainability	X 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

Reason for consideration	Previous consideration
To provide the board with assurance of delivery against the Group People Plan	Group People Plan Approved March 2021 Board Update Report provided in September 2021 Collaboration Programme Committee, 14 March 2022 Group People Committee, 28 March 2022

Executive Summary

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03/29/2022 15:55:45

The Group People Plan was approved at the end of March 2021, to enable delivery of the People priority in the Group Dedicated to Excellence Strategy.

In September 2021, we provided a progress update on delivery against that plan, and set out our priorities for the remainder of the year.

However, this winter period has challenged us more than we had anticipated particularly due to;

- the COVID booster jab roll out,

- the Omicron wave of covid and;

- new legislation being introduced regarding vaccination as a condition of deployment (VCOD).

The **Omicron** wave provided significant challenges with regards to resourcing our Trusts, we had **high absence and unavailability** rates in both Trusts with absence in Northampton General reaching 7.4% in January (against a target of 4%).

VCOD, again recognised nationally, resulted in a redirection of resources to sensitively manage the messages and process for implementation with over **2500 contacts** made to support colleagues across Trusts.

Wellbeing has therefore remained at the forefront, and **SOS support** has been extended across both Trusts and demand for the service has increased. There was also the reintroduction of free meals in both Trusts until the end of March.

This period has **affected** our People Plan ambitions, for example our ability to provide **education and development** and this will need to be addressed as we move forward into 2022/23.

We have however still secured some key achievements. We have worked with staff side colleagues to address capacity concerns in supporting collaborative change and transformation, which will now enable us to take forward this area of work over the coming months.

We exceeded the response rate ambition laid out in the September board update of 10% for the people pulse in both the September (17%) and January (15%) pulse surveys, and are now embedding the outputs into our performance frameworks.

We have also continued to onboard and grow our volunteering numbers with **546 active volunteers** across the group and a further 160 in the recruitment pipeline, therefore reaching our goal set out in our people plan for 600 volunteers before 31st March 2022.

Palmer,Kirsty
03/29/2022 15:55:45

This update gives the board an overview of progress on the People Plan one year on and spotlights the achievements and work underway within our People Pledge area of Volunteering.
Appendices
People Plan Report – March 22
Risk and assurance
The risks of not delivering against the people plan are captured in the Board Assurance Framework
Financial Impact
The costs for delivery of the people plan was accounted for in the budgets of both Trusts.
Legal implications/regulatory requirements
N/A
Equality Impact Assessment
Outlined within the People Plan, specifically addressed through the Equality, Diversity and Inclusion Strategy approved in July 2021

Palmer Kirsty
03/29/2022 15:55:45

Dedicated to excellence

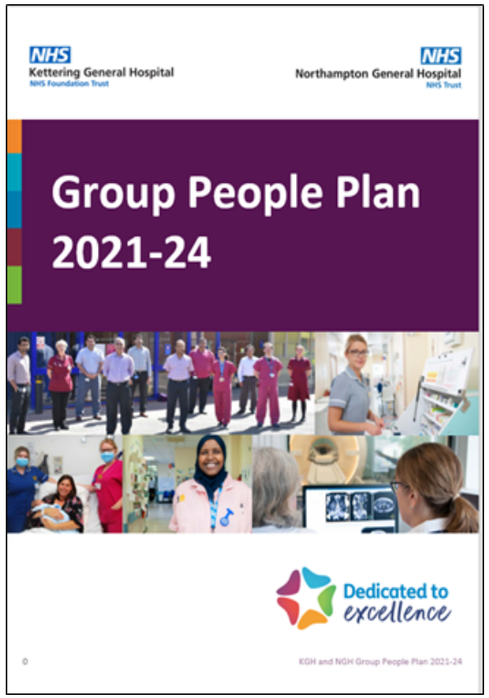
NHS
University Hospitals of Northamptonshire
NHS Group

People Plan Progress Report

March 2022

Services provided by Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Our People Plan 2021 – 2024



Our group strategic people 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

- Our **Group People Plan** was approved at our Boards at the end of March 2021. The plan consists of seven People Pledges and areas of focus for us across the Group
- The plan outlined the **deliverables** for 2021/22 and for the next 2 years beyond this up to 2024. Work has commenced in a number of these areas; however, it is acknowledged that there are some practical process areas which require focus to facilitate collaboration further.
- One of the key measures for the plan is centred on our **Group People pulse survey** which was completed for September 2021 and January 2022 and provides us with very useful feedback on colleagues' experience of work and their understanding of the Group model.
- In order to support the full implementation of the plan we have also begun the process of aligning the Trust HR & OD teams into what will be known as the **People Services Directorate**

Palmer Kirsty
03/29/2022 15:55:45

Our People Plan Pledges

NHS
University Hospitals of Northamptonshire
NHS Group

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

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

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

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

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

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

Palmer, Kirsty
03/29/2022 15:55:45

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Our People Plan Pledge Achievements to date

NHS
University Hospitals of Northamptonshire
NHS Group

During the first half of the year, progress within the People Plan was centred on responding issue the pandemic had amplified, such as supporting Health and Wellbeing and our Equality, Diversity and Inclusion agenda. We also confirmed plans to grow our volunteer services and international recruitment programmes to reduce our vacancy rates.

During this last period in line with our People Plan we have:

People Planning
Delivered our **International Recruitment** programmes to reduce our vacancy position in both Trusts. **287 international nurses** (Northampton:103 Kettering:184) – Target 200

People Processes
Launched an aligned and consistent **employment contract** for AfC

Health and Wellbeing
Been shortlisted for a HSJ award for our system **Health and Wellbeing Festival**

People Processes
Enhanced **MyESR** now across both Trusts to provide access to on-line payslips and mandatory training

Volunteers
Continued to diversify and grow our active **volunteers**, there are now **546 active volunteers** across our group with a further **160 in the recruitment pipeline**.

People Partnering
Embedded our **people pulse** results into our performance reporting framework

OD and Inclusion
Provided dedicated OD support for **clinical collaborations** e.g., Cardiology
We have facilitated 28 reset and recovery sessions

We have launched our People team **Leadership** review

Our People Plan Pledge Achievements impact

NHS
University Hospitals of Northamptonshire
NHS Group

This short video outlines the impact volunteering has had:

https://www.youtube.com/watch?v=OsRtDRXGBOc

Palmer Kirsty
03/29/2022 15:55:45

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Context for delivery during Q3 and Q4

University Hospitals of Northamptonshire
NHS Group

This winter period has challenged us more than we had anticipated in the summer particularly centred on the booster jab roll out, the Omicron wave of covid and new legislation being introduced regarding vaccination as a condition of deployment (VCOD).

The **Omicron** wave provided significant challenges with regards to resourcing our Trusts, we had the **high absence and unavailability** rates in both Trusts, whilst this was consistent with other acute providers it resulted in attention correctly being focused on mitigations including the enhancement of our staff swabbing services and a focus on temporary staffing.

The second challenge was **VCOD**, again recognised nationally, the implementation of this process resulted a redirection of resources to sensitively manage the messages and process required to be implemented at the time. Over **2500 contacts** were made with colleagues supporting both Trusts.

Included in responding this these challenges the **SOS support** has been extended across both Trusts and demand for the service has grown, there was also the reintroduction of free meals in both Trusts until the end of March and NGH continues to be the lead employer for the county vaccination centre.

This period has **affected** our People Plan ambitions including our ability to provide **education and development** and this will need to be addressed as we move forward into 2022/23. During this time however we have worked with staff side colleagues to address capacity concerns in supporting the change and transformation required to enhance collaboration across both Trusts.

Dedicated to excellence

Our People Plan Pledges for the future

University Hospitals of Northamptonshire NHS Group

Our People context within the NHS and our Group is now different as we move forward from the pandemic. We need to support colleagues in increasing availability within both Trusts. Colleagues will be affected by many pressures internally, an example being our delivery of elective care and externally with cost in living increases.

In will be key that via our People Plan we are able to offer support and consistency to colleagues working with both Trusts.

People Processes
By the **end of March** will we have a **MoU** allowing colleagues to work across both Trusts without the need for additional paperwork

People Partnering
We will establish a staff side infrastructure for **partnership working** – including policies and job evaluation process by April

People Processes
Have a **collaborative bank** model across both Trusts which could be adapted across our system, with comparable pay rates

People Development
Launched a new **leadership and management** development framework

People Development
Introduction of a **new appraisal** process across the Group incorporating our D2E objectives and values

OD and Inclusion
To focus on our **Reward, Recognition and Respect** programmes within both Trusts

People Development
To have a consistent, multi mode, statutory and mandatory training offer to increase compliance

Health and Wellbeing
Complete a **benefits** package of working within both Trusts

Appendices

Palmer Kirsty
03/29/2022 15:55:45

Pledge Updates

University Hospitals of Northamptonshire
NHS Group

Health & Wellbeing

Our Ambition

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

Our Priorities

- Development of our health and wellbeing offer
- 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 –Stronger Together programme
- Supporting vaccination programmes including Flu and Covid
- Reviewing our Employee Assistance Programme offerings

Our Progress

- Our Health and Wellbeing Offer has been developed and increased providing greater access to hygiene factors in the workplace. This includes;
  - **Free food** provision at KGH and NGH. Current work includes the re-introduction of a staff restaurant in KGH and Car Parking charges for both Trusts.
- During Q3 an **extra Annual leave day** was proposed an implemented supporting colleagues taking a break over the festive period – the e-rostering system provides enhanced tracking of annual leave taken.
- The long term future of the **Health and Wellbeing spaces** have been secured, in NGH ‘Our Space’ will be relocated from the NGH Board Room to a dedicated space for staff – pending estates works
- **Psychological support** is in place in both Trusts as is the county/system Stronger Together service offer
- **Menopause Employer Accreditation** has been received including e-learning packages & intranet page; we’ve produced a menopause personal stories video and Menopause guidance
- Flu and COVID **vaccination programmes** were delivered across both Trusts
- Vaccination as a Condition of Deployment – process was implemented rapidly in Dec/Jan in response to legislation – we are awaiting national guidance on next steps based on revoking the legislation
- Our **Employee Assistance Programmes** will be reviewed in line with a employee benefits task and finish Group to be established in March 2022 – in light of the cost of living pressures nationally
- **Financial H&W -** to help our staff make informed, positive decisions about their finances

Palmer Trust
03/29/2022 15:35:45

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Pledge Updates

University Hospitals of Northamptonshire
NHS Group

People Planning

Our Ambition

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

Our Priorities

- Workforce planning, including supporting job planning
- Supporting new ways of working allowing the development of agile and flexible working policies introduced during Covid19
- 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.
- Reduce our reliance on temporary staffing via effective planning and recruitment

Our Progress

- A KPIs for this pledge are turnover and vacancy rates. Both Trusts have a slight rise in turnover, but within common cause variation. KGH's turnover now exceeds the target at 11.65%. Both Trusts currently remain below the vacancy target based on international recruitment.
- **Job Planning**: Provisional review of both KGH and NGH policies is underway as part of the policy harmonization and review.
- The target for rosters to be available to staff is 42 days beforehand, this is currently not being met in either Trust based on unavailability.
- **International Recruitment**: Interviews for NHFT and NGH are ongoing with new nurses starting work month on month. Recruitment has been temporarily paused at KGH pending review of establishments. A further bid for external funding to continue overseas nurse recruitment next year has been approved.
- **Medical Establishment** Review completed at NGH. KGH has begun a medical establishment review using the methodology used by NGH. The analysis for both Trusts will be formulated into a plan depicting areas that require development and the associated initiatives in line with the Integrated Business Plan submission for 2022/23.
- **Temporary Staffing**: Overall agency spend at KGH was in line with plan at the end of Q3. The overspends in Medical Staffing and Scientific/Tech staff groups are being reviewed and agency reduction plans, spend profiles drafted for the new financial year. Agency spend in NGH is seeing a negative variance to plan YTD with a majority of the overspend occurring against Medical staff, within the Medicine Division. Agency spend review is underway and medical recruitment project initiated.

Primer Kirsch
8/24/2022 14:55:45

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Pledge Updates

University Hospitals of Northamptonshire NHS Group

People Development

Our Ambition

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

Our Priorities

- Mandatory Training Compliance
- Leadership Development and Interventions
- Appraisal Compliance
- Invest in Apprenticeships

Our Progress

- Statutory and mandatory training continues to perform above target (85%) in KGH, but in January of 2022 dropped below in NGH to 84%. Appraisal performance shows normal cause variance, but below the benchmarked target for both Trusts. Trust pressures and staff absences particularly in January impacted compliance for both of the above with higher staff absence being experienced at NGH.
- **Mandatory Training**: Work continues to align both Trusts with **Skills for Health**, together with matching the refresher periods and reportable competences for both sites.
- **Leadership Programmes** are ongoing, however Covid impacted attendance throughout the last quarter with a higher rate of DNA's. Flexibility, and shorter bite size supportive sessions available on both sites. A clear offering of programmes across the Group are to commence in the spring.
- **Appraisal compliance** remains static across divisions, but below target. The impact of the capacity challenges in the Trusts alongside the need to support isolation and staff whom are unwell has impacted on appraisal compliance. The appraisal process is to be redeveloped inclusive of our D2E priorities and values
- **Apprentices** we continue to reach the Governmental target, with breadth of offer constantly developing. The first OT & Physiotherapist apprentice commenced as a pilot with HEE. Continued success of the Senior Leaders level 7 apprentice. Work has commenced establishing Radiographer apprentices with 2 per year commencing in Nov 2022

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Pledge Updates

University Hospitals of Northamptonshire NHS Group

People Partnering

Our Ambition

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

Our Priorities

- 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

Our Progress

- **Roster publication** information is now available across both Trusts – 6 week performance has not been maintained due to winter demands
- An **MoU** for cross site working has been developed, this needs to be agreed with staff side in March and will then be implemented.
- The **Top Ten Priority Policies** starting with the Organisational Change will be discussed and harmonised across the group. Between Dec to Feb, staff side consultations on this have paused due to other operational pressure
- **Group Partnership Arrangements** are now being progressed following a review of staff side capacity in response to their request to increase to enable and support Group transformation. The first group staff side meeting is due to be held end of March.
- We have maintained **response rate** levels on the People Pulse; Sept saw a 17% rate and January, 15%. Divisional **pulse survey** data is embedded now as part of the performance review process with local action being enabled. The national benchmarked staff surveys are due in March with a Board Development session planned for April.
- The **Group EDI strategy** was agreed at the July Boards and is being implemented within both Trusts, via the staff inclusion networks
- Talent management has not yet been progressed this will be worked into the revised appraisal and development offering being undertaken.

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Pledge Updates

University Hospitals of Northamptonshire NHS Group

OD & Inclusion

Our Ambition

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

Our Priorities

- Supporting the development of a learning culture where all staff are empowered to contribute to change, and staff suggestions are heard and acted on utilising human factors education
- 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
- Working with ICS partners to implement OD masterclasses

Our Progress

- **OD interventions for Clinical Collaboration:** Head and Neck - Facilitation of a Pathway event, with feedback and actions for the leadership team being identified. The Breast team have had OD facilitated meetings with NGH consultants and Cardiology has dedicated OD support.
- **EDI** 10 NGH and 10 KGH colleagues will attended the Royal College of Nursing (RCN)'s Cultural Ambassador Programme with representatives from Employee Relations and EDI attending also.
- Joint EDI Team meetings commenced in January to outline progress and set joint actions across group. A **shared EDI Calendar** to be agreed across the group (joint celebrations with alternating lead responsibility). Joint Transgender Awareness Week celebration highlighting useful information and resources on transgender issues and experiences. KGH led Joint Disability History Month with resources and information on learning disabilities, physical disabilities, mental health and allyship.
- Examples of **network activity** include **REACH Network NGH** – working with Medicine & Urgent Care division to run Listening Events for Internationally Educated Nurses to hear feedback on their time within the organisation and work with the division on interventions when necessary.
- The **KGH D.A.W.S Network** promoted role model stories and learning slides during Disability History Month as well as video across the group. The EDI Team at KGH recorded an increase in engagement from staff wanting to join DAWS EDI Network and others reaching out to find support. We have launched of the **new Young Peer Support Network, Gender Equality Network and refreshed of the LBTQ+ network** at KGH. Launched of three new **EDI training programmes** to improve equality and inclusion and the **Reverse Mentoring** scheme across both Trusts
- **Winter buddy coaching support -** funded through HEE funding via practice development.

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Pledge Updates

University Hospitals of Northamptonshire NHS Group

People Processes

Our Ambition

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

Our Priorities

- Development of enhanced reporting dashboards
- Implementation of new HR technology, including ER tracking and workforce deployment systems
- Development of the Manager Self Service system
- Implementing consistent temporary staffing rates across the Group
- Enhance our county Best of Both Worlds offering
- Procurement of rostering systems and service across the two Trusts
- Being able to respond to a terms and conditions query within 48 hours

Our Progress

- **Manager Self Service** project continues to be rolled out to specific areas within the Group.
- ER tracker in place resulting in quicker ER activity turnaround – bi-weekly meetings are in place to monitor this
- Work is underway to explore OH system at KGH, (OPAS at KGH goes out of licencing support in April 2022). NGH use eOPAS which is within licence but not being updated further. KGH are currently putting a business case forward for G2 which directly interfaces into the Trust recruitment system.
- Funding now identified to implement and complete the **RPA (robotic automation) processes** that have been mapped and developed for Learning & Development, Workforce Information, Recruitment and Locum Centre at NGH.
- **Digitised Staff Passport** (DSP) registration process completed at both NGH and KGH. Implementation and training commencing.
- Focused work is taking place to review agency spend across the Group to identify opportunities to reduce agency workers and reliance on temporary staffing.
- A fortnightly bank collaboration meeting between KGH & NGH now takes place. A recent GEM paper agreed the principle regarding a **temporary staffing model** (bank collaboration) and investment.
- **Safe Staffing** papers reported into the people committee have been aligned between KGH & NGH
- Work will now commence to align **Temporary Staffing** usage data (Demand/volume/reasons for use and fill rates)
- **Self-Service and MyESR-** access to payslips but also mandatory training online for all.

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Pledge Updates

University Hospitals of Northamptonshire NHS Group

Volunteering

Our Ambition

Aspire to have the largest volunteer base across the NHS with volunteers that are representative of the population of Northamptonshire providing opportunities for our community

Our Priorities

- 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.

Our Progress

- There are **546 Active Volunteers** across each site and 160 additional volunteers in the recruitment process
- There is movement of **volunteers into substantive posts**, which impacts on volunteer numbers but is a positive story for our Trusts as we are supporting the career entry and development of individuals through volunteering: https://www.youtube.com/watch?v=OsRtDRXGBOc
- The team continue to be proactive an undertake numerous **school visits** and have recently attended 10 schools and reached up to 350 pupils, the demographic of our intake has thus changed and we are now seeing a larger pool of younger volunteers joining us.
- There has also been the introduction of numerous new initiatives, such as the **Runner role** which existed in NGH to KGH, **Brew buddies** now across both Trusts and **PAT dogs** being on site to support the health and wellbeing of staff – most initiatives are now in collaboration across both Trusts to give equal experiences for staff and patients, and reinforce the volunteer role and prominence through initiatives like the **Red t-shirts**.
- We are on target to reach the **600 volunteers** we set out to in our pledge by 1st April 2022

Public Key
03/03/2022 15:55:45

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NHS
University Hospitals of Northamptonshire
NHS Group

Our Volunteers

March 2022

Emma Wimpress

Palmer Kirsty
03/29/2022 15:55:45

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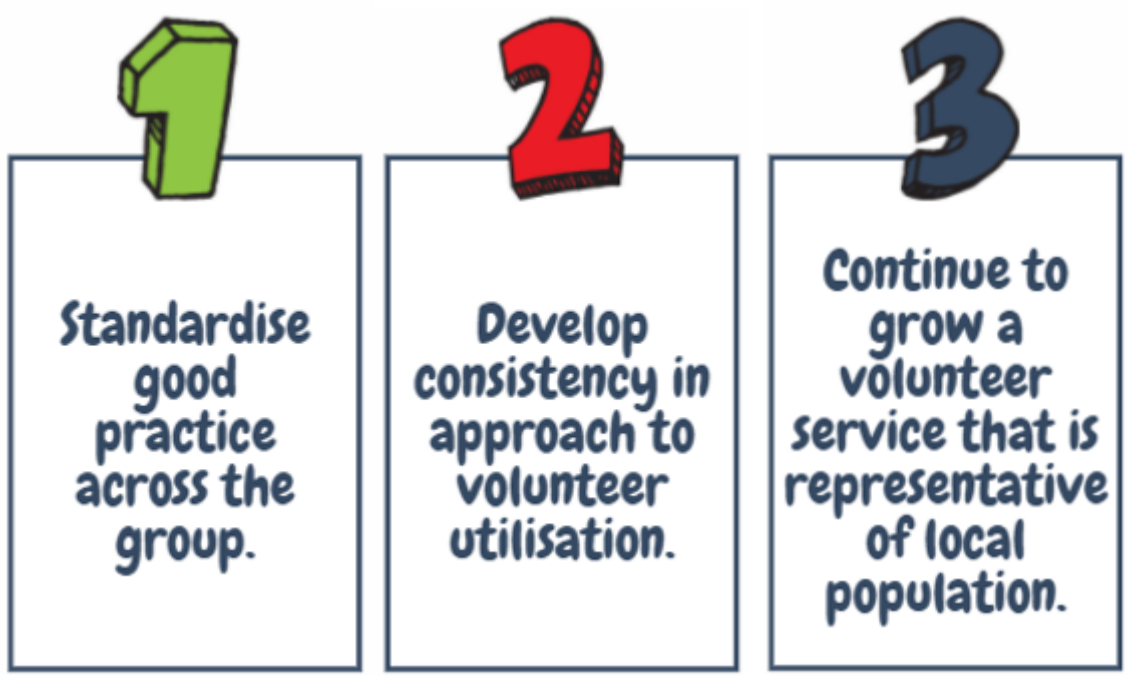
University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Overview

The deliverables of the Volunteer pledge are to:



Palmer Kirsty
03/29/2022 15:55:45

About our NGH volunteers…

348

Active Volunteers

Palmer, Kirsty
03/29/2022 15:55:45

Approx.

28% of NGH Volunteers identify as male

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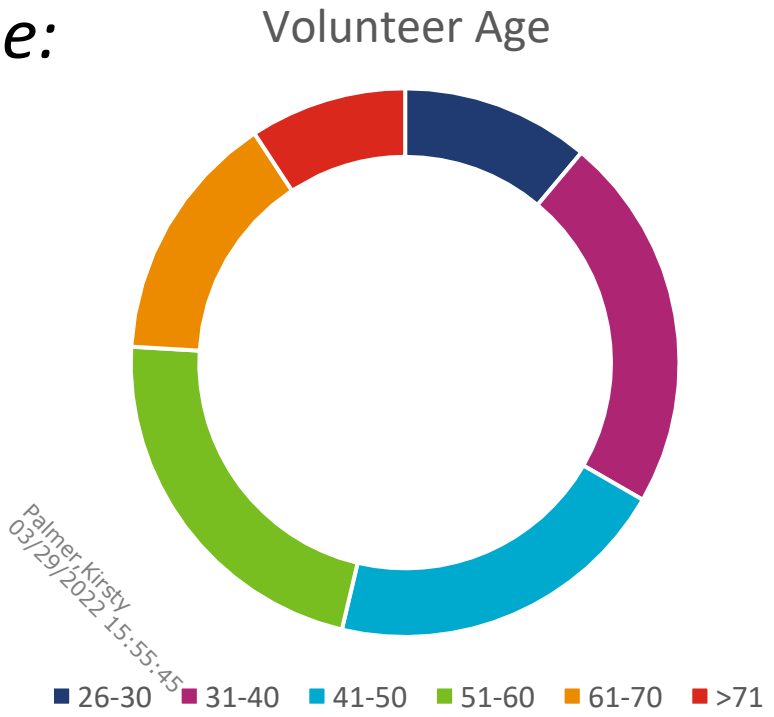
About our NGH volunteers…

Age:



Age range of Volunteers	%
<25	46%
26 - 30	6%
31 - 40	12%
41 - 50	11%
51 - 60	12%
61 - 70	8%
>71	5%

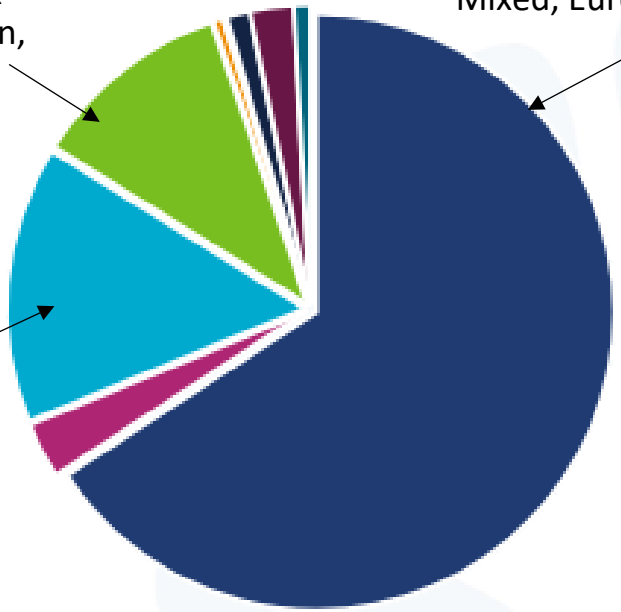
About our NGH volunteers…

University Hospitals of Northamptonshire NHS Group

Ethnicity:

Black (Black/Black British – Caribbean, African)

White (British, Irish, Polish, Mixed, European)



Asian (Asian/Asian British, Indian, Pakistani, Bangladeshi, Other, Mixed

Palmer, Kirby 03/24/2022 15:55:45

Ethnicity:

- White (British, Irish, Other, Polish, Mixed, European)
- Mixed (White & Black - Caribbean, White & Black - African, White & Asian, Other)
- Asian (Asian/Asian British - Indian, Asian/Asian British - Pakistani, Asian/Asian British - Bangladeshi, Asian/Asian British - Other, Asian Mixed)
- Black (Black/Black British - Caribbean, Black/Black British
- Chinese
- Filipino
- Other
- Unspecified

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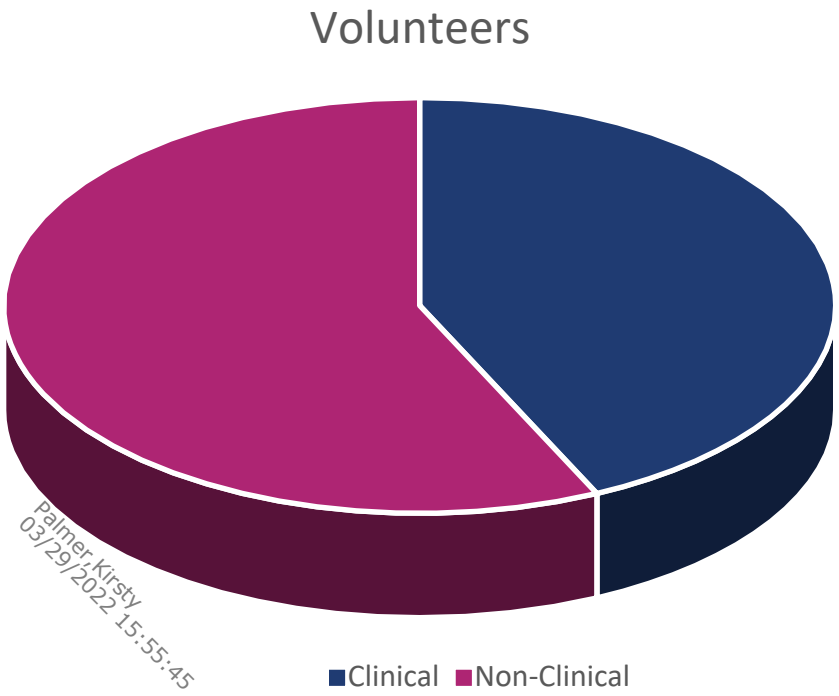
What our volunteers do…



Clinical Volunteers:

- Ward Buddy
- Dementia Buddy
- End of Life Volunteer
- Pharmacy Runner Role

Non Clinical:

- Meet & Greet
- Buggy & Discharge Car
- #brewbuddy
- Admin
- NGH Radio
- Response

Volunteer Roles	%
Clinical	44%
Non-Clinical	56%

A video to showcase the fantastic work of our volunteers…

Palmer Kirsty
03/29/2022 15:55:45

Feedback

"I just wanted to send an email to express my utmost gratitude following my plea for help on Friday 11th March.

You very kindly and quickly rose to the challenge in providing a beautiful bouquet of flowers for the husband and wife in the emergency department.

It was their 16th wedding anniversary and sadly the patient was being discharged home for end of life care.

The flowers were a really important recognition of the obvious love and devotion between the couple on such a sad and difficult day. I can say they were very much appreciated and tears of emotion…!"

Palmer, Kirsty
03/29/2022 15:55:45

Feedback

"No queue, friendly knowledgeable volunteers & staff."

Outpatients - December 2021

"Great service and lovely staff and volunteers!"

Outpatients – December 2021

Palmer Kirsty
03/29/2022 15:55:45

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Feedback on Social media

NHS
University Hospitals of Northamptonshire
NHS Group

Michelle Coe @edc0ey · 13h
Replying to @emmawimpress, @KghVolunteers and @NghVolunteers
Brew buddy was a ray of sunshine in ED today, thank you
8

Lisa Husbands @lhubby1 · 13h
Replying to @emmawimpress, @KghVolunteers and @NghVolunteers
The trolley was a welcome sight in ED this morning. Thank you for stopping by. @edc0ey @MummaLids @debshan65 @HeidiSmoult
1 7

Sarah @sarahcoughlan32 · 4 Mar
Replying to @NghVolunteers and @NGHnhstrust
Absolutely love this 🐶
3

Pamela Hirsty
03/27/2022 15:55:45

Twitter Analytics

MAR 2022 SUMMARY

Tweets 15	Tweet impressions 12.8K
Profile visits 3,462	Mentions 29
New followers 30	

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163 followers

1081 followers

What works well…

Northampton General Hospital Volunteer Services

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Next steps…

Increase our number of active volunteers.

Expand the response role to be more inclusive of more clinical areas.

Seek external funding to support the growth of the team.

Formalise the volunteer to career pathway.

Continue to create roles that enhance patient experience.

Thank you
Do you have any questions?

Palmer Kirsty
03/29/2022 15:55:45

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	10.0

Title	Ockenden Report – One Year On 2022
Presenter	Debbie Shanahan – Director of Nursing and Midwifery Interim
Author	Patricia Ryan – Deputy Director of Midwifery, Sue Lloyd – Clinical Director

This paper is for			
☐Approval	**☐Discussion**	**☐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

Group priority				
X Patient	**X Quality**	**☐Systems & Partnerships**	**☐Sustainability**	**X 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

Reason for consideration	Previous consideration
This is to update the Board against the progress of the 7 Ockenden IEAs. **Appendix 7**	Maternity and Neonatal Safety champion Executive Meetings 16th March

Partner Kirsty
03/24/2022 10:35:45

Executive Summary

The Ockenden Report was published in December 2020 as a result of an investigation into concerns regarding services and care at Shrewsbury and Telford NHS Trust.

Outputs from this first phase were reviewed by a panel of peers, service users and the regional maternity team. In June 2021, Trusts submitted evidence of progress towards / compliance with each Immediate and Essential Action (IEA) to a national central portal and this was quality assured by the regional maternity team, supported by the Commissioning Support Unit (CSU).

In December 2021, Trusts were informed of their phase 2 outcomes. Overall, NGH achieved 80% compliance. Northamptonshire Trusts had no areas of non-compliance, but areas of partial compliance were noted.

One year on, Trusts have been asked by NHS England and NHS Improvement to review progress against the 7 Ockenden IEAs and plans to ensure full compliance. Trusts were asked to use an assurance assessment tool to benchmark themselves against 7 Immediate and Essential Actions (IEA). They were also asked to review themselves against recommendations from the Kirkup Morecambe Bay investigation report and workforce requirements

The aim was to support a discussion at Trust Board by the end of March 2022 to discuss progress and review action plans to meet the IEAs. In April 2022, Trusts are expected to provide a progress update to the regional team after which insight visits involving the regional team and LMNS are expected to occur. There is a scheduled insight visit for NGH on 12th April 2022

The East and West Midlands Director of Nursing, NHS England, notified maternity units on 18 February 2022 that an urgent deep dive into maternity, with the national and regional directors on maternity & neonatal services, has been scheduled for the end of the February in anticipation of the second Ockenden report due for publication in March 2022. A progress Slide was requested by the close of play on 22 February 2022 and a one-page presentation was submitted by the Director of Nursing.

Following a regional meeting with Chief Midwifery Officer and Director of Midwifery (DoM) on the 8th of March the request was made by Regional team that if there was a plan in place for progressing the actions then the slide should be reviewed and resubmitted and reflect the plan for compliance with Executive sign off and resubmitted to the Regional Chief Midwife by the 15th March 2022**.(Appendix 3)**

This report outlines current position against the:

- 7 immediate and essential actions (IEAs) outlined in the 2020 Ockenden report: Interim findings into Shrewsbury and Telford **(Appendix 1)**
- Workforce Planning requirements
- 18 recommendations for Trusts in the Kirkup report into Maternity Services at Morecombe Bay, 2015. **(Appendix 3)**
- Letter from NHS England and NHS Improvement **(Appendix 4)**

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The aim of the paper is to support a discussion at Trust Board by the end of March 2022 to discuss their progress and review action plans to meet the IEAs

The following themes and outstanding actions from the completed assessments of the above are summarised:

- Two Consultant Obstetricians have been appointed, to start in the Trust in June 2022. This will support compliance with Ockenden - Consultant ward round at the weekend and an allocated lead to support Fetal monitoring. This will support dedicated time for clinicians leading on innovation, QI and Risk and Audit – A plan is currently being developed to improve involvement in QI and Audit within the department.

- Development of the maternal medicine specialist centres. The current process for NGH is that we access the referrals for Oxford and Leicester depending on clinical condition or clinician preference. NGH has completed its scoping exercise with the Perinatal Region Leads and will work with the new pathways once agreed by the Region.

- Personal Care and Support plans are in place and an on-going audit of 5% of records that demonstrates compliance. This will be incorporated into my care Northants apps this will be piloted in April across the Hospital Care Group and full roll out anticipated by August 2022 this will be a shared tool between women and staff.

- There is a monthly review of guidelines and there are currently 15 out of 100 guidelines which are out of date which the Trust are currently working on, with the completion date by 31st March with an action plan.

- A Maternity Strategy needs is being developed. This will be developed in collaboration with the LMNS and MVP (Service users) across the whole county to support the strategic direction of the LMNS. it will from part of Project 'Building Tomorrow Together' to set out the forward direction of the Maternity Services, and will also align the Groups (NGH & KGH) Nursing, Midwifery and AHP strategy.

- A Maternity Digital Strategy is currently being developed and work is underway to improve the Trusts ability to capture and record accurate data and to meet maternity data set requirements due 31st July.

- Staff cultural issues highlighted in the Maternity Self-Assessment are currently being addressed by Project 'Building Tomorrow Together'

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Appendices

- Appendix 1: Ockenden report action plan - Compliance and progress

• Appendix 2: Ockenden Maternity Deep Dive Second submission requested from the Chief midwifery officer and the National Team on the 8th March 2022. Submitted to the National Team 14th March 2022. • Appendix 3: Kirkup Review re-Assessment 2022 • Appendix 4: Letter to System
Risk and assurance
Non delivery of National and Local recommendations and improvements in maternity care which compromises our Trust strategic objectives and may result in increased claims, poor patient outcomes/ experience and Trust reputation.
Financial Impact
Whilst there is no financial penalty for Ockenden the risk of non-compliance in terms of increased risk to patient safety could increase annual indemnity premiums payable by the Trust to NHSR (NHS Resolution)
Legal implications/regulatory requirements
The Trust is required to be able to demonstrate assurance to Regulators for all Ockenden IESA.
Equality Impact Assessment
This is applicable to all staff within Northamptonshire LMNS and all women accessing care within the LMNS.

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Ockenden Review of Maternity Services One Year On

The Ockenden Report was published in December 2020 as a result of an investigation into concerns regarding services and care at Shrewsbury and Telford NHS Trust.

Outputs from this first phase were reviewed by a panel of peers, service users and the regional maternity team. In June and 2021, Trusts submitted evidence of progress towards / compliance with each IEA to a national central portal and this was quality assured by the regional maternity team, supported by the CSU.

In December 2021, Trusts were informed of their phase 2 outcomes. Overall, Northampton Hospital achieved 80% compliance, Northamptonshire Trusts had no areas of non-compliance, but areas of partial compliance were noted. **Appendix 1)**

One year on, Trusts have been asked by NHSI to review progress against the 7 Ockenden IEAs and plans to ensure full compliance. Trusts were asked to use an assurance assessment tool to benchmark themselves against 7 Immediate and Essential Actions (IEA). They were also asked to review themselves against recommendations from the Kirkup, Morecambe Bay investigation report and Workforce Planning.

The aim was to support a discussion at Trust Board by the end of March 2022 to discuss their progress and review action plans to meet the IEAs. In April 2022, Trusts are expected to provide a progress update to the regional team after which insight visits involving the regional team and LMNS are expected to occur.

NGH has made significant progress with achieving and implementing all the monitoring functions of all the essential and immediate actions required since the publication of the Ockenden report in December 2020.

This report outlines current position against the:

- 7 immediate and essential actions (IEAs) outlined in the 2020 Ockenden report: Interim findings into Shrewsbury and Telford - position from December 2021 assessment to current assessment (18th March 2022) (***Appendix 1***)
- Ockenden Maternity Deep Dive Second submission requested from the Chief midwifery officer and the National Team on the 8th March 2022 ***(Appendix 2)***
- Workforce Planning requirements
- 18 recommendations for Trusts in the Kirkup report into Maternity Services at Morecombe Bay, 2015. **(Appendix 3)**
- Letter from NHS England and NHS Improvement (**Appendix 4)**

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Ockenden (IEAs)

Appendix 1 of this report describes the elements of specific questions within each IEA where the Trust was deemed partially compliant, and the Trust's current position of progress made following receipt of the feedback template on 2nd December 2021 to our position now in March 2021.

<u>Compliance with Ockenden – as of 18th March 2022 – following a meeting with the Deputy Director of Midwifery and Chief Regional Midwife</u>.

IEA 1
Enhance safety action 1 – No further actions required

IEA 2 –
Non-Executive Director who has oversight of Maternity Services

Minutes of Non- executive Maternity Champion at Trust Board were submitted for evidence this would appear to be a data entry as Trust Board minutes were uploaded to portal however these were not reviewed Minutes of Trust Board January 2021 and sub board of the Trust Board.

There was no job description for a NED There is now a NED Job description that has been shared with HR

This is 100 % compliant March 2022

IEA3 -
Staff training and working together

External funding allocated for the training of maternity staff is ring fenced and used for this purpose only – was deemed non-compliant during the phase 2 assessment. This related to external funding spends reports to the LMNS. The Trust provided evidence and we have email confirmation from the funding being externally allocated.

Consultant Obstetrician commencing in June 2022 and ward rounds will be implemented at evening weekends.

This action will be 100% compliant in June 2022. – marked as fully achieved as consultants post successfully recruited to.

IEA4 –
Managing complex pregnancy

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The Trust was non-compliant for two elements – Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres (MMC). The Trust has completed their scoping exercise with Perinatal Regional leads.

This needs further scoping as currently NGH refer to both East Midlands, Leicester, and Oxford. This is further being scoped with East Midlands to support full compliance when the Perinatal Region shares the agreed pathway.

This is 100% achieved by the organisation and now out with the Perinatal Region.

IEA5, –
Risk assessment throughout pregnancy

One element of question 33 within IEA 5 were deemed non-compliant. These were:

- Review and discussed and documented intended place of birth at every visit

The risk assessments are completed are paper led at each antenatal contact and this is dependent on the practitioner to complete. There is ongoing monthly audit dashboard for compliance. The maternity service will be progressing to paper lite antenatally and within Medway there is a functionality to document whether the pregnancy risk or plan has changed however this does not demonstrate a formal risk assessment it is mainly one box with a tick assessment.

The Service is currently working up a plan to incorporate the formal paper risk assessment that is currently used into Medway. This will be 100% by the end of April 2022 and we are currently using the paper risk assessment and auditing this.

There is pilot rolling out early April 2022 which is across the Hospital Group. My Care Northants is a patient health record sharing portal which will have electronic personalised care plan there will be two teams launching early April full compliance is anticipated full rollout by August 2022.

The Trust is 100 % compliance with a risk assessment process however further work is to be undertaken to improve compliance in this area.

IEA 6 –

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Monitoring fetal wellbeing

Dedicated lead midwives are in place and lead obstetricians is not in in place. This comprises 0.4 WTE midwives on site. The latter has been in place since 2019. Role descriptors for the lead obstetricians were developed and the lead midwife job descriptions were adjusted in accordance with the requirements set out in the Ockenden report.

The non-compliance relates to question 35 – The leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of Fetal health. The Trust was deemed non-compliant for 2 elements of this question:

- Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. The Fetal Surveillance Midwife does link in with the East Midlands Network, so we believe this non-compliance is due to data entry errors.
- Keeping abreast of developments in the field
- No Consultant Obstetrician in post due to commence in June 2022

Since the Submission in June 2021 NGH have run two Masterclasses on CTG in September 2021 and February 2022. There is additional Masterclasses booked for 2022-2023.

This action will be 100% in June 2022. – marked as fully achieved as consultants post successfully recruited to

NICE guidance

The non-compliance related to one element of question 49 - Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. The element – audit to demonstrate all guidelines are in date – was compliant .

- Evidence of risk assessment where guidance Is not implemented

The Trust submitted evidence demonstrating evidence of 100% compliance with NICE guideline publication. However since March 2022 15 of the 100 Maternity guidelines had expired. A number of guidelines are in the process of being updated and will be 100% by March 2022. Risk assessment for guideline for NICE were submitted but not counted in the process.

It is anticipated that NGH compliance will be 100% by March 2022 and risk assessment in place where non-compliant with
NICE

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Maternity Workforce Planning
Each Trust on the publication of Ockenden in December 2020 was requested to have a signed off Birth-rate Plus Implementation Plan.

The maternity service can demonstrate an effective system of midwifery workforce planning to the required standard by utilising the Birth rate Plus tool. Current funded establishment reflects the outcomes of the Birth-rate Plus assessment carried published in December 2021 and received in the trust January 2022. A midwifery workforce report is presented at Trust Board every 6 months, due for presentation in March 2022.

Compliance against Kirkup Review into Failings at Morecambe Bay.

The Kirkup review into failings within Maternity services and the wider Trust at Morecambe Bay was published in 2015. As well as 18 recommendations for action by the Trust in question there were 26 recommendations for the wider NHS. Many of these, including the need for a review of Maternity care and paediatric provision, led to the national Better Births strategy in 2016 and wider changes such as the abolition of the supervisors of midwives' role.

The full list of recommendations and Northampton benchmark (appendix 4) demonstrates that NGH is not fully compliant with all elements, The current staff appraisal rate for Maternity services is: see figure 1

There is an action plan against each underperforming area to be compliant by April 2022.

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Appendix 1: Ockenden report action plan received 2nd December 2021.

Results of Phase 2 Audit			NORTHAMPTON GENERAL HOSPITAL NHS TRUST		
IEA	**Question**	**Action**	**Evidence Required**	**NORTHAMPTON GENERAL HOSPITAL NHS TRUST**	**NGH self-assessment of progress for each IEA since March 2022.**
IEA1	**Q1**	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.		
			Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.		
			SOP required which demonstrates how the trust reports this both internally and externally through the LMS.		
			Submission of minutes and organogram, that shows how this takes place.		
		Maternity Dashboard to LMS every 3 months Total			
	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	Audit to demonstrate this takes place.		
			Policy or SOP which is in place for involving external clinical specialists in reviews.		
		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total			
	Q3	Maternity SI's to Trust Board & LMS every 3 months	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion		

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			Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed		
			Submit SOP		
		Maternity SI's to Trust Board & LMS every 3 months Total			
	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.		
			Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.		
		Using the National Perinatal Mortality Review Tool to review perinatal deaths Total			
	Q5	Submitting data to the Maternity Services Dataset to the required standard	Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.		
		Submitting data to the Maternity Services Dataset to the required standard Total			
	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.		
		Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total			
	Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.		
			LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.		
			Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed of via the trust governance structure.		

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		Plan to implement the Perinatal Clinical Quality Surveillance Model Total			
IEA2	**Q11**	Non-executive director who has oversight of maternity services	Evidence of how all voices are represented:		
			Evidence of link into MVP; any other mechanisms		
			Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed		Trust board minutes January 2021
			Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions		
			Name of NED and date of appointment		
			NED JD		NED job description
		Non-executive director who has oversight of maternity services Total			
	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	Clear co-produced plan, with MVP's that demonstrate that co-production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.		
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)		
			Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.		
		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services Total			
	Q14	Trust safety champions meeting bimonthly with Board level champions	Action log and actions taken.		

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			Log of attendees and core membership.		
			Minutes of the meeting and minutes of the LMS meeting where this is discussed.		
			SOP that includes role descriptors for all key members who attend by-monthly safety meetings.		
		Trust safety champions meeting bimonthly with Board level champions Total			
	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.		
		Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services. Total			
	Q16	Non-executive director support the Board maternity safety champion	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken		
			Name of ED and date of appointment		
			Role descriptors		
		Non-executive director support the Board maternity safety champion Total			
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.		
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.		

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			Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.		
			Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.		
			Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.		
		Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total			
	Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)		
			SOP created for consultant led ward rounds.		
		Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total			
	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	Confirmation from Directors of Finance		Email from Finance confirming this JG .
			Evidence from Budget statements.		
			Evidence of funding received and spent.		
			Evidence that additional external funding has been spent on funding including staff can attend training in work time.		
			MTP send reports to LMS		Email to be sent re LMNS for Training by 31st March 2022

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	Q20	**External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only Total**			
	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.		
			Attendance records - summarised		
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.		
		90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total			
	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)		Plan to implement the Consultant Ward round and weekend round when additional Consultants are in post June 2022
		Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total			
	Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.		
			LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.		

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		The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place Total			
IEA4	**Q24**	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians		
			SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.		
		Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre Total			
	Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.		
			SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead.		
		Women with complex pregnancies must have a named consultant lead Total			
	Q26	Complex pregnancies have early specialist involvement and management plans agreed	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.		
			SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.		
		Complex pregnancies have early specialist involvement and management plans agreed Total			

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	Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	Audits for each element.		
			Guidelines with evidence for each pathway		
			SOP's		
		Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total			
	Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.		
			Submission of an audit plan to regularly audit compliance		
		All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total			
	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways		This is on going work within East Network to progress what the requirement are. We are partial compliant.
			Criteria for referrals to MMC		As Above
			The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.		
		Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres Total			

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IEA5	Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	How this is achieved within the organisation.		
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.		
			Review and discussed and documented intended place of birth at every visit.		
			SOP that includes definition of antenatal risk assessment as per NICE guidance.		
			What is being risk assessed.		
		All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional Total			
	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Evidence of referral to birth options clinics		
			Out with guidance pathway.		
			Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above.		
			SOP that includes review of intended place of birth.		
		Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total			
	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust)		
			How this is achieved in the organisation		
			Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above.		

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			Review and discussed and documented intended place of birth at every visit.		There is currently a paper-based risk assessment for this element as we do not have the digital element of this operation. The plan is to have this implemented by April 2022. Audits carried out for Risk assessments.
			SOP to describe risk assessment being undertaken at every contact.		
			What is being risk assessed.		
		A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance. Total			
IEA6	**Q34**	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Copies of rotas / off duties to demonstrate they are given dedicated time.		
			Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs.		
			Incident investigations and reviews		
			Name of dedicated Lead Midwife and Lead Obstetrician		
		Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total			

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	Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Consolidating existing knowledge of monitoring fetal wellbeing		
			Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision		
			Improving the practice & raising the profile of fetal wellbeing monitoring		
			Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice.		East Midlands Network Consultant Obstetrician June 2022
			Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post		
			Keeping abreast of developments in the field		Materclass CTG held in Nov/Feb and two additional Master class purchased for 2003
			Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.		
			Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.		
		The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total			
	Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Audits for each element		
			Guidelines with evidence for each pathway		
			SOP's		

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		Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total			
	Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.		
			Attendance records - summarised		
			Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.		
		Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total			
IEA7	**Q39**	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Information on maternal choice including choice for caesarean delivery.		
			Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.		
		Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery Total			
	Q41	Women must be enabled to participate equally in all decision-making processes	An audit of 1% of notes demonstrating compliance.		
			CQC survey and associated action plans		
			SOP which shows how women are enabled to participate equally in all decision-making processes and to make informed choices about their care. And where that is recorded.		

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		Women must be enabled to participate equally in all decision-making processes Total			
	Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction.		
			SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.		
		Women's choices following a shared and informed decision-making process must be respected Total			
	Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.		
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)		
			Please upload your CNST evidence of co-production. If utilised, then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.		
		Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? Total			
	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified		
			Gap analysis of website against Chelsea & Westminster conducted by the MVP		

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			Information on maternal choice including choice for caesarean delivery.		
			Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.		
		Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total			
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan		LMNS workforce discussion around MSW's at away 18th March 2022
			Evidence of reviews 6 monthly for all staff groups and evidence considered at board level.		
			Most recent BR+ report and board minutes agreeing to fund.		
		Demonstrate an effective system of clinical workforce planning to the required standard Total			
	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	Most recent BR+ report and board minutes agreeing to fund.		
		Demonstrate an effective system of midwifery workforce planning to the required standard? Total			
	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director		
		Director/Head of Midwifery is responsible and accountable to an executive director Total			
	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met		

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			Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care		
		Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care: Total			
	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all guidelines are in date.		
			Evidence of risk assessment where guidance is not implemented.		The guidelines are being reviewed and they are being risk assessed. We have evidence of /Nice guidance on the risk register
			SOP in place for all guidelines with a demonstrable process for ongoing review.		
		Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total			

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Appendix 2: Ockenden Maternity Deep Dive Second submission requested from the Chief midwifery officer and the National Team on the 8th March 2022

7 Ockenden IEAs (including 12 Clinical Priorities): Trust _____Northampton trust_____ Exec Sign off __Debbie Shanahan Director of Nursing and Midwifery _____	Compliant	Partially Compliant	Non-Compliant	Plans Requested by CMO Regional team 07;03;2022 Updated 08.03.22 DDOM
1) Enhanced Safety				
A plan to implement the Perinatal Clinical Quality Surveillance Model	X			
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	X			
2) Listening to Women and their Families				
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	X			
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	x			Ned at Trust Board minutes January 2021 and Ned JD description
3) Staff Training and working together				
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	x			Consultant Obstetrician commencing in June and ward rounds will be implemented at evening weekends.
The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.	X			
Confirmation that funding allocated for maternity staff training is ringfenced	x			Email from Finance confirming this JG .
4) Managing complex pregnancy				
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	X			
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres		X		This needs further scoping as currently NGH refer to both East Midlands, Leicester and Oxford.
5) Risk Assessment throughout pregnancy				
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance		X		We currently have a paper risk assessment in place. The Plan is to progress to digitalisation by March/ April 2022 to embed We have a plan for Patient knows best app to progress this Pilot to commenced in April May .The personal care plans are not fully embedded
6) Monitoring Fetal Wellbeing				
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.	x			There is a plan for a Consultant Obstetrician to commenced in post June 2022 who will take over this role. Master Classes for CTG held in September/Feb We have purchased two more classes scheduled for 2022
7) Informed Consent				
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	X			

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Appendix 3: Kirkup Review Assessment 2022

Maternity Unit:- Northampton General Hospital Date:- March 2022 Completed by:- Patricia Ryan Deputy Director of Midwifery /Danielle Boyd Governance lead Midwife /Sue Lloyd Obstetric Clinical Director				
Recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust for other Trusts to benchmark against.	**Linked to further reviews/regulation**	**Examples of evidence (not limited to)**	**Embedded Compliance** **Red none** **Amber partially** **Green fully**	**Actions to be embed compliance fully**
1. The University Hospitals of Morecambe Bay NHS Foundation Trust should formally admit the extent and nature of the problems that have previously occurred, and should apologise to those patients and relatives affected, not only for the avoidable damage caused but also for the length of time it has taken to bring them to light and the previous failures to act. This should begin immediately with the response to this Report. **Action: Trusts**	Duty of Candour legislation regulation 20 CQC Safe Domain CNST SA 1 & 10	Trust Duty of Candour policy in place and is led by Corporate teams All moderate to severe harm cases that have an investigation have verbal duty of candour followed by a formal letter by Corporate team		There is a new governance lead in post and Maternity services are currently scoping Re patriation of Maternity governance which will include a full review including duty of candour and investigation being completed by Maternity teams . **Scoping in process and action plan being developed April 2022**

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2. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies. This review will be completed by June 2015, and identify requirements for additional training, development and, where necessary, a period of experience elsewhere if applicable. **Action: Trusts**	CNST SA 6&8 Ockenden IEA 3 CQC Effective Domain SBL V2	Annual training needs analysis completed for all staff based on national and professional recommendations. Multi-professional training in place as described in IEA 3 and 6 above. Training compliance evidenced in CNST submission July 2021 Dedicated weekly training on a monthly basis for all disciplines of staff		
3. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up plans to deliver the training and development of staff identified as a result of the review of maternity, neonatal and other staff, and should identify opportunities to broaden staff experience in other units, including by secondment and by supernumerary practice. These should be in place in time for June 2015. **Action: Trusts**	CNST SA8 CQC Well Led Domain Ockenden IEA 3	Preceptorship Programme in place Staff secondment encouraged Induction Programme in place Appraisal records LMS Workforce plans/ discussions DoM Fellow – Pathway to Excellence BAME Leadership Course		
4. Following completion of additional training or experience where necessary, the University Hospitals of Morecambe Bay NHS Foundation Trust should identify requirements for continuing professional development of staff and link this explicitly with professional requirements including revalidation. This should be completed by September 2015.	CNST SA 8 Ockenden IEA 3 CQC Safe Domain	Appraisal, PDP and revalidation in place for clinical staff. Appraisal rates monitored The training needs analysis demonstrates training needs for all staff.		Trajectory in place to complete appraisals March 2022 (reduction during covid due to staff sickness)
The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and develop measures that will promote effective multidisciplinary team-working, in particular	CNST SA 8 Ockenden IEA 3 CQC Effective Domain	PROMPT multidisciplinary training is in place in line with CNST. eLearning and face to face being re-introduced.		

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between paediatricians, obstetricians, midwives and neonatal staff. These measures should include, but not be limited to, joint training sessions, clinical, policy and management meetings and staff development activities. Attendance at designated events must be compulsory within terms of employment. These measures should be identified by April 2015 and begun by June 2015.. **Action: Trusts**		Multidisciplinary meetings are in place which includes: Perinatal meeting maternity risk meeting staff briefings MDT panels Guideline meetings Divisional Management Board (DMB) Attendance at training and meetings is monitored.		
6. The University Hospitals of Morecambe Bay NHS Foundation Trust should draw up a protocol for risk assessment in maternity services, setting out clearly: who should be offered the option of delivery at Furness General Hospital and who should not; who will carry out this assessment against which criteria; and how this will be discussed with pregnant women and families. The protocol should involve all relevant staff groups, including midwives, paediatricians, obstetricians and those in the receiving units within the region. The Trust should ensure that individual decisions on delivery are clearly recorded as part of the plan of care, including what risk factors may trigger escalation of care, and that all Trust staff are aware that they should not vary decisions without a documented risk assessment. This should be completed by June 2015. **Action: Trusts**	Ockenden IEA 5 CQC Safe Domain SBLV2/ CNST SA6	There are strict inclusion guidelines for birthplace choices including home deliveries, birth centre and labour ward. There are reviewed through risk management. Decision making recorded on EPR. (crystal). The maternity risk management guideline, Trust Duty of Candour policy are in place Criteria for midwifery led Birth Centre and birth at home or in midwifery led units Escalation policy (maternity) Consultant Midwife in post dedicated Clinic for Women having home births outside of Guidelines		
7. The University Hospitals of Morecambe Bay NHS Foundation Trust should audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols on place of delivery, transfers and management of care, and that effective multidisciplinary care	CNST SA 6 Ockenden IEA 5 CQC Effective Domain	Clinical risk assessment guidelines in date Audit of case notes Guidelines in place for the management for care Safety Huddles		Audit Lead was appointed in February 2022, currently developing the audit across the service and the audit plan.

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operates without inflexible demarcations between professional groups. This should be in place by September 2015. **Action: Trusts**		Risk Meeting		**Compliance will be achieved by July 2022.**
8. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify a recruitment and retention strategy aimed at achieving a balanced and sustainable workforce with the requisite skills and experience. This should include, but not be limited to, seeking links with one or more other centre(s) to encourage development of specialist and/or academic practice whilst offering opportunities in generalist practice in the Trust; in addition, opportunities for flexible working to maximise the advantages of close proximity to South Lakeland should be sought. Development of the strategy should be completed by January 2016. **Action: Trusts** Palmer Kirsty 03/29/2022 15:55:45	CNST SA 4 & 5 Ockenden IEAs Workforce CQC Safe Domain	BR+ assessments completed in December 2021; report received in January 2022.Compliant Midwifery staffing report to Board every 6 months, due March 2022. Ongoing workforce challenges HR report including return to work policy and procedure Sickness and absence policy Flexible working policy. Regional task and finish groups on retention. International recruitment in process, we have recruited 5 WTE Midwives and 2 more to be interviewed. We have funding for 9 WTE Midwives. Obstetric workforce 2 Cons obstetrician commencing may /June2022 Increased funded obstetric workforce to 18 Middle grades to support service We have a dedicated lead for recruitment, commenced in post **March 2022.** Business case being developed for International Recruitment to further progress and support funding to target international recruitment . A meeting established for **9 March 2022** to review HR processes to speed		

		up the retire & return /review the recruitment process of student midwives /and all staff Appointed An Operational Matron **March 2022** to monitor recruitment and scope the msw role to align with the regional standard role that has been developed as a job description. Consultant midwife appointed **January 2022** to work with HEE and over see international workforce and educational requirements Link with HEE Shortened courses For Midwifery /Return to practice midwives /Increase and support the future development of Maternity Nurses Business case to be developed for further recruiting of International Midwives Student midwifery monitoring links with University		
9. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify an approach to developing better joint working between its main hospital sites, including the development and operation of common policies, systems and standards. Whilst we do not believe that the introduction of extensive split-site responsibilities for clinical staff will do much other than lead to time wasted in travelling, we do consider that, as part of this approach, flexibility should be built into working	CNST SA 9 Ockenden IEA 1 NICE CQC Effective Domain	Policies and guidelines are standardised, and all risk meetings are as per risk management policy. Escalation policy (short term staffing issues, redeployment etc) LMNS quality and safety group established 2019. Dashboards shared. LMNS procurement.		

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responsibilities to provide temporary solutions to short-term staffing problems. This approach should be begun by September 2015. **Action: Trusts**		Perinatal Quality Surveillance Framework Escalation meetings with the LMNS Regional escalation on a daily basis Review elective active on a daily basis by the Operational Manger and divert to other Trust if delays in elective work is identified.		
10. The University Hospitals of Morecambe Bay NHS Foundation Trust should seek to forge links with a partner Trust, so that both can benefit from opportunities for learning, mentoring, secondment, staff development and sharing approaches to problems. This arrangement is promoted and sometimes facilitated by Monitor as 'buddying' and we endorse the approach under these circumstances. This could involve the same centre identified as part of the recruitment and retention strategy. If a suitable partner is forthcoming, this arrangement should be begun by September 2015. **Action: Trusts**	CNST SA 8 Ockenden IEA 1 & 4 CQC Well Led Domain	A-EQUIP model in place since November 2018. Led by a 0.6wte PMA and sessional PMA's Staff offered restorative clinical supervision sessions once a year in a group setting, and individual restorative clinical sessions are conducted as requested. All staff involved in any clinical incidents are offered reflective session with a PMA when required. LMNS working across organisations, Better Births, PMGSC Group, procurement. External PMRT. Shared learning across the LMNS and joint Serious Incident action plan		
11. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify and implement a programme to raise awareness of incident reporting, including requirements, benefits and processes. The Trust should also review its policy of openness and honesty in line	CNST SA 8 Ockenden IEA 2 CQC Safe Domain	Maternity Safety Champions meetings embedded since 2019. Ward to board round conducted by ED and NED. Mandatory training in place, records monitored. Duty of Candour policy in place		

with the duty of candour of professional staff, and incorporate into the programme compliance with the refreshed policy. **Action: Trusts**		Whistleblowing policy Complaints policy and procedure Complaints performance and themes monitored at Patient and Staff Experience Committee. CQC Results Survey 2022 Project		
12. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in investigating incidents, carrying out root cause analyses, reporting results and disseminating learning from incidents, identifying any residual conflicts of interest and requirements for additional training. The Trust should ensure that robust documentation is used, based on a recognised system, and that Board reports include details of how services have been improved in response. The review should include the provision of appropriate arrangements for staff debriefing and support following a serious incident. This should be begun with maternity units by April 2015 and rolled out across the Trust by April 2016.	CNST 1, 9 & 10 Ockenden IEA 1 CQC Safe Domain	Maternity Risk Management guideline developed in 2021. Use of external experts from in SI investigations LMNS PMGSC Meeting HSIB reports NHSEI Maternity safety support programme review PHSO complaints Internal governance review Safety briefings Perinatal meetings Ward / unit meetings Debriefs with staff		Shaping the future of Maternity Services Building tomorrow together
13. The University Hospitals of Morecambe Bay NHS Foundation Trust should review the structures, processes and staff involved in responding to complaints, and introduce measures to promote the use of complaints as a source of improvement and reduce defensive 'closed' responses to complainants. The Trust should increase public and patient involvement in resolving complaints, in the case of maternity	CNST SA 1 & 7 Ockenden IEA 2 CQC Effective Domain	Trust Complaints policy and procedure in place for responding to complaints. Meet the Matron Clinic PALS in place Complaints included in monthly Maternity Quality and Governance report MVP involvement in Maternity and Neonatal Safety Champions Board		

services through the Maternity Services Liaison Committee. This should be completed, and the improvements demonstrated at an open Board meeting, by December 2015. **Action: Trusts**		PMRT cases, SI's and HSIB reports reflect the family's voice/feedback MVP support users to feedback to service		
14. The University Hospitals of Morecambe Bay NHS Foundation Trust should review arrangements for clinical leadership in obstetrics, paediatrics and midwifery, to ensure that the right people are in place with appropriate skills and support. The Trust has implemented change at executive level, but this needs to be carried through to the levels below. All staff with defined responsibilities for clinical leadership should show evidence of attendance at appropriate training and development events. This review should be commenced by April 2015. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 Workforce CQC Safe Domain	Clear leadership and management team with governance arrangements listed in the maternity risk management guideline. Mandatory Training compliance 90%-CNST 2021 submission Workforce Board Papers midwifery and clinical staff RCM leadership requirements compliance included in Ockenden submission New roles commenced in post to strengthen leadership January to March Consultant Midwife/ Ops Matron/ Quality Improvement Matron Governance lead Matron/ and Audit lead /HOM interviewed pending 18th March		
15. The University Hospitals of Morecambe Bay NHS Foundation Trust should continue to prioritise the work commenced in response to the review of governance systems already carried out, including clinical governance, so that the Board has adequate assurance of the quality of care provided by the Trust's services. This work is	Ockenden IEA 1 & 2 CQC Well Led Domain CNST SA 1, 9 & 10	Maternity and Neonatal Safety Champions Board, co-chaired by executive and non-executive maternity leads. Reporting of serious incidents to Board and LMNS quarterly Maternity Risks on risk registers		There is a new governance lead in post and Maternity services are currently scoping Re patriation of Maternity governance which will include a full

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already underway with the facilitation of Monitor, and we would not seek to vary or add to it, which would serve only to detract from implementation. We do, however, recommend that a full audit of implementation be undertaken before this is signed off as completed. **Action: Trusts**		Maternity Incident Policy developed. To be presented at the Policy Guideline meeting in April and Maternity Risk Management Strategy developed for the Trust Board		review including duty of candour. **Scoping in process and action plan being developed April 2022**
16. As part of the governance systems work, we consider that the University Hospitals of Morecambe Bay NHS Foundation Trust should ensure that middle managers, senior managers and non-executives have the requisite clarity over roles and responsibilities in relation to quality, and it should provide appropriate guidance and where necessary training. This should be completed by December 2015. **Action: Trusts**	CNST SA 4,5 & 8 Ockenden IEAs Workforce CQC Well Led Domain	Training needs analysis in place Appraisals JD include roles and responsibilities NED and ED walk rounds demonstrating staff engagement Midwife rounding on Delivery Suite Spa Tool Monthly SMT meetings Unit / team meetings with staff		
17. The University Hospitals of Morecambe Bay NHS Foundation Trust should identify options, with a view to implementation as soon as practicable, to improve the physical environment of the delivery suite at Furness General Hospital, including particularly access to operating theatres, an improved ability to observe and respond to all women in labour and en suite facilities; arrangements for post-operative care of women also need to be reviewed. Plans should be in place by December 2015 and completed by December 2017. 18. All of the previous recommendations should be implemented with the involvement of Clinical Commissioning Groups and where necessary, the Care Quality Commission and Monitor. In the particular circumstances surrounding the University Hospitals of Morecambe Bay NHS Foundation	CNST SA 9 Ockenden IEA 4 & 5 CQC Safe Domain	LW coordinators supernumerary monitoring 1-1 care given in established labour **Ensuite facilities not in place due to Labour ward estates** Access to 2nd theatre in hours Midwives don't scrub Anaesthetists present at handover Daily theatre debrief / WHO huddle Twice daily MDT huddles, includes midwives, obstetricians and neonatologists Consultant ward rounds twice daily except at weekends HDU care provided by trained midwives		Plan for Consultant Ward rounds at weekend this is the gap Recruited two Cons Obstetrician to commence in June 2022. Funding increased to 18 Middle grade Obstetric doctors to be recruited Business case for second theatre out of hours being scoped and for digital midwives

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Trust, NHS England should oversee the process, provide the necessary support, and ensure that all parties remain committed to the outcome, through an agreed plan with the Care Quality Commission, Monitor and the Clinical Commissioning Groups.. **Action: Trusts**				
18.(the same as 17). **Action: Trusts**	CCG assurance visits CQC regulation visits	Outcomes of visits CQC ratings Action plans Actions plans monitored governance floor to Board Staff briefings Staff and women's surveys		

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Appendix 4: Letter to System

Classification: Official
Publication approval reference: PAR1318

To: NHS Trust and Foundation Trust Chief Executives

cc. Trust Chairs and Directors of Nursing
ICS, CCG, LMS Leaders,
Regional Directors,
Regional Chief Nurses,
Regional Chief Midwives,
and Regional Obstetricians

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

25 January 2022

Dear colleagues,

Ockenden review of maternity services – one year on

Thank you for all your efforts in response to the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020, and for your continued focus on the Immediate and Essential Actions (IEAs) despite the sustained pressure on your services throughout the pandemic. As well as ensuring progress continues, we need to prepare for the publication of further reports into maternity services during 2022.

The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:

- 1200 additional midwifery roles,
- 100 wte equivalent consultant obstetricians,
- backfill for MDT training
- International recruitment programme for midwives
- Support to the recruitment and retention of maternity support workers

In our letter of 14 December 2020, we asked you to use the Assurance Assessment Tool, which includes the recommendations from the Morecambe Bay investigation report and the Ockenden report, to support a discussion at your trust public Board. One year on, we are asking that you again discuss progress at your public Board before the end of March 2022.

We expect the discussion to cover:

- Progress with implementation of the 7 IEAs outlined in the Ockenden report and the plan to ensure full compliance,
- Maternity services workforce plans,

Ensuring local system oversight of maternity services was a key element in the Ockenden review and therefore you should ensure progress is shared and discussed with your LMS and ICS. Progress must also be reported to your regional maternity team by 15 April 2022.

As you will no doubt agree, women and families using our maternity services deserve the best of NHS care. We recognise the huge efforts being made across the system and thank you for your continued commitment and support in driving the improvements required.

Yours faithfully

Sir David Sloman
Chief Operating Officer
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer, England
NHS England and NHS Improvement

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	11

Title	Public Sector Decarbonisation Scheme Grant Acceptance
Presenter	Heidi Smoult, Hospital Chief Executive
Author	Richard May, Group Company Secretary

This paper is for			
☑ Approval	☐Discussion	☑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

Group priority				
☐Patient	☐Quality	☐Systems & 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

Reason for consideration	Previous consideration
To note and **RATIFY** the decision of the Group Chief Executive and Trust Chair on 17 March 2022, under emergency powers, to approve the use of the public sector decarbonisation scheme and accept the award of grant funding of £20.6 million for the replacement and installation of infrastructure equipment with lower carbon options towards the NHS target of Carbon Net Zero by 2040 and moving the Trust from using Steam as its primary heating source towards a Low Temperature Hot Water (LTHW) similar in principle to home heating systems.	Decision taken under emergency powers, 17 March 2022, formally reported to the Group Finance and Performance Committee, 29 March 2022.

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Executive Summary

The government department BEIS released a further grant funding opportunity to decarbonise the public sector estate for which the NGH Estates team, working with our Energy Centre Partners Vital Energy and the Carbon Energy Fund (CEF), an application was submitted in October 2021.

Previous applications to the scheme had been made in the two previous rounds and were unsuccessful.

The application was for the replacement and installation of infrastructure equipment with lower carbon options towards the NHS target of Carbon Net Zero by 2040 and moving the Trust from using Steam as its primary heating source towards a Low Temperature Hot Water (LTHW) similar in principle to home heating systems. This would mitigate a number of estates infrastructure risks with replacement of ageing plant and equipment, but the main steam boilers would remain (1 being removed of 3). This would have a net result in reduction of NHS backlog (as defined by the NHS) by the removal of this plant and subsequent support equipment (circa £0.5m). In addition, a number of electrical initiatives will be undertaken to offset any increase in electrical consumption as part of the works. This includes LED light (c.£1.95m and Solar PV). This scheme is forecast to save approx. 3440 tonnes $CO2_e$ per annum.

The Trust's latest application was successful, resulting in total grant award of £20.6m with a Trust investment of £0.5m capital across the 2 years of the project, in addition to estimated revenue costs currently estimated at c.£0.6m.

The grant is not repayable and would not affect the Trust's CDEL capital limits and, is based on the carbon rather than financial savings and represents a significant move forward on the 2040 Net zero targets.

The Board was required to formally indicate its acceptance of the grant and commitment to the programme by 17 March 2022. Given the urgency of the situation, the Group Chief Executive and Trust Chair confirmed this acceptance in writing on 17 March 2022 using emergency powers in accordance with section 4.1 of the Trust's Scheme of Delegation, and in consultation with the Vice-Chair and Finance and Performance Committee Chair. In accordance with these provisions, the decision is now formally reported to the Board of Directors for ratification.

Appendices

None

Risk and assurance

Risks identified include managing residual asbestos, unstable supply chain costs due to COVID and world events which could lead to higher than anticipated costs, as well as procurement risk. The Trust would be responsible for any cost overruns.

However, these risks are expected to be mitigated by employing a dedicated programme manager, in addition to using the Trust expert experience to support the project, executing the procurement via the Countess of Chester framework and in conjunction with the Trust procurement team and expert advisers - CEF.

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Financial Impact

This is a grant and not a loan and is therefore not repayable.

The financial implications of this scheme are currently estimated at c.£0.6m of revenue and £0.5m of capital. These are highlighted below, noting that further work is needed as part of

the design phase, to determine any further cost impacts.

Revenue:

- Additional PDC (Public Dividend Capital) charge estimated at c.£0.5m, over two years
- Depreciation charge – will be normalised and therefore not expected to be an added cost pressure to the NHS reported financial position
- Potential increases in partner/agency costs – CEF, Vital Energy; estimate is subject to further work to be done, but any increases expected to be offset by reduction in costs associated with boiler and gas consumption.
- Costs of asbestos removal – not yet evaluated, but there is an ongoing piece of work to make a provision in current year for asbestos removal across the site
- Other costs including additional maintenance costs e.g. cleaning etc, estimated at c.£0.1m but could be more. This will need to be refined as part of the detailed work to be done at the design stage.

Capital:

£0.5m investment in new equipment, over two years, which has been included in the Trust's draft capital plans.

No VAT is recoverable on this project. This is to avoid the monies being paid twice to the Trust.

Legal implications/regulatory requirements

The powers which the Board has reserved to itself within Standing Orders may in emergency or for an urgent decision be exercised by the Chief Executive and the Chairman after having consulted at least two Non-Executive directors. The exercise of such powers by the Chief Executive and Chairman shall be reported to the next formal meeting of the Trust Board for formal ratification.

Equality Impact Assessment

Neutral

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Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	30 March 2022
Agenda item	12

Title	Fit and Proper Persons Annual Declaration
Presenter	Alan Burns, Trust Chair
Author	Richard May, Group Trust Board Secretary

This paper is for			
☐ Approval	☐Discussion	☑ 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

Group priority				
☐ Patient	☐ Quality	☐ Systems & 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

Reason for consideration	Previous consideration
For the Board of Directors to accept the Chair's assurance that all Board Members continue to meet the Fit & Proper Persons requirements	None

Executive Summary

Board Members (Voting and Non-Voting) have submitted yearly declarations satisfying Care Quality Commission (CQC) Registration requirements for the Trust to be able to demonstrate that all Board members are of good character and meet the CQC's Fit and Proper Persons Regulation. Completed Declaration Forms will be retained on individuals' files by the Trust Board Secretary.

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The Trust Secretary has also undertaken the following checks, from which no issues have emerged:

- Individual Insolvency Register;
- Companies House Register of Disqualified Directors;
- Charity Commission Register of Removed Charity Trustees
- Web search

The Trust Chair is ultimately responsible for discharging the requirements placed on the Trust to ensure that all Directors meet the fitness test and do not meet any of the “unfit” criteria.

No concerns about relevant Directors’ fitness or ability to carry out their duties or information about a Director not being of good character have been identified. The Chair therefore provides the Board with assurance that all members of the Board of Directors continue to meet the Fit & Proper Persons requirements.

RECOMMENDATION

The Board is asked to accept the assurance that all Members continue to meet the Fit & Proper Persons requirements.

Appendices
None
Risk and assurance
No direct implications of the Board Assurance Framework.
Financial Impact
None.
Legal implications/regulatory requirements
As set out above.
Equality Impact Assessment
Neutral

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