Board of Directors (Part I) Meeting in Public

Thu 29 September 2022, 09:30 - 12:30

The Boardroom, Northampton General Hospital

Northampton General Hospital NHS Trust

Agenda

09:30 - 09:30
0 min

1. Welcome, Apologies and Declarations of Interest

Information *Alan Burns*

1. NGH Board Part I Agenda 290922.pdf (2 pages)

09:30 - 10:00
30 min

2. Patient, Staff and Partner Story: Discharge

Presentations *Hospital Chief Executive*

10:00 - 10:00
0 min

3. Minutes of the Previous Meeting held on 28 July 2022 and Action Log

Decision *Alan Burns*

3.0 Draft NGH Public Trust Board Minutes - July 2022.pdf (14 pages)
3.0 Action Log Updated Post 280722 Part I Board.pdf (1 pages)

10:00 - 10:10
10 min

4. Chair's Report (verbal)

Information *Alan Burns*

4.1. Group Chief Executive's Report

Information *Simon Weldon*

4.1 GCEO Board report NGH Sept 2022 v0.1.pdf (4 pages)

4.2. Hospital Chief Executive's Report (to follow)

Information *Heidi Smoult*

4.2 HCEO Board Report Sept 2022.pdf (4 pages)

10:10 - 10:40
30 min

5. Cardiology Centre of Excellence

Discussion *Hemant Nemade / Dave Sharman*

5. Sept 2022 Board cardiology.pdf (3 pages)

10:40 - 11:20
40 min

6. Integrated Governance Report (IGR) and Board Committee summaries

Assurance *Hospital Chief Executive and Executive Directors*

6. IGR cover paper.pdf (2 pages)
6.0b IGR NGH Board - Committee Summaries - September 2022.pdf (10 pages)

- 6.1 Sep 22 IGR.pdf (78 pages)
- 6.1 Finance Report M5_Board.pdf (6 pages)

11:20 - 11:30
10 min

11:30 - 12:00
30 min

7. Winter Preparedness: Operational Plans

Assurance *Heidi Smoult*

- 7.0 a 20220920-Winter_Plan_Board _FINAL.pdf (2 pages)
- 7.0 b 20220920-Winter_Plan_Board _FINAL.pdf (7 pages)

7.1. Supporting our staff through winter

Decision *Paula Kirkpatrick*

- 7.1 a Winter wellbeing support - NGH Board Sept 2022.pdf (8 pages)
- 7.1 b Financial Wellbeing Toolkit NGH.pdf (4 pages)

12:00 - 12:20
20 min

8. iCAN case for change

Assurance *Karen Spellman*

- 8.0 a NGH Cover Sheet and full report iCAN Collaborative.pdf (3 pages)
- 8.0 b ICAN Collaborative ICB Summary Report (004).pdf (15 pages)

12:20 - 12:25
5 min

9. Group Risk Management Strategy and Policy

Decision *Richard Apps*

- 9.0 a Board_Risk Framework_Cover Paper_Sept 2022.pdf (3 pages)
- 9.0 b Appendix 1 UHN Risk Framework Review 2022.pdf (20 pages)
- 9.0 c Appendix 2 Draft UHN Risk Management Strategy.pdf (23 pages)

12:25 - 12:30
5 min

10. Group Transformation Committee: Terms of Reference and Appointments

Decision *Alan Burns*

- 10.0 a CPC Cover Paper Terms of Reference 290922.pdf (2 pages)
- 10.0 b CPC to GTC Terms of Reference REVISED BOARD DRAFT 2022.pdf (5 pages)

12:30 - 12:30
0 min

11. Questions from the Public (Received in Advance)

Discussion *Alan Burns*

12:30 - 12:30
0 min

12. Any Other Business and close

Discussion *Alan Burns*

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NHS
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Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Thursday 29 September 2022, 09:30-12:30
Location	Boardroom, Northampton General Hospital

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, Staff and Partner Story	Hospital Chief Executive	09:30	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 28 July 2022 and Action Log	Chair	10:00	Approve	Attached
4	4 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 Information Information	Verbal Attached Attached
Strategy and Culture					
5	Cardiology Centre of Excellence	Interim Medical Director	10:10	Discussion	Attached
Operations					
6	Board Committee summaries and Integrated Governance Report (IGR)	Hospital Chief Executive and Executive Directors	10:40	Assurance	Attached
	BREAK		11:20		
7	7.0 Winter Preparedness: Operational Plans 7.1 Staff Winter Financial Wellbeing Proposal	Hospital Chief Executive Group Chief People Officer	11:30	Assurance Approve	Attached Attached
8	ICAN (Integrated Care Across Northamptonshire) case for change	Director of Integration and Partnerships	12:00	Assurance	Attached
Governance					
9	Group Risk Management Strategy	Group Director of Governance	12:20	Approve	Attached

10	Group Transformation Committee: Terms of Reference and Appointments	Trust Chair	12:25	Approve	Attached
11	Questions from the Public (Received in Advance)	Chair	12:30	Information	Verbal
12	Any Other Business and close	Chair	12:30	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 of Next Meeting: 24 November 2022, 9.30am

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

Minutes of the meeting

Meeting	**Board of Directors (Part I) Meeting in Public**
Date & Time	Thursday 28 July 2022, 09:30 –12:50
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	Alan Burns	Chair
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Jill Houghton	Non-Executive Director
	Dan Howard	Digital Director (Deputising for Andy Callow)
	Helen Lidbetter	Deputy Director of Nursing and Quality (Deputising for Debra Shanahan)
	Elena Lokteva	Non-Executive Director
	David Moore	Non-Executive Director
	Hemant Nemade	Interim Medical Director
	Professor Andre Ng	Associate Non-Executive Director
	Mark Smith	Group Chief People Officer
	Heidi Smoult	Hospital Chief Executive
	Karen Spellman	Director of Integration and Partnerships
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Palmer Winstanley	Chief Operating Officer
In Attendance	Keith Brooks	Northampton Healthcare Charitable Fund (Item 10)
	Joanne Conway	ODP, Theatres (Item 1)

	Jo Fernihough	Director, Improving Elective Care Co-ordination Programme, NHS England and Improvement (Item 8)
	Deborah Hill	Theatres Nurse (Item 1)
	Katy Jeffery	Matron for Theatres (Item 1)
	Richard May	Interim Trust Board Secretary
	Ruth Smith	Programme Manager (Item 1)
	Ellie Southgate	Freedom to Speak Up Guardian (Item 9)
	Jack Stephenson	CCS Programme (Item 8)
Apologies for Absence	Richard Apps	Interim Group Director of Integrated Governance
	Andy Callow	Group Chief Digital Information Officer
	Denise Kirkham	Non-Executive Director
	Rachel Parker	Non-Executive Director
	Debra Shanahan	Interim Director of Nursing and Quality
	Simon Weldon	Group Chief Executive

Agenda Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items.	
2	**Staff Story:** The Board welcomed colleagues from Theatres Teams to describe their experiences of the past two years, the current situation and future plans and aspirations: • Joanne Conway, Theatres ODP; • Deborah Hill, Theatres Nurse, • Katy Jeffery, Matron for Theatres, and • Ruth Smith, Programme Manager. The Board heard that the Theatres Unit had been closed for 15 months due to COVID, during which time team members were redeployed into other teams; this was an isolating, anxious and unsettling period, particularly where there was a requirement to assist with urgent and emergency care and comply with stringent PPE restrictions. Following the reopening of day case surgery, the team's activity was hindered by large amounts of missing equipment. Notwithstanding these challenges and their cumulative emotional toll, the team had emerged stronger from its experiences, acknowledging the value of the additional health and	

	wellbeing support the group had put in place in response to the pandemic. The Board noted and discussed specific issues identified in respect of recruitment and training, where the Trust had lost a number of experienced staff but struggled to attract staff due to regional pay imbalances, and it was difficult to release colleagues to attend training and development due to continuing high levels of sickness absence and vacancy, whilst operational pressures remained. The Board supported a proposal to reinstate deployment in theatres as part of nurses' mandatory training to raise awareness of career opportunities, and undertook to seek pay parity in collaboration with regional colleagues. It was further considered that a 'closure' event might be a compassionate means of pausing to recognise the work undertaken over the past two years, whilst acknowledging that severe operational pressures continued. The Board noted and discussed the theatres transformation programme (which would be subject to fuller consideration at item 9 below), in which it was clear that a comprehensive approach was required to improve the patient and staff experience at every stage of the pathway from referral and pre-operative assessment, through timely quality surgery to post-operative recovery, supported by new digital platforms allowing the most efficient and effective management of schedules, and access to new training and upskilling opportunities. The Board of Directors thanked Theatres colleagues for joining the meeting and for the openness and candour of their feedback, requesting a review of progress against the transformation programme as part of a future Board Development event.	RA / PW
3	**Minutes of the Previous Meeting held on 27 May 2022 and Action Log** The Board **APPROVED** the Minutes of the Meeting held on 27 May 2022 as a correct record. The Board noted closed and ongoing actions on the Action Log; the Trusts had not recruited to the vacant Group Director of Communications and Engagement role following a recent advertisement and were reviewing options to attract the right candidate to this important position.	
4	**Chair's Report** The Chair advised that the Integrated Care Board (ICB) had come formally into existence on 1 July 2022 and had held its first Board meeting focussing on team development, digital and estates opportunities.	

	The Chair acknowledged that the hospital had undergone a particularly challenging period brought about by increasing demand in the context of a COVID wave and extreme heat, recently declaring an Internal Incident, and thanked colleagues for the continuing high quality of care (including clinicians and the teams supporting them) they had provided during this period, sentiments shared by the Group and Hospital Chief Executives and the Board of Directors. The Chair welcomed Hemant Nemade to the meeting; Hemant had joined the Board of Directors as Interim Medical Director following the appointment of Matt Metcalfe to an ICB role; the Board extended its thanks and best wishes to Matt for his achievements as Medical Director.	
4.1	**Group Chief Executive's Report** The Board of Directors received and noted the Group Chief Executive's report. The recent launch of the Dedicated to Excellence hour to capture good ideas and encourage local innovation, was particularly welcomed.	
4.2	**Hospital Chief Executive's Report** The Hospital Chief Executive presented her written report, drawing attention to significant items in respect of: • Continuing challenges to urgent care pathways and work to improve the flow of patients not needing care or support when leaving hospital, acknowledging the hard work of teams to achieve this. The Trust continued to be part of the national discharge programme looking at sustainability and improvements across the system; achieving long term solutions required concerted focus by the ICB; • The Trust's financial position was challenged, largely due to the under-recovery of Elective Recovery Fund (ERF) monies arising from the required activity thresholds not being met despite strong operational performance; • The Trust continued to perform strongly in its cancer treatment performance compared to regional peers and held a successful collaborative event on 12 July to launch the Group's ambition for a Cancer Centre of Excellence as articulated in the Group Clinical Strategy; • The new ITU successfully opened on 27 June 2022 and was performing well following the resolution of some initial issues; • The newly-refurbished restaurant opened in June 2022 and was currently operating on a 24/7 basis on a three-month trial; • The Trust had been shortlisted for HSJ Patient Safety and Macmillan Professionals Excellence awards, with the final results awaited and the teams concerned commended for their work, and	

	• The maternity service continued to experience pressure due to increased demand and acuity, COVID impacts upon women and teams and ongoing staffing shortages in maternity; processes were in place to manage escalation and mitigate risks. The Hospital Chief Executive extended her thanks to the Group Chief People Officer for his work prior to his departure from the Trust, acknowledging the positive impacts he had achieved in many areas but particularly staff health and wellbeing and equality, diversity and inclusion. In response to a question, the Board was advised that ICB programmes aimed to increase the number of community beds from 101 to 139 and to remove limiting criteria to increase the number of patients who could use these beds; the success of this programme depended on being able to recruit 150 new members of staff which, in the current climate, gave rise to significant risks, and was subject to final ICB endorsement to proceed. The Board noted concerns regarding the lack of community care packages and hoped that plans for pathway reviews would enable more effective collaboration, particularly through the involvement of social workers in Board rounds and through the Trusted Assessor model. The Board of Directors noted the report.	
Operations		
5	**Board Committee summaries and Integrated Governance Report (IGR)** Committee Chairs and Executive Leads brought the following highlights and exceptions to the Board's attention: *Quality Governance Committee* - Maternity staffing: concerns regarding reducing staffing levels had been identified, with vacancy levels being monitored; - The reconvening of Clinical Morbidity and Mortality meetings had been delayed by the recent COVID wave; - The Committee noted progress on the implementation of the Academic Strategy and that a bid had been submitted to become a biomedical centre; confirmation of award was anticipated following the summer Parliamentary recess; - At the time of the July meeting there were 50 unavailable midwives; the forthcoming 'deep dive' maternity into maternity services in response to the Full Ockenden Report had enabled causes and solutions to be identified (see also item 12 below).	

	- The Committee received the Urgent Care Report, recognising the efforts of staff and teams to maintain quality and safety in light of ongoing operational pressures; - The Trust's Hospital Standard Mortality Rate (HSMR) showed significant and sustained improvement; Summary Hospital Mortality (SHMI) was as expected. - The Committee welcomed improved exceptions reporting through a report identifying key successes and areas for concern; - 10 new C-Difficile cases had been reported during June and the Trust was likely to exceed its target not to exceed 51 cases annually; the Infection Prevention and Control team had worked well in response to the recent increase, and - There were three falls reported in June causing Moderate harm; learning had been identified and implemented in response to these incidents. *Finance and Performance Committee* The Committee had: - Approved the business case for the Trust's Electronic Patient Record programme, and funding to further work the business case for the Midlands and East Pathology Network initiative; - Endorsed new consolidated Group risks relating to finance, estates and operations (see item 11 below); - Received an update on digital Targeted Investment Fund funding, noting the receipt of additional monies to support outpatient service transformation, - Noted that the Trust was £2.2 million worse than plan at Month 3 (30 June), with £2m of this due to not earning Elective Recovery Funding. Trusts had also been advised of the reintroduction of caps on agency staff expenditure to effect reductions of 10-30%; this presented significant challenges in areas which were particularly reliant upon agency support, though proposals were under development for Ward Staffing models to improve roster management (details to be submitted to the next meeting).	DS
	Group People Committee The Committee had: - Reviewed the strategic risk relating to the delivery of the Group People Plan, noting the importance of the Board and committees providing sufficient time for such discussions in order to manage and mitigate key risks effectively; - Reviewed performance against key metrics, noting that, whilst Staff Turnover was below 10%, it remained much higher compared to before the COVID pandemic; a sharp focus on retention was therefore required;	

	- Representatives from the ICB People Board would be invited to the Committee on a quarterly basis to ensure alignment with local health system strategies and plans; - The national pay award had been announced amidst continuing concerns around rises in the cost of living; the Trust had responded by launching a bring-forward salary scheme; and - Feedback from staff suggested ongoing uncertainty and anxiety linked to transformation and the development of the group model, particularly in non-clinical support functions. The Group Chief People Officer assured the Board that there remained no plans for compulsory redundancies from major change programmes. *Group Digital Hospital Committee* The Committee had: - Discussed the EPR Business Case for NGH; the case would be determined by the Board at its private meeting following this meeting; - Reviewed the digital strategy accepting that, whilst the aspiration remained to be the most digitised hospital group in England by July 2023 remained, achievement by this date was no longer realistic due to factors outside of the organisation's control; - Noted achievements against digital strategy themes, notably the roll-out of the electronic document management solution into clinical areas; - Received an update on clinical engagement in the implementation of clinical systems, highlighting the need for this to be enhanced in a number of areas; and - Endorsed proposed changes to the Board Assurance Framework (see item 11 below); The Board noted that work was underway to align digital and group-wide transformation programmes more closely. *Collaboration Programme Committee* The Committee had: - Reviewed the system operating plan submission (see item 6 below); - Received an overview of the Nursing, Midwifery and Allied Health Professionals strategy; - Received an update on group priorities for sustainability, with a reduction of carbon impacts from the use of medical gases and from food waste a particular area of focus; - Considered the Cardiology Centre of Excellence strategy, noting operational and cultural challenges to delivery; - Received an overview of the theatre productivity programme (see item 8 below), and	

	- Reviewed its Terms of Reference to bring transformation into the Committee's areas of direct responsibility. *Audit Committee* The Committee had: - Approved items under powers delegated by the Board: Annual Report and Accounts, Internal Audit Annual Report, Annual Letter of Representation; - Received assurance in respect of the Trust's counter fraud arrangements, noting the requirement for awareness raising amongst staff; - Reviewed internal audit reports and recommendations, asking for greater ownership of the highest priority items by committees and lead executives, and - Endorsed work to refresh Board Assurance Frameworks (see item 11 below) The Board noted that the Trust's external auditors had praised the quality of the final accounts, recognising significant improvements compared to 2020-21 and commending the teams involved in this work. *Group Strategic Development Committee* The Committee considered a report on the latest position with the processing of the Net Zero funding grant of £20.6m towards green infrastructure projects, requesting continuing oversight by the Finance and Performance and Quality Governance Committees. The Board of Directors noted the Integrated Governance Report.	
6	**2022/23 Operational Plan** The Board of Directors received a report providing a summary of the final revised ICB system Operational Plan submission, made on 29 June 2022, provided in response to feedback and changes requested from the previous submission on 28 April 2022. The final operational plan set out requirements to deliver on - Elective performance, achieving 104% of 2019/20 activity levels; - Financial performance to a breakeven position and - Issues to manage winter pressures. Significant further work was required to develop achievable longer term plans from 2023/24. The Board noted that key assumptions within the plan were already being challenged, particularly levels of COVID-related disruption due to the recent increase in cases. The Trust's focus	

	remained on internal and collaborative efforts to manage these impacts, particularly in regard to productivity and patient flow, whilst continuing to respond to requests for support from neighbouring providers. The Board was assured that the Trust and Group's activities was higher than many peers, and that variances from plan were subject to regular close monitoring. Following discussion, the Board of Directors ratified the final 2022/23 plan submission, noted the latest position in respect of activity against and continuing uncertainties likely to continue to impact delivery.	
7	**Operational Focus (including Activity against 2022-23 Plan)** The Board of Directors received a report and presentation setting out summaries of the latest operational position in respect of: *Ambulance Handover, Pathways and Discharge* Ambulance handover delays of over 60 minutes peaked in April 2022 before decreasing in May 2022. Attendance at the Emergency Department was extremely high, regularly receiving over 400 attendances per day, peaking at 506. Admission rates had improved from 20% to around 16%-17%. Focus on 'Pathway Zero' (discharge home without further care requirements) patients had led to the average length of stay reducing from 10 to seven days, which placed the Trust in the top quartile within the Model Hospital national benchmarking tool. Same Day Emergency Care continued to be one of the top performers nationally. In response to questions, the Board was advised that consistently high A&E attendance was likely to be partly attributable to population growth (confirmed following the publication of the recent Census data); this emphasised the need for an Urgent Treatment Centre for the south of the county, for which a business case was being prepared by the ICB. The Trust had implemented a new 'front door dashboard' which enabled analysis to identify individuals and communities more likely to frequently attend, with a view to improving targeted local support for these groups; further work was required to identify trends from GP referrals, however. *Elective and Cancer Treatment* Performance data against national cancer standards was provided: - Two-week wait 94.4% compared to 93% target, third in region; - 54% of patients treated within seven days; - 28-day faster diagnosis 79.3% compared with 75% target, second in region;	

	- 31-day 90.7% compared with 96% target, second in region; - 62-day 64.8% compared with 85% target, second in region; - 5.7% of patients waited over 62 days for treatment. Requests for mutual aid (patient treatment from neighbours' waiting lists) had contributed to 132 patients waiting over 52 weeks for elective treatment and 22 patients (all referred from University Hospitals Leicester) waiting over 104 weeks. Overall, 97% of planned activity had been delivered, which was a positive position due to the continuing challenges of high staff sickness absence levels. 101% of Day Case activity had been delivered, representing 105% compared to 2019/20 levels. The Board commended strong performance, noting that the provision of community diagnostics centres and other off-site provision would assist in alleviating operational pressures at the hospital. *Summary Hospital Mortality Indicator (SHMI)* Clinical improvement initiatives and changes to service provision aimed at improving the quality of care provided to patients out of hours, and in particular at weekends, were likely to have had the greatest impacts on the dramatic reduction in hospital mortality performance compared to 2019/20. The Board commended this position and noted that the Trust was seeking to replicate good practice into other areas within the hospital, and also improvements to end-of-life care across the ICB. Following discussion, the Board of Directors noted the latest position.	
8	**Theatres productivity and the Trust Care Co-ordination System (CCS)** The Board of Directors considered a report and presentation outlining the theatre productivity programme and highlighting the CCS tool to support improved waiting list and theatre scheduling management. Improving the productivity of operating theatres was a key transformation programme to support the delivery of elective recovery trajectories and targets in the 22/23 ICB plan and improve the patient and staff experience. The presentation set out the national and local context and a vision for the programme to provide excellent elective care through more efficiency pathways at all stages of the process of entry onto waiting lists to recovery. This was followed by a demonstration of the CCS system which provided functionality to view and analyse waiting list and theatre usage data by speciality The system was being piloted with Head and Neck, Urology and Trauma and Orthopaedics at NGH, with a 2% increase in utilisation already apparent across the group.	

	The Board of Directors noted the report and commended the programme for the opportunities it presented to embed sustained transformation and improvement.	
Strategy & Culture		
9	**Freedom to Speak Up (FTSU) Annual Report** The Board of Directors welcomed Ellie Southgate, Freedom to Speak Up Guardian, to present the FTSU annual report, which set out a summary analysis of the 47 FTSU submissions during 2021-22 by staff group and type of concern raised, as well as actions, working with colleagues in Human Resources and Equality, Diversity and Inclusion, in place and planned (and detailed in the report) to improve organisational culture, the patient and staff experience and data management and develop the role of Values Ambassadors across the organisation. The Board of Directors thanked Ellie for her presentation, commending the improvements generated and the rigour of the analysis of cases, triangulated with Staff Survey results, informing the report. The Board noted the opportunity to discuss specific cases of concern within its private (Part II) meeting following the conclusion of this meeting.	
Governance		
10	**Report on the activities of the Northamptonshire Health Charity (NHCF)** The Board of Directors welcomed Keith Brooks to present a report on the activities of the charity during the last year, providing a financial summary showing total income of £705k for the year and expenditure of £508k, and highlighting specific initiatives including the Swan Room on Creaton Ward, new furniture for on-call rooms, the refurbishment of the porters' area and artwork for the new children's emergency department. The charity had been appointed as charity of the year for the Northamptonshire Chamber of Commerce, which should further increase its profile and fund-raising opportunities. The Board was requested to encourage cases for need to be brought forward, encourage staff to participate in fund-raising events, keep the charity informed about the Trust's development plans and ensure that the list of fund advisors was updated. The Board of Directors noted the report, thanked Keith for his presentation, commended funded projects and the tangible differences they had made to staff and patients and committed to meeting the 'asks for the future' identified. The charity's contributions were particularly valued in estates and facilities, where the bulk of capital expenditure was allocated to urgent maintenance and safety works.	

11	**Group Board Assurance Framework (BAF)** The Board of Directors considered a report setting out proposals to crease a single Group BAF, consolidating and replacing the Trust's BAF. Noting that Board Committees had indicated their support for the revised process, template and specific risks, the Board **APPROVED:** (1) The inclusion of revised Group BAF Risks 01-08 (as set out in the report) onto a single Group BAF, consolidating and replacing existing NGH risks 109-112 and 114-117; (2) The referral of the following risk to the Corporate Risk Register to be managed operationally: NGH113 Risk that the Trust is unable to respond appropriately to further pandemic waves; provide sufficient elective care and other clinical services, including non- elective and possible delays to treatment, and (3) The abolition of the NGH BAF with immediate effect.	
12	**Trust's responses to the final Ockenden report (2022)** The Board of Directors considered a report setting out the Trust's compliance position against the 109 actions set out in the final Ockenden report providing Findings, Conclusions and Essential Actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. The appendix to the report set out the Trust's position on a Red-Amber-Green scale, showing 22 amber actions and two red actions, relating to bereavement care (13.2) and births less then 27 weeks' gestation (14.4), Jill Houghton, the Trust's Non-Executive Director Maternity Safety Champion, would be participating in a 'confirm and challenge' seminar testing the Trust's self-assessment during August and the robustness of action plans being developed to address the 'red' areas, in order to be able to provide further assurance to the Board at future meetings. In response to a specific request arising from the Ockenden report, the Trust had reviewed its Midwifery Continuity of Care provision based on an evaluation of safe staffing requirements, and had decided as a consequence to pause further roll-out and continue with the current team in place. Following discussion, the Board of Directors noted the latest position, thanked the Non-Executive Safety Champion for her continuing contributions and noted the opportunity to discuss specific operational concerns relating to maternity staffing as part of the private (Part II) discussion.	
13	**Appointments** The Board of Directors **APPROVED** the:	

	1. Appointment of Elena Lokteva to the Group People Committee and the Group Digital Hospital Committee, 2. Terms of Nomination for the appointment of Trustees to the Northamptonshire Health Charitable Fund set out at Appendix A to the report, and **3.** Appointment of Heidi Smoult to the position of Trustee of the Northamptonshire Health Charitable Fund in accordance with the approved Terms of Nomination.	
14	**Questions from the Public (Received in Advance)** The Board of Directors received the following public question from Mr Charles Wilkins: 'Following the issue of a Jobs Protection Agreement in 2021, why has the Trust made a U-turn on redundancies in the ICT department as part of its restructure, and how can it justify potentially making committed members of its workforce redundant, who have worked tirelessly during the COVID-19 pandemic and during the biggest cost of living crisis in 40 years?' The Group Chief People Officer confirmed that the Trust was committed to the protecting jobs agreement and did not intend to make compulsory redundancies. He acknowledged the work of colleagues in responding to the Covid-19 pandemic its continuous impact. The Group People Committee update to the Board (see item 5 above), set out some of the actions the Trust was taking, and its continuing commitment, to supporting colleagues with regards to the cost of living increases. With specific regards to the digital restructure, those colleagues 'at risk' from across the Group (NGH and KGH) would be able to apply for roles before all other eligible colleagues. 'At risk' of redundancy was a term used for a colleague displaced due to organisational change, whereby their existing role would not exist in the future proposals (which were always subject to consultation). In this situation, colleagues were provided access to redeployment opportunities within the organisation at an earlier stage as highlighted within the document, an important step in avoiding redundancies. The 'at risk' of redundancy term came from the Trust's existing policy, and the Group Chief People Officer acknowledged that the language used could be improved.	
15	**Any Other Business and close** The Board of Directors joined the Chair in wishing Mark Smith well in his new role having served the Trusts with distinction as Group Chief People Officer.	

18	**Exclusion of the Press and Public** The Board of Directors **RESOLVED** to exclude the press and other members of the public from the remainder of the meeting (a Private Meeting followed this meeting), due to the confidential nature of the business to be transacted.	

Next meeting

Date & Time	29 September 2022 – 09:30
Location	To be confirmed

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Action Log

Meeting	Board of Directors (Part II) Meeting in Public
Date & Time	Updated following 28 July 2022 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	MS	Tbc	Subject to recruitment of Group Director of Communications and Engagement	NOT YET DUE
Jul 22 2	Further report on progress with Theatres Transformation	PW	Oct 2022	Referred to Collaboration Programme Committee	CLOSE
Jul 22 5	Briefing on Ward Staffing Model	DS	Sep 2022	Referred to Finance and Performance and Quality Governance Committees	CLOSE

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Northampton General Hospital NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29 September 2022
Agenda item	4.1

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

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

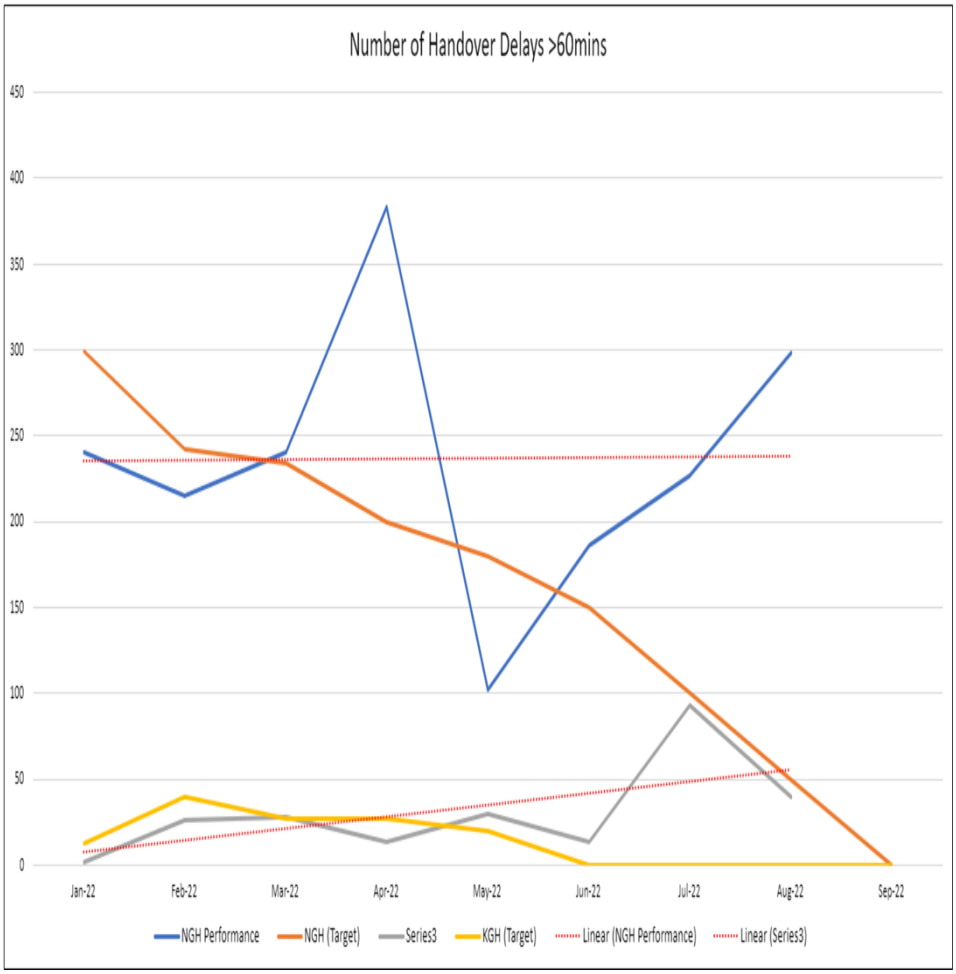
Reason for consideration	Previous consideration
For the Board's information	None

Executive Summary

I would like to begin this report by paying tribute to the lifetime of service that Her Majesty Queen Elizabeth II gave this nation. Her constant duty and dedication, like so many NHS colleagues, should serve as an example to us all. May she rest in peace.

At the time of writing, a new government is just the process of forming. The policy framework that will guide the NHS over the next period is yet to be fully articulated but there are four emerging priorities that the new Secretary of State has set out which I will describe here, referencing Northamptonshire's position against each of them. The four priorities are simply framed: 'ABCD' or ambulance handovers, backlog, care and doctors and dentists

First, on ambulance handovers and in particular, handover delays in excess of 60 minutes:

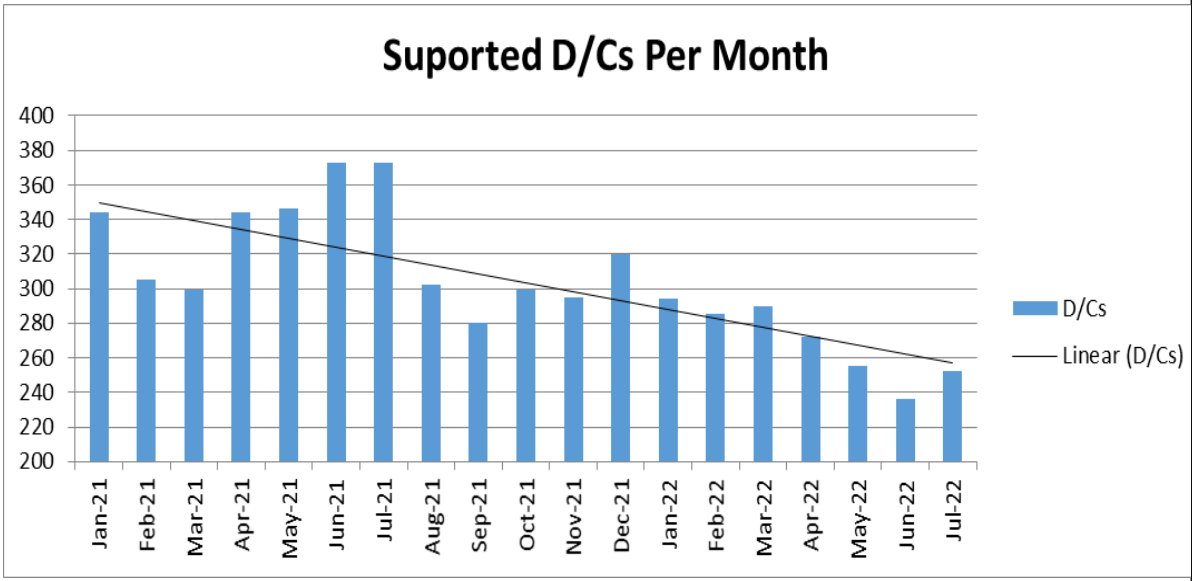


As is evident from the chart, the two hospitals are performing very differently on this measure. The volume of delays at NGH is driven by the size of the A&E when compared to the volume of patients now attending and the exit block delays (see also the commentary on care below). On the size of the department, a particular risk is the lack of an urgent treatment facility co-located with the department. KGH has more physical space to accommodate peaks in demand and better performance on exit block delays although available capacity is still highly geared – in short, small increases in demand have a big impact on handovers. Work continues in both place-based teams to ensure that there is sufficient capacity over winter.

Secondly, on backlogs. Regionally, Northamptonshire compares well across the Midlands. We continue to offer mutual aid on elective recovery to other systems and I remain convinced that this is the right thing to do – it cannot be morally justifiable that patients are waiting for longer than two years for operations in the counties around us when we have the means and capability to help. Our current challenge is to eliminate waits of 78 weeks by March 2023. Across Northamptonshire we have just over 700 such patients. We have made good progress in controlling waits and I would expect us to continue to deliver on this element of recovery. However, we will need to work with system colleagues to increase diagnostic capacity, particularly in MRI, where both

hospitals are now at saturation of the current available capacity. The key issue here is funding for which the system does not yet have a plan.

Thirdly, on care, more specifically delayed discharges. This has been a perennial problem in Northamptonshire. It existed before COVID but the pandemic has exacerbated the challenges we face. The chart below demonstrates the current position at NGH:



This reduction means increased numbers of patients waiting in hospital. In NGH, week ending 16th September, there were 144 patients waiting for a supported discharge 53 of whom were waiting for the simplest form of care package.

The consequences of this reduction are multiple. Most importantly it means that the experience that patients have is poor whether it be waiting too long in A&E or losing function while a discharge is delayed. All colleagues across the system agree the current position is unacceptable and there is now a proposal to improve numbers of discharges. At KGH the position is better but still there are between 60-90 patients waiting for a supported discharge.

The last priority is doctors and dentists and specifically the issue of timely access. We know that patients do not feel that there is timely access and we often see the consequences of that in our A&Es. We need to work together as a system to address this issue too because for a health and care system to be successful all parts of it need to be functioning well.

Finally, I have talked here about the priorities for today and, given the needs and expectations of patients, it is right that I do so. However, as a system, we must also think about the future and in particular how we start to address the longer term issues on health, such as childhood obesity or smoking that, if unsolved, create the chronic users of hospitals in the future. Just as failing to respond to the challenges of today is unacceptable, so would be a failure to respond to the challenges of tomorrow.

Appendices

None

Risk and assurance

Information report – no direct implications

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

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Northampton General Hospital NHS Trust

Cover sheet

Meeting	Public Trust Board
Date	29 September 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	☐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 receipt and information.	-

Executive Summary

Well-being

Our teams across the hospital continue to work under sustained pressure due and we strive to ensure our well-being focus is our priority. Importantly, I would like to thank all our teams across NGH for all their hard work and dedication to each other, and our patients.

We continue to work to drive necessary cultural improvements through our work on connect, explore and improve with teams. Our most recent pulse survey shows this focussed work has resulted in an improvement in recommending NGH as a place to

work overall, with the biggest improvement in estates and facilities showing a 9% increase.

The National staff survey is currently in process, and this is an opportunity to understand how our teams are feeling in NGH during all the sustained pressures and current changes underway across UHN Group. In addition, because of the cost-of-living pressures, we have been working on a number of initiatives to support all those who work across UHN Group, with a focus on financial well-being.

ICB and partnership working

As our ICS operating model is being implemented, the Trust continues to collaborate and integrate with our local partners across the county to develop our services to meet the local needs of our patients. As we establish an Elective Collaborative across the UHN Group and the system, our clinical teams are working with primary care colleagues to join up services across the county for our patients. Examples of this include iCAN, the Cardiology Centre of Excellence and the work we are doing as we establish the Cancer Centre of Excellence.

Non-Elective Care

NGH continues to remain on the highest levels of escalation due to Non-Elective (NEL) care continuing to be a challenge. Overall NGH is seeing an increase in attendances at ED and SDEC areas compared to previous years, and whilst the teams have kept admission rates low, the flow through the hospital is extremely challenged. This is largely due to a sustained position since April 22, where patients who are Medically Fit for Discharge (MFFD) is averaging c.130, with another approximately 60 MFFD waiting to be agreed on pathways. Additionally, the Length of Stay (LoS) for those patients post medically fit, is now averaging over 21 days. Whilst these patients are being delayed due to complex system pathways, it is essential that as an acute trust we continue to focus on driving internal efficiencies and quality improvements, and the teams have put in significant work, reducing its LoS by 3 days from 10 down to 7 through diagnostics, IV Antibiotic work and processes such as Board rounds.

The collaborative partnership working and winter planning work across the system is the most comprehensive and joined up Northamptonshire has embarked on. Whilst this collaboration provides a system plan, it is important to note it comes with a high risk, due to the need to recruit more care workers in the community and social care.

We continue to be part of the national discharge programme to look at sustainability and improvement across the system. We have further focussed input from the national team in coming weeks as an ICS. We continue to work with partners in relation to the need for UTC capacity in West Northamptonshire.

Elective Care

NGH Elective (EL) care continues to be a positive outlier overall compared to regional and national performance, and our teams continue to focus on reducing waiting lists accordingly. All our patients waiting over 2 years are in the form of mutual aid that NGH has taken from another provider to support the national drive

to reduce 104 week waits in the NHS as a whole. Whilst this is a strong position nationally, NGH strides to have all patients below one year as soon as possible.

Robotic Surgery
Our teams have now completed over 50 cases of robotic surgery and held our first robotic workshop.

Cancer
Whilst we continue to strive to improve the experience for patients with cancer or suspected cancer, as a county we continue to be recognised for this hard work. Our cancer performance is delivering timely care with the second-best system in the country for patients waiting over 62 days, and Gynaecology best performing specialties in the country for those diagnosed within 28 days. However, we continue to strive to treat all cancer patients as soon as possible. The risk too our elective and cancer performance are our MRI capacity, which is working on the case for community diagnostic hubs to enable more capacity as soon as possible with elective and cancer waits now over 3 weeks for MRI.
On another positive note in relation to our cancer performance, our teams have been recognised for showing strong and improved Faster Diagnosis performance and consequently being visited by NHSE as part of a “deep dive” exercise on certain tumour pathways. This is aimed at identifying key actions/interventions that we can be promoted nationally.

Maternity
In line with the national focus, our maternity service continues to be a priority and significant focus. We have completed further engagement from a cultural perspective and as an executive team completed a number of “connect, explore and improve” sessions with a significant proportion of the midwives attending. We have focussed on truly listening to understand, whilst collectively striving to focus on solutions and improvement. We had a roundtable meeting with our regional and system colleagues to ensure we are striving to work as proactively as possible across the county.

Pathway to Excellence redesignation
NGH was the first trust in the UK to gain accreditation for Pathway to Excellence. Pathway to Excellence® is an international accreditation governed by the ANCC for environments which are deemed a positive practice environment for Nursing Staff. In 2023, NGH will be the first UK trust to apply for redesignation from the ANCC. This process includes a submission of evidence and the Nurse survey to achieve designation. Our shared decision-making councils are a fundamental part of Pathway to Excellence and our teams are demonstrating excellence in many areas though this work. We have aligned this important work to our work in relation to driving cultural change in 2connect, explore, improve” and the teams are demonstrating excellence in teamwork, empowerment and recognition.

CaMIS patient administration system (PAS) upgrade
Our patient administration system was upgraded on 13 September 2022. Twenty members of the digital team were involved and visited all wards, updating around

1000 user accounts as part of the upgrade. I would like to thank the team working on this for their dedication and teamwork during this necessary upgrade.

Cyber security
A cyber incident was declared on 4 August 22 relating to the third party hosted system eFinancials by Advanced. eFinancials is used for financial reporting and the procurement of goods and services. An incident response team was stood up and BCPs were invoked, in line with our BCP policy. We worked with external bodies such as NHS Digital to assess the risk. Following internal approval, we reconnected to the system on 8 September 22.

Appendices

Risk and assurance

Financial Impact

Legal implications/regulatory requirements

Equality Impact Assessment

Is there potential for, or evidence that, the proposed decision/document will not promote equality of opportunity for all or promote good relations between different groups? N

If yes, please give details and describe the current or planned activities to address the impact.

Is there potential, for or evidence that, the proposed decision/document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics)? N

If yes, please give details and describe the current or planned activities to address the impact.

There is no potential that the content of this report will have any negative impact.

This report may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions.

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29 September 2022
Agenda item	5

Title	Cardiology Centre of Excellence
Presenter	Dr David Sharman, Cardiology Group Clinical Director
Author	Keith Reynolds, Deputy Director of Strategy

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
The Group Clinical Strategy approved at the May 2022 Board set out, amongst other ambitions, our plans to develop a Cardiology Centre of Excellence to meet the needs of our local population. This paper describes progress to date, highlighting the successes and challenges	The strategy has been endorsed at the July Collaboration Programme Committee, and discussed at the August Quality and Safety Committee.

Executive Summary

A cardiology strategy has been developed by our clinical teams and describes a five-year journey to create a cardiology centre of excellence for Northamptonshire.

This report highlights the progress made to date in implementing the strategy.

The Collaboration Programme Committee has endorsed the strategy and the Quality committees strongly supported it with some clarity requested around impact of the strategy on interdependent services, and how patients will be kept safe during inter hospital transfers associated with a 'treat and return model'.

The Group Clinical Director (GCD) met with all the interdependent services and has their support. The treat and return model for Acute Coronary Syndrome (ACS) patients is successfully used safely in many parts of the country. As part of the strategy implementation, the GCD is working with the lead site Chief Operating Officer to develop safe interhospital transport arrangements which will benefit cardiology and other patient specialties where we already collaborate or plan to do so as part of our Group strategy.

The strategy has the written support of the cardiology national lead for GIRFT (Getting It Right First Time) with the only caveat being that the expansion of the service to include Electro-Physiology (EP) and Transcatheter Aortic Valve Insertion (TAVI) will first require engagement with commissioners and the ICS which we had already recognised.

The strategy will deliver:

- Safer service for Acute Coronary Syndrome and pacemaker patients
- Faster assessment of patients with chest pain which avoids ED and reduces ambulance delays
- Increased seven day cardiology service to help patients return home sooner
- Care closer to home for patients with heart failure by working in partnership with the community
- Less invasive (safer) procedures by investing in the latest diagnostic techniques
- Improved staff work life balance though shared on call across the Group
- Our own-grown cardiology scientists in partnership with the University

Work has commenced on Estates feasibility studies, developing new pathways and will shortly start on business cases and partnership working to deliver the strategy over the coming five years.

The following challenges to collaboration are being addressed:

- Cross site access to patient and staff information held on separate systems, including Electronic Staff records and Budget statements
- Operational and corporate accountabilities which need to be clearer between the Trusts
- Managing the additional demands on GCDs for separate reporting through two sets of systems and two sets of committees.

This report highlights progress in implementing the strategy, and will be accompanied by a presentation at the meeting.
Appendices
None
Risk and assurance
Mitigation in respect of Group Board Assurance Framework Risk UHN02 (delivery of the Group Clinical Strategy)
Financial Impact
No direct implications from this information report
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral – information and assurance report.

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Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29 September 2022
Agenda item	6

Title	Integrated Governance Report (IGR)
Presenters	Heidi Smoult, Hospital Chief Executive Executive Directors and Board Committee Chairs
Author	Richard May, 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
To enable the Board of Directors to be assured around organisational performance on an exception reporting basis.	NGH and KGH Board Committees, September 2022

Executive Summary

Board Committee summaries and the Integrated Governance Report for August 2022 are enclosed. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings.

Appendices

Board Committee summaries
Integrated Governance Report, August 2022
Finance Update: Month 5 (31 August 2022)

Risk and assurance
The IGR should inform, and be informed by, consideration of the Board Assurance Framework.
Financial Impact
As set out in the report.
Legal implications/regulatory requirements
No direct implications arising from this assurance report.
Equality Impact Assessment
No direct implications arising from this assurance report.

BOARD COMMITTEE SUMMARIES

29 SEPTEMBER 2022 – AGENDA ITEM 6

Quality Governance Committee: 19 August and 23 September
Finance and Performance Committee: 24 August and 28 September
Group People Committee: 26 September
Group Digital Hospital: 13 September
Collaboration Programme: 12 September
Audit: 19 September
Group Strategic Development: 15 September

NGH Quality Governance Committee Committee Summary to Public Trust Board	Dates of committee meetings: 19 August 2022

Committee Chair: Jill Houghton

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Cardiology presentation	The Committee noted the Cardiology Centre of Excellence from a quality perspective. There also needed to be consideration of the operational details, governance and financial impacts.	On Board Agenda	29/9/22
Urgent Care	A comprehensive report was received on urgent care, with the Committee echoing the concerns at patient flow through the hospital.	n/a	-
Maternity	The Committee noted that vacancies continued to increase and a new risk in relation to community services with patients not receiving their 10-day handover/sign off.	n/a	-
Quality Report & IGR	The Committee thanked all staff that, despite pressures, the Trust continued to meet key targets in cancer and urgent care.	n/a	-

NGH Quality Governance Committee Committee Summary to Public Trust Board	Dates of committee meetings: 23 September 2022		
Committee Chair: Andre Ng			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
	TO FOLLOW 23 SEPTEMBER 2022 MEETING		

Finance and Performance Committee Committee Summary to Public Trust Board	Date of committee meetings: 24 August 2022

Committee Chair: Denise Kirkham (Deputy for Rachel Parker)

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Community Diagnostic Hubs Business Case	The Committee was presented the CDC business case. Both parts of the business case was summarised to the Committee, with part one was related to the two spokes to be set up and part two which was the hub which would come in the autumn. The Committee approved and supported the direction of travel within the business cases.	Approved	Update on Part II Agenda
iCan (Integrated Care Across Northamptonshire) Update	The Committee received an iCan update and it was requested that an update would be presented monthly to the Committee	n/a	-
Fire Safety Compliance Statement & Annual Fire Report	The Committee received the Fire Safety Compliance Statement & Annual Fire Report. There was improvement noted in fire drill compliance and work ongoing to have a fire strategies in place in each department. The Committee approved the Fire Safety Compliance Statement and Annual Fire Report.	n/a	-

Finance and Performance Committee Committee Summary to Public Trust Board	Date of committee meetings: 28 September 2022		
Committee Chair: David Moore (Deputy for Rachel Parker)			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
	TO FOLLOW 28 SEPTEMBER MEETING		

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Group People Committee in common Committee Summary to Public Trust Board	Date of Committee meeting: 26 September 2022

Reporting Committee Co-Chair and NGH Convenor: Denise Kirkham

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
	TO FOLLOW 26 SEPTEMBER 2022 MEETING		

Group Digital Hospital Committee in common Committee Summary to Board of Directors	Date of Committee meeting: 13 September 2022

Reporting Non-Executive Director: David Moore

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
NGH Electronic Patient Record (EPR) Funding Bid	The committee noted the progress of the bid and the next set of milestones for submission of the full case. It was also noted how essential keeping to this critical path is, given how core having two EPRs that can communicate with each other is to our group clinical strategy.	For info	-
ICS Digital Strategy	The committee received the final strategy, which has now been approved by the ICS Board. It discussed how to ensure the implementation of this was real and sustainable.	For info	-
Automation Accelerator	The committee received a report setting out the benefits case (directly for KGH and NGH - as opposed to indirect reputational and skills benefits which are also being seen) for the Accelerator, including examples of the automations set up for the group, and also the hours saved. The committee noted that it was also due to receive the 6 monthly financial targets update for the Accelerator shortly.	For info	-
Digital Team Restructure	The committee noted the short pause required to the restructure to ensure a number of key people policies were agreed and in place across the group. This was disappointing, but ways to ensure team morale is maintained in the meantime were discussed.	For info	-
Digital Team capability and capacity	The committee received and discussed an assessment of the capacity across the various projects and skills needs within the Group Digital team, noting the areas of most shortage and therefore focus for action plans.	For info	-
Hospital mortality measures	The committee was updated as to how the digital team were supporting the team in the hospital looking further into recent trends in these measures, including into the appropriateness of coding.	For info	-
Cyber Security Incident	The committee received an update on the current situation regarding the recent cyber attack on a supplier (Advanced) used across the NHS for systems including 111 and finance and procurement. It noted the reconnection that had now taken place, and the process to risk assess this. It commended the team on the thorough and organised approach taken to responding to the incident. The committee also noted the need for the full lessons learnt exercise to be reported on the next committee.	For info	-

Collaboration Programme Committee in common Committee Summary to Trust Board	Dates of Committee meeting: 12 September 2022

Co-Chair and KGH Convenor: Liisa Janov

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
General update	• The Committee recognised that the Group has a quarterly systems review taking place between 12-16 September and that social care funding was likely to be a key for focus.	n/a	-
ICS Strategy	• The Committee received updates on the children and young people's elective and mental health collaboratives. The Committee wanted to be clear on the Group's expectations of each collaborative in terms of performance monitoring, accountability and learning. • The Chair queried the plan for restarting the children and young people's collaborative and questioned when the committee could expect to see progress. The Director of Strategy and Partnerships agreed to bring back an update to clarify timescales for this work at the next CPC meeting.	-	Oct 22
iCAN (Integrated Care Across Northamptonshire)	• iCAN discussion was held and a debate centred around understanding benefits of the programme ensuring the Group were getting value for money from the programme. • The Committee noted that the case for change had been through the system and it APPROVED the paper to go to the Board meetings at the end of the month.	Approved case for change for Boards' review	Sep 22
Clinical Collaboration	• The Committee noted the latest position in respect of the Clinical Collaborations.	The Director of Strategy agreed to provide an update at the next CPC meeting.	Oct 22
Terms of Reference	• The Committee endorsed (for Board ratification) changes to its Terms of Reference, including a name change to the Group Transformation Committee.	For approval at agenda item 10	Sep 22

Audit Committee Summary to the Board	Date of Committee Meeting: 19 September 2022		
Committee Chair: Elena Lokteva			
Agenda Item	Discussion	Action	Date
HFM Draft APM	The Committee received the NHSE Mandated Review of Healthcare Financial Management Association (HFMA) checklist. The self-assessment needed to be completed by the end of October/start of November.	n/a	-
Auditors Annual Report	The External Auditors delivered their annual report to the Committee. The auditors provided a detailed report across financial sustainability, governance, and improving economy efficiency and effectiveness. There were no significant concerns and the overall assessment was positive. The challenges related to efficiency (CIP) delivery and drawing down cash to maintain liquidity. The Group Chief Finance Officer had agreed a plan to respond to the exit related costs to COVID19 and workforce related increase, which addressed any concerns under financial sustainability.	n/a	-
Financial Governance Reports	The Committee requested review of a previous CQC report in relation to salary overpayments to seek assurance that the comments made had been addressed, and further requested benchmarking against the other Trusts for salary overpayments over the last 24-36 months.	SD	Jan-23
NHS Oversight Framework - overview and high-level self-assessment	The Audit Committee supported the process for undertaking this initial high-level self-assessment, the proposed processes for integrating the NHS Oversight Framework (NOF) into internal Group and Trust performance frameworks, developing the Northants ICB approach to oversight and the initial self-assessment rating for the Trust. The Committee noted the self-assessment however expected further clarity on the process and agreed that there was a deficit of information available.	n/a	-
Risk Management Strategy/Policy	The Committee was asked to feedback and to endorse the design principles. The strategy would go to Trust Board and the policy would go to the shared policy approval process. The strategy and policy had been reviewed by management groups and committees to ensure engagement and oversight. The Committee requested the development of performance indicators to assess the effectiveness of the revised framework. The Committee agreed to look at the strategy/policy yearly along with the quarterly updates. The Committee endorsed the strategy and requested a revision of the risk appetite.	On Agenda	Sep-22
Cyber Security Incident	The Committee was provided an update on the recent Cyber Security Incident. The Trust had reconnected to the system and had started the recovery process. The Chair queried the impact on small suppliers and requested an update on this at the next Audit Committee.	SD	Jan-23

Group Strategic Development Committee Summary	Date of Committee meeting: 15 September 2022		
Reporting Non-Executive Director: Jill Houghton			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
KGH Business Cases	The Committee noted that Business Cases for the energy centre and associated infrastructure works had been approved by NHS England and the Department of Health	For information	-
KGH Car parking plan	The Committee approved a governance route and timeline for a Development Service Agreement to be submitted to the Performance, Finance and Resources Committee (KGH) for approval in October 2022.	For information	-
Community Diagnostic Centres	The Committee received an update on the latest position – full report on Part II (Private) Agenda.	For information	-

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

IGR

September 2022

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Metric Categorisation Information

On this dashboard, metrics have been categorised to indicate whether or not they have met their Target, and whether this is likely to be consistent based on statistical analysis of historic results.

- **'Target Met (Consistent)'** = The target has been met and is likely to be consistently met going forwards according to historic values.
- **'Target Met (Inconsistent)'** = The target has been met, however with analysis of past results it may not be met next month.
- **'Target Not Met (Inconsistent)'** = The target has been met and is likely to be consistently met going forwards according to historic values.
- **'Target Not Met (Consistent)'** = The target has been met and is likely to be consistently met going forwards according to historic values.

Statistical analysis method: standard deviation analysis of historic values per metric. If the target is met by two standard deviations above/below the mean then this means new metric results are statistically 95% likely to meet the target. NB: this is purely statistical analysis and does not consider real-world information.

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.

Variance Icons: **Orange** indicates concerning variation requiring action (e.g.: trending away from target). **Blue** indicates potential improvement. **Grey** indicates no significant change (common cause variation).

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
- Sustainability
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

Variation
- Select all
- Improvement (Low)
- Common Cause
- Empty

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/08/22	89.85%	95.00%	80.7%	88.31%	95.93%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/08/22	88.10%	95.00%	84.09%	88.47%	92.85%			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/08/22	0	0	9	37	66			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/08/22	33	0	-1	26	53			Not Consistently Anticipated to Meet Target
NGH	Patient	Patient safeguarding	01/05/22	70			77				Consistently Anticipated to Meet Target
KGH	Patient	Patient safeguarding	01/08/22	0			90				Consistently Anticipated to Meet Target

% Patients satisfaction score - Trustwide

Committee Name: All

GroupName: Patient

MetricName: % Patients satisfaction score - Trustwide

01/04/2019 – 18/02/2023

89.85%	95.00%	88.10%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.				
NGH	01/08/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.				

Number of complaints

Committee Name: All

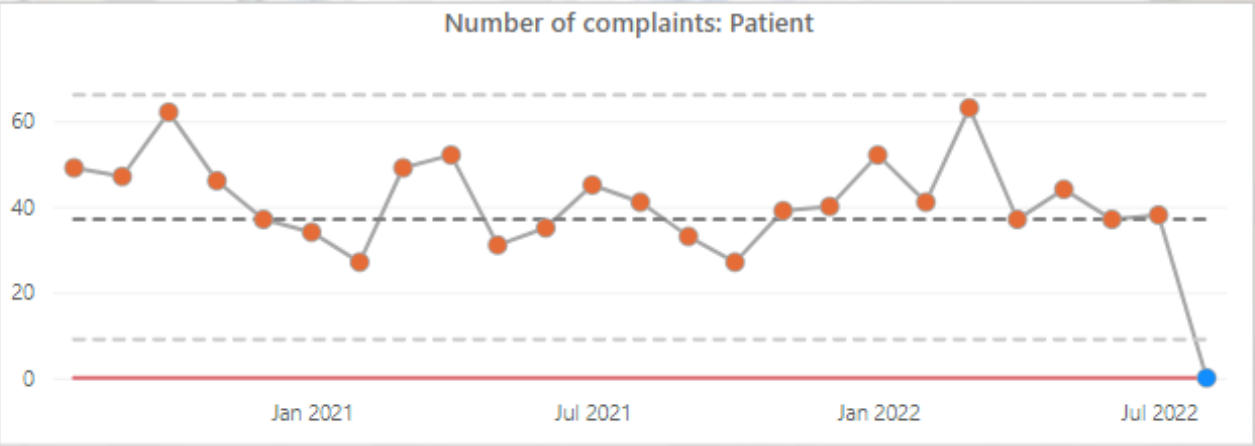
GroupName: Patient

MetricName: Number of complaints

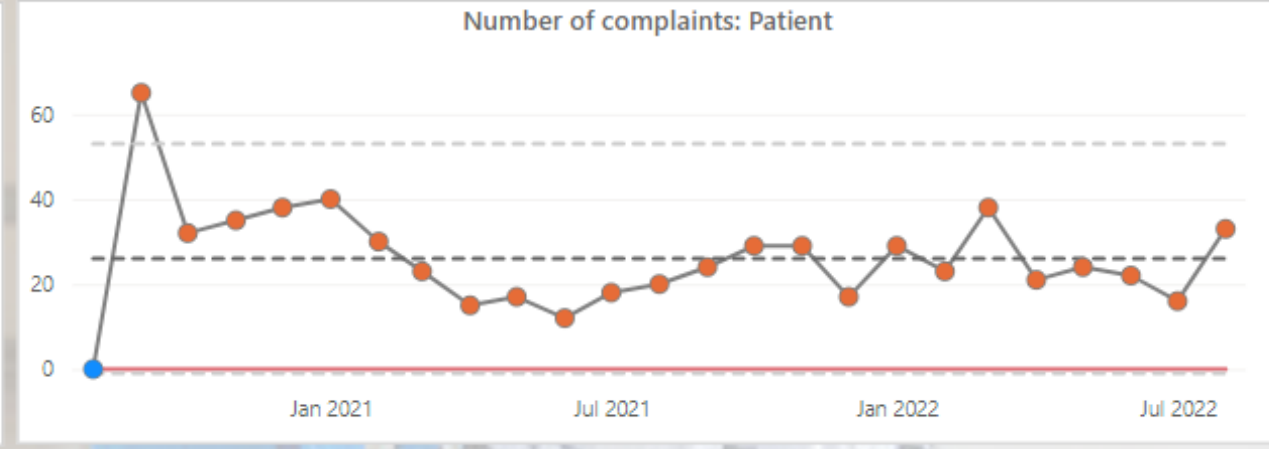
01/04/2019 – 18/02/2023

0	0	33	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.				
NGH	01/08/22	There is a 16% increase in the number of complaints received to date, this year versus last year.	Number of complaints received continues to increase on a YTD basis.	None to report.	None to report.	None to report.

People

Committee Name

Integrated Governance Report (I...

GroupName

People

7	2	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	Appraisal completion rates	79.46%
KGH	Mandatory training compliance	90.96%
KGH	People pulse 'how are you doing' measure	40.00%
KGH	Quarterly People pulse advocacy questions	55.00%
KGH	Sickness and absence rate	5.47%
KGH	Turnover rate	10.19%
KGH	Vacancy rate	10.90%
NGH	Appraisal completion rates	75.99%
NGH	Mandatory training compliance	85.70%
NGH	People pulse 'how are you doing' measure	41.00%
NGH	Quarterly People pulse advocacy questions	57.00%
NGH	Sickness and absence rate	6.00%
NGH	Turnover rate	9.60%
NGH	Vacancy rate	12.03%

Metric	Comment
Appraisal	Appraisal rates are showing common cause variation and is marginally improved reporting 79.46 (against a target of 85%) despite a focus on reminders to managers. All areas of the Trust are reporting below the benchmark with the clinical divisions reporting highest. Work is ongoing to support areas of concern and to develop tools across the Group to support improvement. We continue to offer Appraisal Light as an option to enable more focused, regular performance/wellbeing discussions and will personailise contact to staff to focus on the need for appraisel conversations. The project to review and relaunch a new and Pathway to Excellence Appraisel commences in September with an implementation before the end of the callender year.
Stat/Man training	Compliance has maintained this period to 90.96% and remain above target (85%). All Divisions are reporting greater than 85%. All compliance areas other than Resus report at >85% but resus has significantly improved over the past quarter. Alignment with NGH to offer one framework in line with the Skills for Health Benchmarking to be delivered for end of year.

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
- Sustainability
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

Variation
- Select all
- Concern (High)
- Improvement (High)
- Improvement (Low)
- Common Cause
- Empty

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	People	Quarterly People pulse advocacy questions	01/07/22	57.00%			56%				Consistently Anticipated to Meet Target
KGH	People	Quarterly People pulse advocacy questions	01/08/22	55.00%			6.88%				Consistently Anticipated to Meet Target
NGH	People	People pulse 'how are you doing' measure	01/07/22	41.00%			32.75%				Consistently Anticipated to Meet Target
KGH	People	People pulse 'how are you doing' measure	01/08/22	40.00%			5%				Consistently Anticipated to Meet Target
NGH	People	Mandatory training compliance	01/08/22	85.70%	85.00%	61.73%	82.11%	102.48%			Not Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/08/22	90.96%	85.00%	86.98%	89.9%	92.83%			Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/08/22	75.99%	85.00%	52.59%	72.19%	91.79%			Not Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/08/22	79.46%	85.00%	77.48%	81.06%	84.64%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/08/22	5.47%	4.00%	3.54%	5.66%	7.77%			Not Consistently Anticipated to Meet Target
NGH	People	Sickness and absence rate	01/08/22	6.00%	3.80%	4.57%	5.79%	7.01%			Consistently Anticipated to Not Meet Target
KGH	People	Vacancy rate	01/08/22	10.90%	7.00%	6.92%	9.16%	11.4%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/08/22	12.03%	9.00%	6.32%	8.13%	9.93%			Not Consistently Anticipated to Meet Target
NGH	People	Turnover rate	01/08/22	9.60%	10.00%	8%	8.43%	8.85%			Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/08/22	10.19%	11.00%	9.55%	10.23%	10.92%			Consistently Anticipated to Meet Target

Quarterly People pulse advocacy questions

Committee Name: All

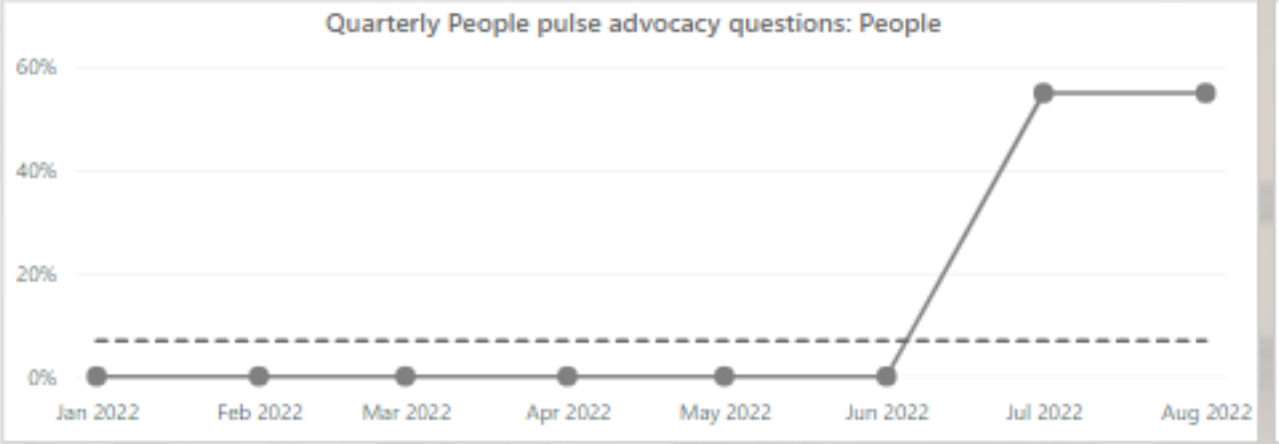
GroupName: People

MetricName: Quarterly People pulse advocacy questions

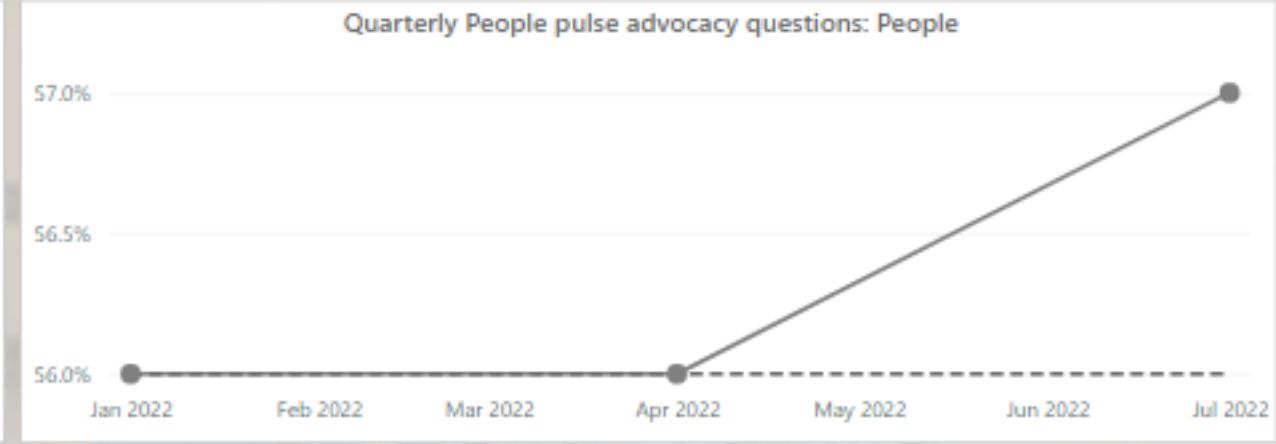
01/04/2019 – 18/02/2023

55.00%		57.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

People pulse 'how are you doing' measure

Committee Name: All

GroupName: People

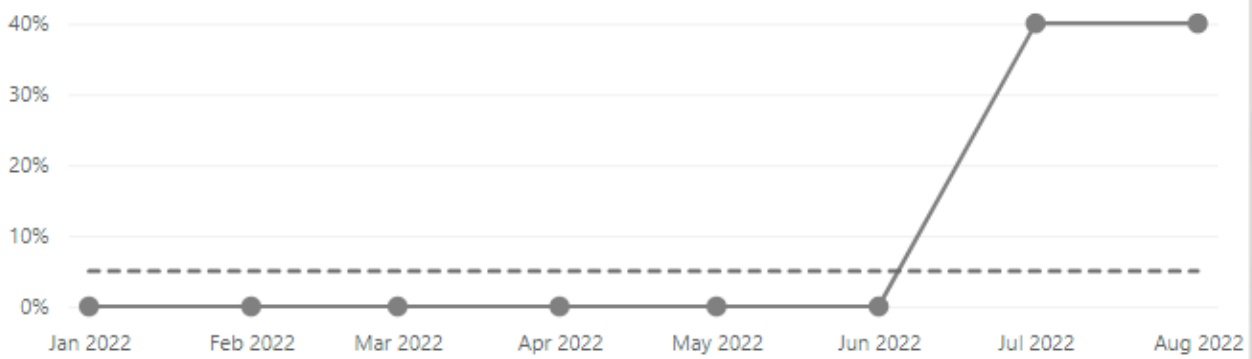
MetricName: People pulse 'how are you doing' measure

01/04/2019 – 18/02/2023

40.00%		41.00%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

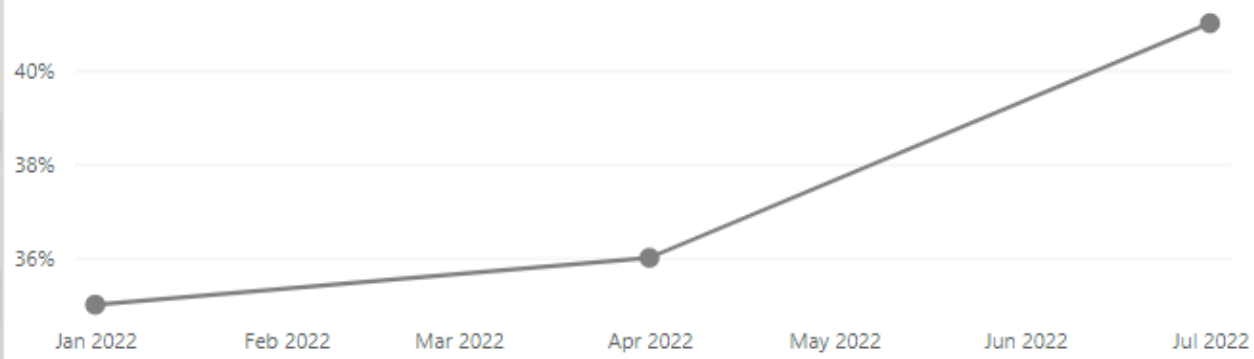
Kettering General Hospital

People pulse 'how are you doing' measure: People



Northampton General Hospital

People pulse 'how are you doing' measure: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Mandatory training compliance

Committee Name: All

GroupName: People

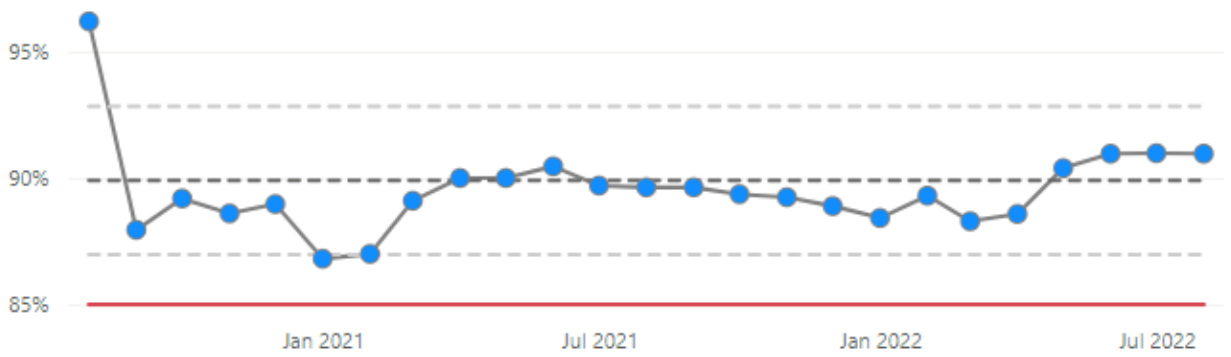
MetricName: Mandatory training compliance

01/04/2019 – 18/02/2023

90.96%	85.00%	85.70%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

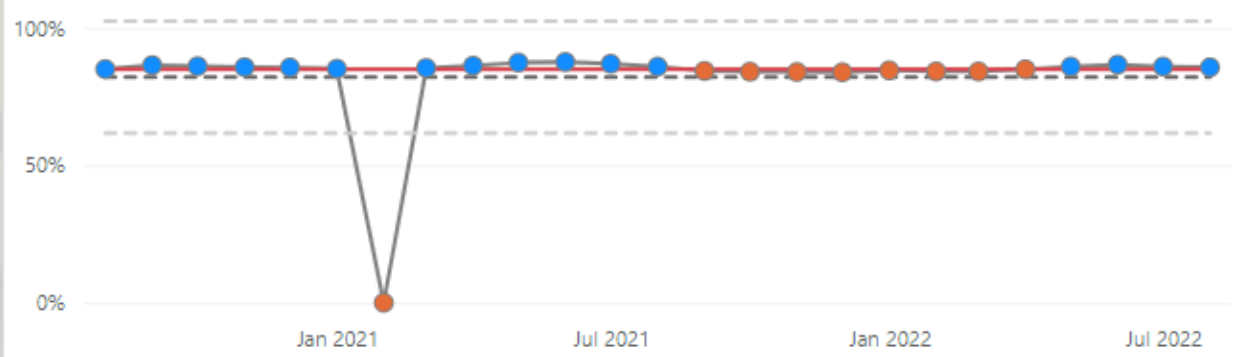
Kettering General Hospital

Mandatory training compliance: People



Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of staff compliant with their mandatory training	Compliance has maintained this period to **** and remain above target (85%). All areas of the Trust are reporting greater than 85%. Key are of improvement is Reuscitation whom now report at ***%	Workforce pressures make it very difficult to release staff for face to face resus training.	Continue with personal support and reminders to individuals. Newly trained trainers who are providing local delivery of resus training to offer access to local training.	*****% of staff compliant - maintain focus
NGH	01/08/22	Metric demonstrates compliance with mandatory training requirements.	Trust is currently at compliance target for mandatory training.	Manual Handling training continues to be challenging due to difficulty in recruiting a manual handling trainer despite interviews having taken place. Funding for external manual handling training fully used.	Manual handling position will be back out to advert.	External training provider sourced. Cascade trainers in manual handling to cover bespoke elements of training. MSK physio releases additional training resource.

Appraisal completion rates

Committee Name: All

GroupName: People

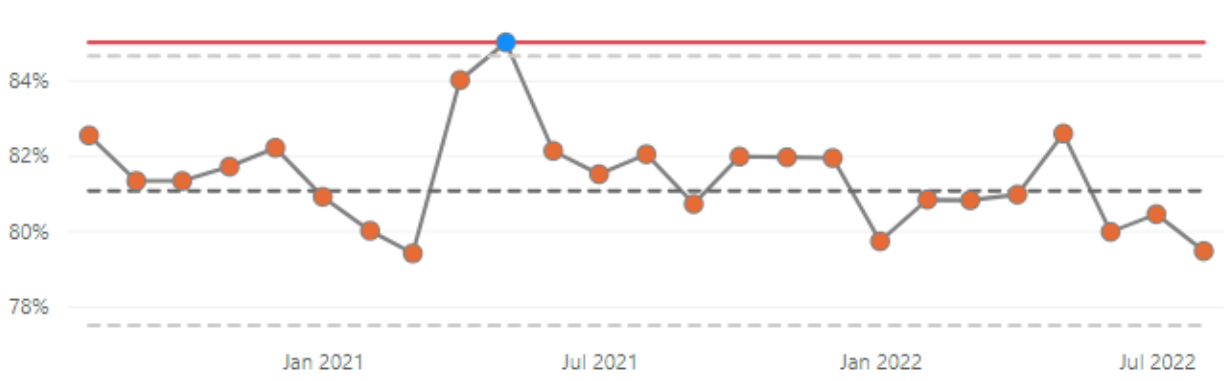
MetricName: Appraisal completion rates

01/04/2019 – 18/02/2023

79.46%	85.00%	75.99%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

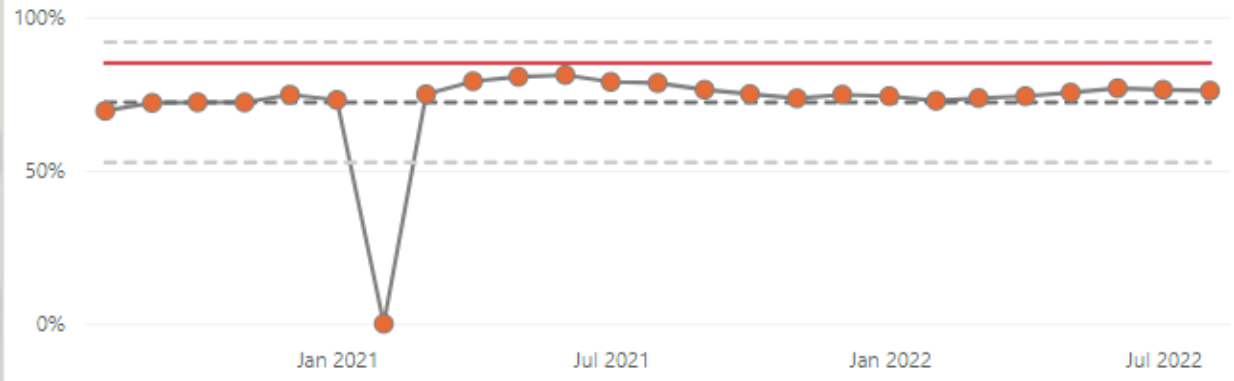
Kettering General Hospital

Appraisal completion rates: People



Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of staff having completed their appraisal	Appraisal rates are showing common cause variation ***% (against a target of 85%)	Workforce pressures are making it difficult for managers and staff to find time for appraisal conversations.	Work is ongoing to support areas of concern and to develop tools across the Group to support improvement. We continue to offer Appraisal Light as an option.	****% of staff compliant with appraisals - increase and sustain focus
NGH	01/08/22	Metric reflects the extent to which staff have had an appraisal in the last 12 months.	The value tells us that the Trust is not compliant with the 85% target.	Capacity to release staff and managers to undertake appraisals continues to be a challenge as does morale.	Group approach to appraisals being designed with a view to a re-launch.	Shortened Appraisal lite option is available to ensure appraisals can take place in a more timely fashion.

Sickness and absence rate

Committee Name: All

GroupName: People

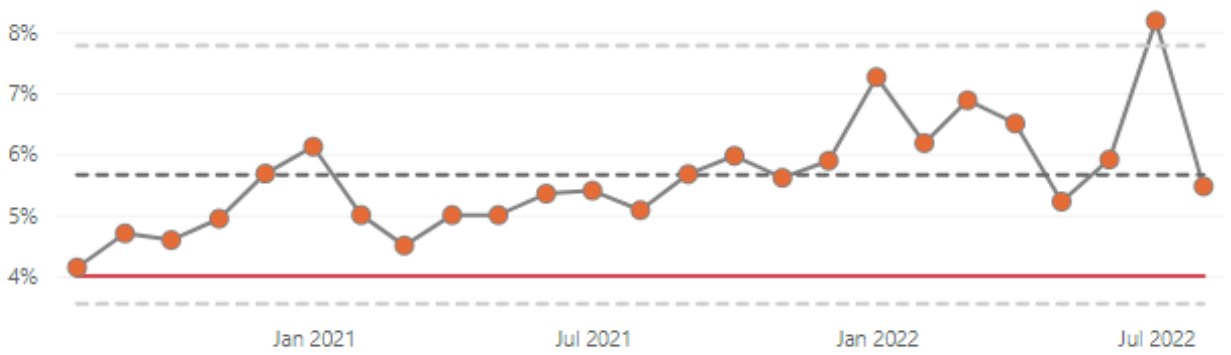
MetricName: Sickness and absence rate

01/04/2019 – 18/02/2023

5.47%	4.00%	6.00%	3.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

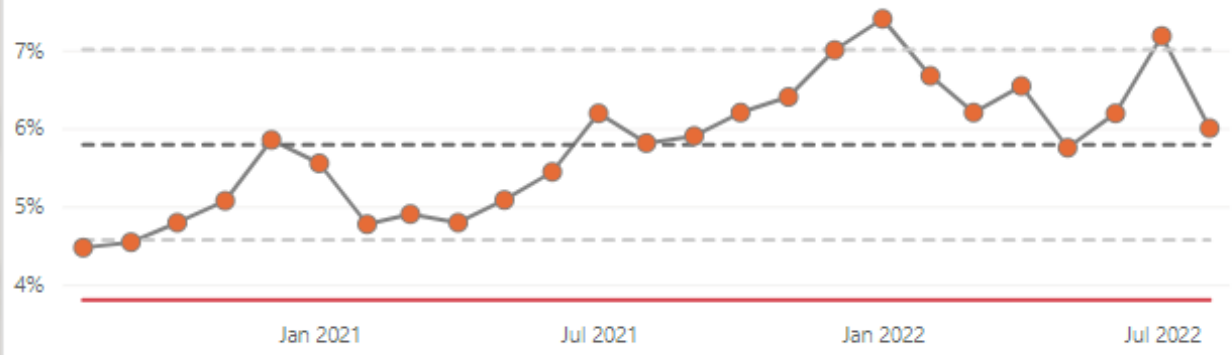
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Sickness and absence rate

Committee Name: All

GroupName: People

MetricName: Sickness and absence rate

5.47%	4.00%	6.00%	3.80%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of staff unavailable due to sickness/absence	Sickness within common cause variation	The trust is seeing trends relating to *short term absence relate to COVID/Gastroenteritis; and * long term (over 28 days) relate to mental health conditions. * In July we saw higher COVID infection rates in our colleagues and the patients we treated, this was higher to the North of Northamptonshire when comparing Kettering's data to Northampton's.	Management of Absence requires time to manage and support colleagues and this support often the first thing to go when a manager is required to be operational and support. Requiring Employment Relations team to focus on * hotspot areas * audit of return to work have been undertaken * we have been also developing a new group attendance management policy, Due to go out consultation towards the end of September 2022	* Higher agency spend due to higher absence in July 2022 * Working with Employment Relations, Open Office on the psychological support provided to staff to keep them well at work
NGH	01/08/22	Metric to show workforce unavailability due to ill health.	Sickness absence decreased during the month of August.	The most common causes of absence relate to psychological well-being and musculoskeletal conditions. A return to pre-pandemic levels of absence has not transpired as demand on services continues to be challenging.	A range of psychological and health and wellbeing initiatives are in place and continue to be developed, which are specifically designed to address psychological related absence and a MSK physio is in place to support staff with musculoskeletal conditions. Manual handling training and DSE support and risk assessments are also in place. A Group Head of Health & Wellbeing is also in post.	Supplementing absence related unavailability is supported through Bank back-fill in order to maintain critical services. Absence management continues to be supported by HR Business Partners and Advisors in conjunction with managers and OH advice to support those that are absence with a return to work.

Vacancy rate

Committee Name: All

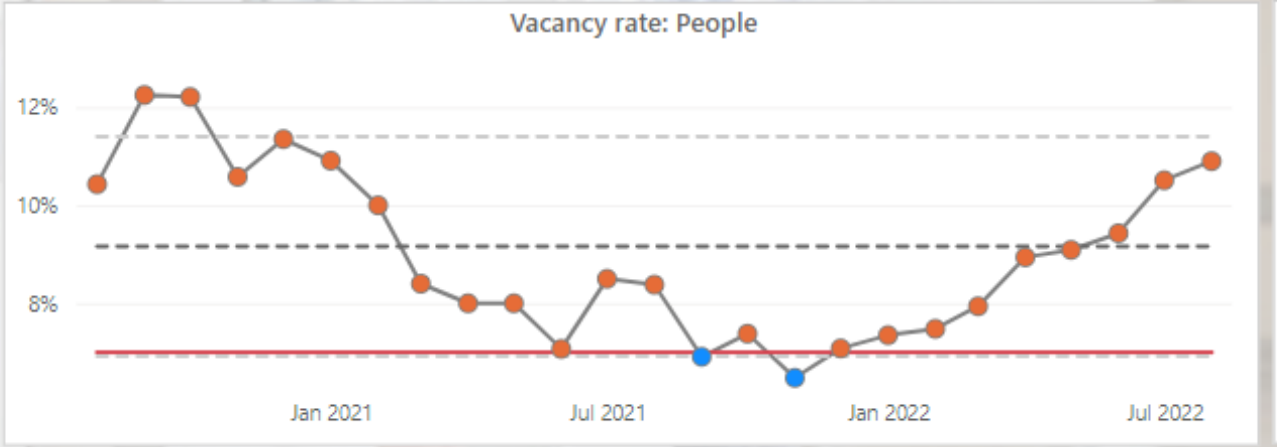
GroupName: People

MetricName: Vacancy rate

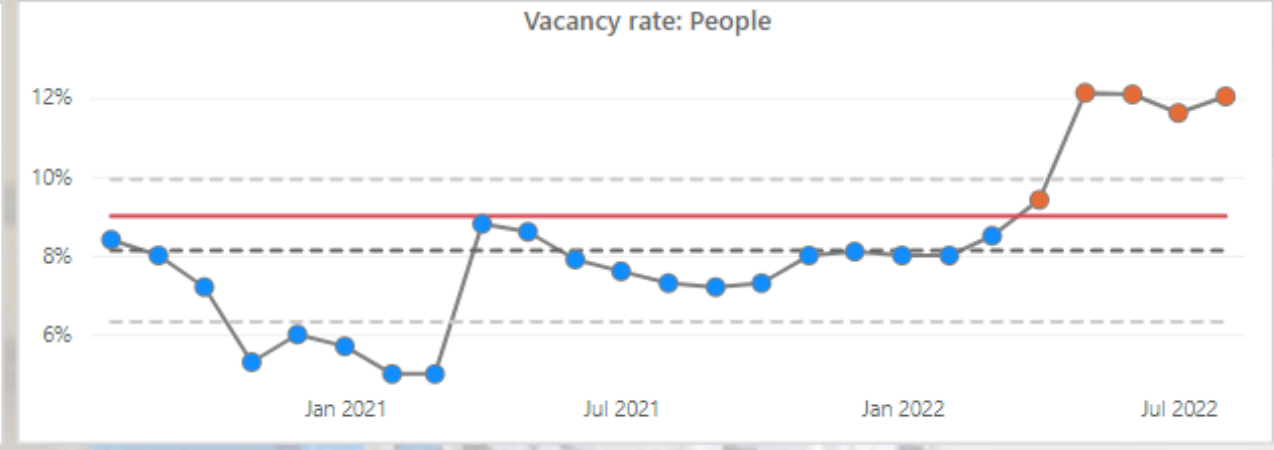
01/04/2019 – 18/02/2023

10.90%	7.00%	12.03%	9.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Vacancy rate

Committee Name: All

GroupName: People

MetricName: Vacancy rate

10.90%	7.00%	12.03%	9.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% difference between budgeted establishment and actual establishment	Metric is currently experiencing Special Cause Variation - trend is showing a negative performance below the mean at 9.40% against the Trust target of 7%	High vacancy in some staff groups especially HCA, therapists, facilities and some medical specialties. The high number of new starters in the organisation is causing pressures as existing staff seek to support.	Ongoing targeted campaigns for specific vacancies will be continuing to support an improved performance in 22/23. An increase in turnover following Covid-19 is having an impact on vacancy rates.	Recruitment and Education teams are working closely with Divisional leadership to ensure the pressures are managed and new starters are supported in their new roles.
NGH	01/08/22	The vacancy rate reflects the number of funded/established posts yet to be recruited to across NGH and is calculated by subtracting contracted permanent and fixed term staff in post from the overall budgeted establishment.	The value tells us that the 11.85% of budgeted posts are currently vacant.	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to combination of a shortage of staff nationally and high turnover. The current volume of recruitment is also particularly high at the moment. Current activity encompasses unfunded posts too such as Volunteers, Clinical Attachments and Clinical Attachments. The level of activity can adversely affect time to hire.	Various recruitment events aimed at seeking to address the hotspots include an HCA recruitment day that resulted in 168 offers made. A recruitment day for Estates resulted in 53 offers being made. A further 60 overseas nurses are on target to arrive in October 2022. An overseas programme for AHPs is underway and NHSE funding has been obtained for an overseas midwifery recruitment programme which is underway and includes funding for a Midwifery Retention Manager. There are 450 WTE within the recruitment pipeline who are externally recruited to budgeted vacancies.	Reporting being refined to identify pipeline blockages. Additional resources identified to assist with clearing candidates.

Turnover rate

Committee Name: All

GroupName: People

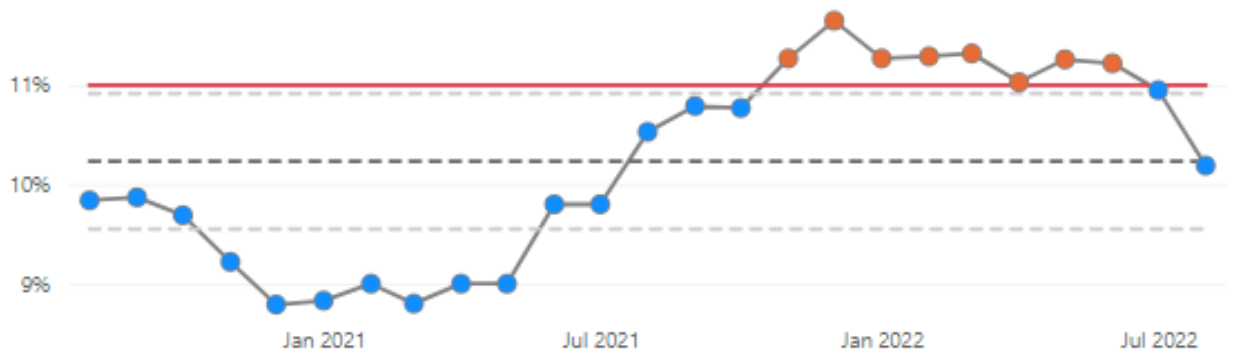
MetricName: Turnover rate

01/04/2019 – 18/02/2023

10.19%	11.00%	9.60%	10.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

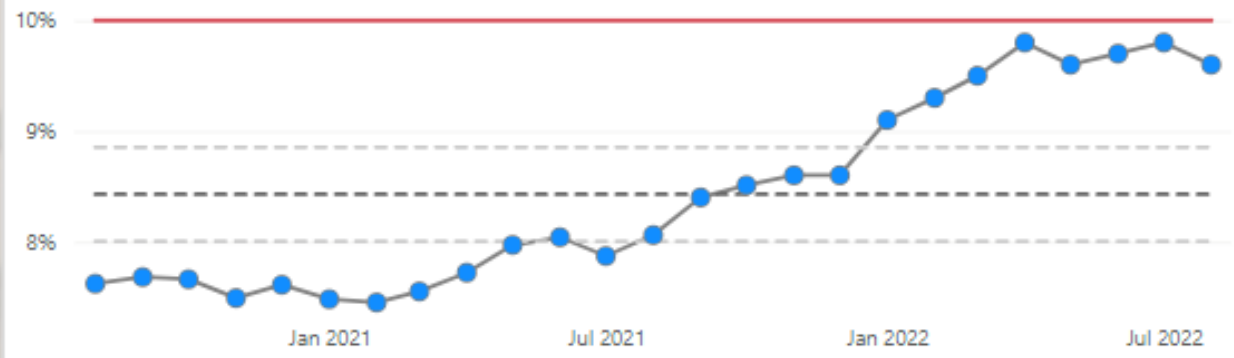
Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing Common Cause Variation and are at 11.20% against the Trust target of 11%	Turnover has been increasing since March 2021. The metric is still within common cause variation but is slightly outside of the Trust target. During Covid-19 we saw a reduction in turnover rates. Now that the labour market is returning to normal activi	Work is being undertaken to review exit interviews to ensure feedback is being acted upon. Divisions are being asked to review any areas of concern following staff leaving. A deep dive into HCA recruitment and retention has been undertaken with several	Engagement with staff is still critical to understand staff views and reasons for leaving. The Staff Survey and Pulse Survey results have been received with Divisional Plans to improve and support staff experience.
NGH	01/08/22	Metric measures number of leavers as a proportion of total headcount which can inform recruitment trajectories and provide an insight into staff satisfaction.	Trust turnover decreased slightly during the month of August following a period of steady increase.	Issues relate to a tired post pandemic workforce and the risk of those nearing retirement age wishing to retire.	Age profiling to conduct analysis into retirement forecast. Funding obtained for a Midwifery Retention Manager obtained. Career pathway conversations available in conjunction with Practice Development and learning and development opportunities available including apprenticeships for existing staff.	Range of Health & Well-being initiatives in place. Career Development opportunities to continue to be developed and promotion of agile/flexible working and retire and return options to retain workforce.

Quality

Committee Name

Integrated Governance Report (I...

GroupName

Quality

10	5	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
NGH	30 day readmissions	14.32%
KGH	30 day readmissions	16.40%
NGH	Hospital-acquired infections	0
KGH	Hospital-acquired infections	9
KGH	Never event incidence	0
NGH	Never event incidence	0
NGH	New harms	0.00%
KGH	New harms	23.60%
KGH	Number of medication errors	61
NGH	Number of medication errors	148
NGH	Safe Staffing	0.00%
KGH	Safe Staffing	86.80%
KGH	Serious or moderate harms	13
NGH	Serious or moderate harms	32
KGH	Serious or moderate harms – falls	0.13
NGH	Serious or moderate harms – falls	4
KGH	Serious or moderate harms – pressure ulcers	0.71
NGH	Serious or moderate harms – pressure ulcers	2
NGH	SHMI	92
KGH	SHMI	112

Metric	Comment
Complaints:	Complaints performance remains below target . 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 comprehensive responses are not received by the Complaints Team to finalise before responding to the complainant. The second is the timelines of these investigations being returned to the Complaints team. A number of initiatives have been put in place to support both the Complaints Team and the Divisions.
Falls:	In July there were no reported falls with moderate harm. All falls for July 2022 was 3.31 per 1000 bed days which is below the National Average.
Pressure Ulcers:	In July, the Trust reported four category two pressure ulcers against a current ceiling of seven and two unstageable pressure ulcer against a ceiling of 2 (Cat 3,4 and Unstageable inclusive). 2022-23 will be the first year that the Trust has included unstageable pressure ulcers. Ceilings for category two and category 3, 4 and unstageable include a 10 % reduction from 2021-22. It is recognised that this may not always be achieved on a month by month basis, however it is recommended that that this remains place for the first six months (31 October 2022) of the financial year and evaluated once six data points have been recorded at which time the committee may take a view that an adjustment is required if this proven to be too ambitious a target. To achieve this target, close monitoring of the data continues through the weekly review meeting which take place every Friday. From this, targeted improvement work led by the Divisions and supported by the Practice Development and Quality teams is being put in place on wards where a requirement for improvement is identified.
Infection Prevention & Control	Metrics agreed by KGH/NGH for IPC are: There has been one MRSA community onset, but attributed to an inpatient stay on MAU. This is being investigated. Hospital Acquired Infections - Defined as Patients experiencing a Gram negative hospital acquired infection: E-Coli, Pseudomonas aeruginosa and Klebsiella species = 13 in July 2022 COVID-19 % HOPA/HODA = 19.7 in July. There is no Nationally set ceiling - therefore no ceiling should be applied There have been eight COVID-19 outbreaks in July. Following the publication of the latest guidance from NHS England and Improvement, COVID-19 outbreaks will only be declared as Serious Incidents where there is severe harm or a patient death.

Quality

Committee Name: Integrated Governance Report (I...

GroupName: Quality

10	5	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	30 day readmissions	16.40%
KGH	Hospital-acquired infections	9
KGH	Never event incidence	0
KGH	New harms	23.60%
KGH	Number of medication errors	61
KGH	Safe Staffing	86.80%
KGH	Serious or moderate harms	13
KGH	Serious or moderate harms – falls	0.13
KGH	Serious or moderate harms – pressure ulcers	0.71
KGH	SHMI	112
NGH	30 day readmissions	14.32%
NGH	Hospital-acquired infections	0
NGH	Never event incidence	0
NGH	New harms	0.00%
NGH	Number of medication errors	148
NGH	Safe Staffing	0.00%
NGH	Serious or moderate harms	32
NGH	Serious or moderate harms – falls	4
NGH	Serious or moderate harms – pressure ulcers	2
NGH	SHMI	92

Metric	Comment
Mortality	SHMI for January - December 21 is 117 (above expected). SHMI higher than expected in the pneumonia group (127.7). However, HSMR is (103) 'as expected' for May 2022 (data period February 21 to January 22). SMR is also within the 'as expected' range at 102.1 (data period February 21 to January 22). SHMI for the Acute MI at KGH is the lowest in the region. 100% inpatient deaths were reviewed by the Medical Examiners and no deaths were graded as avoidable. Actions taken to address above expected SHMI: MD led Task & finish group developed including, mortality Lead, Mortality team, Senior clinicians, Clinical Coding team, Dr Foster & NHS Digital team. We have assigned an independent Coding auditor to Mortality for 3 months to ensure accuracy of data. There is a suggestion that part of it may be data issue but our focus is ensuring good clinical care provision while looking at any suggested data issues. Conducting Deep Dives into Mortality including audits of specific conditions including Pneumonia, Palliative care /End of Life care. Deteriorating Patients Group & Learning from Death Groups have been set up with Executive oversight and leadership. Enhanced Training have been setup for AIM, NEWS2, SBAR, DNACPR and End of Life Care. We are working with NGH Mortality lead & Both Trusts will be presenting Deep Dive into Mortality to our joint Quality & Safety Committee in June. We have established Deteriorating patient Group and Learning from death Group.

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
- Sustainability
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

Variation
- Select all
- Concern (High)
- Improvement (Low)
- Common Cause

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	New harms	01/02/22	0.00%	2.00%	0%	0%	0%			Consistently Anticipated to Meet Target
KGH	Quality	New harms	01/08/22	23.60%		17.94%	23.65%	29.36%			Consistently Anticipated to Not Meet Target
NGH	Quality	Serious or moderate harms	01/08/22	32	0	2	14	26			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/08/22	13	8	0	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/08/22	0.13	0.18	0.47	0.47	0.47			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/08/22	4	0	-2	2	6			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/08/22	0.71	0.69	1.03	1.03	1.03			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/08/22	2	0	-4	3	10			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/08/22	148	0	-6	30	67			Not Consistently Anticipated to Meet Target
KGH	Quality	Number of medication errors	01/08/22	61	0	33	75	118			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/08/22	0	0	-3	2	6			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/08/22	9	7	2	9	15			Not Consistently Anticipated to Meet Target
KGH	Quality	SHMI	01/08/22	112	107	104	107	111			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/08/22	92	100	94	96	99			Consistently Anticipated to Not Meet Target
NGH	Quality	Safe Staffing	01/02/22	0.00%	96.00%	0%	0%	0%			Consistently Anticipated to Not Meet Target
KGH	Quality	Safe Staffing	01/08/22	86.80%	96.00%	85.34%	91.85%	98.36%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/08/22	14.32%	12.00%	12.62%	14.7%	16.78%			Consistently Anticipated to Not Meet Target
KGH	Quality	30 day readmissions	01/08/22	16.40%	12.00%	12.18%	18.5%	24.82%			Consistently Anticipated to Not Meet Target

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
- Sustainability
- Systems and Partnerships

SITE

- Select all
- KGH
- NGH

Variation

- Select all
- Concern (High)
- Improvement (Low)
- Common Cause

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	Never event incidence	01/08/22	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/08/22	0	0	-1	0	1			Not Consistently Anticipated to Meet Target

New harms

Committee Name: All

GroupName: Quality

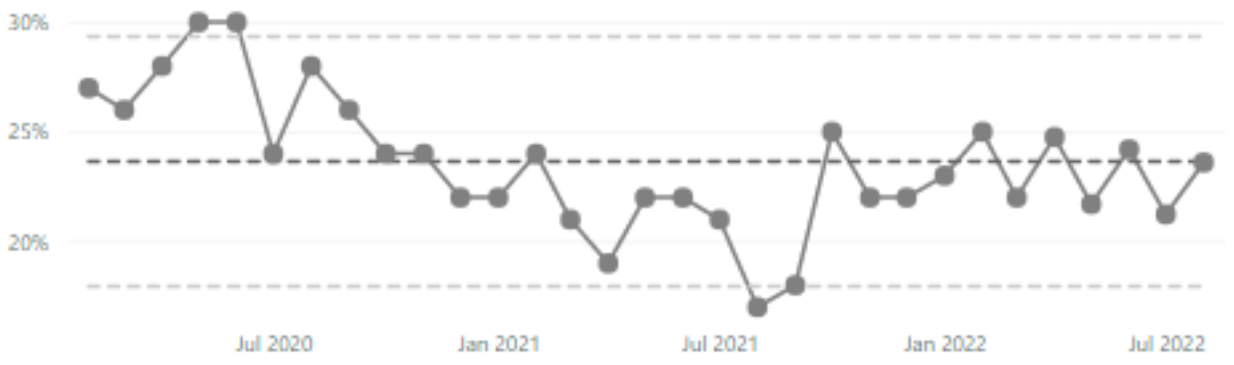
MetricName: New harms

01/04/2019 – 18/02/2023

23.60%		0.00%	2.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

New harms: Quality



Northampton General Hospital

New harms: Quality

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Patients experiencing a new harm (low, moderate, severe, catastrophic and patient death as a result of a Patient Safety incident) reported as a percentage of ALL incidents reported.	The chart is showing common cause variation. Assurance can not be applied as there is no National or Local defined target or a ceiling.	Assurance can not be applied as there is no National or Local defined target or a ceiling.	At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	For the time period stated the highest 'harm level' reported is for low harm incidents at 93.81%. Low level harms are investigated by the clinical area. The quarterly Patient Safety report presented to the Quality and Safety Committee provides full detail of incident reporting and analysis and themes.

Serious or moderate harms

Committee Name: All

GroupName: Quality

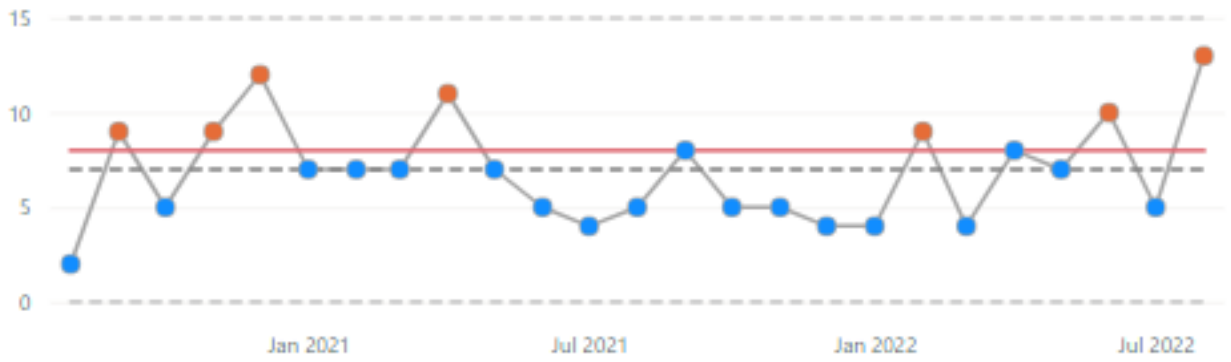
MetricName: Serious or moderate harms

01/04/2019 – 18/02/2023

13	8	32	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

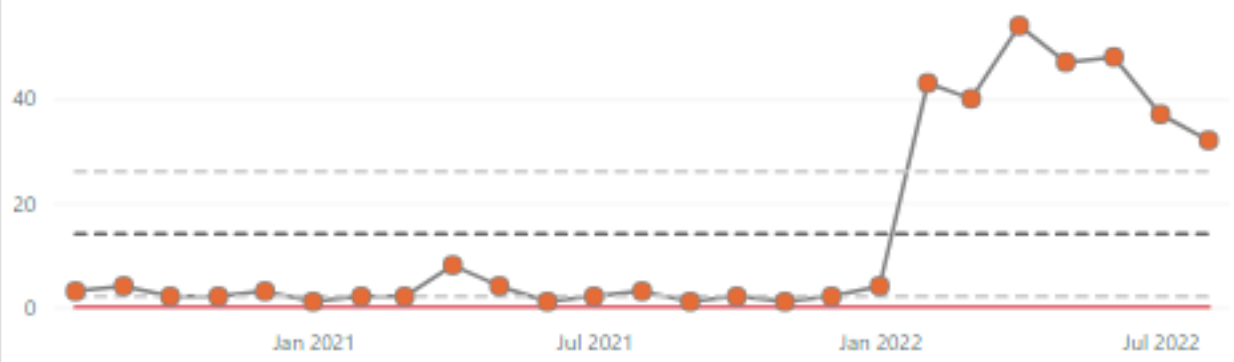
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Serious or moderate harms

Committee Name: All

GroupName: Quality

MetricName: Serious or moderate harms

13	8	32	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The chart is showing common cause variation with variable assurance. The ceiling was set on the average based on Dec-19-Mar-22 numbers and may require revision.	KGH has an average reporting number of 6.85 for the time period Dec-19-Mar-22. 2020-2021 average reporting was 7.25. 2021-22 average reporting number was 6. KGH propose to set the ceiling at 8 pending review. Caution must be applied as harms levels can change pending investigation which may take several months.	The Trust recognises that there will be incidents that do not meet the Serious Incident reporting threshold. Where moderate harm has occurred, such incidents fall within the scope of the Policy For The Reporting And Management Of Serious Incidents, Never Events And Investigations Into Moderate Harm Incidents and its guidance, in terms of provision of root cause analysis investigations and evidence of assessment of harm and duty of candour by the Serious Incident Review Group (SIRG).	For the time period stated, moderate, severe, catastrophic harm or patient death as a result of a patient safety incident equate to 6.19% of all incidents with a patient harm incurred and 1.46% of all incidents reported.
NGH	01/08/22	Patients experiencing moderate, severe or death as a result of a serious incident according to the Serious Incident Framework 2015	The number of new serious incidents declared to the ICB	New serious incidents are being declared. There are a total of 53 current ongoing serious incident investigations plus a joint investigation and comprehensive investigations against a backdrop of team (through unexpected leave and staff departures) and other work pressures including new processes for declarations and a lack of timely engagement from potential investigation panel members leading the continued struggle to clear the backlog and move forward with new investigations.	The team continue to work as efficiently and effectively as possible. Short term agency hire has been delayed leading to further delays in clearing back logs. A new maternity process for serious incidents have been instigated which will assist with the maternity incidents backlog.	Reporting of new incidents in datix has increased with the level of moderate, severe and death remaining constant showing a good reporting culture across the trusts. Further work needs to be undertaken to continue the increase in reporting and also the level of detail being reported.

Serious or moderate harms – falls

Committee Name: All

GroupName: Quality

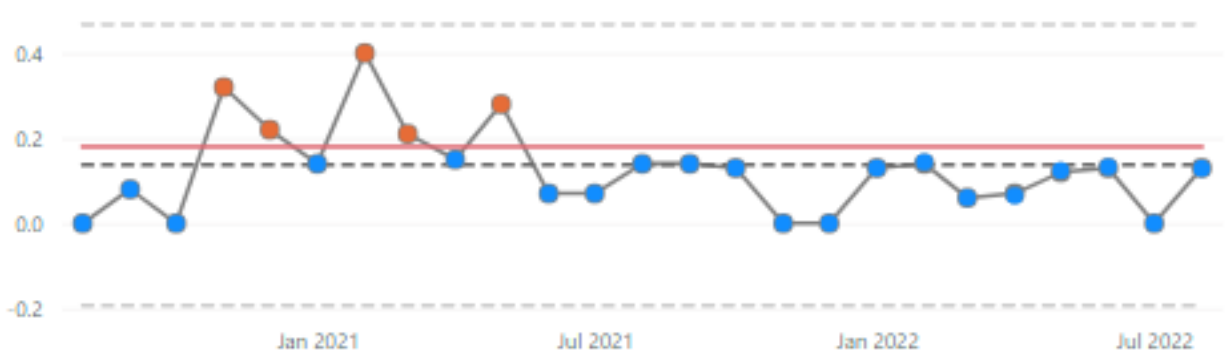
MetricName: Serious or moderate harms – falls

01/04/2019 – 18/02/2023

0.13	0.18	4	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

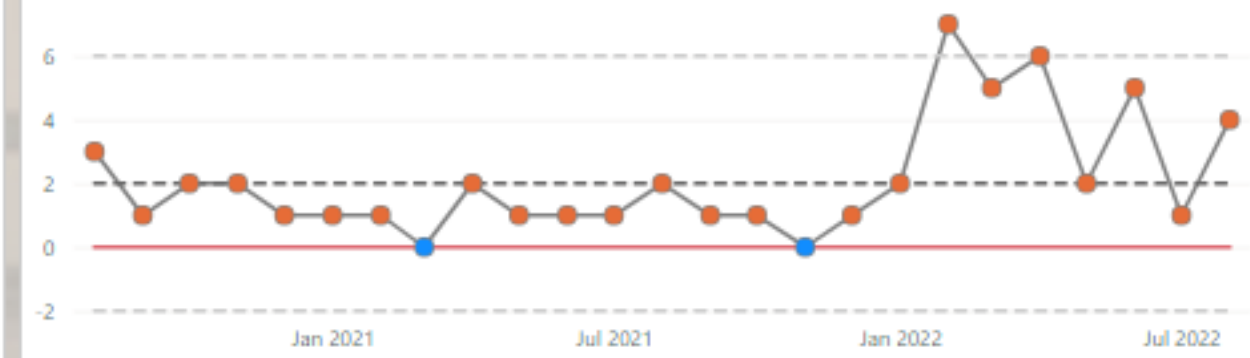
Kettering General Hospital

Serious or moderate harms – falls: Quality



Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing variable assurance, however demonstrating positive low variation since June 2020.	KGH have worked to a ceiling of 0.18 for many years. An agreed ceiling between KGH and NGH is required. KGH has recently aligned with NGH reporting methodology excluding near miss falls (patient lowered by staff or self) from all falls reporting.	The Trust continues with weekly harm free care meetings reviewing falls and pressure ulcer incidents and improvement actions.	Significant work has been undertaken over the last year, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area and reviewed by SIRG.

Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: Quality

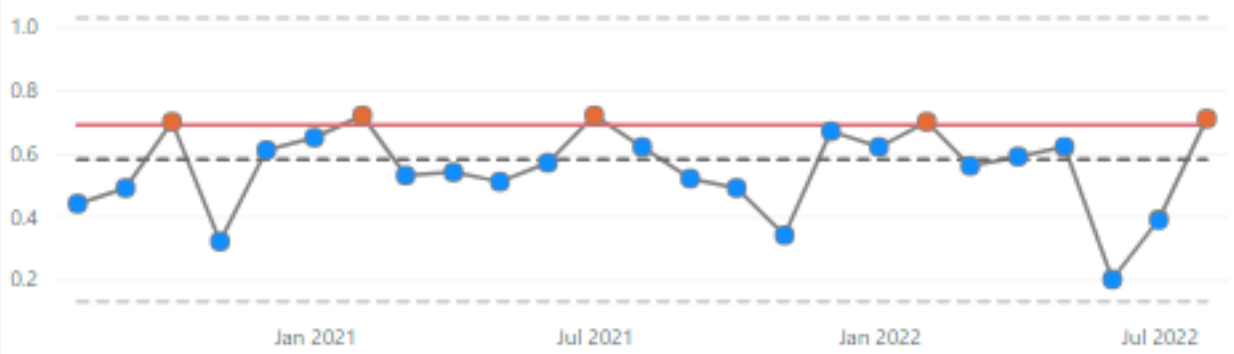
MetricName: Serious or moderate harms – pressure ulcers

01/04/2019 – 18/02/2023

0.71	0.69	2	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

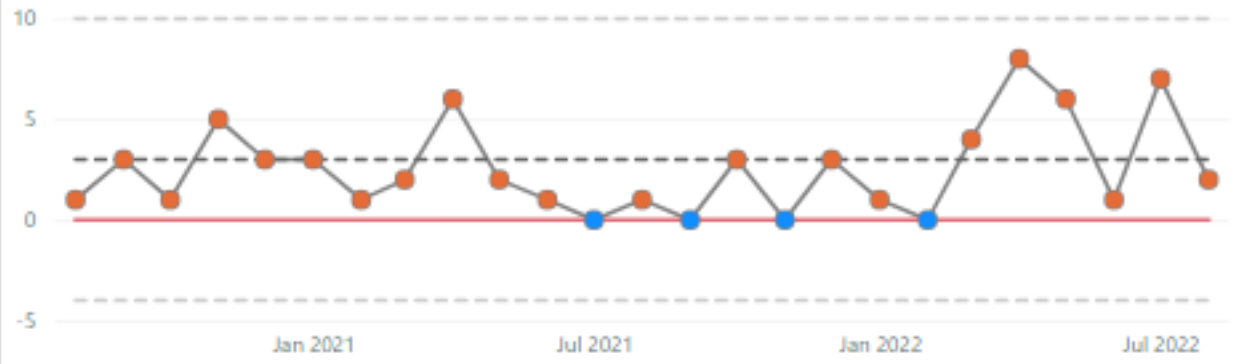
Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality



Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality



Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: Quality

MetricName: Serious or moderate harms – pressure ulcers

0.71	0.69	2	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	The chart is showing common cause variation. The ceilings have been revised based on a reduction of 10% across all levels of categories.	With the development of the IGR, the defined metric has been agreed as: Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. (Not including moisture associated skin damage or deep tissue injury).	The SSKIN Risk Assessment and Care Plan are established and in use across the Trust. Compliance with this is now being monitored through the 'Tendable' system.	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.
NGH	01/08/22	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	increase in pressure ulcers	This month the heels and buttocks are our main anatomical areas of concern. Themes for this month include unwell patients, as well as the heat wave contributing to skin vulnerability	New body-map documentation has been introduced in A&E to capture all our patients with any skin damage including pressure ulcers, so that pressure ulcers which occurred in the community can be documented as such. Face-to-face training continues to be delivered to staff on wards that have a high incidence of pressure ulcers. They are also encouraged to complete the pressure ulcer training on Moodle. Screensavers are regularly produced to provide information – our focus going forwards will be with regards to the use of slide sheets, equipment to offload heels, offloading medical devices (oxygen mask, nasal cannulas etc), to ensure safe movement of patients, and to help reduce skin damage to those at risk. Ward managers are invited to "Share & Learn" meetings	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.

Number of medication errors

Committee Name: All

GroupName: Quality

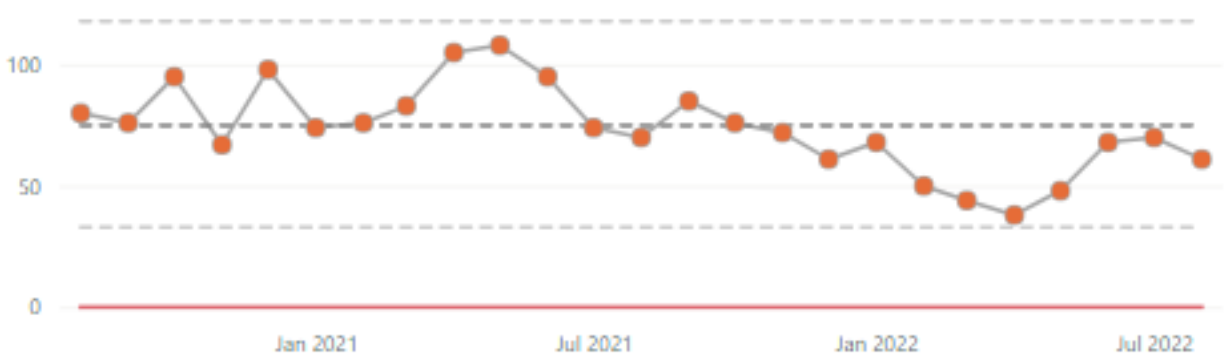
MetricName: Number of medication errors

01/04/2019 – 18/02/2023

61	0	148	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

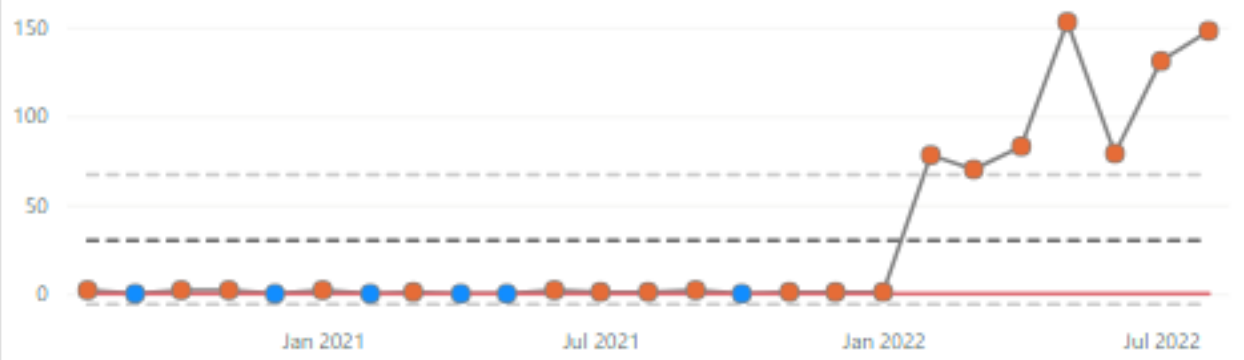
Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality



Number of medication errors

Committee Name: All

GroupName: Quality

MetricName: Number of medication errors

61	0	148	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Currently the target has been set to Zero. This makes the chart unreadable. Historically the Trust had taken a proactive approach to encouraging incident reporting. Historically the Trust had a target of exceeding 120 medication incident reports per month.	A 'low' reporting rate from an organisation should not be interpreted as a 'safe' organisation, and may represent under-reporting. Subsequently, a 'high' reporting rate should not be interpreted as an 'unsafe' organisation, and may actually represent a culture of greater openness.	The reporting of incidents to a national central system (The National Reporting and Learning System (NRLS)) helps protect patients from avoidable harm by increasing opportunities to learn from mistakes where things go wrong. At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on a national level via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	For the time period stated, no harm or near misses equate to 68.8% of all medication incidents reported. The remaining 31.1% were all low harm incidents.
NGH	01/08/22	Report includes all types of medication incidents irrespective of harm or harm level.	Incident reporting is encouraged. There is no target set for this but high reporting with no / low harm is considered a good reporting culture.	Rather than a marker of safety, low reporting may represent an under-reporting culture and high reporting a culture of greater openness; further analysis can inform this. Medication error rates stratified by harm are useful for initial interpretation. Variable reporting rates may indicate that reporting is deprioritised during times of pressure.	Incidents are reported nationally (via NRLS) and locally for learning. Reporting contributes to patient safety alerts allowing us to learn from mistakes. Themes and trends are monitored through local medicines governance to inform local actions and work programme.	Continue to encourage reporting and review any / levels of harm. Monitor themes and trends. Liaise through MSO (Medicines Safety Officer) network. Response to alerts and sharing of learning locally.

Hospital-acquired infections

Committee Name: All

GroupName: Quality

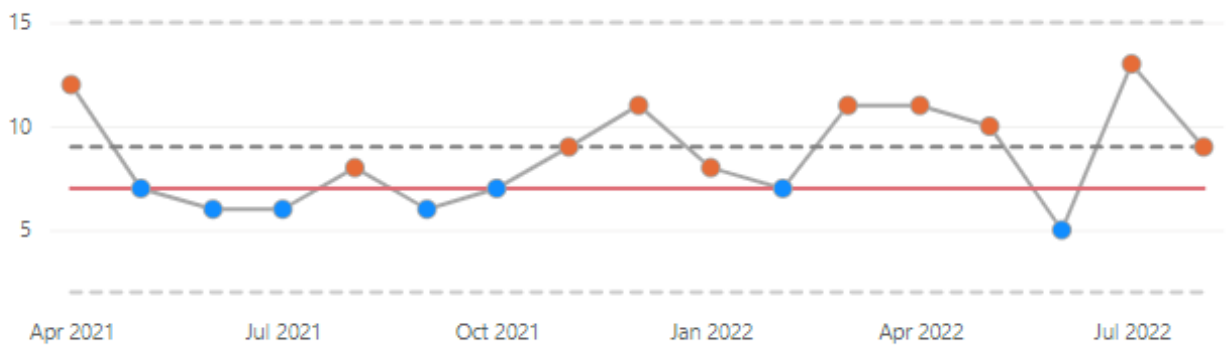
MetricName: Hospital-acquired infections

01/04/2019 – 18/02/2023

9	7	0	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

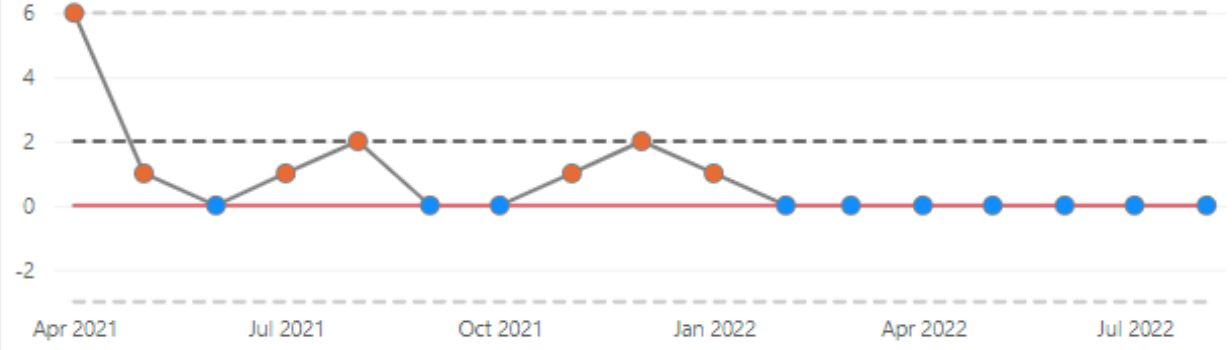
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Hospital-acquired infections

Committee Name: All

GroupName: Quality

MetricName: Hospital-acquired infections

9	7	0	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Patients experiencing a Gram negative Hospital Onset Hospital Acquired (HOHA) or Community Onset Hospital Acquired (COHA) infection, defined as: E-Coli, Pseudomonas aeruginosa and Klebsiella species.	The chart is showing common cause variation and variable assurance.	2021-22 was completed with 59 E. Coli cases (26 HOHA and 33 COHA) being reported which was below the ceiling set by the CCG of 68. 2022-23 to date (April-June) has seen 20 cases (11 HOHA and 9 COHA) reported against the first quarter ceiling of 14 with a final annual ceiling of 55 set by the CCG.	The IPC team are working to support the reduction of Gram-Negative infections as part of the wider HCAI reduction plan for 2022-2023, which is monitored through the Infection Prevention Steering Group.	All HOHA cases are investigated by the IPC team and, depending on the source of the bacteraemia, a post infection review is complete to look for any lapses in care.
NGH	01/08/22	Patients experiencing a Gram-negative bacteraemia that is either a Hospital Onset Healthcare Associated (HOHA) or a Community Onset Healthcare Acquired (COHA) infection. Specifically this includes the following three micro-organisms: E.coli, Pseudomonas aeruginosa and Klebsiella species.	Below the NHSE standard contract for August. The annual trajectory for 2022-23 is 59 E.coli, 10 Pseudomonas aeruginosa and 22 Klebsiella species.	No issues this month.	The IPC Team are working to continue to protect patients from Gram-negative bacteraemia through delivering the Gram-negative section of the 2022-23 IPC HCAI Reduction Plan. This is monitored quarterly at IPC Steering Group. The IPC Team are actively engaged in the Midlands NHSE Gram-negative bacteraemia collaborative to reduce incidence of these infections through sharing, collaborating and learning regionally.	Post infection reviews are completed for each HOHA case and the learning both shared with the clinical team and presented at IPC Operational Group for wider learning.

SHMI

Committee Name: All

GroupName: Quality

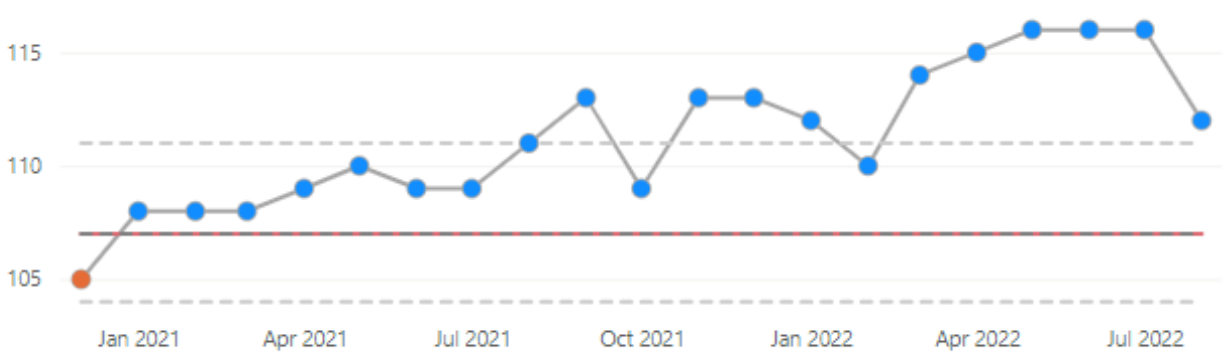
MetricName: SHMI

01/04/2019 – 18/02/2023

112	107	92	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

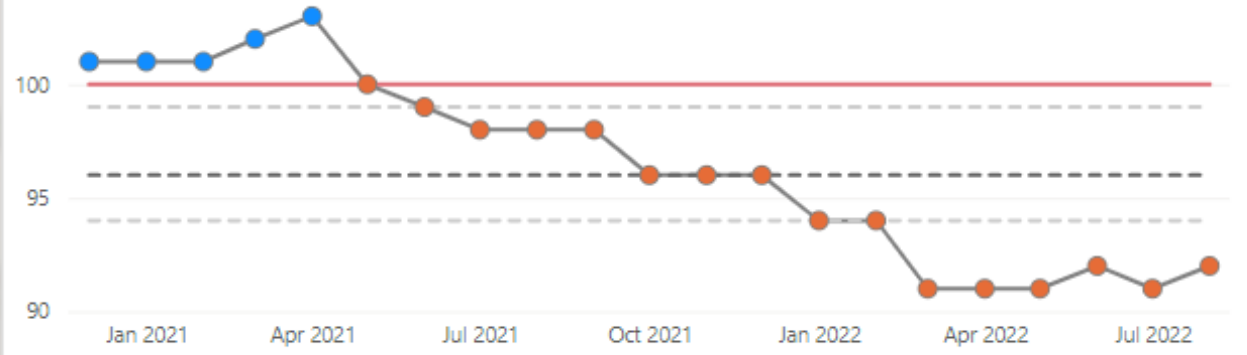
Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Summary Hospital Level Mortality Indicator - is one of the mortality indicators supported by NHS digital.	SHMI 112 - This value reflects the difference between expected deaths and observed deaths (expected deaths derived from the Hospital Episode Statistics). A comparison between peers is made and identified as "Below/as or above" expected range.	As expected - Alert in the pneumonia group which is in a comparable range to the peers.	Pneumonia deep dive - Respiratory and coding team	As above
NGH	01/08/22	Our SHMI has always continued in the "as expected" range despite fluctuations in HSMR and SMR over the past few years. However since 2019-20 there has been a noticeable downwards trend with SHMI, from a peak of 100-103 to its current level of 90-92.	SHMI has mirrored the trends seen with HSMR & SMR, but has continued to lie in the "as expected" range over the past few years.	Nil current	Data reviewed monthly at LFDG and actions taken as required	Nil currently required

Safe Staffing

Committee Name: All

GroupName: Quality

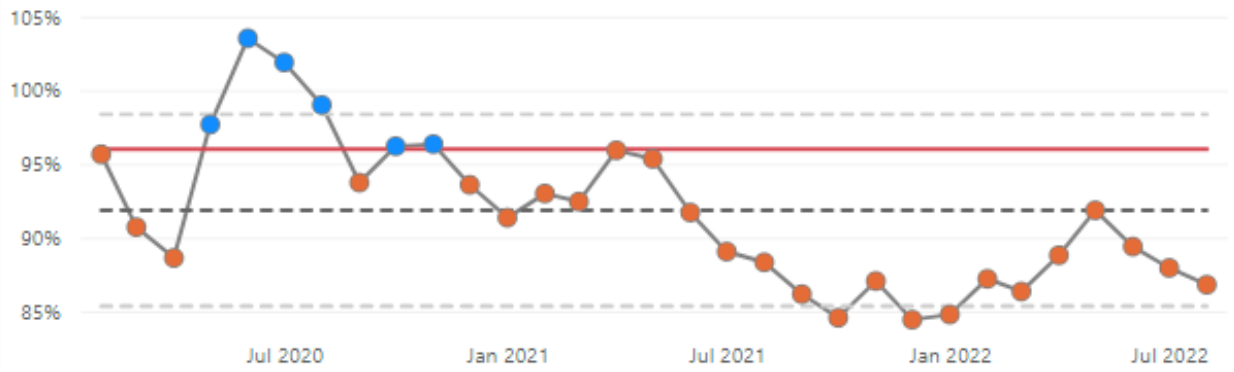
MetricName: Safe Staffing

01/04/2019 – 18/02/2023

86.80%	96.00%	0.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

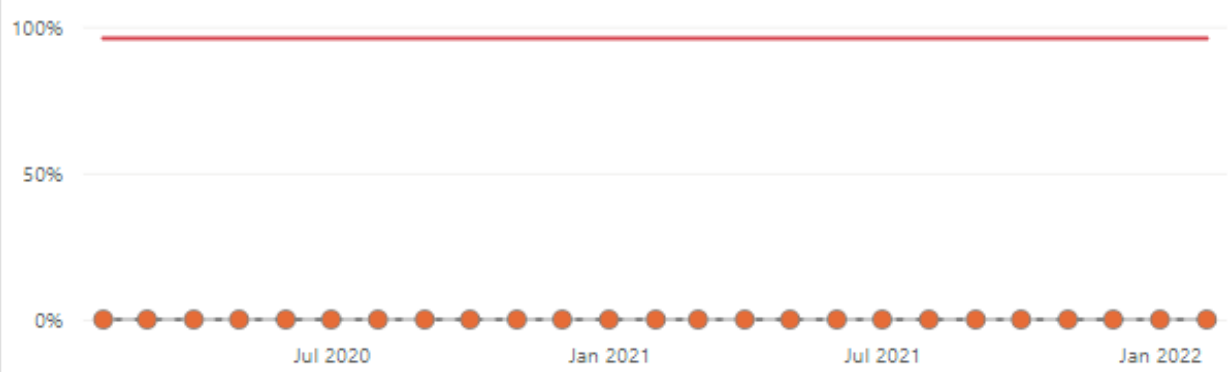
Kettering General Hospital

Safe Staffing: Quality



Northampton General Hospital

Safe Staffing: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.				

30 day readmissions

Committee Name: All

GroupName: Quality

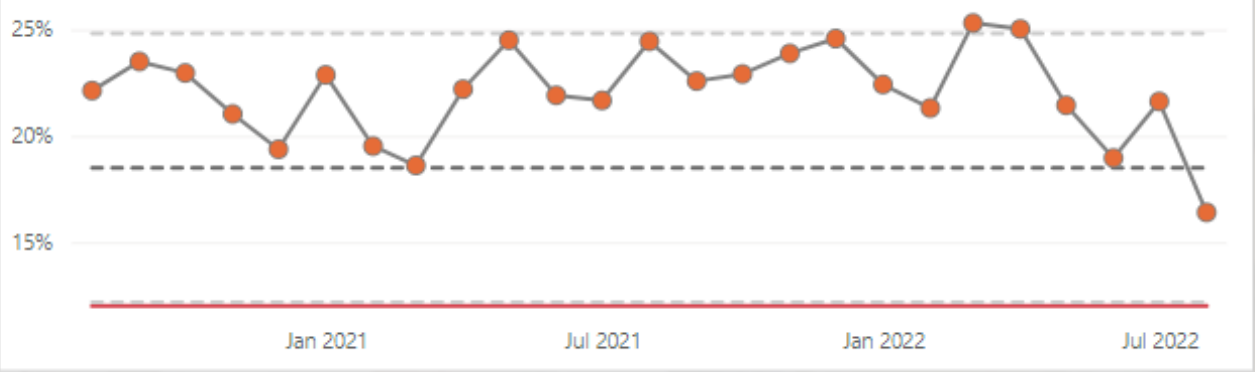
MetricName: 30 day readmissions

01/04/2019 – 18/02/2023

16.40%	12.00%	14.32%	12.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

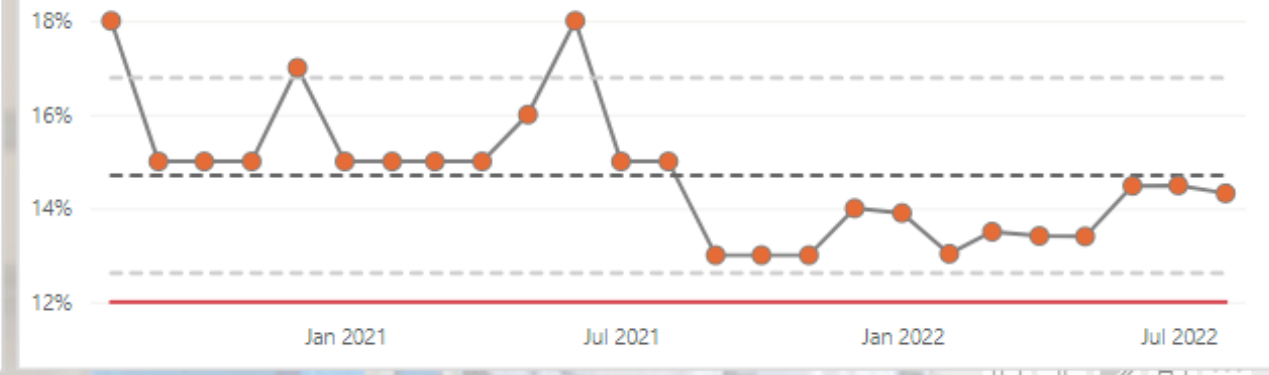
Kettering General Hospital

30 day readmissions: Quality



Northampton General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Number of patients readmitted within 30 days of discharge				
NGH	01/08/22	Number of patients readmitted within 30 days of discharge				

Never event incidence

Committee Name: All

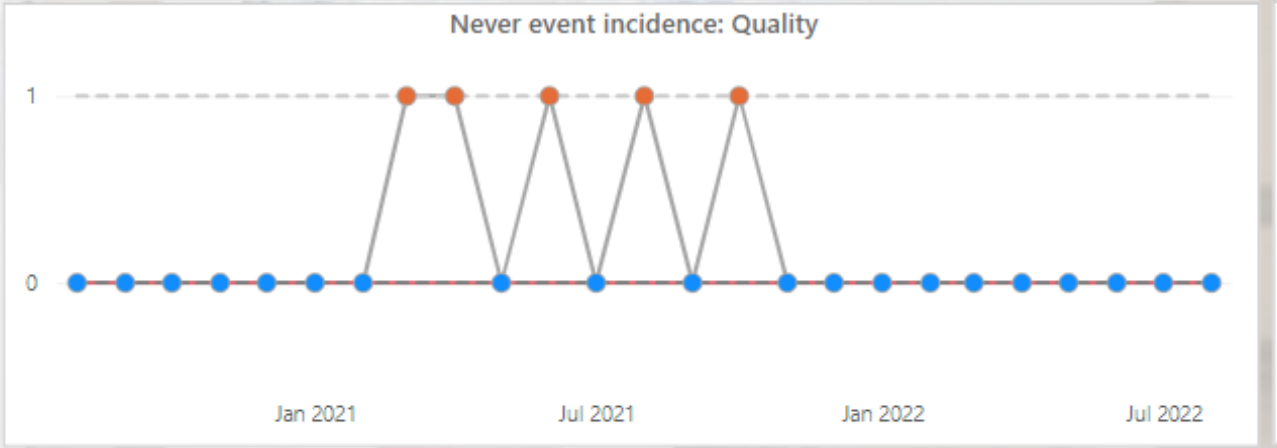
GroupName: Quality

MetricName: Never event incidence

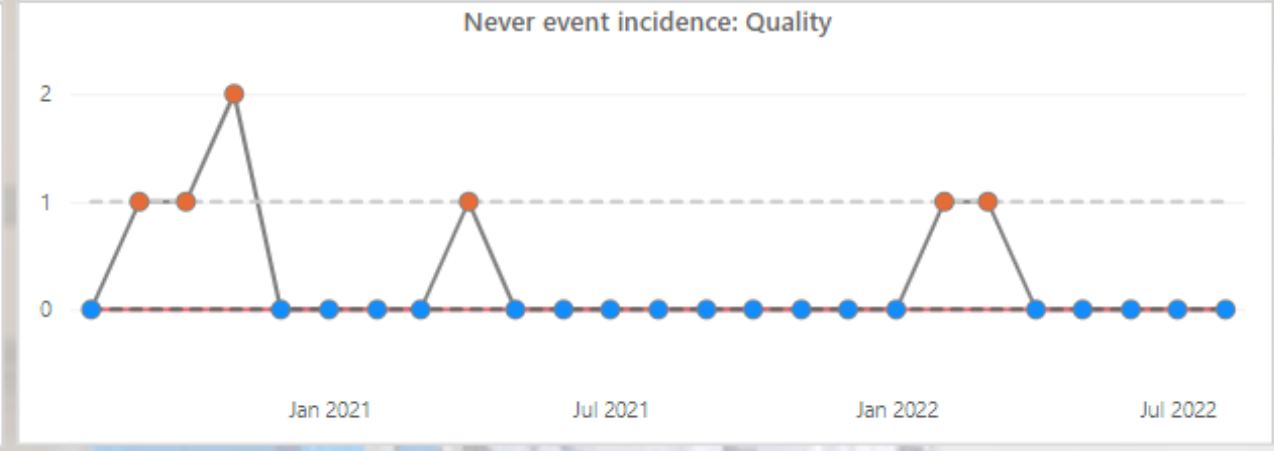
01/04/2019 – 18/02/2023

0	0	0	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Never event incidence

Committee Name: All

GroupName: Quality

MetricName: Never event incidence

0	0	0	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Number of Never Events Reported. A never event is the "kind of mistake that should never happen" in the field of medical treatment where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers.	The chart show common cause variation with variable assurance.	The Trust has experienced five Never Events since March 2021 after a period of showing low positive assurance from January 2020. 2021/4779 [WEB126862] – Medicine Division. Reported on 02/03/2021. Unintentional connection of a patient requiring oxygen to an air flowmeter. Low Harm. 2021/8904 [WEB128830] – Surgery Division. Reported on 26/04/2021. Wrong site surgery. Lucentis injection administered into the incorrect eye. Moderate harm. 2021/12906 [WEB130772] – Surgery Division. Reported on 21/06/2021. Wrong site surgery. Intravitreal Injection administered to the eye of the wrong patient as scans recorded with the previous patients' details. No harm. 2021/16393 [WEB132549] – Reported on 09/08/2021 Surgery Division. Oral medication was administered into a vascular access device. Low harm. 2021/21740 [WEB135321] – Reported on 25/10/2021 Family Health Division. Oral medication was administered into a vascular access device. 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 inadvertent connection. A trust review has been made to review all imaging practices to ensure patients and imaging are linked. An external review by the Clinical Senate for Ophthalmology has been undertaken. Information regarding the root cause of the two medication incidents has been widely shared and the availability of enteral syringes reviewed.

Sustainability

Committee Name: Integrated Governance Report (I...

GroupName: Sustainability

11	5	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
NGH	A&E activity (& vs plan)	92.98%
KGH	A&E activity (& vs plan)	100.20%
KGH	Bank and Agency Spend (M)	-3.10
NGH	Bank and Agency Spend (M)	5.26
KGH	Capital Spend (M)	-0.45
NGH	Capital Spend (M)	0.00
NGH	CIP Performance YTD (M)	0.21
KGH	CIP Performance YTD (M)	0.57
NGH	Elective day-case activity (& vs plan)	115.51%
KGH	Elective day-case activity (& vs plan)	121.40%
KGH	Elective inpatient activity (& vs plan)	88.80%
NGH	Elective inpatient activity (& vs plan)	96.26%
KGH	Headcount actual vs planned (substantive / agency / bank)	4.70
NGH	Headcount actual vs planned (substantive / agency / bank)	5.92
KGH	Maternity activity (& vs plan)	0.00%
NGH	Maternity activity (& vs plan)	64.87%
KGH	Non-elective activity (& vs plan)	87.30%
NGH	Non-elective activity (& vs plan)	138.25%

Metric	Comment
M5 Position:-	The Trust saw a M5 deficit of £1.83m, which is £1.78m unfavourable to Plan. The M5 financial position has been estimated due to finance system unavailability, the position is directionally correct but has relied on an assessment of expenditure. The deterioration in performance is due to the financial position not improving in line with plan expectations as expenditure run-rate has remained in line with prior months.
YTD Position:-	The Trust saw an adjusted I&E deficit of £9.70m YTD against a planned deficit of £7.39m, resulting in a £2.37m adverse variance. The M5 financial position has been estimated due to finance system unavailability, the position is directionally correct but has relied on an assessment of expenditure.
Income:-	YTD has seen a £0.62m overperformance against plan. Key movements relate to: Capital grant funding, Supplier Rebates, Car Parking, Training income, Medical Examiner & Radiography Cancer Alliance Income.
Non Pay:-	YTD is £3.1m adverse to Plan YTD. Key movements include: An additional £2.4m of cost pressures within utilities, drugs, clinical supplies, linen, cleaning materials and maintenance contracts due to increased inflation/price increases and unfunded cost pressures. £0.4m costs relating to Radiology reporting backfill due to sickness and MRI & teleradiology support to deliver activity. £0.15m relating to increases in visa's/work permits and contractors.
Pay:-	YTD is in line with plan. Key points to note include: Additional unplanned pay expenditure within the YTD position for Clinical Divisions relates to £0.2m escalation, £0.2m covid sickness/isolation backfill, £0.3m Surgical locum usage, £0.6m Medicine Division for an additional Cardiology locum, Rheumatology locum, Paeds ED weekend cover/additional annual leave cover for Urgent care Medical staffing and additional trainee nurses above plan. £1m of agency premium payments within Corporate, Digital and Estates is a concern and requires mitigations to reduce in line with plan. Agency pay is £1.3m over plan YTD (with a £1.5m overspend against the national agency pay cap).

Sustainability

Committee Name

Integrated Governance Report (I...

GroupName

Sustainability

11	5	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	Surplus / Deficit YTD (M)	-1.83
NGH	Surplus / Deficit YTD (M)	-0.69
KGH	Outpatients activity (& vs plan)	110.21%
NGH	Outpatients activity (& vs plan)	113.16%

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
- Sustainability
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

Variation
- Select all
- Neither (High)
- Neither (Low)
- Common Cause
- Empty

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Maternity activity (& vs plan)	01/08/22	0.00%		0%	0%	0%			Consistently Anticipated to Meet Target
NGH	Sustainability	Maternity activity (& vs plan)	01/08/22	64.87%		63.95%	81.86%	99.78%			Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan)	01/08/22	110.21%		81.08%	137.23%	193.39%			Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan)	01/08/22	113.16%		76.98%	107.91%	138.84%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan)	01/08/22	115.51%		60.28%	86.91%	113.53%			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan)	01/08/22	121.40%		79.08%	153.36%	227.64%			Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/08/22	88.80%		72.14%	98.09%	124.04%			Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/08/22	96.26%		51.75%	88.28%	124.82%			Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan)	01/08/22	138.25%		75.65%	98.88%	122.11%			Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan)	01/08/22	87.30%		108.42%	126.61%	144.81%			Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan)	01/08/22	92.98%		76.48%	88.21%	99.93%			Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan)	01/08/22	100.20%		91.24%	102.38%	113.52%			Consistently Anticipated to Meet Target
NGH	Sustainability	Headcount actual vs planned (substan...	01/07/22	5.92		6.05	6.05	6.05			Consistently Anticipated to Meet Target
KGH	Sustainability	Headcount actual vs planned (substan...	01/07/22	4.70		4.9	4.9	4.9			Consistently Anticipated to Meet Target
KGH	Sustainability	Capital Spend (M)	01/08/22	-0.45	0.6	1.19	1.19	1.19			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/08/22	0.00	0	9.55	9.55	9.55			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/08/22	5.26	-0.74	6.14	6.14	6.14			Consistently Anticipated to Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/08/22	-3.10	-1.89	-1.76	-1.76	-1.76			Not Consistently Anticipated to Meet Target

Committee Name

- [ ] Select all
- [x] 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
- [x] Sustainability
- [ ] Systems and Partnerships

SITE

- [x] Select all
- [x] KGH
- [x] NGH

Variation

- [x] Select all
- [x] Neither (High)
- [x] Neither (Low)
- [x] Common Cause
- [x] Empty

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	CIP Performance YTD (M)	01/08/22	0.57	0.67	1.01	1.01	1.01			Not Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/08/22	0.21	0.79		0				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/08/22	-1.83	-50	4.33	4.33	4.33			Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/08/22	-0.69	0.27	2.41	2.41	2.41			Not Consistently Anticipated to Meet Target

Maternity activity (& vs plan)

Committee Name: All

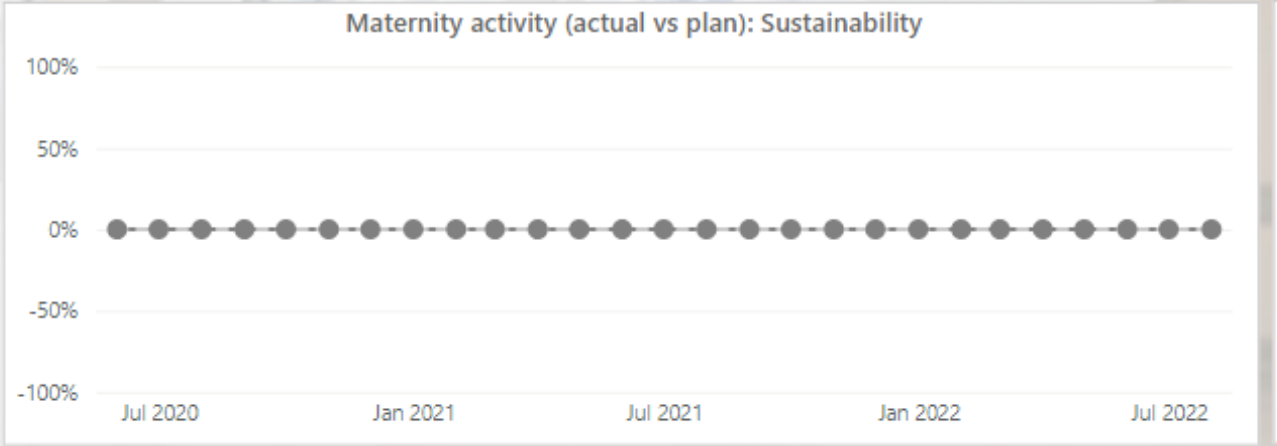
GroupName: Sustainability

MetricName: Maternity activity (& vs plan)

01/04/2019 – 18/02/2023

0.00%		64.87%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Maternity activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

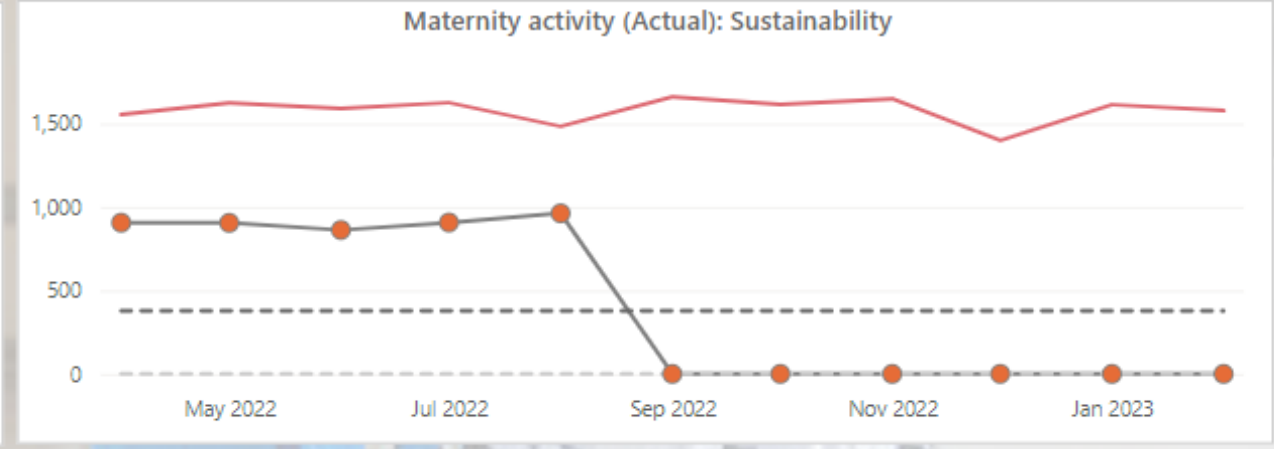
MetricName: Maternity activity (& vs plan) 2

01/04/2019 – 18/02/2023

0		(Blank)	(Blank)
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Outpatients activity (& vs plan)

Committee Name: All

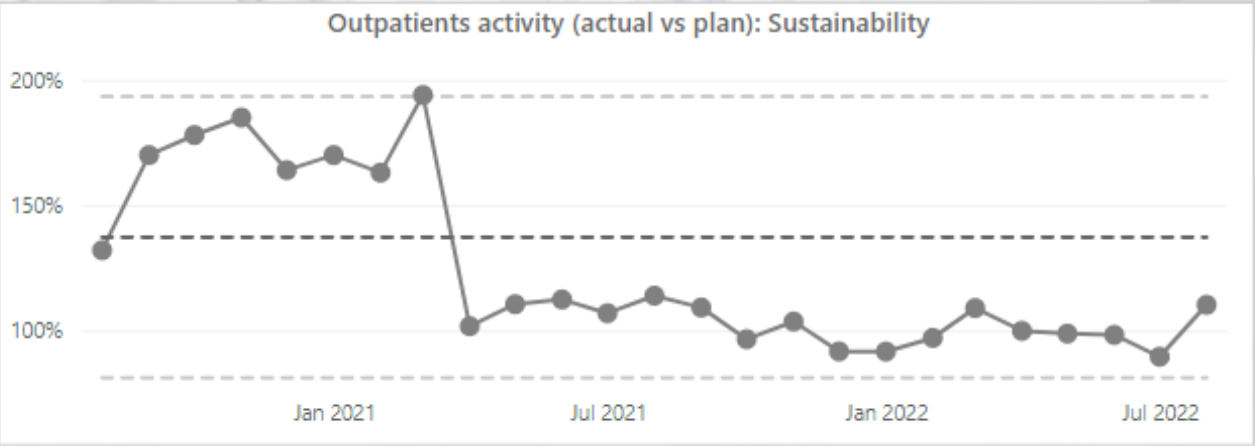
GroupName: All

MetricName: Outpatients activity (& vs plan)

01/04/2019 – 18/02/2023

110.21%		113.16%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	The trust over delivered in month on the planned number of outpatients.	Over delivery on plan but year to date outpatients is under plan at 96.77%	Weekly reporting on activity to the Trust's Reset Group, with outpatient efficiency looking forward being reported to the Trust's Patient Access Board	Divisions to look at specialty level opportunities to increase activity to reduce overall year deficit
NGH	01/08/22	OPD activity v plan	Figures are showing a performance of 40,500 Op's against a target or 35,861 or 113%	Peak holiday period made filling OPD lists challenging with many patients refusing or cancelling their appointments during the holiday period	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item	Rapid rebooking of slots enables good utilisation during the period

Outpatients activity (& vs plan) 2

Committee Name: All

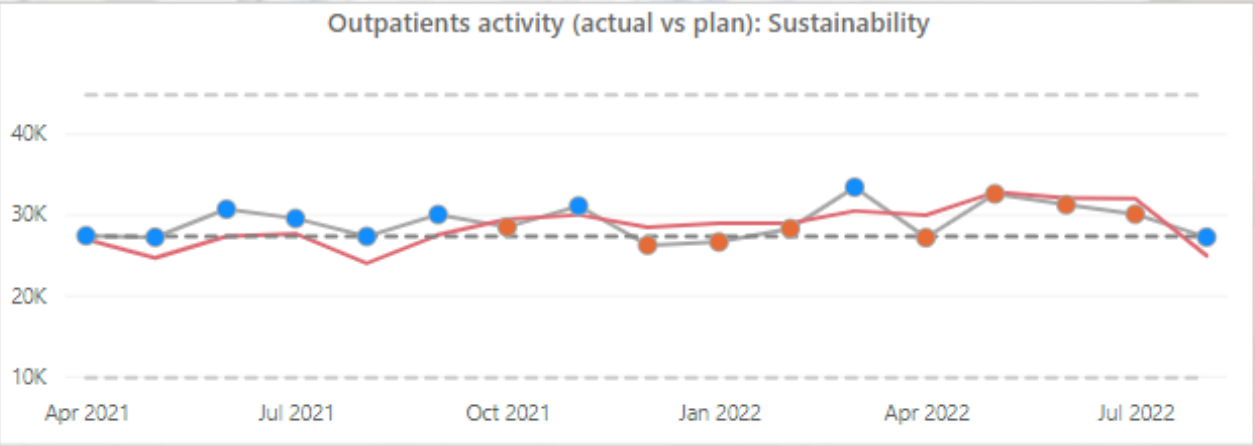
GroupName: All

MetricName: Outpatients activity (& vs plan) 2

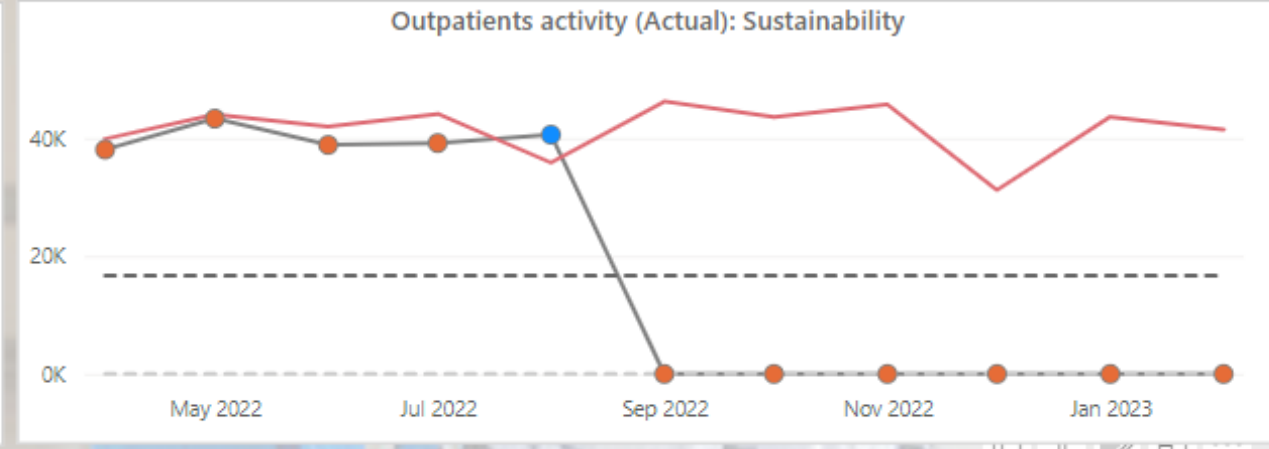
01/04/2019 – 18/02/2023

27,170	24878	40,580	35861
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	The trust over delivered in month on the planned number of outpatients.	Over delivery on plan but year to date outpatients is under plan at 96.77%	Weekly reporting on activity to the Trust's Reset Group, with outpatient efficiency looking forward being reported to the Trust's Patient Access Board	Divisions to look at specialty level opportunities to increase activity to reduce overall year deficit
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Elective day-case activity (& vs plan)

Committee Name: All

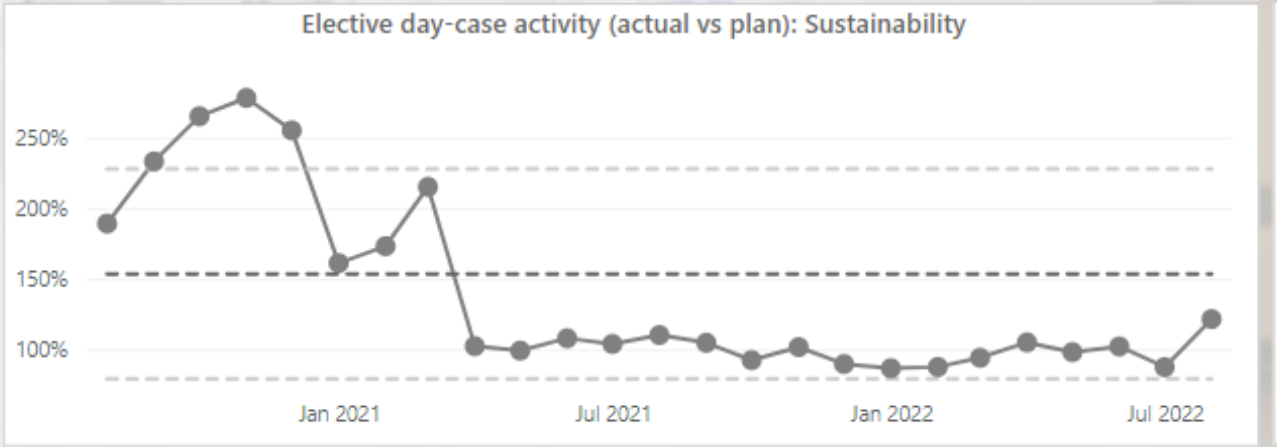
GroupName: Sustainability

MetricName: Elective day-case activity (& vs plan)

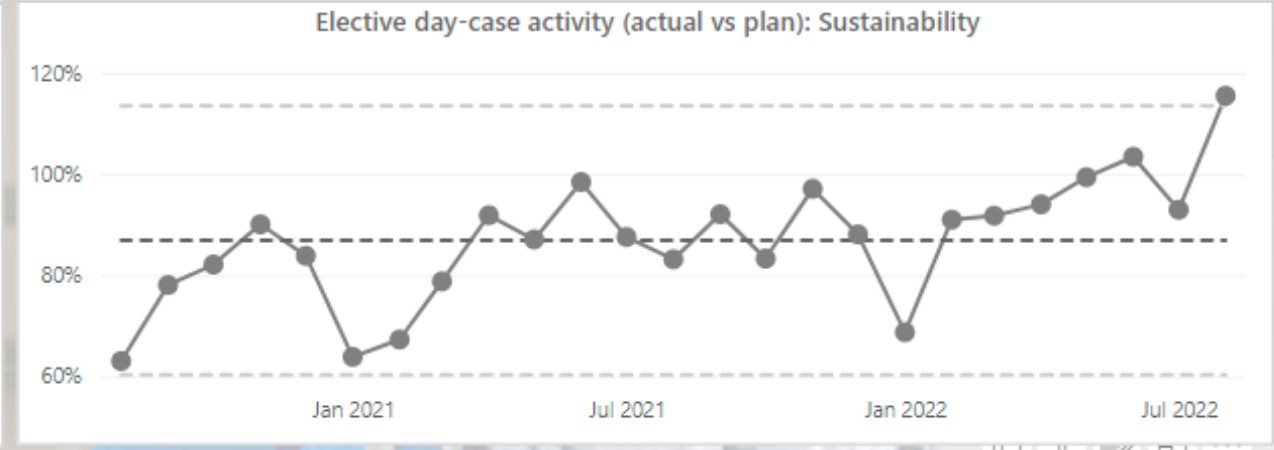
01/04/2019 – 18/02/2023

121.40%		115.51%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 121.4% of plan for August	Elective inpatient and day case activity has been adversely affected by Covid infections amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics	Weekly Reset meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing with Covid-affected lists wherever possible to minimise disruption
NGH	01/08/22	Elective Day Case Activity vs Annual Plan	Data shows that we are delivering at 115.5% against the plan for August. The target was set lower in August than other months with the expected summer holiday and staff taking well earned breaks.	With increased A/L over the August period with staff taking breaks during the main school summer holidays the target was lowered in August. Staffing issues in theatres continue to be a major challenge with a list lost due to no ODP's most days	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item	Target for Sept is significantly higher than August now that summer holidays are over. We have been successful in securing 5 long term contract ODP's to support our theatres

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

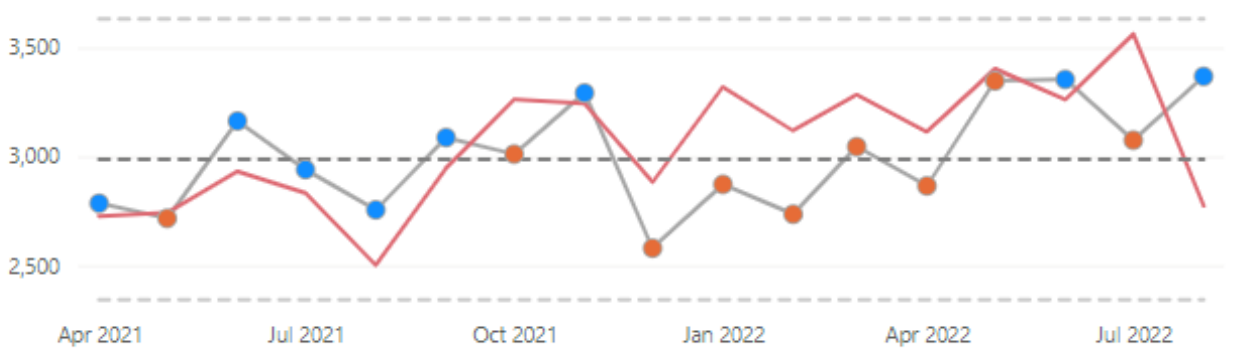
MetricName: Elective day-case activity (& vs plan) 2

01/04/2019 – 18/02/2023

3,368	2774	3,827	3313
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

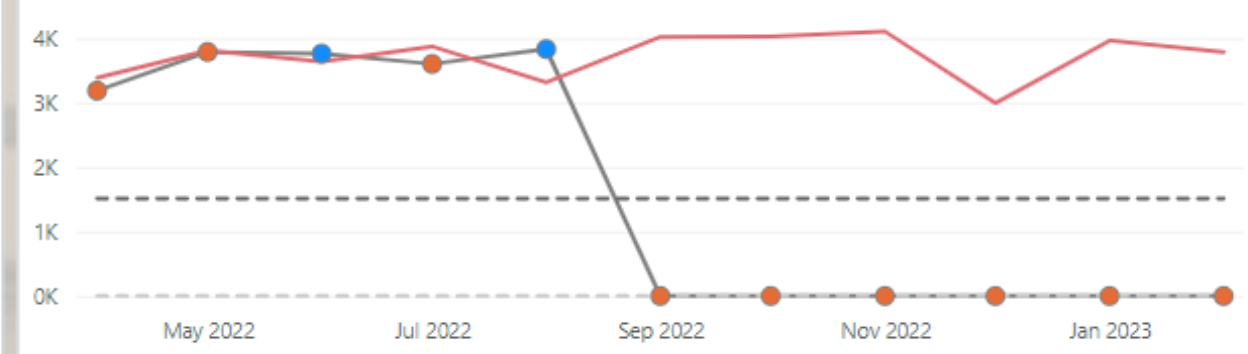
Kettering General Hospital

Elective day-case activity (actual vs plan): Sustainability



Northampton General Hospital

Elective day-case activity (Actual): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 121.4% of plan for August	Elective inpatient and day case activity has been adversely affected by Covid infections amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics	Weekly Reset meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing with Covid-affected lists wherever possible to minimise disruption
NGH	01/08/22	Elective Day Case Activity vs Annual Plan	Data shows that we are delivering at 115.5% against the plan for August. The target was set lower in August than other months with the expected summer holiday and staff taking well earned breaks.	With increased A/L over the August period with staff taking breaks during the main school summer holidays the target was lowered in August. Staffing issues in theatres continue to be a major challenge with a list lost due to no ODP's most days	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item	Target for Sept is significantly higher than August now that summer holidays are over. We have been successful in securing 5 long term contract ODP's to support our theatres

Elective inpatient activity (& vs plan)

Committee Name: All

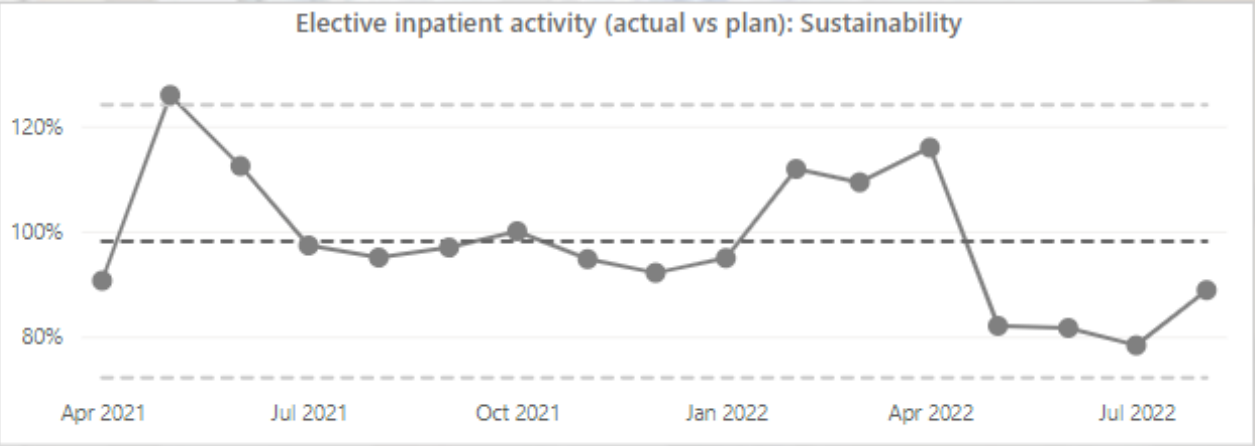
GroupName: Sustainability

MetricName: Elective inpatient activity (& vs plan)

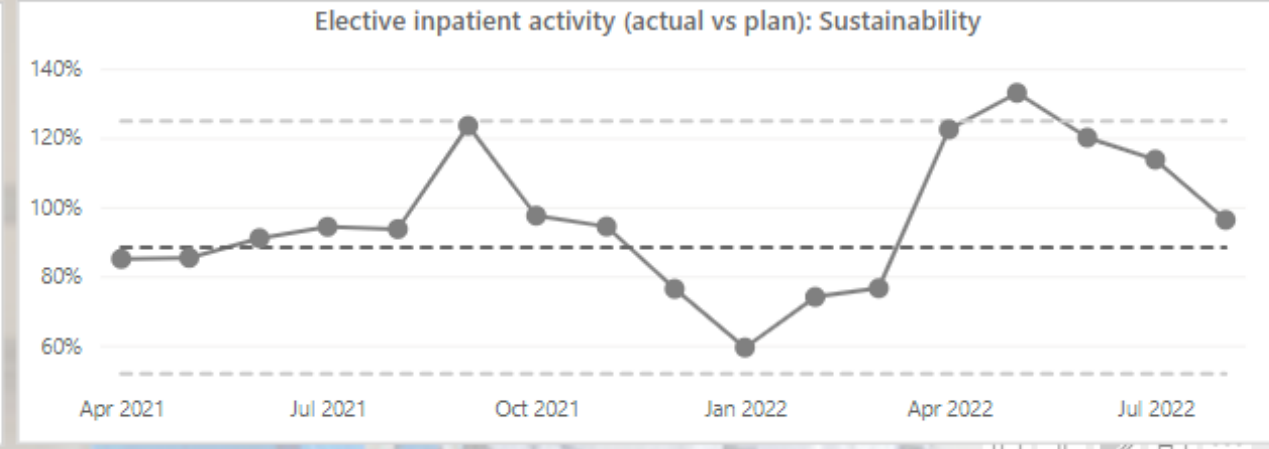
01/04/2019 – 18/02/2023

88.80%		96.26%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 88.8% of plan for August(though when combined with day cases, the Trust is achieving 121.2% of elective plan)	Elective inpatient and day case activity has been adversely affected by Covid infections amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activty, particularly affecting Trauma and Orthopaedics. August's plan was lower than previous months due to the holiday period	Weekly Reset meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing with Covid-affected lists wherever possible to minimise disruption
NGH	01/08/22	Elective inpatient activity actuals v plan	The Trust saw 96.3% of its Elective activity vs plan during August 22	Peak Holiday period saw many staff taking time away with children during the summer holidays and a national shortage of ODP's continues to force lists to be cancelled due to no staff to cover. Despite those challenges performance was still strong	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item	5 long term contract ODPs recruited to support the theatre position will increased activity planned for September

Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

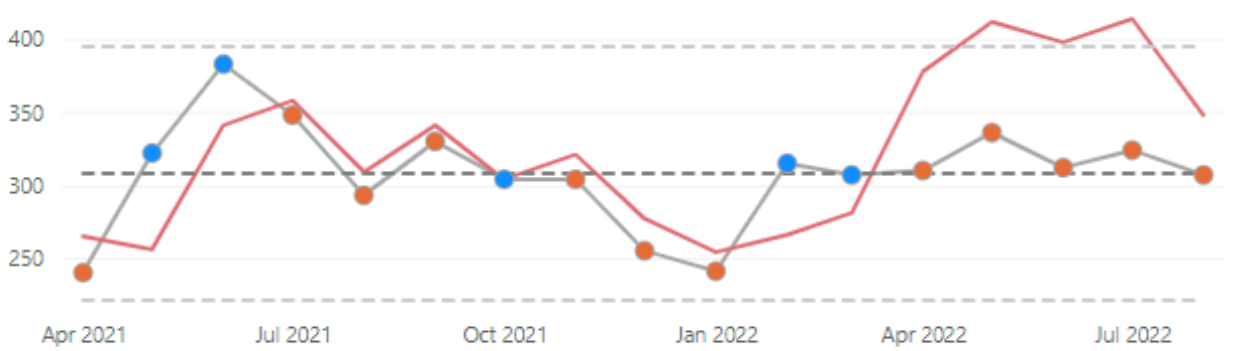
MetricName: Elective inpatient activity (& vs plan) 2

01/04/2019 – 18/02/2023

307	348	309	321
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

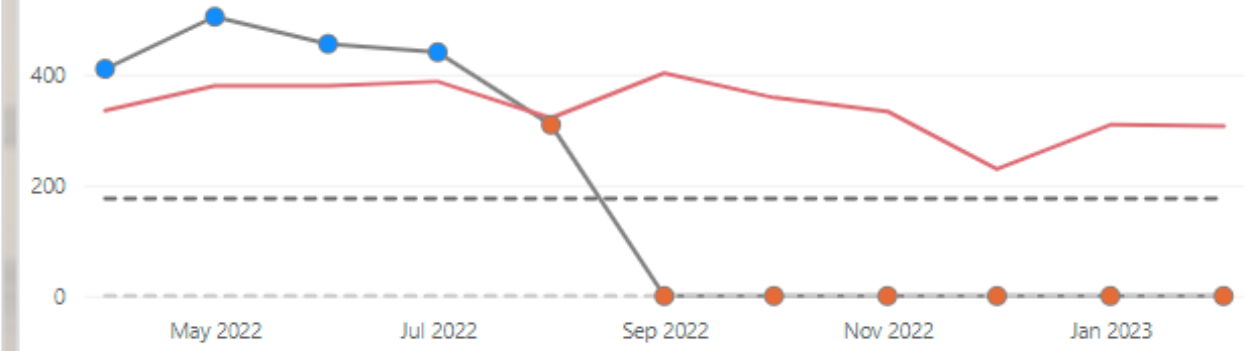
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (Actual): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 88.8% of plan for August(though when combined with day cases, the Trust is achieving 121.2% of elective plan)	Elective inpatient and day case activity has been adversely affected by Covid infections amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activty, particularly affecting Trauma and Orthopaedics. August's plan was lower than previous months due to the holiday period	Weekly Reset meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing with Covid-affected lists wherever possible to minimise disruption
NGH	01/08/22	Elective inpatient activity actuals v plan	The Trust saw 96.3% of its Elective activity vs plan during August 22	Peak Holiday period saw many staff taking time away with children during the summer holidays and a national shortage of ODP's continues to force lists to be cancelled due to no staff to cover. Despite those challenges performance was still strong	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item	5 long term contract ODPs recruited to support the theatre position will increased activity planned for September

Non-elective activity (& vs plan)

Committee Name: All

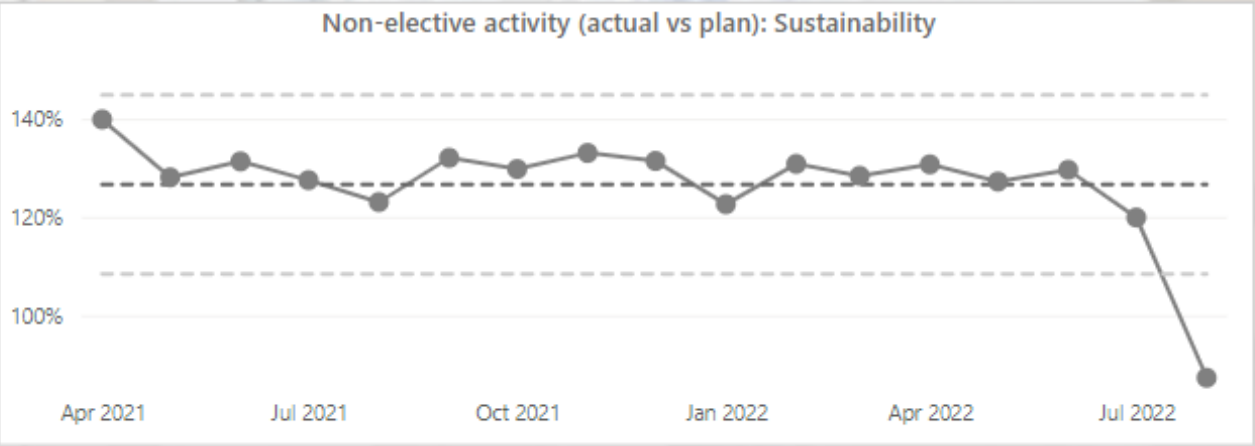
GroupName: Sustainability

MetricName: Non-elective activity (& vs plan)

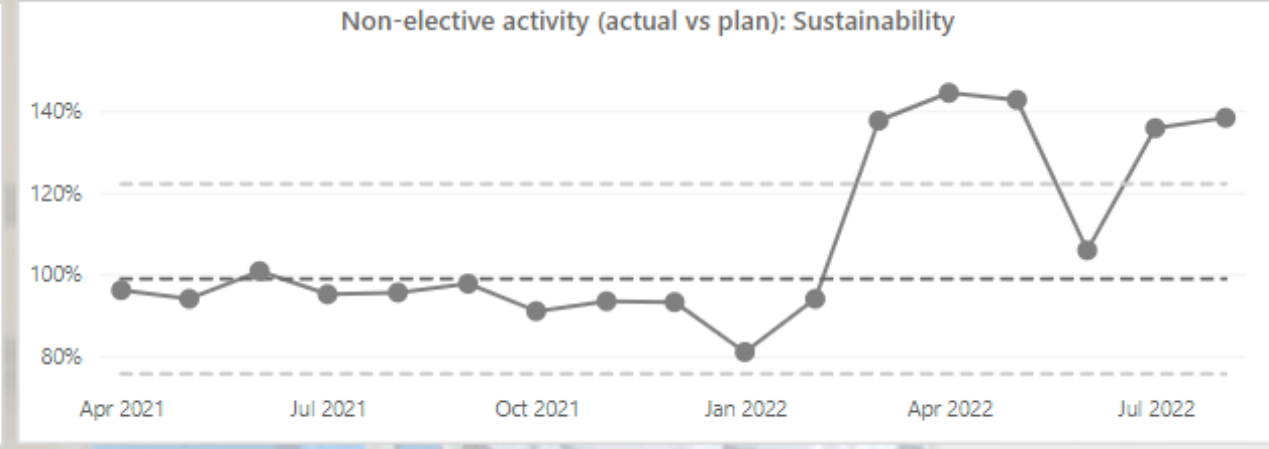
01/04/2019 – 18/02/2023

87.30%		138.25%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	The chart tells us that non-elective activity is 19.9% above plan in the month of July and 13% below plan in August, a significant variation.	There is work to do to understand the assumptions that make up the plan and triangulate against a significant decrease in the ED conversion rate to a mean of 22% in 2022 to date compared to a mean of 32% in 2019.	Deep Dive into the data to establish the assumptions and actions to be developed as appropriate. Work continues to support robust bed modelling.	Non-elective activity vs plan to be monitored through divisional and trust governance.
NGH	01/08/22	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	Significant increase in NEL admissions	Extreme pressure on the NEL bed base , compounded by increased acuity of NEL presentations	continued streaming to alternative to ed attendance has positvely impacted on our number of eD attendances.	Plans to extend frailty service and short stay to 7days per week

Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: Sustainability

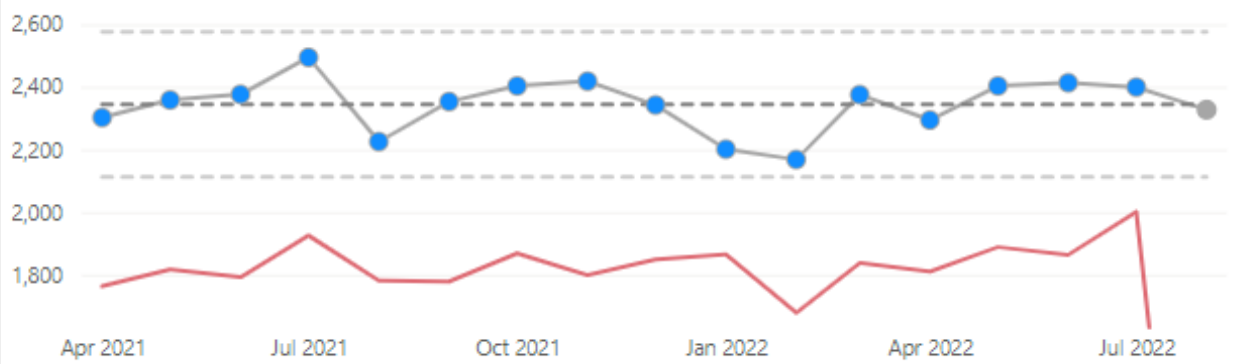
MetricName: Non-elective activity (& vs plan) 2

01/04/2019 – 18/02/2023

2,327		5,320	3848
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

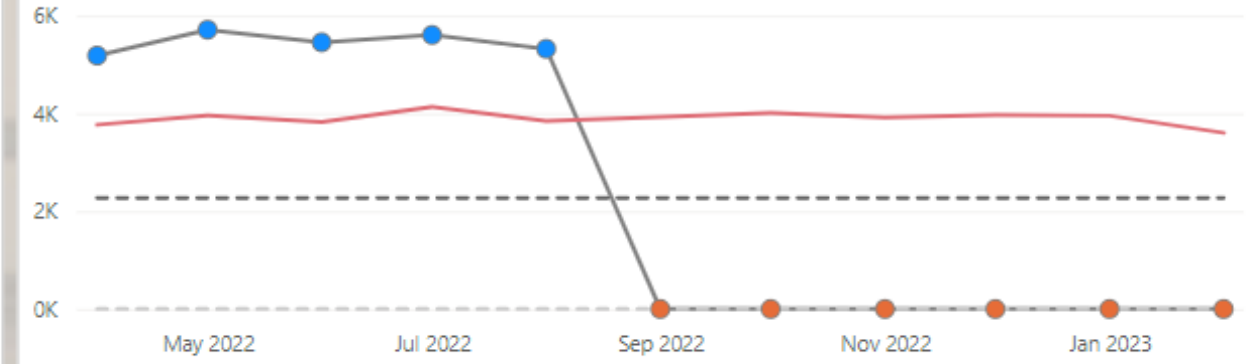
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

Non-elective activity (Actual): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	The chart tells us that non-elective activity is 19.9% above plan in the month of July and 13% below plan in August, a significant variation.	There is work to do to understand the assumptions that make up the plan and triangulate against a significant decrease in the ED conversion rate to a mean of 22% in 2022 to date compared to a mean of 32% in 2019.	Deep Dive into the data to establish the assumptions and actions to be developed as appropriate. Work continues to support robust bed modelling.	Non-elective activity vs plan to be monitored through divisional and trust governance.
NGH	01/08/22	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	Significant increase in NEL admissions	Extreme pressure on the NEL bed base , compounded by increased acuity of NEL presentations	continued streaming to alternative to ed attendance has positvely impacted on our number of eD attendances.	Plans to extend frailty service and short stay to 7days per week

A&E activity (& vs plan)

Committee Name: All

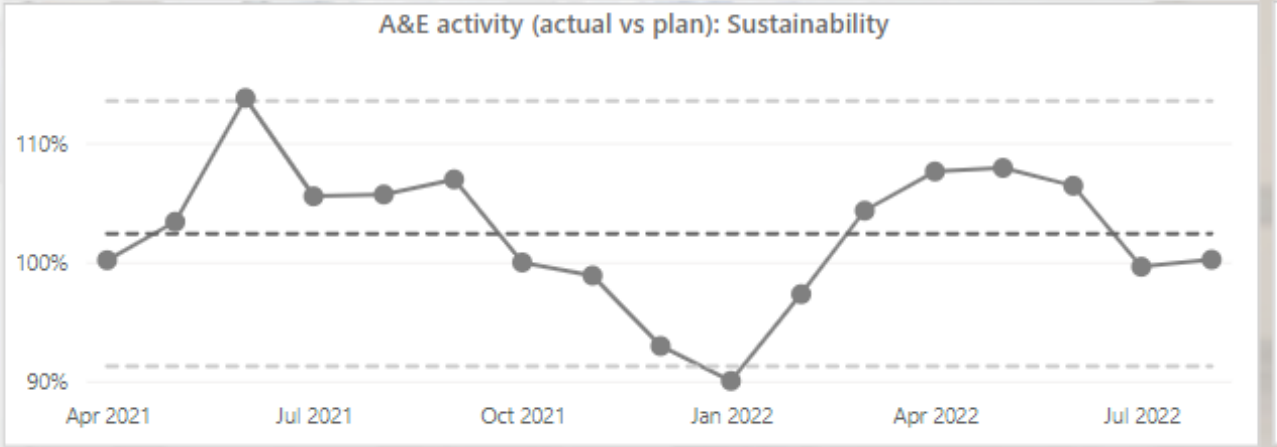
GroupName: Sustainability

MetricName: A&E activity (& vs plan)

01/04/2019 – 18/02/2023

100.20%		92.98%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	A&E attendances	A&E activity is on track with plan	Challenges with overcrowding in waiting areas remains, with an average daily attendance >300 per day during June, on some days we have seen activity >350 creating enormous pressure on our Emergency Department to safely manage the patient footfall.	Ongoing collaborative work with EMAS and CUCC via working group Working with EMAS to increase the number of direct EMAS conveyances to MSDEC, and/or stream directly from ED at the point of arrival as appropriate Anticipated opening of our new front door w/c 11th July Launch of our new Ambulatory Majors process to support effective streaming and management of patients; whilst maximising use of our ED footprint. External comms work to promote 111 pathways as an alternative for patients who would ordinarily attend ED	1. Safety Huddles in the department with NIC/DIC/Flow coordinator and Site team 2. Escalation policies in place 3. Maximising use of streaming pathways
NGH	01/08/22	ED attendances	slight reduction in attendances vs planned	NA		

A&E activity (& vs plan) 2

Committee Name: All

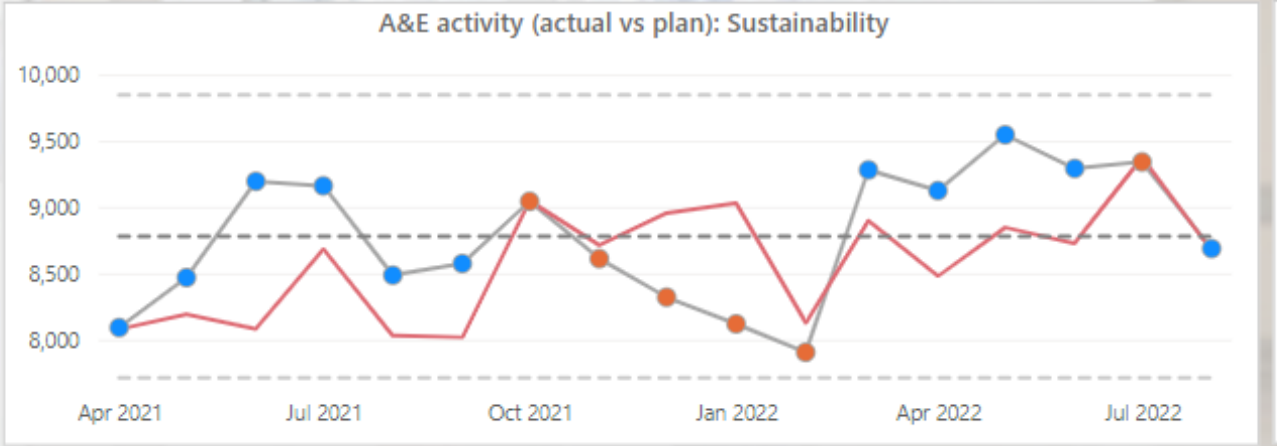
GroupName: Sustainability

MetricName: A&E activity (& vs plan) 2

01/04/2019 – 18/02/2023

8,686	8672	10,422	11209
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	A&E attendances	A&E activity is on track with plan	Challenges with overcrowding in waiting areas remains, with an average daily attendance >300 per day during June, on some days we have seen activity >350 creating enormous pressure on our Emergency Department to safely manage the patient footfall.	Ongoing collaborative work with EMAS and CUCC via working group Working with EMAS to increase the number of direct EMAS conveyances to MSDEC, and/or stream directly from ED at the point of arrival as appropriate Anticipated opening of our new front door w/c 11th July Launch of our new Ambulatory Majors process to support effective streaming and management of patients; whilst maximising use of our ED footprint. External comms work to promote 111 pathways as an alternative for patients who would ordinarily attend ED	1. Safety Huddles in the department with NIC/DIC/Flow coordinator and Site team 2. Escalation policies in place 3. Maximising use of streaming pathways
NGH	01/08/22	ED attendances	slight reduction in attendances vs planned	NA		

Headcount actual vs planned (substantive / agen...

Committee Name: All

GroupName: Sustainability

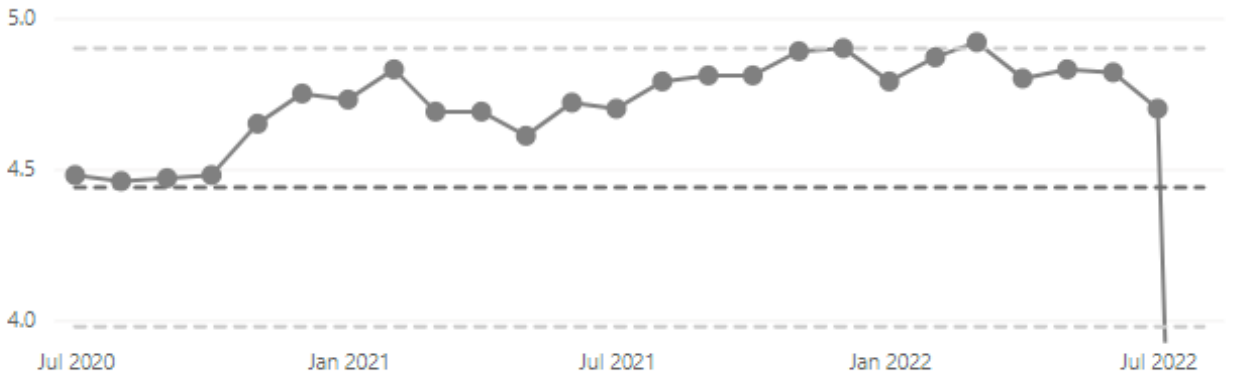
MetricName: Headcount actual vs planned (substantive ...

01/04/2019 – 18/02/2023

4.70		5.92	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

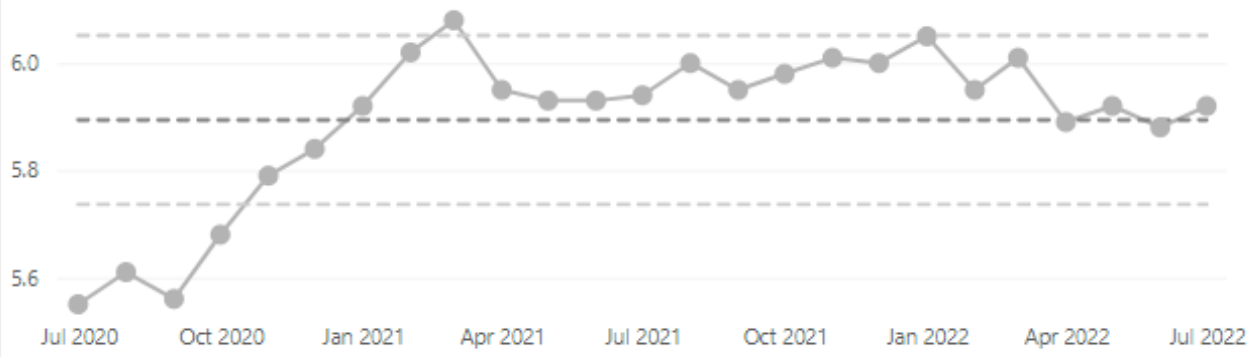
Kettering General Hospital

Headcount actual vs planned (substantive / agency / bank): Sustainability



Northampton General Hospital

Headcount actual vs planned (substantive / agency / bank): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Capital Spend (M)

Committee Name: All

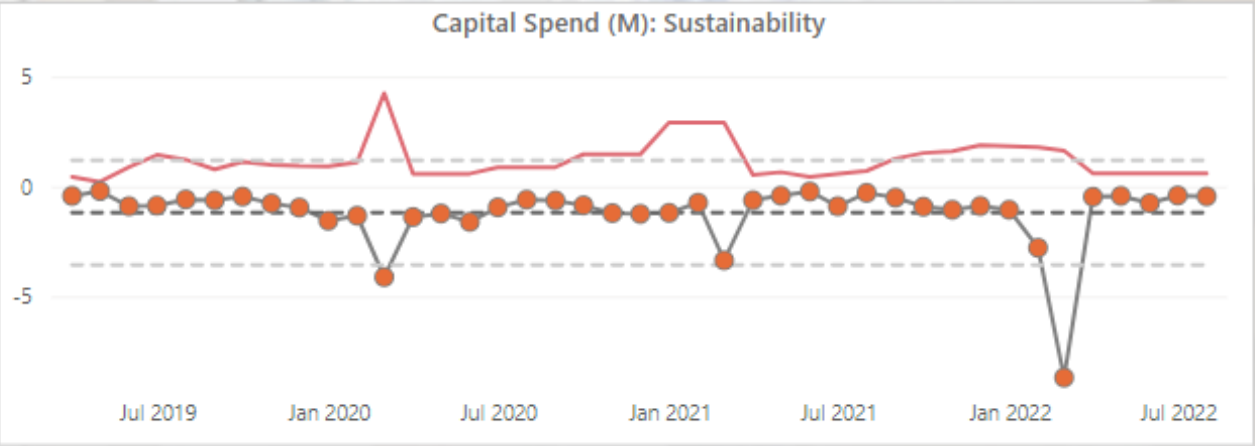
GroupName: Sustainability

MetricName: Capital Spend (M)

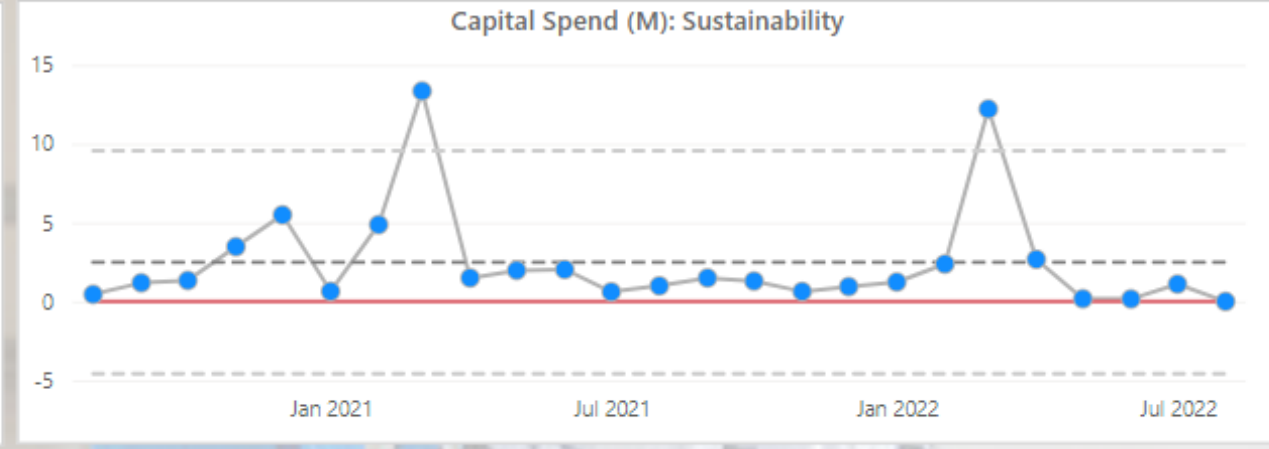
01/04/2019 – 18/02/2023

-0.45	0.6	0.00	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Capital Plan vs Actual Performance	15% of the capital funding has been realised YTD. Month 4 & Month 5 CAPEX is an estimate as order information was not available due to finance system unavailability. Therefore this is an estimated YTD capital position.	There are still a number of material high value schemes which have not yet progressed to approval. There is additional national funding available which some schemes might transfer to (CDC, Digital Infrastructure), this is likely potentially create material slippage on the current capital plan.	Sub Committees to continue to review delivery plans and identify any risks to delivery.	A detailed forecast is being prepared for the end of September to understand risks to delivery of the agreed capital plan and to identify alternative schemes if necessary to ensure 22/23 funding is fully spent.
NGH	01/08/22	Capital Plan vs Actual Performance	14% of the capital budget has been spent or committed YTD. Slightly ahead of the phased plan.	Work to manage spend by year end and align with external approval remains challenging. there are potential slippages on some schemes	Estimated slippage to be further discussed at Capital Committee	Brokerage between schemes for in-year spend

Bank and Agency Spend (M)

Committee Name: All

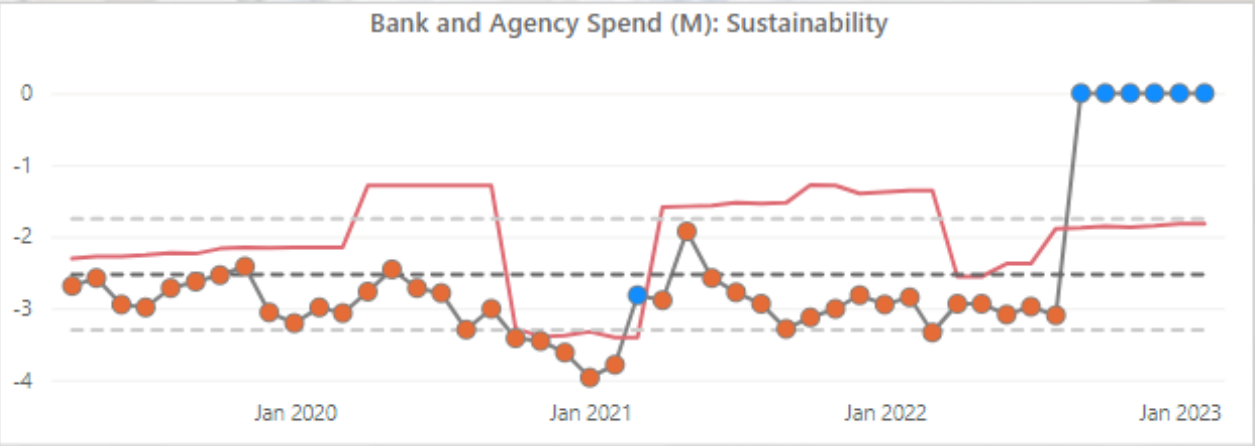
GroupName: Sustainability

MetricName: Bank and Agency Spend (M)

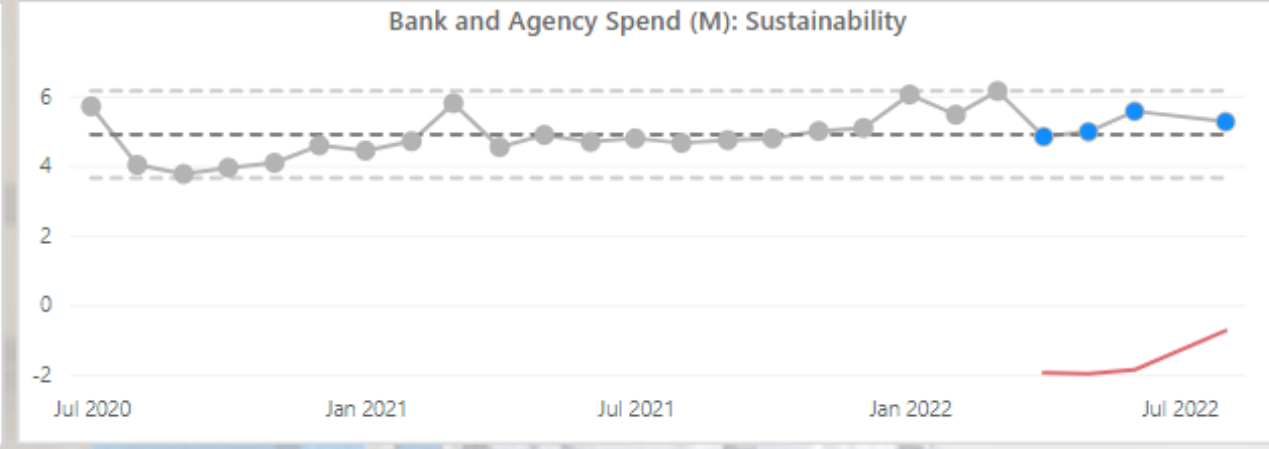
01/04/2019 – 18/02/2023

-3.10	-1.89	5.26	-0.74
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Bank & Agency Plan vs Actual performance	Overall bank and agency spend is adverse to plan by £1.57m YTD, however this is offset fully by a underspend in substantive pay. The overspend is attributed almost equally across bank and agency spend (0.72m agency and £0.85m bank). The Trust is over the national agency cap by £1.5m YTD.	1. Increased agency usage within Corporate, Digital and Facilities Divisions continues to be a concern. 2. Locum usage within Surgery & Medicine due to vacancies.	1. Corporate, Digital and Facilities Divisions to identify plans to reduce agency spend 2. Review agency spend through agency review meetings.	All Divisions to ensure recruitment plans are in place to mitigate premium payments.
NGH	01/08/22	Bank & Agency Planned Spend vs Actual Performance	Overall bank & agency expenditure is c.20% above plan year to date as costs have risen compared to 21/22	Operational circumstance has seen costs increase, rather than decrease, particularly in agency. Growth in nursing usage is linked to vacancies and sickness levels remaining, whilst costs of Medical agency continue to rise. Support Service areas are also showing increased spend	To review agency spend through agency review meetings	To review recruitment plans and any other barriers stopping the removal of agency

CIP Performance YTD (M)

Committee Name: All

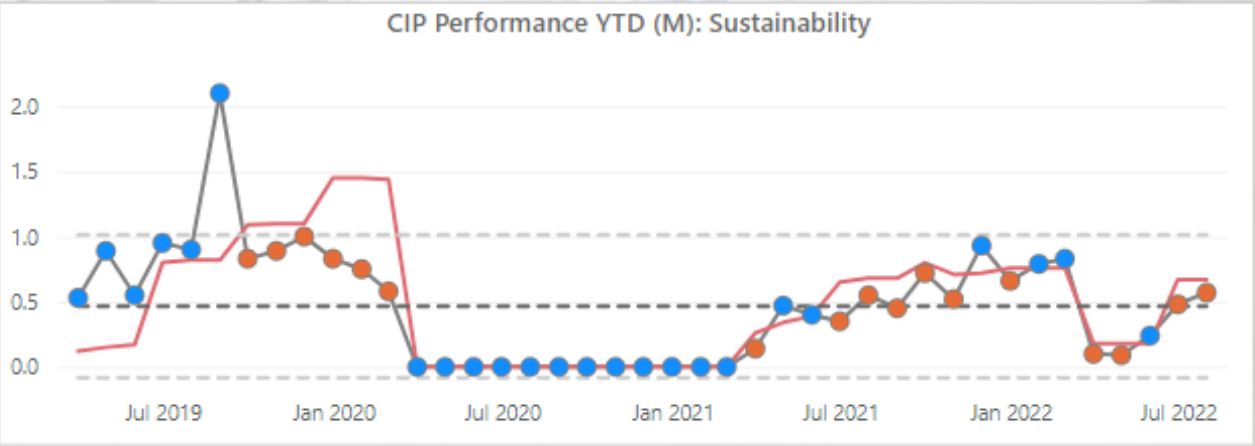
GroupName: Sustainability

MetricName: CIP Performance YTD (M)

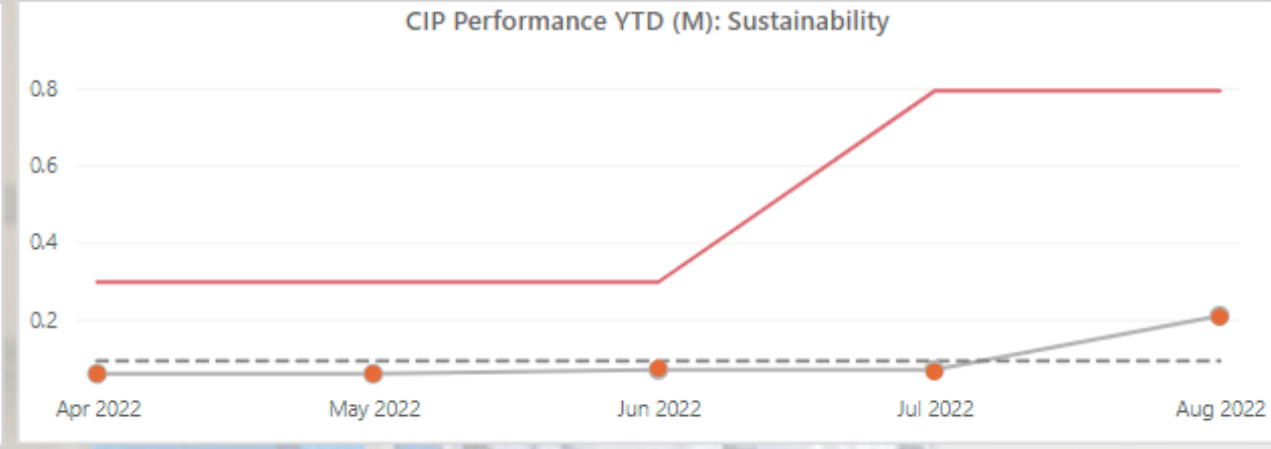
01/04/2019 – 18/02/2023

0.57	0.67	0.21	0.79
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	CIP Plan vs Actual Performance	Efficiency delivery is progressing and has achieved £1.5m YTD, however there is a shortfall compared to Plan of £0.4m. Divisional efficiencies are progressing well, however System transformation schemes are resulting in no savings being achieved due to system issues.	1. The Divisional efficiency plan is expecting a £2.2m shortfall in delivery by year end, this is largely within Facilities & Medicine Divisions 2. System transformation schemes are expecting a nil achievement for the full year	Continue to monitor efficiency delivery through the efficiency steering committee	Divisions to continue to identify efficiency opportunities
NGH	01/08/22	Efficiency Plan vs Actual Performance	The Trust is significantly behind it's efficiency target, achieving approximately 20%	This is due to not yet being able to reduce agency expenditure (a key element) due to operational and other pressures	Schemes are being reviewed, and any potential barriers to cost reduction being assessed	Schemes are being reviewed, and any potential barriers to cost reduction being assessed

Surplus / Deficit YTD (M)

Committee Name: All

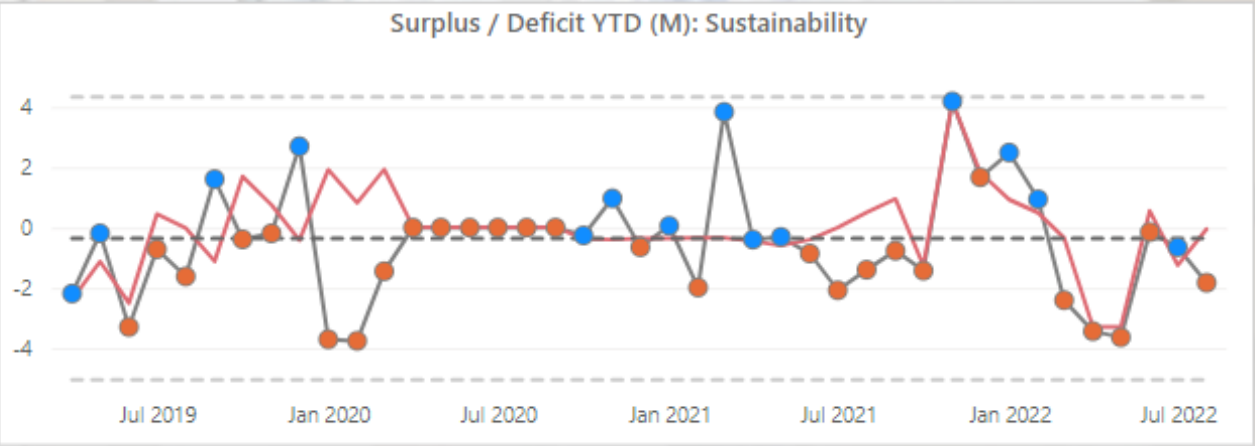
GroupName: Sustainability

MetricName: Surplus / Deficit YTD (M)

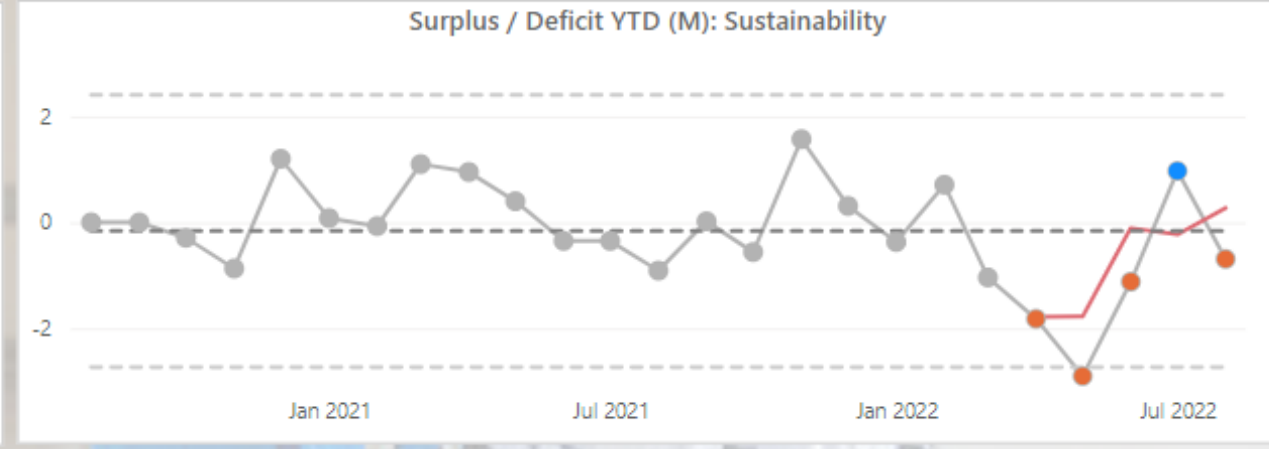
01/04/2019 – 18/02/2023

-1.83	-0.05	-0.69	0.27
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	I&E Surplus Plan vs Actual Performance	The M5 financial position has been estimated due to finance system unavailability, the position is directionally correct but has relied on an assessment of expenditure. The Trust saw a YTD deficit (M1-5) of £9.7m, which is £2.37m unfavorable to Plan.	The deterioration in performance is due to the financial position not improving in line with plan expectations as expenditure run-rate has remained in line with prior months. Pay expenditure reductions have not been achieved and continuing inflationary pressures are resulting in overspends within non pay.	1. Efficiency delivery to be monitored through the efficiency steering committee 2. HMT to continue to identify options to close the financial gap - £6m is still unidentified 3. Agency pay to be monitored through the agency review meetings	1. Divisions to continue to identify efficiency schemes 2. Ensure all recruitment plans are in place to reduce agency and locum premium payments 3. Continue to review covid capacity to identify options for stepping down additional resource
NGH	01/08/22	I&E Plan vs Actual Performance	The Month 5 financial position has been estimated due to the unavailability of the finance system. The position is directionally correct but has relied on an element of estimation in expenditure. The Trust is reporting a £5.5m deficit, £2m off plan.	The primary driver causing the Trust to be off plan is the under delivery of efficiencies. Efficiencies are phased to increase throughout the year.	Divisional reviews and efficiencies to continue to be monitored closely	Review of potential invest to save impacts and barriers to removing

Systems and Partnerships

Committee Name

Integrated Governance Report (I...

GroupName

Systems and Partnerships

10	4	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	62-day wait for first treatment	55.80%
NGH	62-day wait for first treatment	62.70%
KGH	6-week diagnostic test target performance	57.87%
NGH	6-week diagnostic test target performance	75.83%
NGH	Bed utilisation	85.77%
KGH	Bed utilisation	96.25%
NGH	Cancer: Faster Diagnostic Standard	81.39%
KGH	Cancer: Faster Diagnostic Standard	85.10%
NGH	Patients with a reason to reside	62.68%
KGH	Patients with a reason to reside	70.83%
NGH	RTT median wait incomplete pathways	11
KGH	RTT median wait incomplete pathways	12
KGH	RTT over 52 week waits	76
NGH	RTT over 52 week waits	155
KGH	Stranded patients (7+ day length of stay)	260
NGH	Stranded patients (7+ day length of stay)	376
KGH	Super-Stranded patients (21+ day length of stay)	98
NGH	Super-Stranded patients (21+ day length of stay)	189
KGH	Theatre utilisation	78.00%
NGH	Theatre utilisation	79.06%

Metric	Comment
Cancer :-	As a trust we continue to exceed the 28 Day Faster Diagnosis and are top performer in the region - national colleagues are seeking to understand our achievement to support other organisations support with. We also continue to achieve the 31 Day target (from decision to treat to treatment). Our 62-day (2ww referral to treatment) performance continues to be a challenge, particularly in Urology, Colorectal, Head & Neck and Gynaecology services. A full recovery action plan has been developed, debated, and agreed through the governance routes. A sustained recovery is dependent on some key pathway improvements, in particular: diagnostic imaging and pathology reporting turn-round times; actioning decisions from MDTs; adherence to agreed national pathways. There are specific site issues such as implementing the urology 1-stop which are hindering recovery. Some of these are process changes but others will require resources and the impact of these are reflected in the recovery timescales. It has been agreed to focus on delivering prostate pathology in a 7-day turn-round time, to support this challenged pathway but also support a business case being for the resources required to achieve this across all tumour sites. Implementation of digital pathology is a key element, and IT support to implement the technology that is now on site, is needed. To ensure oversight and to expedite delays a bi-weekly Confirm and Challenge meetings which are chaired by the Deputy Chief Operating Officer take place.

Systems and Partnerships

Committee Name

Integrated Governance Report (I...

GroupName

Systems and Partnerships

10	4	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	62-day wait for first treatment	55.80%
NGH	62-day wait for first treatment	62.70%
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NGH	Super-Stranded patients (21+ day length of stay)	189
KGH	Theatre utilisation	78.00%
NGH	Theatre utilisation	79.06%

Metric	Comment
Referral to Treatment (RTT) :-	At the end of August 2022 there were 53 patients who had waited 52 weeks for their treatment, ahead of the target in our IBP submission. 5 of these were patients who have been transferred from UHL as part of the offer of mutual aid, all having waited 104 weeks or more. We will continue to offer UHL mutual aid to support as the drive to achieve a max wait of 78 wks by March 23. The national expectation is that by end Sept no patients should wait over 104wks except those that have chosen to wait to be treated. Due to the continued transfer of patients this is an unlikely scenario unless patients choose not to accept our appointment and surgical date offers and then get categorised as patient choice. The overall PTL is rising significantly, driven by an increased demand (referrals) and because capacity has not yet returned to pre pandemic levels. To support this Ramsay Woodlands have offered to transfer 200-300 cases to them as they are seeing less demand than planned. Initial conversation has been started (Aug 22) with next steps based around the establishment of transfer criteria for Woodlands. The Patient Access Board continues to meet weekly to monitor and maintain oversight of all waiting list management.
Urgent Care :-	Attendances to our Emergency and Urgent care services are back to pre-pandemic levels, yet despite this our conversion rate to admission remains good as does our 60-minute ambulance hand over performance. Our bed occupancy remains over 97%, and as a result we regularly open escalation areas for additional capacity to support flow safely. Safe and timely discharge is one of our top priorities and therefore we continue to focus our efforts on our ward and discharge processes and have seen some results with LOS reducing on some of our wards. Oversight of this work is governed by the Hospital discharge steering group that meets weekly and is chaired by the COO. We are also working closely with our system partners to review pathways and reduce the length of time a patient currently waits, for their onward journey from hospital once medically fit. The number of patients with a length of stay (LOS) greater that 21 days has now reduced to below 100.

Systems and Partnerships

Committee Name

Integrated Governance Report (I...

GroupName

Systems and Partnerships

10	4	0
Total No. of Metrics	Exec comments KGH	Exec comments NGH

KGH | NGH

Site	MetricName	Value
KGH	62-day wait for first treatment	55.80%
NGH	62-day wait for first treatment	62.70%
KGH	6-week diagnostic test target performance	57.87%
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KGH	Stranded patients (7+ day length of stay)	260
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KGH	Super-Stranded patients (21+ day length of stay)	98
NGH	Super-Stranded patients (21+ day length of stay)	189
KGH	Theatre utilisation	78.00%
NGH	Theatre utilisation	79.06%

Metric	Comment
Diagnostics :-	August's unvalidated performance is 56% against the national target of 99.1%, a declining position from 60% In July. The driver for this underperformance is due to four challenged modalities, MRI, CT, u/s and echo. Revised demand and capacity plans have been develop based on improved demand data which showed demand has significantly outstripped previous assumptions, with 21% increase in CT, 16% MRI and 24% u/s. The latest C&D trajectories show that CT (with some internal additional capacity) and echo will recover performance during 2022. U/S requires additionality which the service provide on an ad hoc basis, but this is not sustainable and therefore additional mitigation is required. MRI requires additional capacity which will require significant resourcing. This has been presented to execs and PFR committee with a business case to mitigate the backlog prior to CDC provision coming online being presented to the system ICB In September. We have established a weekly diagnostic access meeting with modality leads and the Head of Access to discuss plans and pressures within the service. This continues to have had a positive impact on performance with oversight monitored via the Patient Access Group. There is still considerable work to do to ensure our processes are robust and implemented consistently.

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
- Sustainability
- Systems and Partnerships

SITE
- Select all
- KGH
- NGH

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

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and P...	62-day wait for first treatment	01/07/22	55.80%	85.00%	56.5%	74.98%	93.46%			Not Consistently Anticipated to Meet Target
NGH	Systems and P...	62-day wait for first treatment	01/07/22	62.70%	85.00%	51.33%	70.45%	89.57%			Not Consistently Anticipated to Meet Target
NGH	Systems and P...	Cancer: Faster Diagnostic Standard	01/07/22	81.39%	75.00%	71.36%	79.01%	86.67%			Not Consistently Anticipated to Meet Target
KGH	Systems and P...	Cancer: Faster Diagnostic Standard	01/07/22	85.10%	75.00%	74.87%	83.66%	92.46%			Not Consistently Anticipated to Meet Target
KGH	Systems and P...	6-week diagnostic test target performa...	01/08/22	57.87%	99.00%	65.48%	81.69%	97.9%			Consistently Anticipated to Not Meet Target
NGH	Systems and P...	6-week diagnostic test target performa...	01/08/22	75.83%	99.00%	69.54%	79.89%	90.24%			Consistently Anticipated to Not Meet Target
NGH	Systems and P...	RTT over 52 week waits	01/08/22	155	0	149	293	438			Consistently Anticipated to Not Meet Target
KGH	Systems and P...	RTT over 52 week waits	01/08/22	76		-6	18	42			Not Consistently Anticipated to Meet Target
KGH	Systems and P...	RTT median wait incomplete pathways	01/08/22	12		9	11	12			Consistently Anticipated to Meet Target
NGH	Systems and P...	RTT median wait incomplete pathways	01/08/22	11	11	8	10	11			Not Consistently Anticipated to Meet Target
KGH	Systems and P...	Theatre utilisation	01/08/22	78.00%		66.47%	73.24%	80.01%			Consistently Anticipated to Meet Target
NGH	Systems and P...	Theatre utilisation	01/08/22	79.06%		51.03%	72.67%	94.3%			Consistently Anticipated to Meet Target
KGH	Systems and P...	Bed utilisation	01/08/22	96.25%		84.62%	91.15%	97.68%			Consistently Anticipated to Meet Target
NGH	Systems and P...	Bed utilisation	01/08/22	85.77%		77.01%	82.41%	87.81%			Consistently Anticipated to Meet Target
NGH	Systems and P...	Stranded patients (7+ day length of stay)	01/08/22	376	0	276	305	335			Consistently Anticipated to Not Meet Target
KGH	Systems and P...	Stranded patients (7+ day length of stay)	01/08/22	260		200	246	292			Consistently Anticipated to Not Meet Target
NGH	Systems and P...	Super-Stranded patients (21+ day lengt...	01/08/22	189	0	97	117	138			Consistently Anticipated to Not Meet Target
KGH	Systems and P...	Super-Stranded patients (21+ day lengt...	01/08/22	98		60	89	118			Consistently Anticipated to Not Meet Target

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
- Sustainability
- Systems and Partnerships

SITE

- Select all
- KGH
- NGH

Variation

- Select all
- Concern (High)
- Concern (Low)
- Improvement (High)
- Neither (High)
- Common Cause

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Systems and P...	Patients with a reason to reside	01/08/22	62.68%	95.00%	47.68%	62.26%	76.85%			Consistently Anticipated to Not Meet Target
KGH	Systems and P...	Patients with a reason to reside	01/08/22	70.83%		63.94%	69.05%	74.15%			Consistently Anticipated to Meet Target

62-day wait for first treatment

Committee Name: All

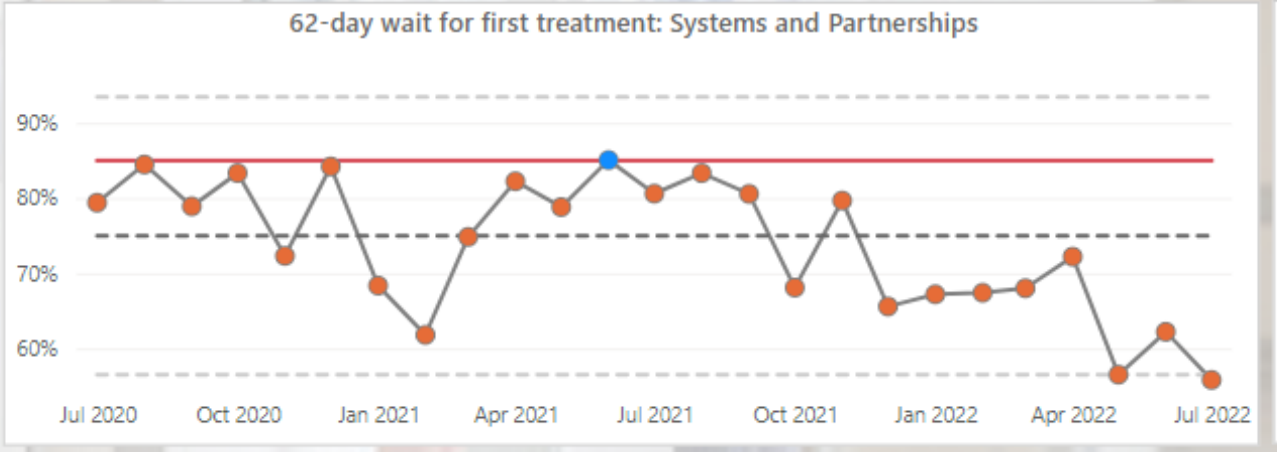
GroupName: Systems and Partnerships

MetricName: 62-day wait for first treatment

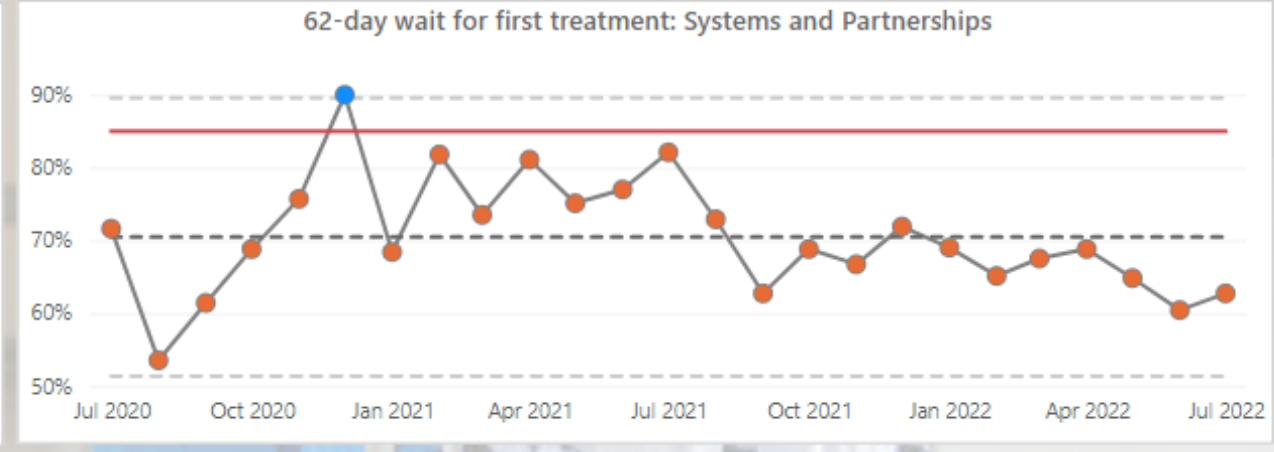
01/04/2019 – 18/02/2023

55.80%	85.00%	62.70%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/06/22	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not achieve the standard of 85%. Performance for June was 62.2% this was an increase of 5.7% from Mays performance	We continue to see reduced capacity for LATP in Urology. An increase in COVID related delays (both workforce and patients) affecting booking times of diagnostics. additional waits for patients to be clear to attend An increase in patient choice due to holidays etc	Recent appointment of LATP Nurse. Registrar lists to commence end of August. Cancer recovery action plan discussed and updated weekly by division	We continue to hold the twice weekly Confirm and Challenge meetings, we discuss every patient passed breach date and up to day 31 of their pathway. This is chaired by the cancer management team and the DCOO.
NGH	01/06/22	% of patients whose treatment in initiated within 62 days of urgent referral	The Trust undertook 101 treatments during June which was in line with pre covid activity There were 40 breaches the highest number over the past 2 years resulting in 62 day performance of 60.4%, a further reduction on the previous month and sustained decline in performance since April.	With the ongong rise in referrals and the trust unable to reduce its legacy patients the recovery of the 62 day standard will remain a big challenge unless additional capacity can be added	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 past two years	NGH were third in the region for the 62 day performance, not one trust in the region achieved the standard and this is refelcted nationally. Site and corpoarte ptl meetings continue to oversee and escalte patients to divisons that need to expedite milestones

Cancer: Faster Diagnostic Standard

Committee Name: All

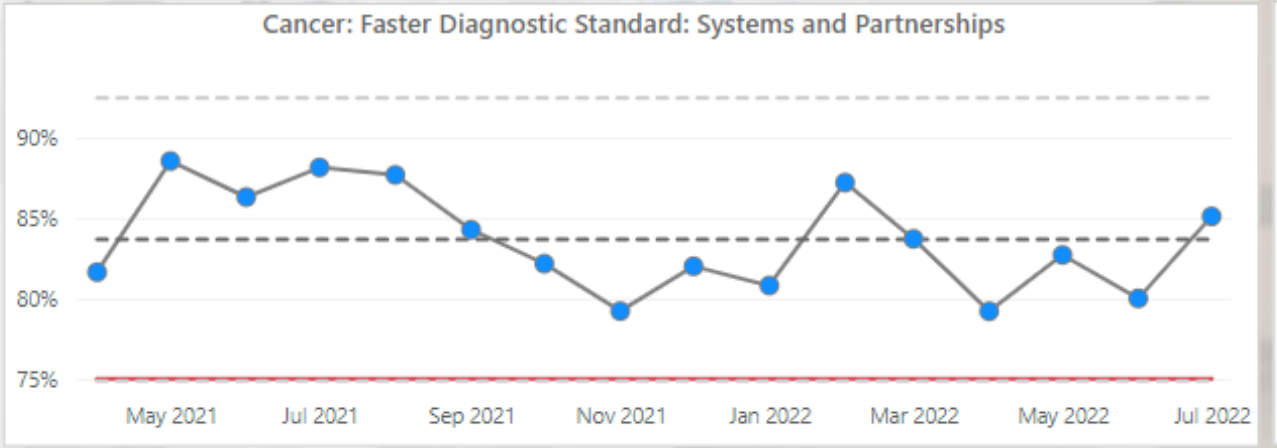
GroupName: Systems and Partnerships

MetricName: Cancer: Faster Diagnostic Standard

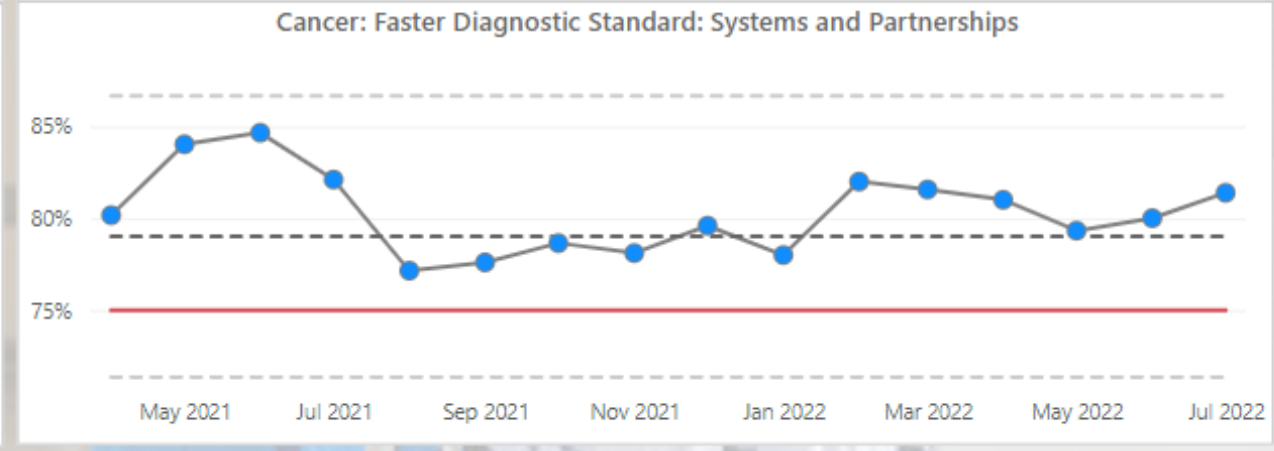
01/04/2019 – 18/02/2023

85.10%	75.00%	81.39%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Cancer: Faster Diagnostic Standard

4/1/2019 – 3/1/2023

85.10%	75.00%	81.39%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/07/22	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard at 85.1%	Further capacity requried for Gynae One Stop clinic Urology are not currently achieving this standard	Gynae service are seeking additional estate and staffing resource for increased hysteroscopy capacity Increased PTL meetings continue to maintain focus and performance.	Shared PTL with Histopathology and radiology to ensure timely booking and reporting of investigations. Additional LATP capacity to commence 19th September Appointment of LATP nurse start date TBC
NGH	01/07/22	The Trust continues to exceed this standard each month and has been approached by the East Midlands Cancer Alliance to facilitate a visit to understand our current best practice	The Trust has exceeded the standard for July reaching 81.4% against the 75% standard	Lower GI continues to be the most challenged site not achieving this standard and is national challenged.	Numerous meetings have been held between the cancer management team and the clinical team identifying areas of improvement, a further meeting will be scheduled now staff have returned from summer leave to progress this further	Trust is surpassing the standard

6-week diagnostic test target performance

Committee Name: All

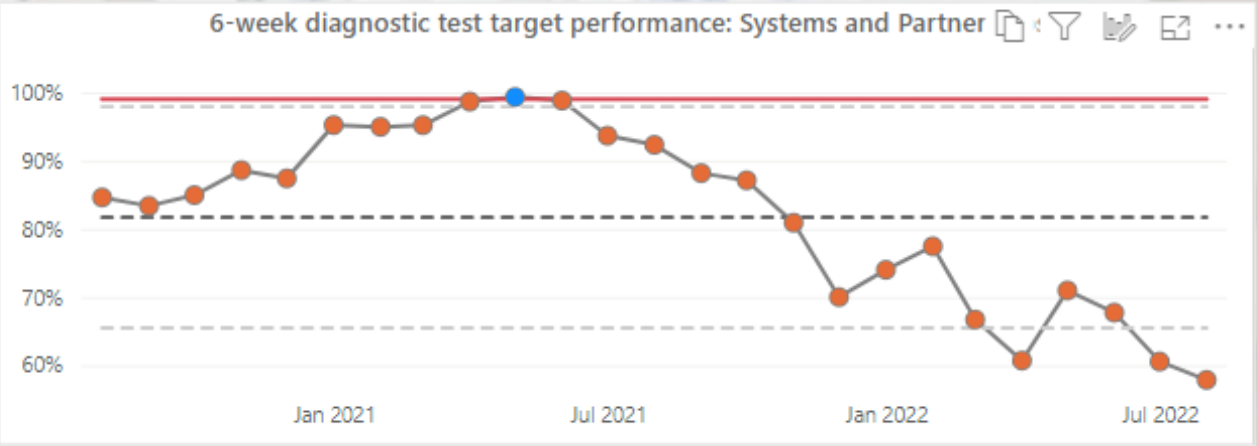
GroupName: Systems and Partnerships

MetricName: 6-week diagnostic test target performance

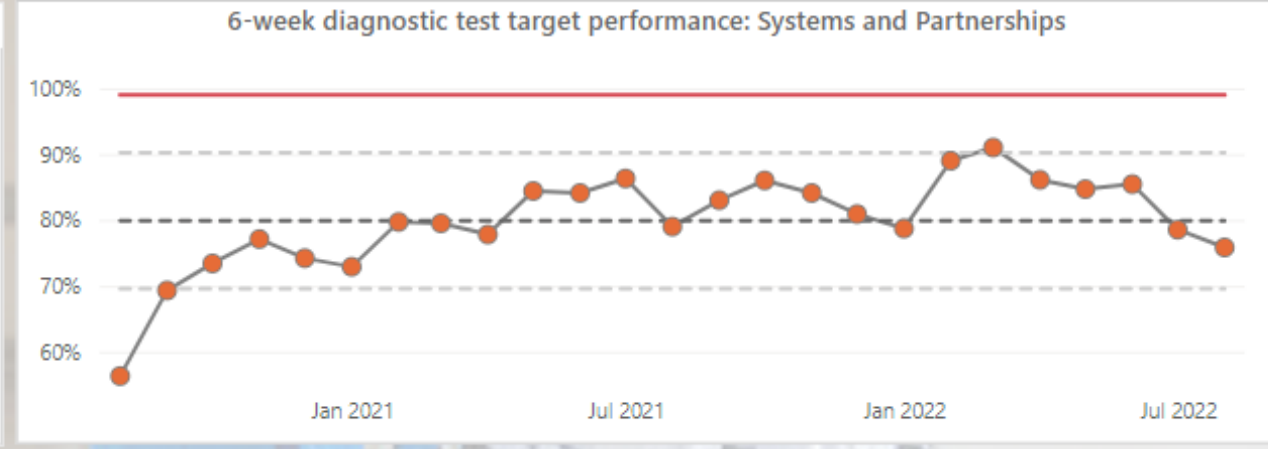
01/04/2019 – 18/02/2023

57.87%	99.00%	75.83%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



6-week diagnostic test target performance

Committee Name: All

GroupName: Systems and Partnerships

MetricName: 6-week diagnostic test target performance

4/1/2019 – 3/1/2023

57.87%	99.00%	75.83%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of patients seen with 6 weeks from point of request to diagnostics being carried out.	The un-validated position for Aug is 56.6% against the 99.1% target for patients seen within 6 weeks of request.	Imaging continues to be a point of concern for diagnostics performance. Referrals for MRI/CT and NonObs-Ultrasound continue to exceed that of expected levels seen in years past. Both MRI and US have PTLs of over 4k patients as at the end of August 2022. Woodlands support has now stopped which will see an impact in capacity available to both CT and MRI. DNA levels for US has also seen a sharp increase which has impacted activity. 2ww and Urgent request continue to take up over 50% of the capacity available within these modalities. This results in routine requests being delayed as efforts are made to ensure patients are seen within 2 weeks. Sickness and annual leave have also impacted capacity in all modalities. Most staff impacted by Covid have begun returning. Cardiac Investigations has seen a decline in performance as a direct result of sickness and leave within the department which has reduced the number of clinics being run. Respiratory physiology - sleep studies has struggled with limited staffing (down to half the usual establishment) to provide clinics needed to maintain performance.	CT - Plans in place to see extended days (8-8) which will allow for more patients to be seen. This is presently reliant on new staff becoming more competent to manage the extended hours. US - Business cases are being drafted for presentation to trust executive team that will detail the position of the modality and where changes will be needed to see the modality recover. Interview planned for vacancy in September22. Plans for text message reminders to become operational in October22 MRI - The delayed mobile cardiac unit will arrive in September and is planned to be at full capacity by October22. This will release capacity for dedicated Cardiac MRIs. Cardiac Investigations will work to increase lists as staff return from annual leave and sick leave. Sleep studies consultant on study leave due to return in September22. Recruitment processes in place for lead consultant due to leave in September22.	Weekly DM01 Access meetings take place with all modality leads and the Head of Access. Weekly updates from Imaging leads presented as Patient Access Group chaired by the DCOO. Imaging trajectory is being monitored and updated with live intelligence as this is made available.
NGH	01/08/22	• 75% against 99% target for August.	• Under-performance against diagnostic target	•High volume of referrals. • MRI and echo continue to be challenged. • Additional capacity for MRI being explored. •Increased Inpatient, Cancer and Urgent care demand across all modalities. •Continued emergency pressures and Covid-19 demand. . Additional weekend work is being completed where feasible. •Volume of cancer inpatient demand & urgent care work has impacted on the backlog clearance.	• Additional capacity for MRI being explored. • MRI Business case for additional van as interim under review • Echo Insourcing case approved - Implementation in progress • Support from KGH and independent sector continually being explored. • MSK/U/S additional sessions being offered out to clinicians • Training to be provided for diagnostics validation for Radiology	• Weekly Diagnostic PTL • Escalation to DCOO and COO via Access Committee

RTT over 52 week waits

Committee Name: All

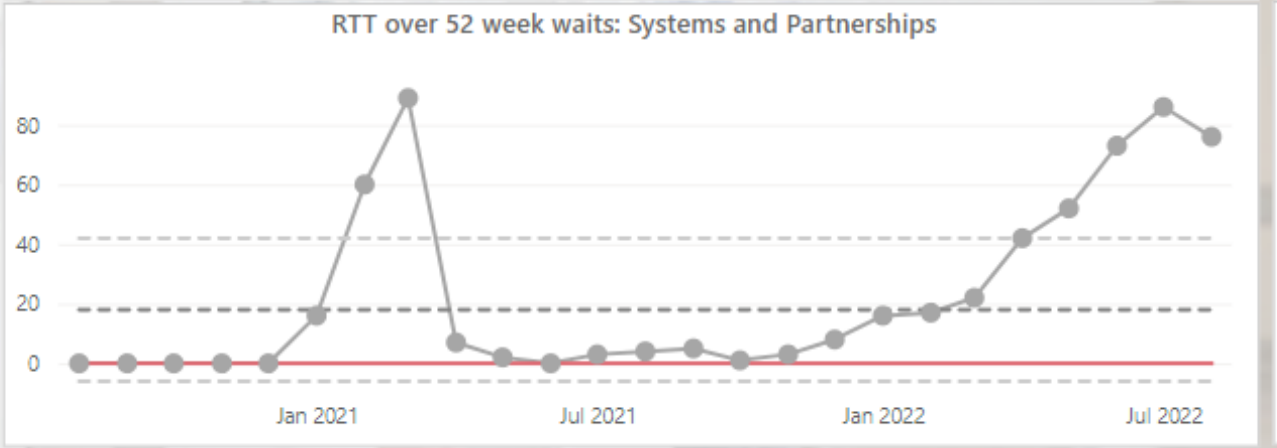
GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

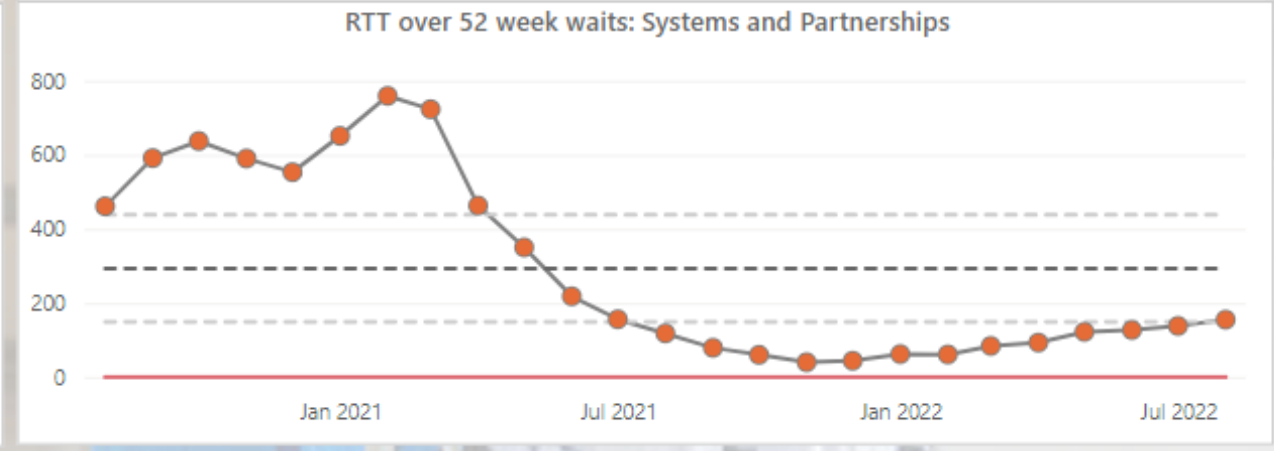
01/04/2019 – 18/02/2023

76		155	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



RTT over 52 week waits

Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT over 52 week waits

76		155	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	There has been a decline in the number of patients waiting 52 weeks or more for treatment on the RTT wait list to 76 patients.	Unvalidated position for August 22 suggests 76 patients with a reported wait of 52 weeks or more. 5 of these patients are Inter-Provider Transfer patients from UHL as part of the mutual aid agreement. 63 of these patients are on an IP Pathway. 46 of these have a TCI (42 in September, 4 in October). 17 need a TCI and are delayed due to case complexity or patient choice. There are 12 on a Non-Admitted Pathway. Mutual Aid patients continue to be transferred from UHL which are given priority for OPA and IP treatment to support the regional request to see all long waits cleared by end of the FY. Patient choice continues to be a root cause for delays to treatment as patients are choosing to wait.	Work continues to ensure patients are booked as soon as practically possible. Theatre Utilization being monitored to maximise capacity and patients being treated. IPT patients are tracked and monitored to ensure they are listed for treatment	Patients who have no next steps planned are reviewed at Patient Access weekly meetings chaired by DCOO PTL meetings continue within specialties to ensure next steps are planned and in place with issues escalated where needed. Mutual aid being considered to support treatment of patients listed for TCIs under 30 weeks. Clinical Harms reviews are conducted on all patients who have waiting 52 weeks or more for treatment.
NGH	01/08/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	155 patients are currently waiting more than 52 weeks for treatment	NGH has now taken 142 long waiting patients (most >than 104 weeks) from UHL. These are being managed on top of our own activity due to their wait times. Most pressured areas are T&O, ENT and Cardiology. As these patients have waited longer than our own patients they are being treated as a priority but this is impacting on longer waiting times for our patients	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item. Weekly mutual aid meeting with NHSE in place with updates required a patient level each week.	Harm reviews completed on any patient who waits more than 52 weeks for treatment. Additional support from IS partners agreed to reduce the numbers waiting and allow NGH to concentrate on the longest waiters and the most complex .

RTT median wait incomplete pathways

Committee Name: All

GroupName: Systems and Partnerships

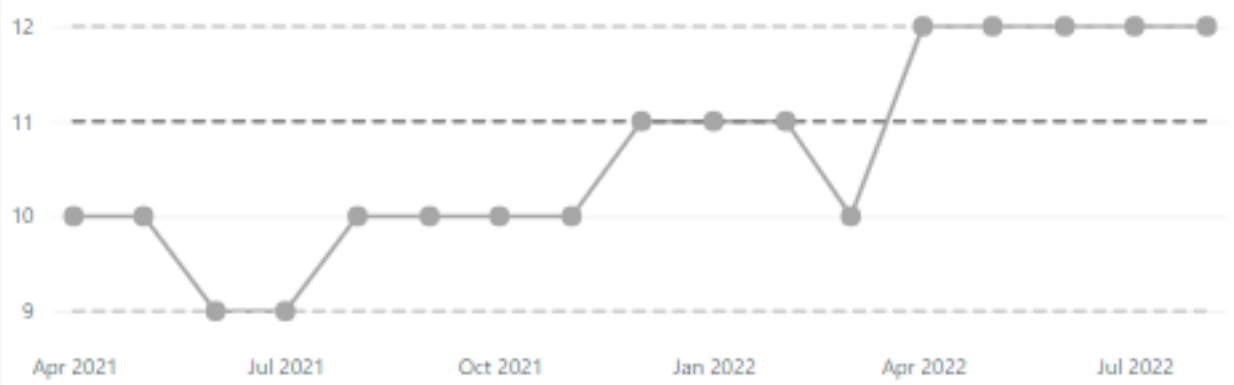
MetricName: RTT median wait incomplete pathways

01/04/2019 – 18/02/2023

12		11	11
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Northampton General Hospital

RTT median wait incomplete pathways: Systems and Partnerships

RTT median wait incomplete pathways

Committee Name: All

GroupName: Systems and Partnerships

MetricName: RTT median wait incomplete pathways

12		11	11
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% of patients waiting more than 18wks for treatment (incomplete pathways)	A stable, but too high median wait for patients	On the admitted pathways we have seen patients declining multiple dates and are preferring to delay treatment for social reasons. Non-admitted pathways have seen significant delays with both New and Follow Up appointments Theatre capacity has seen an increase need for Cancer and Trauma patients which has reduced the capacity to treat RTT patients.	Divisions have been taksed with having Zero patients waiting over 40 weeks for their 1st appointment, this target will continue to be reduced to support in patients being seen sooner and added to WL where needed. Patients on admitted pathways continue to be dated as soon as possible and are monitored via bi weekly PTL meetings. Patients who are choosing to wait for treatment are being forwarded for clinical validation to ensure they are still required to wait on an active waiting list or possibly discharged until they are ready to proceed with treatment. Clinical Harms Reviews are conducted for patients waiting in excess of 52 weeks before treatments.	Patient Waiting Lists are reviewed at Patient Access Board weekly chaired by DCOO
NGH	01/08/22	Median wait for patients is a trial metric from NHSEI that NGH are trialling. The target set is 10.5 weeks which is being maintained	Target is being consistently met (although the graph consistently shows the figures as 11weeks!)	.	.	.

Theatre utilisation

Committee Name: All

GroupName: Systems and Partnerships

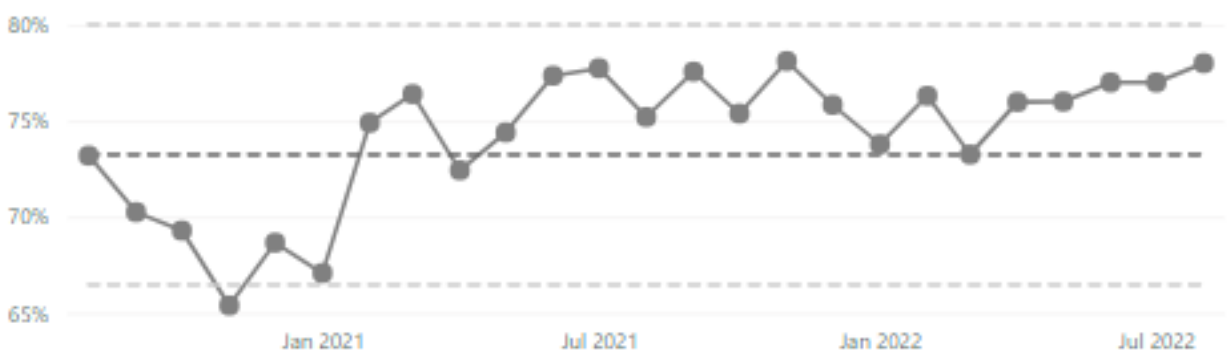
MetricName: Theatre utilisation

01/04/2019 – 18/02/2023

78.00%		79.06%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

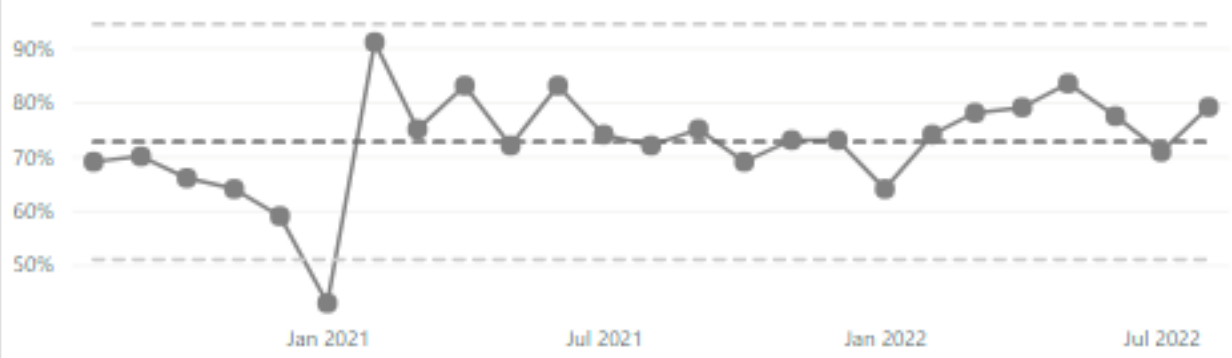
Kettering General Hospital

Theatre utilisation: Systems and Partnerships



Northampton General Hospital

Theatre utilisation: Systems and Partnerships



Theatre utilisation

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Theatre utilisation

78.00%		79.06%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Theatre utilisation % against 85% target	The chart tells us that theatre utilisation was at 78% in August	Theatre utilisation was affected by a high number of late cancellations of patients due to Covid and not booking lists fully due to issues within the Waiting List Office	Daily monitoring of booking levels by the WL Office and a focus on theatre starting times to ensure patients are not cancelled due to running out of time	Relaunched 642 and theatre scheduling meetings with weekly reports on booking practice
NGH	01/08/22	Theatre utilisation % against 85% national target	79% - consistently between 75 - 80%	Lack of informatics to monitor utilisation in real time. Cultural change required to drive the theatre lists, improve start and finish times. Team Leaders are constantly included in the theatre staffing numbers Admission team vacancies and new recruits resulting in lists not being fully booked Late cancellation of patients as have Covid or are unwell	- 6-4-2 meetings held weekly - Theatre dashboard in progress - Monthly Divisional Theatre Productivity meeting with Transformation support - OD support in theatre, working with Matrons and Team Leaders - Divisional management team visibility within theatres	- Implementation of Palentier - Relaunch of 6-4-2 meeting with help of Transformation Team - Weekly meeting with Admissions Team to review all theatre lists

Bed utilisation

Committee Name: All

GroupName: Systems and Partnerships

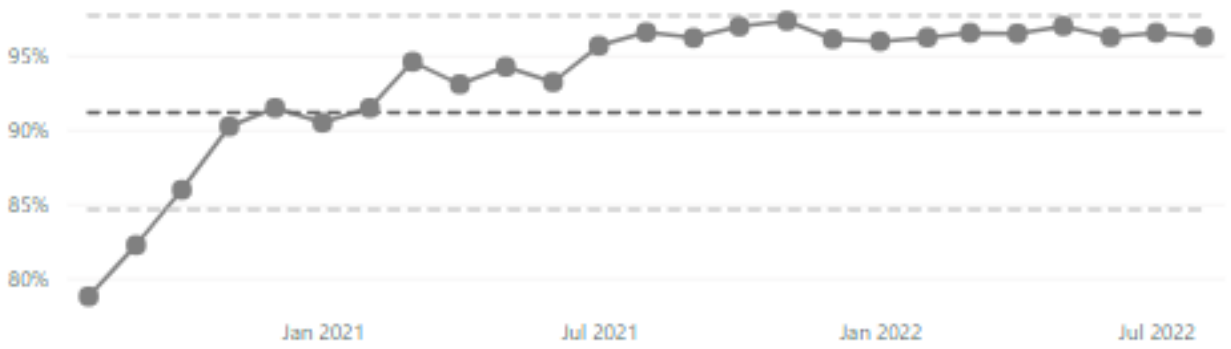
MetricName: Bed utilisation

01/04/2019 – 18/02/2023

96.25%		85.77%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

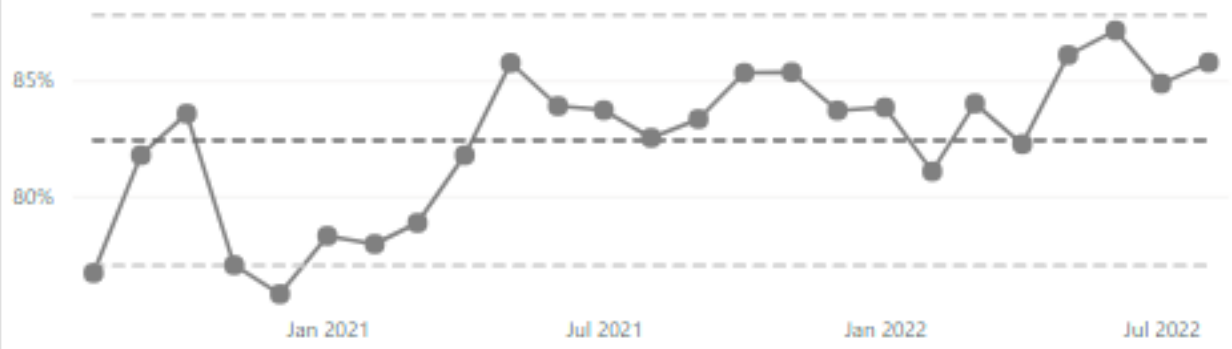
Kettering General Hospital

Bed utilisation: Systems and Partnerships



Northampton General Hospital

Bed utilisation: Systems and Partnerships



Bed utilisation

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Bed utilisation

96.25%		85.77%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	% General and acute beds utilised - excluding maternity	Bed utilisation remains consistently high at over at over 96%	Recommended national bed utilisation levels are 85% to support patients getting in to the right bed without delay. Utilisation over this, in particular over 95%, impedes timely flow and will result in patients being bedded in non ideal areas resulting in multiple bed moves. Bed modelling predicts continued 95%+ utilisation and this will require escalation capacity to manage peaks and impediment to flow and experience due to multiple moves	Continue to focus on pathway zero patients with no reason to reside Commencing weekly confirm and challenge re patients on any pathway - can we move from Pathway 1 to pathway zero Discharge Bronze 3 x weekly for all medical and surgical wards continues (all patients reviewed)	Additional discharge reviews at ward level every day for every patient when capacity is constrained and bed utilisation is high
NGH	01/08/22	% General and acute beds utilised - excluding maternity	reduction in occupancy	largely related to 'trapped beds due to covid, CPE nora virus etc also our ring fenced elective bed base will skew occupancy as acute bed base may be on 100% but elective can and often is reduced particularly over weekends		

Stranded patients (7+ day length of stay)

Committee Name: All

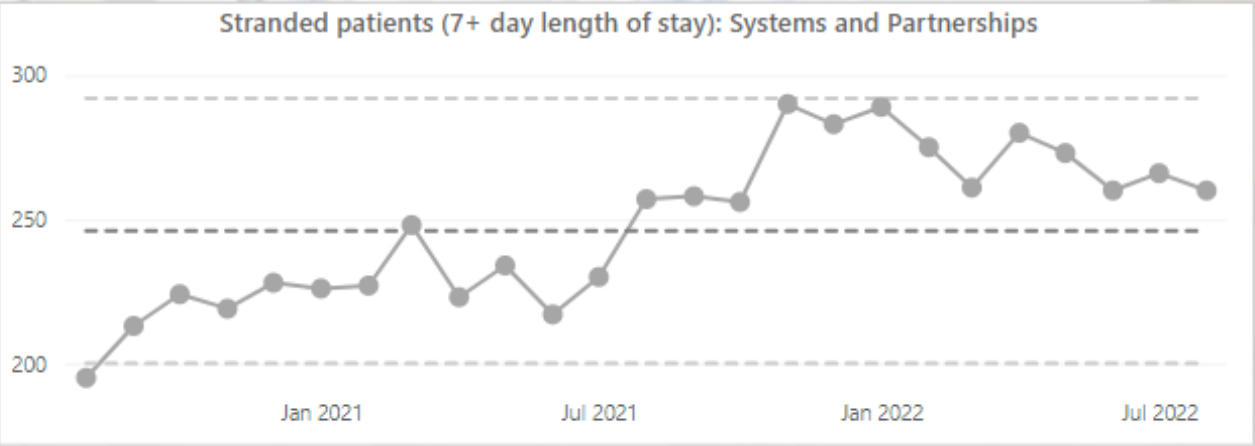
GroupName: Systems and Partnerships

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

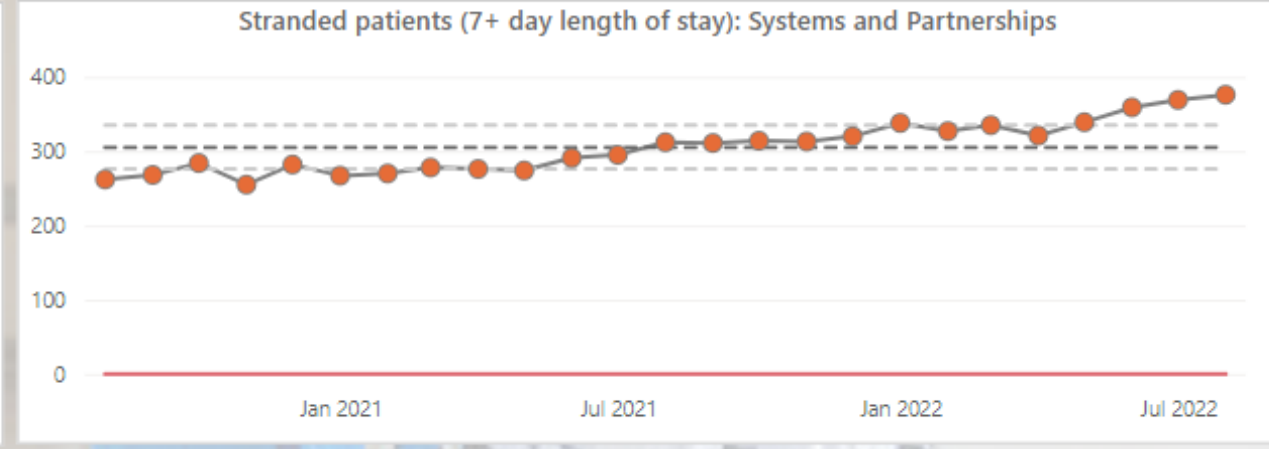
01/04/2019 – 18/02/2023

260		376	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Number of patients with a LoS > 7 days	Slight decrease in stranded patients	Reducing the number of stranded patients relies on consistent well led board rounds with senior medical leadership. Current staffing constraints across both medical and nursing staff present challenges to maintaining consistency which impacts our ability to reduce this figure	Care home data shared with senior teams on a daily basis to reduce delays back to care homes Twice daily board rounds continue Diagnostic information and booking schedules available daily to senior teams	Involvement of senior nurses and matrons to support senior decision making at board rounds when numbers begin to rise
NGH	01/08/22	Number of patients with a LoS > 7 days		This is driven by many factors such as acuity of pts being admitted, staffing defecits on wards and locum use as well as capacity in the community to supprot discharges.	Patient fiwo coordinators have been allocated to wards with the remit of progressing all actions and patient treatment plans on each board round, this has significantly reduced the in house delays such as waiting for imaging etc and is specifically focussed at reducing any delays and expiditing treatment plans on patients across the ward regardless of LOS but particular focus on simple pathway 0 dcs.	

Super-Stranded patients (21+ day length of sta[redacted]

Committee Name: All

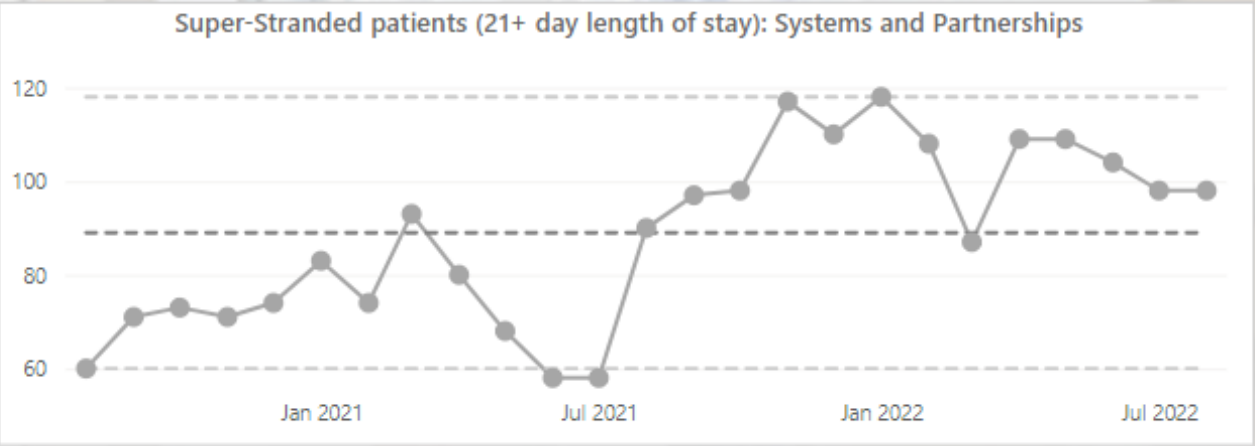
GroupName: Systems and Partnerships

MetricName: Super-Stranded patients (21+ day length o...

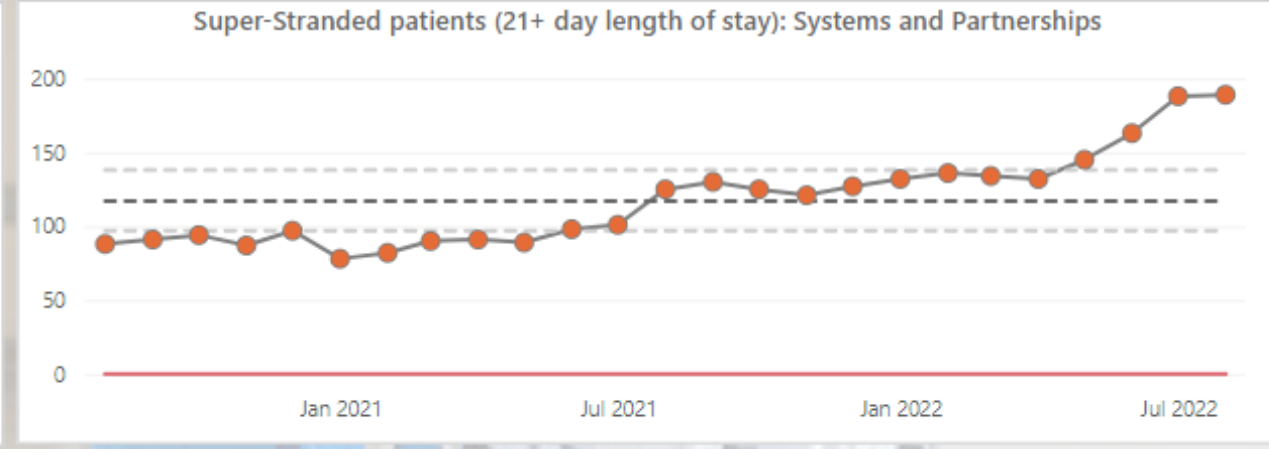
01/04/2019 – 18/02/2023

98		189	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	Number of patients with a LOS> 21 days	Super Stranded (LoS>21 days) numbers have reduced but now stabilised	Reliance on external partners to provide resources - placements and packages of care for these complex patients	Reviews of all Super Stranded patients 3 x per week with super complex review of selected patients 1 x per week with partners Daily updates with OOC providers Allocated actions for all senior dc co-ordinators on a daily basis to keep focus on these patients	Patient's reviewed daily when required escalate directly to ASC director / NHFT director with particularly complex cases
NGH	01/08/22	Number of patients with a LOS> 21 days		This is driven by many factors such as acuity of pts being admitted, staffing defecits on wards and locum use as well as capacity in the community to supprot discharges.		

Patients with a reason to reside

Committee Name: All

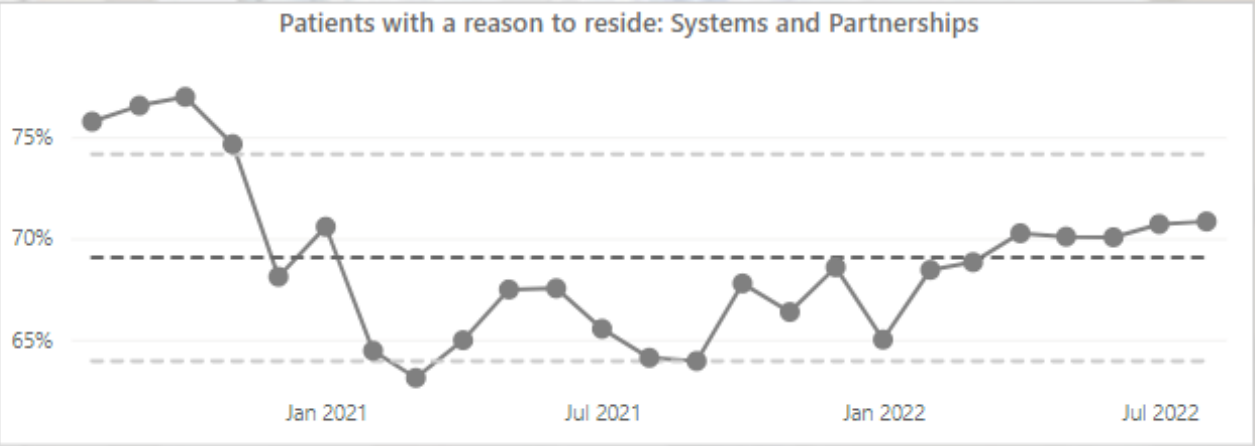
GroupName: Systems and Partnerships

MetricName: Patients with a reason to reside

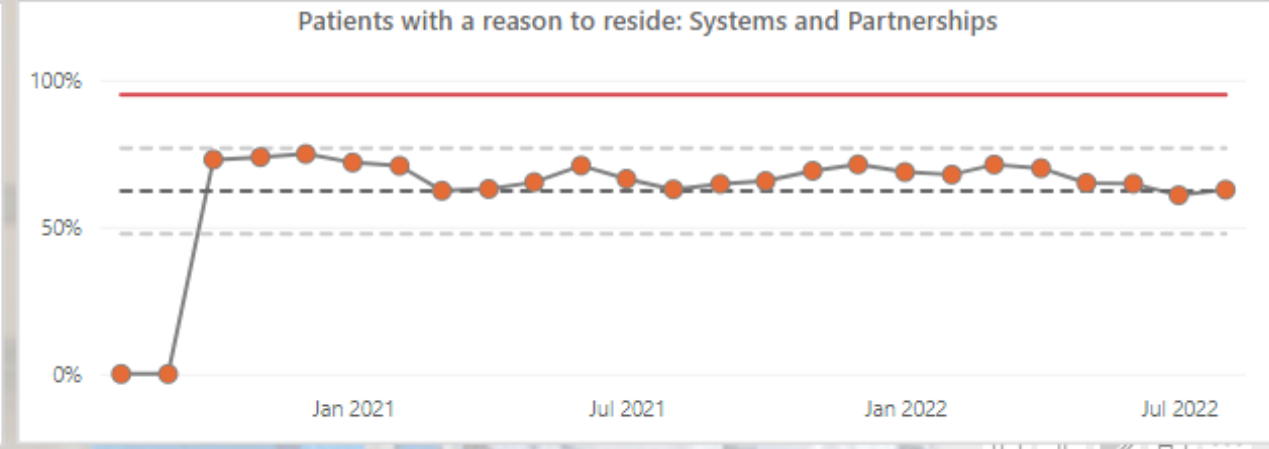
01/04/2019 – 18/02/2023

70.83%		62.68%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Patients with a reason to reside

Committee Name: All

GroupName: Systems and Partnerships

MetricName: Patients with a reason to reside

70.83%		62.68%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/22	The 5age of patients on average i the month whom have a documented reason to reside in a hospital bed	An increasing proportion of patients since April 2021 are being identified as having a reason to reside although it is relatively stable at 70% for the last 5 months.	30% of patients (approx. 140-150) do not have a reason to reside, with approx. 80-90 at any one point of time awaiting supported care discharge and a further 10-15 patients in the process of identifying the supported discharge package required.	The continued focus on those patients not requiring supported discharge (pathway 0) with the aim to have <8 by the 18.00 every day Continued work on ensuring the process to allocate a supported package has minimal delays and is identified while a patient has a reason to reside Continued work with partners to ensure a continual flow of supported discharges take place and identify gaps in provision	Gaps in complex P1 and P3 provision identified and Adult Social Care identifying provision as part of winter funding - ongoing sustainable provision required. Rehab capacity is a bottleneck.
NGH	01/08/22	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	62.68	A&E axt	Ongoing review of hub function and reconfiguring of complexsupprot team to look at more cross sector working are under way. Frailty SDEC and short stay are working to expand from current 5 days per week to 7. Refreshed super stranded meeting with cross sector attendance.	continual joint review of pts for specialist beds such as rehab by NHFT and NGH therapy staff to ensure that as pts progress waiting for the bed if they no longer require that bed when available other pt can seamlessly get the bed. Ongoing meetings an discussions with WASC re capacity, joint WASC and NGH role within frailty and UEC.

NGH Board
Finance Performance

Month 5 (August 2022)
FY 2022/23

Executive Summary

The finance ledger system outage is now resolved, however this was after the month 5 position was finalised, as such the month 5 report has been prepared on a similar basis to last month – directionally right and materially accurate based on the team's best assessment. The overall position will be reviewed in month 6 and any reconciliation adjustments will be put through month 6 position.

The Trust financial position in Month 5 is a deficit of £5.6m, which is £2.0m worse than plan. The primary driver of this position is under-delivery of efficiencies particularly agency reduction as well as under-delivery of the planned financial improvement target. We are actively working with Divisions to increase the scale and pace of change around agency reduction and general efficiencies delivery, recognising the ongoing operational difficulties and vacancies in some 'hard to recruit' specialties.

KEY VARIANCES - MONTH 5:

Income - £1.0m favourable variance in-month. The variance in-month is driven by:

- £0.7m non-recurrent VAT rebate and Local Authority funding to offset pay costs relating to ICAN posts (£0.4m).

Pay - £2.2m adverse variance in-month.

- The variance is driven largely by under delivery of efficiencies and financial improvement target (c.£1.0m). Further analysis on slide 8
- Pay costs offset by income funding
- £0.3m of agency staffing supporting year-to-date implementation of Electronic Patient Record.

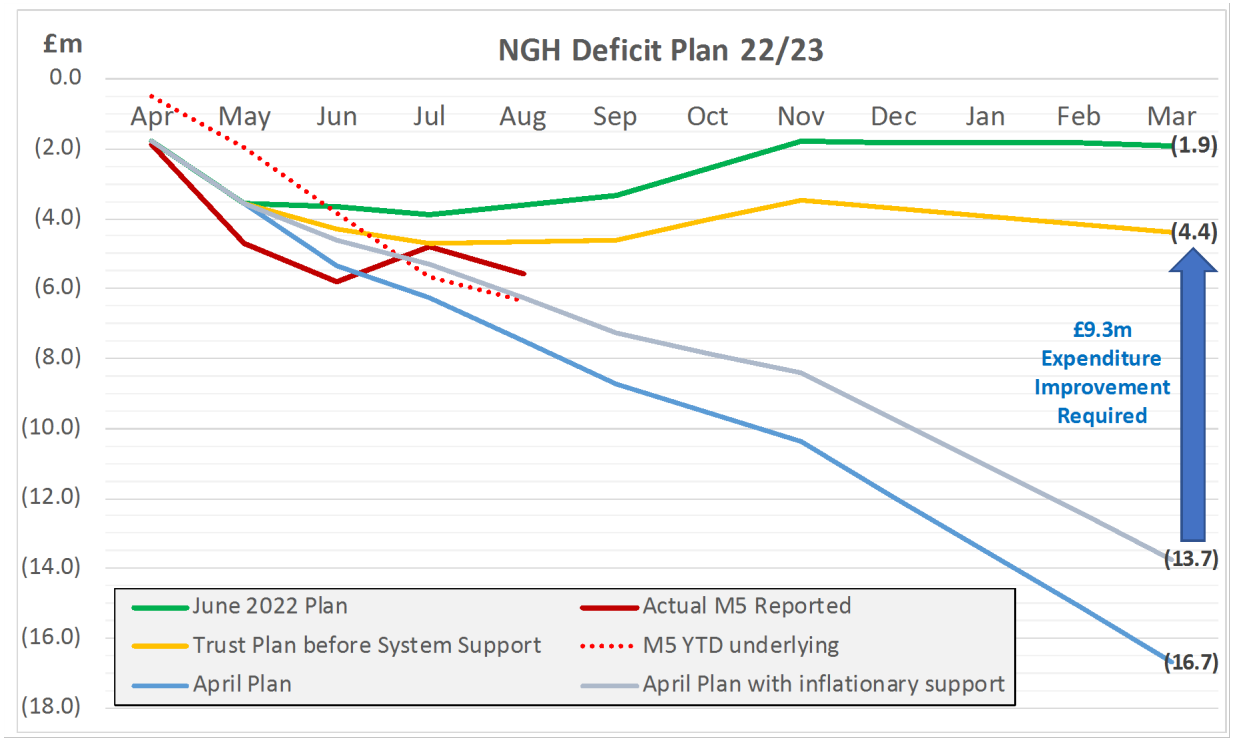
Non-Pay - £0.2m favourable variance in-month. The main variances in-month are driven by:

- £0.3m underspend on consumables on activity.
- £0.1m adverse on staff related costs, recruitment, training and office equipment.

Cash - The cash balance at the end of August is £31.7m. The Trust cash position was impacted by paying only essential payments during the system outage. This will return to normal levels by the end of September.

Capital - Spend at Month 4 is £1.2m with commitments of £2.8m (total £4.0m). The total capital plan has reverted to £28.6m following the withdrawal of the Endoscopy Expansion funding by NHSEI (£1.8m). The estimated slippage of nearly £4.0m relating to key capital programs will be vired to other schemes following agreement at Capital Committee.

Performance against the updated Financial Plan



The reported position at M5 of £5.6m deficit (as reflected by the solid red line) highlights the continued challenge posed by the financial plan, and in particular the £9.3m savings requirement.

The underlying deficit continues to increase, but potentially not at the same rate as the first four months. However month 5 performance is substantially estimated and further confirmation of quarter 2 financial performance will come once Month 6 accounts have been prepared.

The Trust continues to work on the delivery of the savings plan, alongside delivery of the £8.6m efficiency plan, £3.1m System iCAN efficiency and will provide regular updates to the Committee.

2022/23 M5 I&E Summary

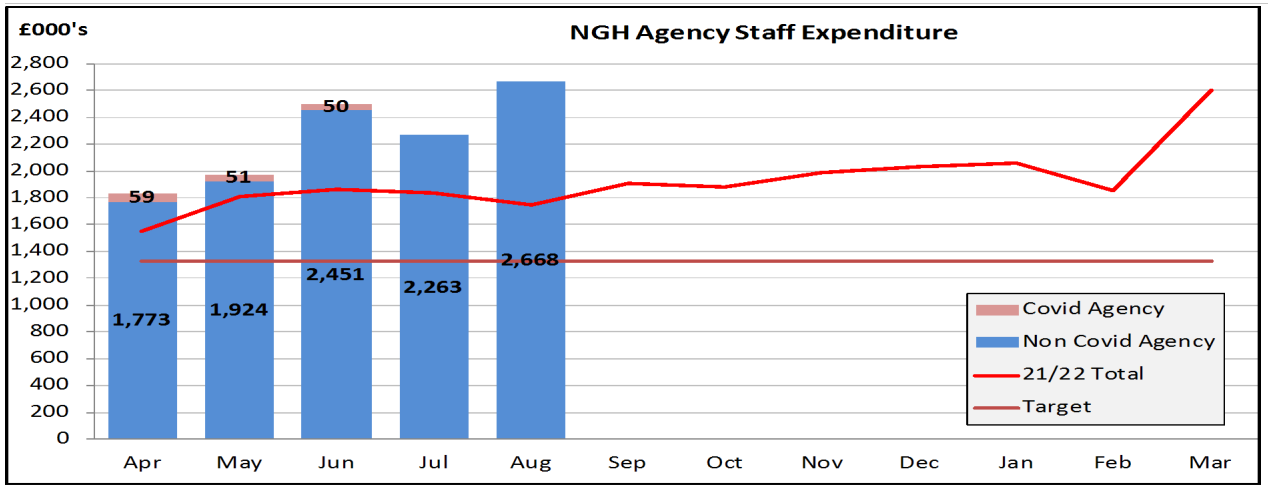
Description	NGH Year To Date			NGH In Month		
	Plan £m's	Actual £m's	Variance £m's	M4 Plan £m's	M4 Actual £m's	Variance £m's
Total Income	182.5	183.9	1.4	36.5	37.6	1.0
Total Pay	(126.4)	(131.3)	(4.9)	(24.4)	(26.6)	(2.2)
Total Non Pay	(58.1)	(56.7)	1.4	(11.6)	(11.4)	0.2
Operating (Deficit)	**(2.1)**	**(4.1)**	**(2.0)**	**0.5**	**(0.5)**	**(1.0)**
Capital Charges	(2.6)	(2.6)	(0.0)	(0.5)	(0.5)	(0.0)
Trust Surplus / (Deficit)	**(4.6)**	**(6.7)**	**(2.0)**	**0.0**	**(1.0)**	**(1.0)**
System Support Funding	1.0	1.0	0.0	0.2	0.2	0.0
I&E Surplus / (Deficit)	**(3.6)**	**(5.6)**	**(2.0)**	**0.2**	**(0.8)**	**(1.0)**

In Month 5 the Trust financial performance is a deficit of £5.6m, which is £2m worse than plan. The primary driver of this position is under-delivery of efficiencies of plus the required expenditure savings expected in the updated annual plan.

KEY VARIANCES - YEAR TO DATE:

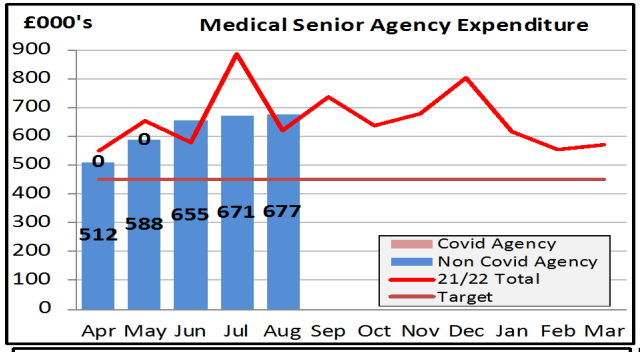
- **Income £1.4m Favourable to plan**
  - Elective recovery fund (ERF) income has now been included in the YTD at 100%, consequently the most significant variance has been removed from the Trust's position.
  - £0.7m of non-recurrent VAT review benefit from old years plus £0.4m income from local authority to reimburse iCAN costs and training income above plan.
- **Pay £4.9m over plan**
  - £2.0m under-delivery against the efficiency target to date.
  - Agency expenditure has continued to increase 5% from the exit of 21/22 due to increased dependency on agency nursing & admin/manager.
  - In total net terms the workforce is broadly on plan with pre-CIP 5,900wte budget, confirming overspend is due to the two factors of lack of efficiency and increased use of premium paid staff.
- **Non-Pay £1.4m favourable to plan**
  - £0.5m of the favourable variance relates to CNST premium reductions.
  - £0.4m favourable variance on estates maintenance costs; anticipated this underspend will contribute to the Financial Improvement target of £0.5m, although this will be challenged by inflation.
  - £0.2m favourable variance is due to assumptions on insourcing expenditure for elective recovery not currently being used.

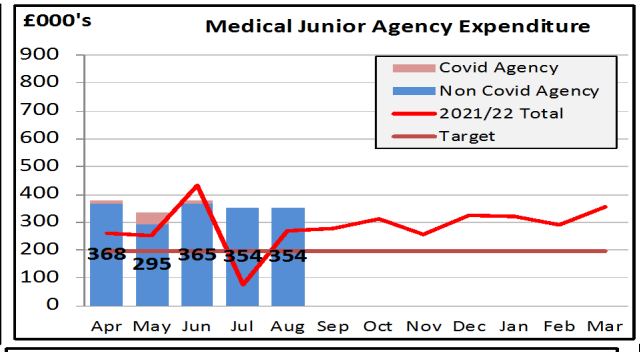
Agency Pay Expenditure

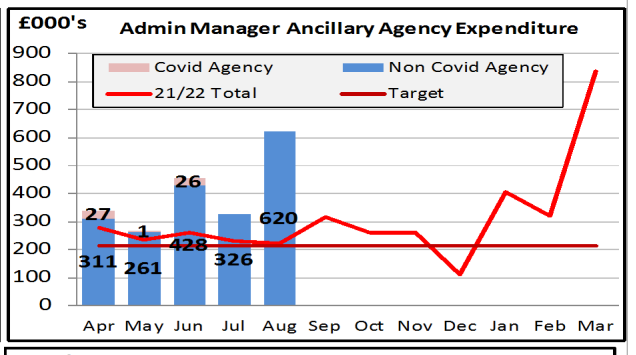


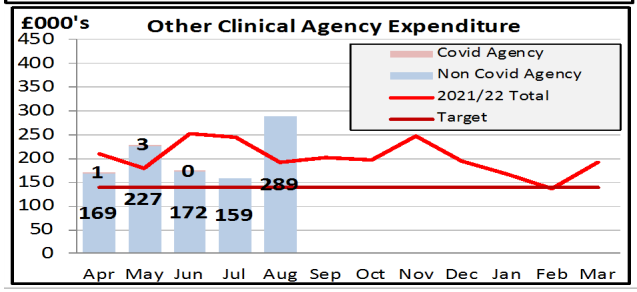
Agency spend and usage continue to be an area of key focus; including addressing underlying issues around vacancies, operational pressures whilst strengthening controls around usage.

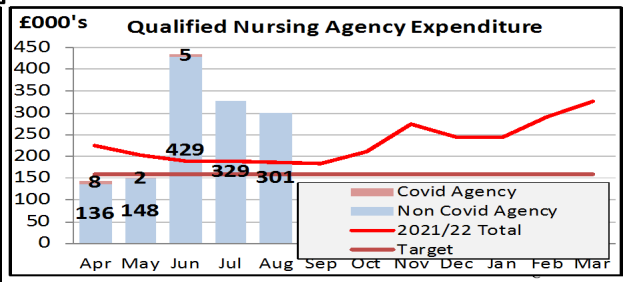
Monthly Agency spend of £2.67m in August included £0.3m of agency staffing now recognised as revenue expenditure in relation to Electronic Patient Record implementation.

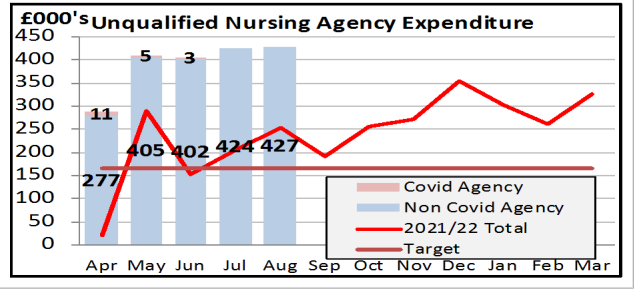












Statement of Financial Performance

Note: Due to the recent outage of E-Financials and the restoration exercise that is currently underway, some of the individual balances sheet balances have had to be estimated. This is primarily in Stock, Payables and Receivables. The commentary below highlights where estimates have been used.

The Opening Balance is the actual ledger balance as at 31st July. The following balances differ to those reported at M4 due to estimates being used at that time because of the E-Financials outage : Inventories (£0.2m), Trade & Other Receivables (£1.2m), Trade & Other Payables (£1.5m), Finance Lease Payable over 1 year (£0.2m), I & E Account (£0.1m)

The key movements from the opening balance are:

Non Current Assets

- There has been insignificant capital additions in M5 due to the system outage.
- Depreciation in M5 is as plan.

Current assets

- Inventories - £0.4m. Stock movement has been estimated as reducing.
- Trade and Other Receivables – £3.0m due to: Decreases in NHS Receivables (Estimated £0.8m), VAT reclaim (£1.4m) and Prepayments (Estimated £0.9m).
- Salary overpayments have increased slightly this month with an overall balance of £0.36m. Year to date overpayments and the number of occurrences are yet to be validated.
- Cash – Increase of £9.4m.

Current Liabilities

- Trade and Other Payables - £5.8m due to: Decrease in Trade Payables (£1.2m) Increases in PDC Dividend (£0.5m) and Accruals (Estimated £6.5m).

Non Current Liabilities

- Finance Lease Payable - £0.1m. Nye Bevan and Car Park lease repayment (£0.1m), ROU assets (£0.2m).
- Loans over 1 year - £0.1m – Salix Loan repayment (£0.1m)

Financed By

- I & E Account - £0.7m deficit in month

SOFP

TRUST SUMMARY BALANCE SHEET
MONTH 5 2022/23

	Balance at 31-Mar-22 £m	Current Month Opening Balance £m	Current Month Closing Balance £m	Current Month Movement £m	Forecast end of year Closing Balance £m	Forecast end of year Movement £m
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	208.5	217.3	217.3	0.0	217.3	8.7
IN YEAR REVALUATIONS	0.0	0.0	0.0	0.0	0.0	0.0
IN YEAR MOVEMENTS	0.0	1.4	1.5	0.0	28.9	28.9
LESS DEPRECIATION	0.0	(5.2)	(6.5)	(1.3)	(16.0)	(16.0)
NET BOOK VALUE	208.5	213.5	212.2	(1.3)	230.1	21.6
CURRENT ASSETS						
INVENTORIES	6.7	7.1	6.7	(0.4)	6.7	0.0
TRADE & OTHER RECEIVABLES	17.7	18.9	15.9	(3.0)	15.7	(2.0)
NON CURRENT ASSETS FOR SALE	0.0	0.0	0.0	0.0	0.0	0.0
CLINICIAN PENSION TAX FUNDING	1.0	1.0	1.0	0.0	1.0	0.0
CASH	10.1	22.3	31.7	9.4	9.4	(0.6)
TOTAL CURRENT ASSETS	35.4	49.2	55.2	6.0	32.8	(2.6)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	30.1	46.0	51.8	5.8	31.1	1.0
FINANCE LEASE PAYABLE under 1 year	1.3	1.3	1.3	0.0	1.3	0.0
SHORT TERM LOANS	0.3	0.3	0.3	0.0	0.3	0.0
STAFF BENEFITS ACCRUAL	0.0	0.0	0.0	0.0	0.0	0.0
PROVISIONS under 1 year	2.3	2.3	2.3	0.0	1.2	(1.1)
TOTAL CURRENT LIABILITIES	33.9	49.8	55.6	5.8	33.9	(0.1)
NET CURRENT ASSETS / (LIABILITIES)	1.5	(0.6)	(0.4)	0.2	(1.1)	(2.6)
TOTAL ASSETS LESS CURRENT LIABILITIES	210.0	212.9	211.8	(1.1)	229.1	19.1
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	7.1	14.8	14.5	(0.3)	15.1	8.0
LOANS over 1 year	0.7	0.6	0.6	(0.1)	0.4	(0.3)
PROVISIONS over 1 year	1.9	1.9	1.9	0.0	1.9	0.0
NON CURRENT LIABILITIES	9.6	17.3	17.0	(0.3)	17.4	7.8
TOTAL ASSETS EMPLOYED	200.4	195.5	194.8	(0.7)	211.6	11.3
FINANCED BY						
PDC CAPITAL	268.5	268.5	268.5	0.0	271.1	2.7
REVALUATION RESERVE	47.8	47.8	47.8	0.0	47.8	0.0
I & E ACCOUNT	(115.9)	(120.7)	(121.5)	(0.7)	(107.3)	8.6
FINANCING TOTAL	200.4	195.5	194.8	(0.7)	211.6	11.3

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29 September 2022
Agenda item	7

Title	Winter Plan Update
Presenter	Heidi Smoult, Hospital Chief Executive
Author	Palmer Winstanley, Chief Operating Officer NGH

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

Executive Summary

It has been a tough summer for our staff, with attendances to our emergency department (ED) being higher than pre pandemic levels, a further wave of covid, which impacted on capacity and our staff and an unprecedented heat wave. The pressures are unlikely to change over the fourth coming months, so it's essential that we are ready and prepared for winter.

The bed model is predicting NGH has a deficit of 65 beds for 95% occupancy (86 beds at NHSE recommendations of 92% Occupancy). To ensure the chances of overcrowding in the Emergency Department (ED) is reduced and flow maintained a comprehensive set of actions and programmes of activity have been started in May this year.

Internally, NGH continues its great work on frailty, Same Day Emergency Care (SDEC), IV Antibiotic work and board rounds. Couple this with the system actions in place and there is just under 30 beds saved bringing the deficit down.

Externally, funding has been agreed for winter and some of the most comprehensive set of projects and change that the system has attempted together. Should all schemes work, there will be a further 55.5 bed days saved.

With all these actions, the bed position is back to a 5-bed surplus at 95% (excluding Paeds beds). Whilst this is a positive position, there is minimal room for manoeuvre should any of the projects not deliver.

The single largest risk to the winter programme is the ability for social and community care to recruit into roles which has been challenging. The ICS is supporting and NGH is supporting roles where possible to increase take up.

The Board of Directors is invited to receive and note the report.

Appendices

Slides

Risk and assurance

There is a large risk to NGH should this fail and all other assumptions are correct as overcrowding in ED and lack of flow will continue to affect patient care and ambulance offload delays. Additionally, if any for the assumptions are incorrect and Flu or COVID increases to higher levels than precited the surplus position would be lost.

Group BAF risk UHN04 refers: Failure of the Integrated Care Board (ICB) to deliver transformed care that will result in an impact on the quality of service provided across the group

Financial Impact

No direct financial risks; however, without flow throughout the hospital, the system cannot operate on patients and income would suffer as a result of decreased activity.

Legal implications/regulatory requirements

None

Equality Impact Assessment

All Equality Impact Assessments for the changes to pathways are being carried about by the system.

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NHS
Kettering General Hospital
NHS Foundation Trust

NHS
Northampton General Hospital
NHS Trust

NGH Board of Directors Winter Operational Plan

Written by Palmer Winstanley
Chief Operating Officer

29 September 2022

Introduction

NHS
University Hospitals of Northamptonshire
NHS Group

It has been a tough summer for our staff, with attendances to our emergency department (ED) being higher than pre pandemic levels, a further wave of covid, which impacted on capacity and our staff and an unprecedented heat wave. The pressures are unlikely to change over the fourth coming months, so it's essential that we are ready and prepared for winter.

NHSE are warning us that this winter could be the busiest winter we have ever seen, with pressure on the NHS and particularly emergency and urgent care likely to be substantial. An increase in Flu and Covid 19 cases is also predicted bringing even more sick people to our hospitals.

We therefore started to plan for winter some months ago, working with our system partners, NHFT and adult social care to develop schemes that could potentially increase capacity in the community. But these are not without risk, with the majority requiring additional workforce to enable them to be in place for winter.

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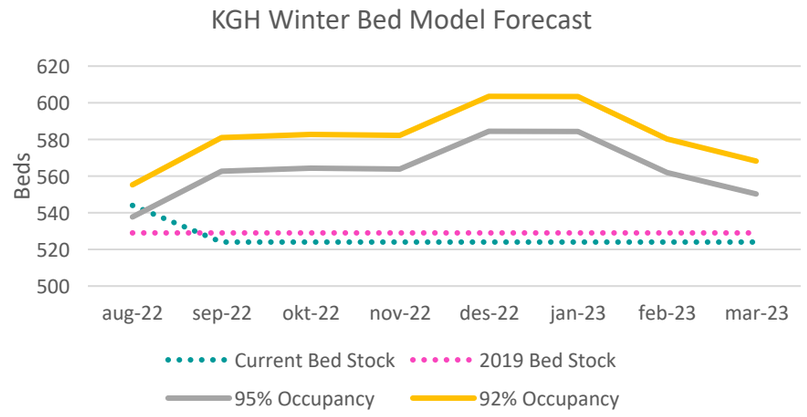
Current state

- The bed model below, predicts that by winter we will have a bed deficit of 65 beds at NGH. This is based on a 95% bed occupancy; this is despite the improvements which have already been delivered as part of the transformation work.

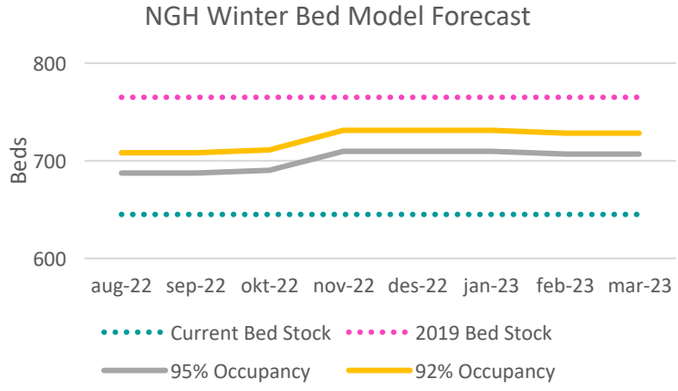
- NHS England recommend that we model our capacity on 92% occupancy, if we were to do this our gap would increase further to an 86 bed deficit. However, reducing our occupancy from our current rate of 98% to 95% will improve flow across the hospital, reduce unnecessary moves for patients and reduce the risk of overcrowding in our Emergency departments.

KGH



If we do nothing in KGH, at our peak, we will have a **shortfall of 60 beds** assuming we operate at 95% occupancy. Aiming for 92% will mean we have a shortfall of 80 beds

NGH



If we do nothing in NGH, at our peak, we will have **a shortfall of 65 beds** assuming we operate at 95% occupancy. Aiming for 92% will mean we have a shortfall of 86 beds

Internal Plans as is

University Hospitals of Northamptonshire NHS Group

Internally we continue to focus on the transformation work to improve discharge and ward processes which will, in turn lead to a better experience for our patient and reduce their length of stay (LOS). We have already seen LOS reduce by 3 days on the medical wards, but we need to go further. The below table shows the transformational schemes we are working on and the likely bed impact.

If all schemes deliver, we will be very close to bridging the bed gap, but the plan is not without risk and there is lots to do over the fourth going weeks to achieve this.

Winter Scheme	Description	Progress Status	Estimated Acute bed Impact (confidence waiting applied)
Pathway 1 - Reablement review	Increasing capacity of west reablement service to absorb D2A funded H2H and provide additional starts	Implementation / recruitment in progress	5
Pathway 0 - IV (NGH)	Rolling out of the new IVAB pathways across additional wards	In progress	8
Pathway 0 - Board rounds (NGH)	Completing full rollout to surgery	In progress	3
Pathway 1,2,3 - complex discharge (NGH)	Achieving consistency in highest performance seen historically	In progress	5
Frailty front door (NGH)	Performing consistently at historic high levels	In progress	2
7 day working NGH	Fracture NOF ward - 7 day therapy cover	Business case approved by group	TBC
EMAS and 111 alternative pathways	New processes with EMAS and 111 to encourage referrals into rapid rather than hospital	Ramping up in the autumn	3.9
Total			**26.9**

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New Initiatives for Winter

NHS
University Hospitals of Northamptonshire
NHS Group

At NGH we currently have 130 patients who are fit for discharge and a further 60 waiting to be allocated a pathway who could leave the hospital today, if the appropriate capacity was available in the community. Increasing capacity in the community must be a priority, but like most systems the ability to recruit sufficient workforce is challenging.

In readiness for winter, we have been working with our partners, Northampton Health care Foundation Trust (NHFT) and Adult Social care (ASC) on potential schemes to increase capacity. As a system, £3.8m has been allocated to NGH and West Northants to increase bed capacity both in and out of hospital. Working with our partners we plan to take the following schemes forward:-

System Winter schemes	Scheme description	Bed Impact
Specialist Care Centre Beds (Turn Furlong)	Open an additional; 17 beds – total now available 51 beds.	16
Pathway 1 - complex	25 beds to support Pathway 1 discharges requiring double ups. Reduce LoS to 21 days to step down to single handed care managed by re-ablement west.	8
Acute confusion	Block purchase 5 beds	1.5
Frailty Service	Expanding time of day available to 12 hours and moving to 7 day service over winter.	8
ICT / Therapy support		13
Total		**55.5**

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Total Position for Winter

Whilst there is a gap, the schemes that are in place and those commissioned over winter bring back the deficit to a surplus position. However, it would only need one or two schemes to fail and the surplus of 5 beds is marginal.

With most of the schemes working, either way NGH would see a huge benefit in the occupancy of the Emergency Department (ED) therefore putting patients in a safer environment.

System Winter schemes	NGH Bed Position
Forecast Bed Gap at 95% occupancy	65
Estimated Bed Gap at 95% occupancy (once paediatric beds have been excluded)	77
System agreed schemes - bed impact	55.45
Internal Plans	26.9
Adjusted bed Forecast Bed Gap at 95% occupancy following mitigations	17.35 (surplus)
Estimated Bed Gap at 95% occupancy (once paediatric beds have been excluded) following mitigations	5.35 (surplus)

Summary

University Hospitals of Northamptonshire NHS Group

Risks:

- The model assumes that the levels of flu and other respiratory/infectious diseases remain at seasonal average but these could be higher. The numbers also take into account the likely impact of Covid over winter
- Each scheme has been assessed on the bases of confidence and a full risk assessment completed. Based on the assessment there is a risk that not all schemes will deliver, particularly as the majority rely on successful recruitment
- Continued pressures on our staff, high vacancy's and absence presents a risk to capacity both within and out of hospital
- Should schemes not deliver to the level proposed, flow across the hospital will be impacted resulting in, delayed discharges, overcrowding and extended waiting times in ED and possibly cancelations of elective surgery

Conclusion:

The Integrated care Board (ICB) is responsible for the oversight and monitoring of each of the schemes along with each provider organisation. Based on the confidence ratings put forward by each of our partners, it is unlikely that all schemes will deliver the full effect, which will then leave a deficit in the beds required for winter. Should this occur we will enact our trust wide escalation plan and manage the position daily.

Meeting	Board of Directors (Part I) Meeting in Public
Date	29th September 2022
Agenda item	7.1
Title	Staff Winter Financial Wellbeing Proposal
Presenter	Paula Kirkpatrick, Group Chief People Officer
Authors	Dr Claire Hallas, Group Head of Health and Wellbeing

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

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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 agree a support proposal for staff to reduce the impact of the rising cost of living on their health and wellbeing. To act as a responsible employer and maintain our position as an employer of choice in the local community.	Group People Committee, 26 September 2022

Executive Summary

The Cost-of-Living Crisis continues to impact on NHS staff in many direct and indirect ways. Colleagues are impacted by increased costs of energy and food costs and rises in fuel and business costs also means that travelling to work and childcare fees are rising. Staff mental health, workplace performance and capacity to function at a safe and effective level is impacted when basic needs e.g. food, heat and home are challenged.

Many staff may not have access to state benefits and grants such as income support/working tax credits - this applies particularly to international staff working in the UK on visas (often without the added financial support from families and friends if they are here alone) who are estimated to be 15% of the workforce.

This proposal aims to support wellbeing during this financial crisis because it is the right thing to do as a compassionate and responsible employer and will provide some support for staff most in need as well as supporting retention and staff to remain well at work.

Appendices

Appendix 1 - staff profile and real pay growth
Appendix 2 - actions of other employers.
Attached – NGH Financial Toolkit

Risk and assurance

Risk of staff being unable to pay for travel to work (car parking, public transport costs, fuel bills), have regular finances to pay for food whilst at work and adequate personal living standards to maintain their physical and mental health impacting on staff performance and absence.

Group Board Assurance Framework Risk UHN01 refers: 'Failure to deliver the group People Plan leads to reduced staff engagement, empowerment and lack of inclusion which would impact negatively on staff satisfaction, recruitment and retention resulting in detriment to patient care.'

Financial Impact

A survey by "Salary Finance" shows that staff with poor financial wellbeing take on average 1.5 days sick leave per annum. In addition, those with poor financial wellbeing have lower productivity by 25 – 34 days per annum (Salary Finance). Increased absence rates and lower productivity will lead to increasing bank and agency costs.

Cost of financial payment to Band 3 staff £1M

Legal implications/regulatory requirements

N/A

Equality Impact Assessment

CIPD research "In Work Poverty" suggests some households are more vulnerable to the cost-of-living crisis. This includes:

- families without full-time workers
- single-parent families
- families with a disabled person
- families with three or more children
- those living in rented accommodation
- households headed by someone of non-white ethnicity (particularly those of Pakistani, Bangladeshi or Black ethnicity).

Paper

Situation

The cost-of-living crisis will impact staff financial wellbeing and may lead to a proportion of staff that will have food poverty, financial deprivation and living conditions compromised through lack of heating, leading to health impacts and a potential impact on working life.

Direct impacts to work may include increased sickness absence, under performance and disruption to the system/team cohesion and service provision.

Background

The cost-of-living crisis being experienced in the UK is well known. Increases in energy costs, inflation, mortgage/rent rates, food and household bills are impacting staff financial and mental wellbeing.

The Money and Mental Health Policy Institute “Silent Killer” report (2022; 2018) found that employees with money worries are 50% more likely to report workplace performance-affecting signs of poor mental health and people with problem debt were three times more likely to attempt suicide than those without financial difficulties.

Wagestream (2022) recently reported that only 30% of employees think their employer cares about their financial health (down from 52% pre-cost of living crisis) and 76% of employees do not approach their employer about financial worries due to feelings of shame and embarrassment. The impact of money stigma is real in terms of individual risk to staff mental health and its impact on organisational system function and effectiveness.

Assessment

UHN’s commitment and financial support offer for this winter is based on NHSE good practice guidance to secure staff financial resilience which should include seven aspects including individual and organisational support:

Factor	What we do already	What else we can do
Reducing the costs of employment	Support for mileage costs agreed to the end of October. Car parking fees suspended	Introduce a travel app to enable staff to share the cost of getting to work Develop a longer-term package to support mileage costs (with NHFT) Review DBS policy with a view to removing the need for KGH staff to pay cost of DBS renewals
Boost short term savings	Partnership with Wagestream Promotion of Money Helper service	Further promotion of opportunity to work bank shifts
Support access to affordable credit options	Partnership with Vivup services	
Access to money management tools	Partnership with Wagestream	Financial Wellbeing Support Toolkit: Digitally interactive

	Signposting to NHSE tools and other advisory tools	toolkit + paper version. Refreshed from 2020 COVID offer. Substantial information, web site links, financial service information, sign up to support Apps such as Wagestream and offers about proactive money management, including dept support and financial planning and salary management advice.
Offer discreet money advice & signposting to support		Establish a food bank referral service with trusted partners Bookable 1:1 support from NHSE trained HWB Managers to connect staff with appropriate services and provide basic budgeting and financial planning/welfare advice. Starting October-November 2022.
Destigmatise financial support and difficulties for all staff		Engagement campaign and bespoke training for managers Money and Pensions Webinars – Oct-Dec 2022 & Winter 2023. Talk Money Week October: Debt management and budgeting support Wagestream webinars: find out more about its functions and sign up.
Ensure employees can afford to get better after sickness	Sick pay entitlement Supportive return to work policy	

All NHS organisations are exploring how they can support staff during the financial crisis and a range of different interventions are being used. These are shown at Appendix 2.

Recommendation(s)

The Board of Directors is recommended to **APPROVE** a sustainable staff financial wellbeing support offer that includes:

- a one-off financial payment for band 3 staff and below
- support for extreme hardship - foodbank referral and hardship fund
- help to manage travel costs
- training and guidance for managers to normalise conversations about money and wellbeing

Recommendation 1 – Payment of a one-off non-pensionable payment of £250 for all colleagues Bands 1 – 3
To make a one-off payment of a substantial and meaningful amount (£250) to those colleagues likely to be most in need. The payment will be subject to tax and NI resulting in a net payment of around £170 to around 4,000 employees. Total cost = £1M.
Average earnings in the UK in 2021 were £25K. Although everyone is impacted by the financial crisis in some way, we believe it is appropriate to target our support at those most likely to be in financial need and have therefore identified Band 3 as the cut off as salaries to the top of band 3 are below this figure. It is important to recognise that the differential between Band 3 and Band 4 and above and the personal financial impacts may be extremely narrow, so careful messaging around this gesture of support will be needed.

If the Board agrees in principle to making this gesture of support for staff, we should discuss with NHFT with a view to agreeing a consistent approach and ensure wider system colleagues are informed in advance of our plan.

Recommendation 2 - Develop a discreet food bank referral service (Essentials Hub)
This service will enable colleagues to secure a food bank referral voucher in working hours (rather than needing to seek referral from a third-party agency). Food bank allocations can then be accessed 24/7.

The service can be operationalised quickly working with partners at the Trussell Trust http://www.kcultd.org.uk/foodbank/ (KGH) and Re-Store Re:store Northampton - Home (restorenorthampton.org.uk) at NGH. Both Food banks also link people with other sources of support e.g. financial advice.

The HWB team will administer the service – assuming demand is low this will be able to be incorporated into current workloads. Should demand be significant, we would need to look at the resource available and potentially look for additional support.

Recommendation 3 - Establishment and funding of a UHN Welfare-Hardship fund:
Building on the model in place at NGH, NHCF (Trusts' Charity) have indicated they would support a welfare hardship fund that staff can access in both Trusts to apply for a small cash sum to buy emergency essentials. This can be administered by the Health & Wellbeing Service. Set up will include developing criteria for hardship fund application (e.g. moving home due to domestic abuse, house fire, burglary, heating failure), internal referral process, audit and financial reporting. The service would not be widely promoted to staff, but would be shared with those staff in relevant roles who would be aware of people in need e.g. HR BPs, HWB teams, Occupational Health.

Recommendation 4 – Provision of a lift share app to enable staff to share the cost of travel to work. Financial support has been secured from the Charity for a one-year trial of an app that enables staff to find someone to share their journey to work (also fits our green travel plans and will help with car park capacity management).

Recommendation 5 - Dedicated Financial wellbeing materials and training
Toolkit, financial wellbeing de-stigma campaign, posters/fliers, screensavers, training for managers. Normalising conversations about money will be important so staff feel safe to raise these concerns with their manager. A support package for managers will be developed.

The Board are asked to recommend discussions commence with NHFT regarding a payment to staff in bands 1 – 3 and to note recommendations 2 – 5.

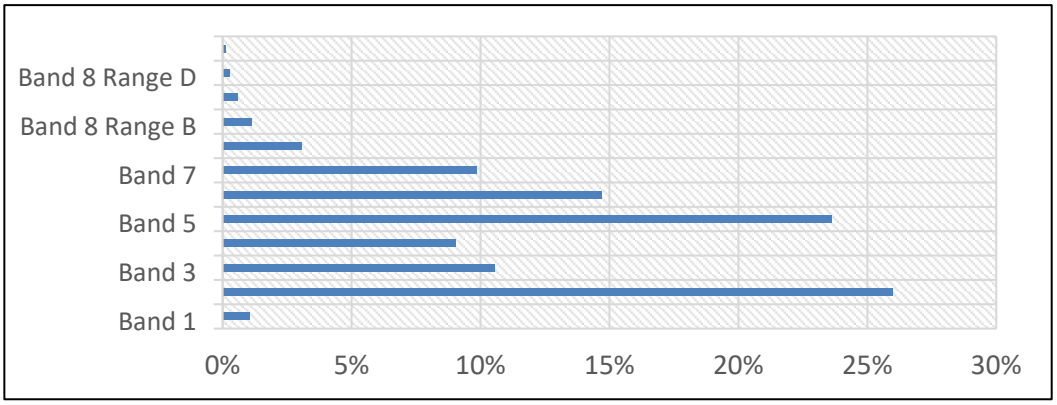
Appendix 1: Research to set in context recommendations

Services must be equitable and available to all UHN NHS Staff:

Around 9 in 10 (89%) adults in Great Britain continue to report that their cost of living has increased, equal to around 46 million people. This is an increase from around 6 in 10 (62%, 32 million adults) from November 2021 ***(Office for National Statistics).***

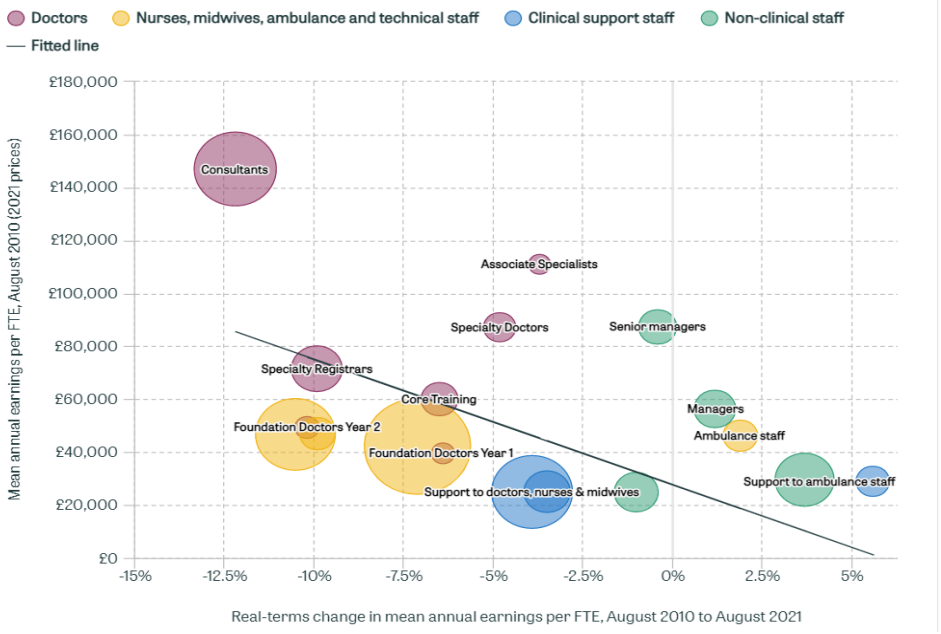
Evidence suggests that in our UHN Group it is not just the very low banding staff that will be affected by the cost-of-living crisis but also key clinical staff where the majority are in bands 2 - 7 (see Figure 1):

Figure 1: Breakdown of staff bandings across UHN.



Furthermore, providing equitable financial support offers for all staff regardless of banding is important due to real-terms impact of pay increases over the last 10 years for both experienced staff groups (e.g. doctors) and lower paid staff with the reality of the living wage limit (see Figure 2: Institute for Fiscal Studies, September 2022):

Figure 2: Pay levels in 2010 Vs real terms pay growth 2010-2021, by NHS staffing Group



Appendix 2: What have other local organisations done to support staff?

1. **Access to hardship funds:**
   NGH currently has a hardship fund set up in 2022 as a result of extreme staff poverty that came to awareness through HWB/SoS Service. Charity funded one-off £250 set up fund. Currently there is no fund at KGH. Our recommendation is to extend this across the Group with charitable funding support.

2. **Robust signposting to financial support services:** e.g. Debt, pensions.
   The NGH financial support toolkit developed during COVID is currently being refreshed as a UHN offer with our new in-house support and external national NHS support developments – this is a KEY priority for most Trusts – link and promote to the EXPERTS in financial support. *See Appendix 2*

3. **Promotion of NHS benefits:** Bluelight Card, Vivup EAP, NHS Discounts
   UHN promotes and has collated a Group Benefits pdf for inclusion in recruitment info and the financial toolkit.

4. **Commissioning Wagestream** to provide access to early salary, live coaching advice and budgeting/ savings support.
   UHN has commissioned and in use

5. **Promoting bank shifts** as method of more income:
   UHN does promote but may impact on HWB of staff already burned out, exhausted workforce. A solution, but needs to be carefully managed

6. **Free meals for children on site**
   NHFT offered this during the summer holidays. This has not previously been used in the Group.
   As schools are now back in session, not the right time to make this offer.

7. **Free meals in winter/take home offer**

This service was provided last winter with mixed success. On one hand many staff appreciated the access to a free hot meal each day. However, reaching those in most need is challenging and there was considerable waste last winter. The differing catering provision at each site, creates added complexity in delivery.

8. **Additional mileage support payments**
   UHN has mirrored the NHFT offer for mileage support

Non-NHS organisations locally have also:

- **Pay increase by up to 10%**
- **One-off financial payment**
- **Signposting to financial advice**
- **Heavily subsidised meals in canteens**

Financial wellbeing

These are unprecedented times, with the current situation impacting us in all areas of our lives. While the main concern is health, our financial wellbeing is also important. We have put together this guide to help you understand what options are available if you have been affected financially during COVID-19.

1. Create a budget

- When times are difficult, the best first step you can take is to plan and make a budget
- Identify all essential costs (mortgage, bills etc) and any discretionary costs (entertainment), to help you understand what money you need
- If times are hard, identify any discretionary costs you can cut back on to save some money

2. Identify what savings you have

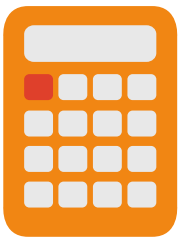
- Have you built up an emergency savings fund or have you been saving towards something?
- It is usually best to use any savings before taking out any debt

3. Make use of emergency legislation if necessary

- Before taking out any further debt or missing any payments, if you cannot pay your current debt or rent obligations, you may be able to take a payment “holiday”
- It is important to speak to your debt provider or landlord to discuss your situation and intentions
- You may be entitled to a £500 interest-free overdraft if you check with your bank or building society

NGH Staff Benefits

Neyber



Supporting your financial wellbeing, the Affordable Loans staff benefit from Neyber is available. You will gain access to:

- **Financial Wellbeing Hub: Resources and tools to help you with budgeting as well as building financial knowledge and confidence with unlimited access to articles, calculators and tools**
- **Affordable Loans: The opportunity to consolidate debt with access to affordable loans repaid directly from your salary**
- **Savings and Investment: Flexible savings accounts and access to investment opportunities and trackers**

For further information visit Vivup

Workplace Nursery Salary Sacrifice Scheme

Trust employees can access the Workplace Nursery salary sacrifice scheme to reduce their childcare costs at our on-site nursery, Nene Valley Day Nursery. If you would like to find out more, please login to www.vivup.co.uk Nene Valley Day Nursery is located in Car Park. Further information can be found here.

Universal Credit

If you're off work due to sickness or on a low income, you could be eligible for universal credit, a means-tested benefit to help you meet your basic living costs. You could work for an employer or have had a reduction in wages and still apply. Search Universal Credit for further details.

Citizens Advice

Central and East Northamptonshire Citizens Advice can help give support on a range of subjects including benefits, work, debt and money, housing, tax, local advice and specialist advice. See Citizens Advice for further information.

Local Support

Information for the public can be found on the Northampton Borough Council website including:

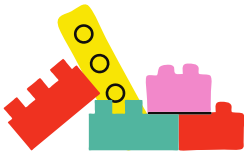
- Coronavirus financial help for individuals
- Difficulties paying council tax and other bills
- Details of the Local Authority Hardship Fund

Northamptonshire County Council can help support those who require help during self-isolation including:

- urgent food deliveries
- prescription medication collections

Re: Store Northampton food bank emergency distribution points

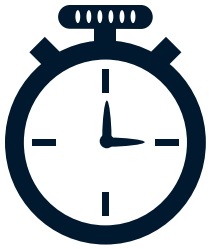
Help with Childcare Costs



- Support available for parents of 2, 3 and 4 year olds
- Support for children of key workers
- Free school meals and how to access them

To see all available childcare support and what you are entitled to please visit HM Government Childcare Choices

Urgent Requirements



- Call 0300 126 1000 and select option 5 (Monday to Friday, 9am to 5pm) for urgent assistance
- if you are in urgent need of food you can make use of local food banks or food distribution networks

National Assistance

There are many national organisations and services that offer information, leaflets, advice lines and self-assessment tools to help you find out about your rights and entitlements, manage your money and sort out financial problems. These include:

- **Age UK includes tax, benefits, debt advice and State Pension Age calculators**
- **Money Advice Service free unbiased information to help you manage your money**
- **National Debt Line provides free confidential and independent advice on how to deal with debt problems**
- **The Debt Advice Foundation offer free, confidential and impartial support and advice to anyone worried about loans, credit and debt**
- **NHS Our People - The national financial health and wellbeing offer provides access to independent information, resources and tools. As part of this offer a range of interactive events have been organised, which are open and available for all NHS staff to access.**

Professional Unions Financial Support

Royal College of Nursing can help if you are unable to afford your living costs, an essential home repair, or a cost related to disability, there are a range of options to consider.

Cavell Nurses Trust for nurses, midwives and healthcare assistants across the UK.

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part 1) Meeting in Public
Date	Thursday 29th September 2022
Agenda item	8

Title	Integrated Care Across Northamptonshire (iCAN) Collaborative Case for Change
Presenter	Karen Spellman, Director of Integration and Partnerships
Author	iCAN Design and Commissioning Board (Anna Earnshaw, Chief Executive, West Northamptonshire Council Dave Maher, Deputy Chief Executive, Northamptonshire Healthcare NHS Foundation Trust Kim Curry, iCAN Delivery Director Andrew Barber, iCAN PMO Manager)

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	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
The Case for Change is presented to the Trust Board for assurance. The iCAN Collaborative Case for Change has been approved by the ICB Board in August 22 so that it can proceed to Gateway 4 and develop proposals in	The case for Change has been presented and discussed at Collaboration Programme Committee on the 12th September 22.

relation to delegated budgets, workforce and contractual format	

Executive Summary

In line with the three other programmes within the Northamptonshire Integrated Care System (NICS), i.e. Elective, Mental Health, Learning Disability and Autism (MHLDA) and Children and Young People (CYP), the Integrated Care Across Northamptonshire (iCAN) programme is proposing to move to a collaborative model.

The Case for Change contained in this paper, sets out the journey, the rationale and the detail behind the proposal to develop the iCAN Collaborative. The ambition is to move from a programme to a permanent way of working by developing a service delivery model that formalises/embeds what's been achieved and creates the conditions for long term integrated working and better outcomes.

The Case for Change document, presented provides an executive summary of the Case for Change, drawing out the key points, including what is being proposed and the rationale for a collaborative, followed by the proposed operating model and scope of services, the key priorities for the collaborative and how services will be better for patients, GPs, staff and the Integrated Care Board (ICB).

The Case for Change has been developed through an iterative process with contributions and challenge from a number of partners from across the Northamptonshire system and has had its progress overseen by a weekly Task and Finish Group chaired by the Chief Executive of West Northamptonshire Council.

The case has been approved by the ICB Board in August 22 and is presented here for assurance. The iCAN programme will progress to a Collaborative within the timescales set within the Case for Change. Progress towards achieving the objectives with be monitored through a robust performance management and assurance framework.

Appendices

iCAN Collaborative Case for Change attached

Risk and assurance

Moving the iCAN Programme to a Collaborative has a range of benefits to the ICS for improved quality of patient care, improved access, staff experience, a reduction in inequalities and a favourable financial impact. As such, there is a risk to the achievement of iCAN's objectives, and therefore these benefits, if iCAN is not able to progress to a Collaborative.

Group Board Assurance Framework Risk UHN04 refers: Failure of the Integrated Care Board (ICB) to deliver transformed care that will result in an impact on the quality of service provided across the group.

Financial Impact

As the collaborative proposal is developed through Gateways 4 &5 the full financial impact will be assessed and evaluated.

Legal implications/regulatory requirements
As the collaborative proposal is developed through Gateways 4 &5 the legal implications will be assessed and evaluated.
Equality Impact Assessment
Equality impact considerations will be developed as the collaborative progresses

iCAN Collaborative

Case for change and Story Board – Summary Proposal

V2.4

Purpose of the paper

What are we asking for?

Our Case for change sets out the journey, the rationale and the detail behind the proposal ***to develop an iCAN (Integrated Care Across Northamptonshire)*** *collaborative*.

A summary of iCAN aims, progress and next steps was presented to the Integrated Care Board (ICB) on 21st April 2022. The ICB supported the broad direction and progress of iCAN and the plans to deliver specific improvements for winter/surge activity. Work has also progressed on shaping the iCAN collaborative and road map for the contractual development of the collaborative.

This document summarises the proposed operating model and initial scope for our collaborative and steps we need to take to formalise that. **The ICB is asked to:**

- **agree that iCAN aims and objectives remain valid**
- **agree scope of tranche 1 services to form a collaborative arrangement from April 2023**
- **agree iCAN should proceed to Gateway 4 and develop proposals in relation to**
  - **delegated budgets** (including alignment of the BCF) **,**
  - **workforce and**
  - **contractual format:**
- **agree we should progress service user and staff engagement to inform arrangements for April 2023.**

Background and context

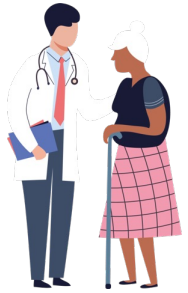
We have committed to transforming and improving care for our frail and elderly population through our ICAN programme and we've seen significant success across national priorities like Age Well, the Better Care Fund, Urgent Community Response, National Discharge programme and Enhanced Care in Care Homes.

However, despite this progress we are still not able to consistently deliver the best outcomes **and we are not managing our demand effectively to ensure more people stay well at home and we avoid unnecessary admissions**. This is impacting the quality and continuity of care people receive. **It is also significantly affecting our financial position**. Our demographic means that without action demand will outgrow our resources and reduce our ability to meet the standard of care we should aspire to deliver.

Patient experience for people aged 65+ has also been varied and sometimes unsatisfactory for too long. We know we have more stranded and super stranded patients than other areas (with many patients in acute and community beds no longer needing to be there) and we are not maximising the opportunity to return people to independence and their normal place of residence. **High Acute occupancy is also creating significant pressure at the front door when admissions are needed because of delays in getting people out.**

All these issues have been acerbated by a previous lack of widescale community preventative and support services to help people stay well at home and not using our limited resources effectively.

But if we are to make sustained change, we need to formally commit to work within integrated service arrangements, with pooled finances and staff across a range of out of hospital services. This will mean all partners are working together in a patient-centred approach, across our community and hospital pathways to improve outcomes. It will also build the foundation of future wider integrated services that shift our focus to prevention and community and **enabling people to choose well, live well and stay well.**



This is what people, clinicians and staff tell us they want. We believe that the collaborative structure is the best route to deliver the sustained improved outcomes and make our money go further.

What are we proposing and why?

Our vision is to support more people to choose well, stay well and age well at home reduce resulting in reduced unnecessary admissions to hospitals band better outcomes for people. Where they do experience a crisis, we will ensure that they get the right care at the right time and in the right place ensuring, where possible, they return to independence and ideal outcomes.

Outcome Focused

For too long we have measured our success on the basis of system outputs and acute performance. These are often indicators that have little meaning or relevance to the outcomes our residents wish to achieve.

Our vision starts with a shift of focus to community based care – measuring our success predominantly on the delivery of outcomes for our population and helping people age well.

From whole pathway redesign to individual Care Plans, coproduction will be the defining principle. The approach will be strengths-based, goal-oriented, and recovery-focused. Our residents will feel ownership over their own health and care process.

We believe this will produce better longer-term health outcomes, fewer escalations and admisisons, and relieve key system pressures (such as on Urgent care and Primary care)

Person Centred

To do this, we must recognise that we have been operating with a process and not person centred approach – whereby risk thresholds, strict specifications and different drivers create the conditions for duplication and gaps in our system.

Our vision continues with the development of 'person-centred' care – whereby we do more to recognise what an ideal outcome looks like as a resident. To be truly person-centred, physical health and social care needs must be factored in to holistic care plans, and we will broaden our approach to MDT working at 'Place' and 'Sub-Place' to meet service user expectations.

We believe this will support residents to manage their own care, avoid escalation, reduce admissions and help people stay well and at home for longer.

Responsive

Ensuring all care is person-centred will require a programme of transformation, during which we will consolidate system resources to achieve this within set timescales.

Our vision involves a gradual devolution of resources to a dedicated collaborative of system partners. The ultimate aim of the collaborative would be to manage a left-shift in system spend by targeting investment on the most effective initiatives at any time, as well as efficient withdrawal/ reinvestment according to changes in population need or healthcare policy (e.g. NHS Long-Term Plan).

We believe delegation of unplanned over 65 care will allow for faster transformation, and ensure the best use of system resource in the achievement of defined population health outcomes.

Integrated

The ICAN programme can demonstrate examples of partnership working for better outcomes. However, integration at pace and at scale will require partnerships to become more formalised.

Our vision includes the development of a single contract for the management of over 65 out of hospital care, and for the delivery of all Age well outcomes. The collaborative of system partners would co-design operational strategy and assure achievement of desired outcomes.

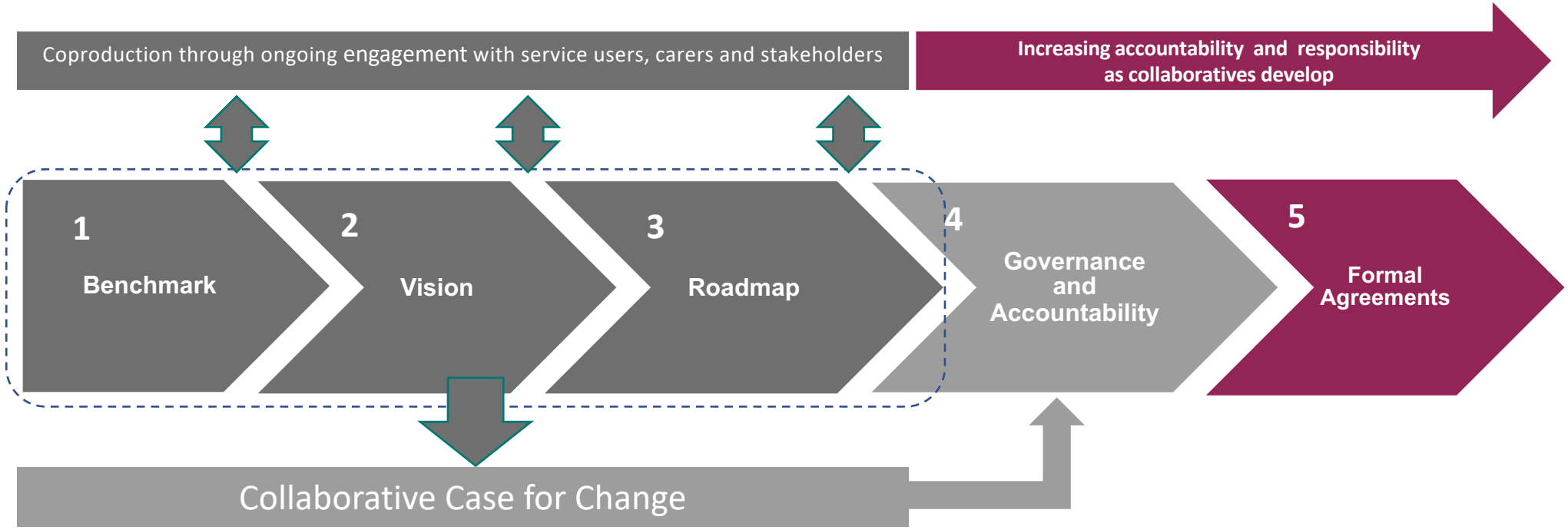
A collaborative would manage financial administration and subcontracting arrangements with all partner organisations required to deliver against the agreed Outcomes-Framework, and provide accountability to the Integrated Care Board.

What are we proposing and why?

- The ICAN programme is a five-year transformation journey, it has already achieved good results in our hospitals and community.
- ICAN Phase 1 and the external support ends December 2022 - we need to secure existing and new ongoing benefits from our work
- We now need to **move from a programme to a permanent way of working** by developing a service delivery model that formalises/embeds what's been achieved and creates the conditions for long term integrated working and better outcomes
- We are proposing that a range of out of hospital services (see next slide) and partners are brought together as pooled resources to develop and deliver more integrated pathways of care – these would form **Tranche 1 of our collaborative**
- Our focus will be helping the frail and over 65s live well, stay well and age well in their community, avoiding an escalation to acute hospitals where possible, ensuring people don't stay in hospital too long and that we return them to independence and home where possible.
- We already have a set of pooled budgets and contracted out of hospital services within the Better Care Fund (BCF) that support much of the activities in ICAN. The BCF is already the responsibility of the Health & Wellbeing Boards, subject to section 75 arrangements and has a national performance framework that aligns to ICAN.
- Using the BCF funding as a foundation for future arrangements and the pooling of resources, we can create a single contract for our ICAN Tranche 1 collaborative services that binds us to common outcomes and improved performance to meet system and national objectives
- **We believe such arrangements are required to change our focus from an organisational one to a system view.**
- We still have work to do on what this means for our workforce, budget delegations and contracting but require confirmation of our direction of travel and scope for the collaborative to commence the detailed design and engagement as set out in the next slide.

The iCAN collaborative development gateways (proposed)

We are seeking ICB support to move through Gateway 3 and commence work on Gateways 4 and 5



Gateway Requirements

- Scope of services
- Assessment of current provision
- Problem statement
- Collaborative Partners

- Transformation Priorities
- Vision Statement
- Resource Analysis (Service provision and Collaborative support)

- Key Deliverables
- Tranches (if required)
- Strategic Overview
- Roadmap of Collaborative Development including:
  - Key Deliverable Dates
  - Tranche Dates (if required)
  - Key Decision Dates
  - Preferred Formal Agreement Type(s)

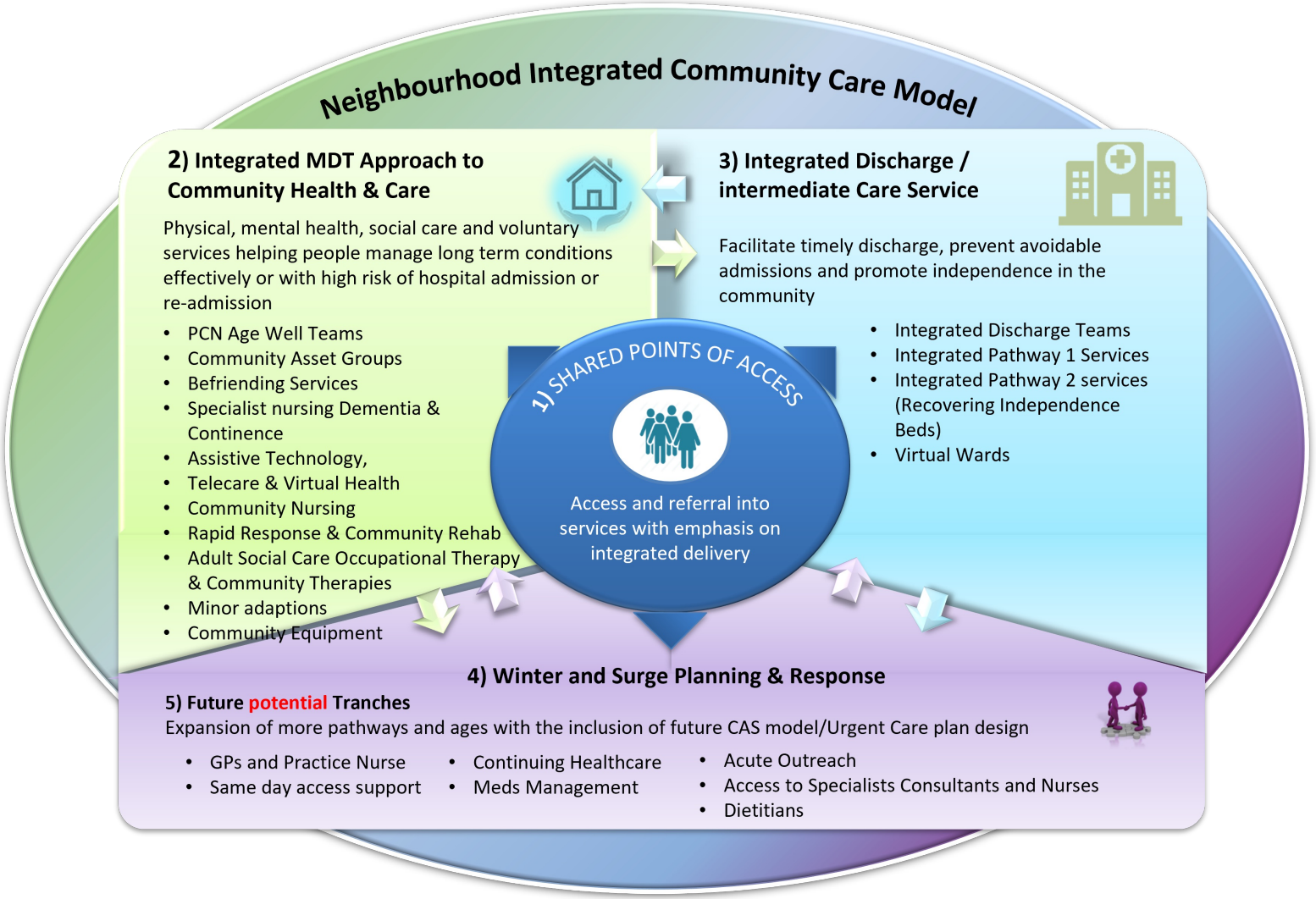
- System agreement of case for change
- Shadow governance arrangements (pending formal agreements)
- EQIA/QIA
- Evaluation methodology
- Detailed operational delivery plan incuding
  - Finance
  - Activity
  - Workforce
  - Outcomes

- Collaborative Agreement (if required)
- Contractual Agreement(s) or Delegation Agreement(s)

iCAN proposed operating model and scope of services

The operating model will build on our iCAN work with tranche 1 including all the services from iCAN and the BCF detailed in sections 1 to 4 in the diagram to:

- create formal structures and shared ownership of pathways
- develop more trusted assessor approaches with shared referral points in hospitals and from the community
- operate integrated Pathway 1 and Pathway 2 models with shared SLAs, less hand-offs and shared outcomes
- increase avoided escalations to hospitals with step up services to be developed working with GPs
- develop a flexible shared workforces that can respond to surges/Winter using data to inform joint interventions
- expand iCAN pilots and integrate more prevention and wellbeing services that can help avoid escalation for e.g. falls, supporting independence
- work within the Neighbourhoods and interact with the emerging Local Area Partnerships (LAPs) and wider services that effect wider determinants of health



The model excludes services commissioned through GP contracts – we would develop the iCAN collaborative services working with GPs and system partners to ensure we are aligned to the future Clinical Assessment Service/Same Day/Urgent Care strategy when agreed

iCAN plan to address priority issues (1)

Our priority issues	What we have put in place or intend to implement
Too many escalations to acute care • Need to develop anticipatory care • Default to acute care and ED too often • Lack of past capacity in the community for prevention activity	✓ Multi-disciplinary teams (MDTs) for prevention and management of long-term conditions will support more patients at home ✓ Joined up strengthened primary and community care to help people make the right lifestyle choices ✓ Integrated multi-disciplinary neighbourhood teams will meet the needs of an ageing population and patients with complex conditions to provide better care locally and reduce reliance on urgent and emergency care.
Too many people admitted to hospital unnecessarily • High number of falls that lead to admission • Need to expand capacity of pathways 1 and 2	✓ integrated intermediate care offer for step up and step-down care in the community where short intervention is needed to avoid an admission or help someone return home ✓ Development of 2-hour rapid response service that can attend emergency calls in the community and where possible implement a short-term intervention to avoid an admission to hospital ✓ Pressure on emergency care reduced via same day emergency care and frailty units at the front door.
People stay too long in Hospital • Discharge processes not optimised • 40% of patients had no reason to reside • Diagnostic tests unnecessarily delay discharge • Deconditioning from long stays	✓ Integrated multi-disciplinary discharge hub works to maximise flow and optimal paths ✓ Extension of Virtual Wards for patient management in the community through central monitoring hubs ✓ System dashboard and systems to manage flow effectively and target actions where they have most impact
We are not maximising independence • Lack of understanding of optimal pathways • Capacity in reablement • SCCs rehab under-utilised and community hospitals bed blocked • Over-reliance on community beds	✓ Joint 'Home First' approach to care for people at home or in community facilities, avoiding unnecessary hospital stays or rehabilitating them when they leave hospital as they regain their independence. ✓ Shared monitoring hub for telehealth and crisis calls linked to community and Dr support ✓ joint health, care and Voluntary Care Services (VCS) welfare teams in the community ensure people stay self and well at home ✓ Integrated intermediate reablement service with single pathway for and increased shared capacity ✓ Integrated rehabilitation service using shared bed base improved lengths of stay and outcomes

iCAN plan to address priority issues (2)

System issues	How a collaboratives will address the issues
We cannot meet demand or afford what we do • Hospitals are regularly full and overflow beds are regularly needed • Demographic will increase elderly demand • Need to build a new hospital if unchecked • Bedded solutions and staffing expensive • Onward costs rising from deconditioning	✓ Collaborative delivery model under single management administering collaborative planning and delivery ✓ Outcomes based commissioning focused on delivering end to end pathways with clear and supportive formal arrangements ✓ Potential for risk and reward incentivisation to reduce cost while improving service delivery ✓ Best allocation of available resources to deliver transformational change, reducing duplication and reinvestment in community services and prevention (left shift)
We are too tactical in commissioning • Many contracts are short term or use one off funding • The BCF is used as a means to transact funds not delivery integrated care based on common and contracted aims • We don't combine our spending power • Contracts tend to focus single organisations not system working • The BCF has been a transactional relationship with aligned budgets not pooled resources and shared outcomes	✓ The collaborative will coproduce and support the delivery of an outcomes-based contract for out of hospital care' (initially for the frail and elderly, but with the ability to expand to unplanned care for all ages) ✓ The collaborative will work to a shared set of strategic aims, principles and behaviours, formalised through a Collaborative Agreement ✓ Longer term contracts are essential for the voluntary sector and primary care to maximise their potential and hold risks etc. A formal collaborative approach would be a key stage to achieving that goal. ✓ The BCF will be reset and aligned to iCAN collaborative governance structures to ensure the correct formal agreement are in place and that subsequent service delivery supports the strategic aims of the collaborative

iCAN plan to address priority issues (3)

System issues	How a collaboratives will address the issues
General Practice is operating under significant pressure • Reducing ability to deliver preventative measures to keep patient with complex care well in their home • There is a growing crisis in this sector and without the development of new ways of working, we will see more patients escalating in to urgent care services.	✓ We will support General Practice to build on the iCAN/Age well work develop a new model for complex patients with more wraparound services to help GPs manage caseloads and prioritise their work ✓ Develop an integrated urgent / same day service supported and delivered by systemwide partners ✓ Review pathways and the role of the GP being the gatekeeper to some services ✓ We will develop our step up offer and services so that there are viable and effective services for GPs to use rather than using Acute care.
Our workforce is siloed and stretched • We compete for staff • Staff shortages or sickness mean we are not always using the most skilled and experienced staff in the best way • We struggle to attract and retain community care staff while the acutes attract more	✓ The collaborative model with draw staff together in a collaborative and more integrated manner ✓ We can explore the rotation of staff through different settings bringing us more flexibility to manage surges and gaps and creating joint ownership of issues and care ✓ We can aspire to create a new type of combined workforce for the future ✓ we will work to create terms and conditions which appropriately value all team members working within the collaborative.

How will ICAN make things better in future?

For Patients

- I am linked in to the wider voluntary and community support networks in my area
- I am supported to remain at home and in the community
- I am involved in my care and understand my condition
- my care is reviewed regularly with me and shared across partner agencies.
- I can access crisis response services in a timely way day or night
- I understand alternative options to the Emergency Department
- If admission is necessary, I will have a comprehensive plan for my discharge in place and I will not be in hospital for longer than is necessary.
- I will be returned home as the first and preferred option.

For GPs

- I can find and access a range of services to support my work and help patients make choices about their care
- Co-ordinated care supported by a frailty MDT including the voluntary sector working with health and care staff enables people to look after their own health and facilitate professional communication
- I can access hospital and social care records to understand my patients journey better.
- Improved wrap around community services and telehealth solutions help me manage the workload for patients at home and in care settings
- Efficient and easy routes to diagnosis, therapies and other treatments to reduce patient, carer and staff frustrations
- I can access step up care and short term interventions as a viable alternative to hospital conveyance

For the ICS

- We focus clinical time across the system on those that really acute or urgent interventions with more services available to help address long term conditions, monitor recovery and help people self care
- We will reduce hospital occupancy and stranded patients, so we have more capacity for electives and surge activity if required
- We will create value for money by sharing resources and estate amongst providers
- We will reduce the high costs incurred from rising unplanned care
- We will invest in preventative work and community services that also improve people's outcomes
- We will make our money go further by doing things once

For Our Staff

- I will be working in an innovative county wide collaborative offering a full range of services that delivers the best outcomes for people
- Hospitals pressures are more manageable with partners helping us manage peoples care in other settings not just acute beds
- There are more opportunities to work across settings and get more experiences that would be available in a single provider.
- I will have excellent training and development that will support me to work across the collaborative to develop my career.
- People doing the same job as me will be paid the same rates no matter where they work.

Building the collaborative in phases

We believe the collaborative will need to be built in phases or Tranches as our ICS strategic plans develop. The proposed Tranche 1 collaborative services for iCAN reflect the work in the iCAN transformation Programme and include the out-of-hospital services that we think will achieve our aims. This will mean a continued focus on building community resilience, reduced admissions and ensuring timely discharges but also building integrated Health and Care teams around key pathways like pathway 1 and 2 services.
The model excludes services commissioned through GP contracts – we would develop the iCAN collaborative services working with GPs and system partners to ensure we are aligned to the future CAS (Clinical assessment services) /Same Day/Urgent Care strategy agreed

Tranche One:
Collaborative live April 2023 includes all services

Tranches Two onwards:
Commence as/when additional partners are ready to align activity with iCAN Outcomes Contract structure and/or the urgent care strategy is developed

ICAN Collaborative Tranches

Tranche One:
Most services set out in slide 7 including: 1) Shared Access points 2) Integrated MDT Approach to Community Health & Care 3) Integrated Discharge / intermediate Care Service (including P1 & P2 services) and 4) Winter and Surge Planning & Response

Tranche Two:
Tranche 1 services plus wraparound services required for CAS and agreed health and Care neighbourhood model for Same Day Services

Tranche Three:
Tranches 1 and 2 plus acute services (outreach), unplanned care for extended age range

iCAN Programme - Foundation Services

- Prevention and avoidance
- Hospital flow and discharge
- Community Resilience

Budgets for a collaborative delivery model (1)

- Between now and the end of 2022 iCAN would need to work with system partners and finance to confirm the final scope of services and to agree;
  - the associated budgets that might be delegated or pooled,
  - any new investment needed for pathway 2 services (if the pilot is successful),
  - any contracts that might be transferred, and
  - any programme surplus budgets that would transfer to the collaborative

- It is suggested the Better Care Fund (BCF) services (with some changes) becomes the budgetary foundation and mechanism for pooling the resources that will sit in the iCAN collaborative.
- The national 2022/23 BCF guidance and metrics align well to all the ICAN aims with National Condition 4 setting out two national objectives as:
  - **Keeping more people safe and well at home and independent for longer, and**
  - **providing the right care, in the right place at the right time.**

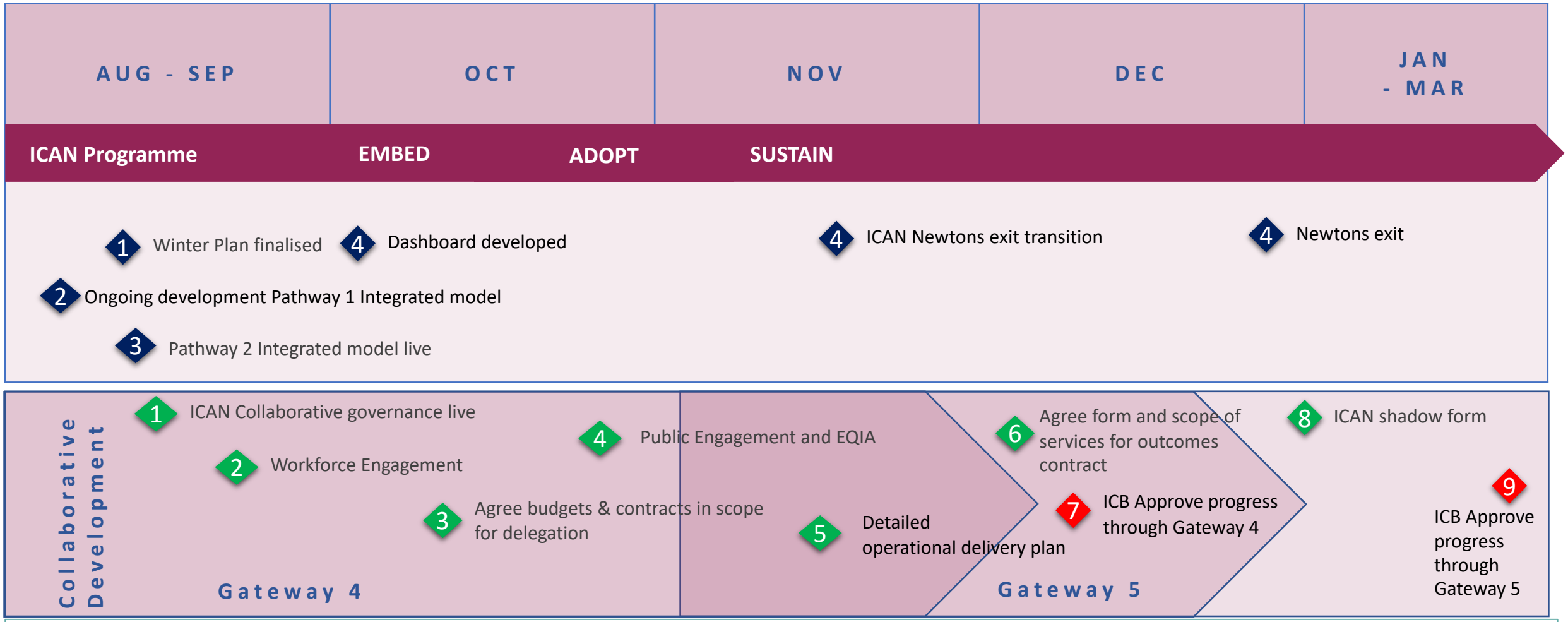
Existing BCF schemes potentially aligned to ICAN	
Carers' support	£1,488,437
Integrated Discharge Teams	£1,915,164
Telecare and Assistive technology	£648,000
Community Equipment	£4,342,031
Pathway 1	£17,060,586
Pathway 2	£2,818,457
Council Occupational Therapy	£1,882,029
Disabled Facility Grant	£5,120,697
Safeguarding (Assurance) Teams	£909,164
Total	**£36,184,566**

- The majority of services effected by the iCAN vision and plan already sit in the BCF and the table above shows the value of the relevant county services across health and social care for the proposed ICAN tranche 1 collaborative. further complimentary services could be added like District Nursing, which would increase this.

Budgets for a collaborative delivery model (2)

- There will need to be a discussion on the current BCF schemes that do not align to iCAN (for example, Learning Disability domiciliary care) as they may be better placed in other collaboratives like mental health.
- If we remove any existing schemes by agreement, we will need to agree what schemes that do align to iCAN aims should be substituted into the BCF to maintain the statutory requirements for a minim CCG contribution and investment in out-of-hospital services for e.g., District Nursing.
- It is also suggested that we explore other services and budgets which, if integrated into iCAN may help us create true end to end community to hospital pathways and services that support our outcomes, for example Occupational Therapy in the Acutes, minor adaptions and care and repair and other voluntary sector contracts.
- We would propose the revised BCF would be subject to a new Section 75 agreement to recognise the partners whose services make up the collaborative delivery, the contributions and responsibilities of each partner and the common SLAs that we would work to.
- Having all iCAN services in one funding stream will make it easier to deliver a single contract, set of outcomes and meet national aims and to construct s75 arrangements to oversee the budget and contract.

The iCAN collaborative timescales and stages



Commentary:

The timelines above represents initial thinking for the development of the collaborative and key steps in engagement, agreement on financials and delegated budgets and agreement on the contract construct as well as completion of the final two gateways of ICB approval before the collaborative could go live. They allow for the final scope of services to flex and change.

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29th September 2022
Agenda item	9.0

Title	**UHN Group Risk Management Strategy**
Presenter	Richard Apps, Director of Governance
Author	Debbie Spowart, KGH Head of Risk Management Phil Cole, NGH Risk and Policy Manager

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
To receive and approve the Group Risk Management Strategy	Trust Senior Leadership Teams, Hospital Management Teams, Group Executive Management, Trust Risk Management Fora, Audit Committees. Board approved a

	revised Board Assurance Framework in July 2022 during phase one of this work.

Executive Summary

A UHN Group Risk Management review commenced in Qtr. 2 2022/23. Following extensive consultation with Trust Senior Leadership Teams (SLTs), Hospital Management Teams (HMTs), Group Executive Management (GEM) and Trust Risk Management Fora (NGH Assurance Risk Committee (ARC), KGH Risk Management Steering Group (RMSG)), a framework for the review process, timelines and design criteria was endorsed by Audit Committees (appendix 1).

The scope of the review comprises a consolidation of the Trust and Group Board Assurance Frameworks (BAF) (complete), alignment and reconciliation of Trust-level Corporate Risk Registers (CRR) and revised joint Risk Management processes across the Group. The overarching expected outcomes of this workstream are to deliver:

1. increased Exec ownership and sponsorship of Corporate risks, including a review of the Risk Fora Terms of Reference and membership - this will bring about greater clarity, consistency and calibration of the CRRs
2. deeper board assurance through introducing/re-introducing more in-depth Committee 'deep dives' to explicitly triangulate CRR and BAF risks for each trust and across the group, a task that hasn't been possible with the two different risk approaches to date
3. consistent language and reporting formats, and a stronger more consistent focus on control and assurances as well as linking gaps to actions more directly
4. A culture of risk awareness, risk literacy and highly effective risk management and risk assurance throughout all risk register levels through to the BAF

Phase one of this work delivered a revised single instance of the BAF across the Group, approved by both Trust Boards in July 2022.

Phase two comprises a revised Risk Management Strategy and Policy review to shape, direct and provide alignment between the Trusts in respect of the management, reporting and assurance of risks from ward-level up to the Corporate Risk Registers, which in turn underpin the Group Board Assurance Framework to provide a unified ward to board process for risk management.

In September 2022, the Audit Committees received the draft Risk Management Strategy and Policy documents, endorsing the Strategy to the Board, subject to the inclusion within the implementation plan of reference to effectiveness reviews (which will be undertaken through the internal audit programme) and the development of a set of Key Performance Indicators (KPIs) to track and monitor the implementation and development of the strategy

and Policy and the effectiveness of the risk management process through routine quarterly Committee and Board Reporting.

Parallel to this, and running through the remainder of the financial year, there will be detailed technical reconfiguration work required to both Trusts' risk management software systems to ensure our systems are aligned initially, and with aspirations for integration within a single software solution across the Group in 2023 subject to any technical, procurement and project management constraints.

Board is invited to review and **APPROVE** the risk management strategy and implementation plan. An accompanying UHN Risk Management Policy has been developed and will be presented to the UHN Policy Ratification Group on 27th September. This document details how the four objectives, specified above, will be reflected in aligned 'business as usual' activity, for example through the adoption of a common template for recording and monitoring risks and process for the escalation of risks onto CRRs. Further updates will be presented on the delivery of the implementation plan to future Audit Committees and particular attention to delivery is recommended within the 2023/24 internal audit plan as described above.

Appendices

Appendix 1 – Risk Management Framework - UHN Group Review programme highlight including design principles

Appendix 2 - UHN Risk Management Strategy, for approval

Risk and assurance

Trust Boards are accountable for ensuring an effective risk management framework is in place

Financial Impact

No financial implications associated with this paper

Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

Equality Impact Assessment

Neutral

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

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Risk Management Framework

UHN Group Review

Quarter 2 2022/23

NGH and KGH Risk and Governance Teams

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Introduction

- As our clinical and non-clinical collaboration develops our services will benefit from a unified approach to risk management that all staff, regardless of team, service, or hospital are able to utilise to identify, record, report and escalate through appropriately.

- This is a joint programme of work between the two hospitals governance teams who are working together to pool their extensive knowledge and skills across the group.

- We don’t intend to lift and shift one hospitals processes to the other, we're looking at best practice and a best-of-breed that both hospitals will benefit from.

Project Plan

The project is split into the following phases:

- **Discovery**
  - Identifying and agreeing the design principles required to enable an effective group-wide risk management framework, based on best practice, in-house expertise and stakeholder consultation
  - Analysis of each organisations current approaches to risk management
    - How far apart are we in reality?
    - What does best practice lead us to consider?
- **Design**
  - Based on our Discovery Phase, what best practice fundamentals do we need to include?
  - How do we build on each Trusts journey to date with a best-of-breed approach
  - Stakeholder engagement to ensure buy-in and (a reality-check!)
- **Delivery**
  - Complex, at scale change to policy and process, supported by
  - Tools that work (Datix)
  - Support
  - Training and team-work

We are Here

UHN Risk Framework:

Discovery Phase - Design Principles

Design Principles

The UHN Risk Management Framework should:

- Ensure that all risks are aligned to, and articulate the impact on, our group objectives / priorities
- Allow for the consolidation and escalation of risk across the organisation
- Enable and support ownership of risk at as local a level as possible
- Enable ward to board alignment and oversight (a golden thread) of risk
- Utilise the boards risk appetite as the primary driver for risk escalation
- Provide uniform and clear reporting and dashboards across the organisation
- Ensure a clear and uniform workflow for the approval of new risks
- Ensure clearly articulated risk scoring that is underpinned and justified by an evidence base
- Ensure uniformity of risk management language, underpinned by consistent training and support across the group

Risk Management Framework

Discovery Phase - Self-review of current frameworks: Keep/Stop/Start

NGH

What elements of the existing risk management framework are working well that we should KEEP, what isn't working so well that we should STOP, and what we want to START doing to improve the existing framework?

KEEP

- Risk training (and build on it)
- Assurance Risk and Compliance (ARC) Group including high level representation from Divisions and departments
- Reinforce 5x5 risk matrix ensuring extreme risks (15+) thereby being Corporate Risks but still managed locally
- Risk reporting structure – Wards/Directorates/Services to Departments/Divisions to ARC – to Board Committees – to Trust Board

STOP

- Datix Web for risk assessment and management
- Printing of papers / paper copies of risk assessments
- Deep dives in Assurance Risk and Compliance (ARC) Group

START

- Datix Cloud for Enterprise Risk Management
- Risk training (and use of Datix) to be part of Mandatory Training
- Group Assurance Risk and Compliance (ARC) Group
- Reintroduce and build on/embed Risk Appetite and Risk Tolerance
- Produce and require better evidence of risk such as likelihood through number of incidents / finance
- Use of email notifications
- Use of dashboards for reporting
- Use of proper action plans

KGH

What elements of the existing risk management framework are working well that we should KEEP, what isn't working so well that we should STOP, and what we want to START doing to improve the existing framework?

KEEP

- Horizon scanning process
- Aggregation of lower graded risks that are across multiple areas/services to assess for potential corporate risk
- Deep dive process of risks allocated to committees
- Divisional presentation of risk registers at the Risk Management Steering Group
- Language in format within CRR and also significant risk terminology
- Route to CRR
- Clear policy and strategy in place giving clarity on policy as the "how to" and strategy on objectives and approach to risk

STOP

- DatixWeb for risk registers BUT only when safe to do so
- Executive opportunity to stop a significant risk entering the CRR
- Vague language in risk descriptions and other areas of the CRR

START

- Aligning format of risk register reports Ward to Board should all be in same format
- Develop the risk matrix, suggesting a score of 25 becomes known as an "extreme" risk, colour coded purple?
- Align ownership of corporate risks

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Risk Management Framework

Discovery Phase - Research
NHS Requirements and Best Practice

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Why Risk Assessment and Management

- The importance of risk assessment and management cannot be understated.
- Risk is inherent in everything we do as an organisation
- Risk should be integral to both strategic and operational approaches to service delivery .
- Effective, open and transparent risk management requires a culture where all staff are involved in identifying, reporting/ documenting, managing and reducing risks
- Risk assessment and management can:
  - Improve patient safety and quality of care
  - Improve financial awareness
  - Improve reputation
  - Improve staff morale and productivity
  - Provide focus on areas and services for improvement
  - Provide assurance to external organisations and auditors
  - Protection against prosecution

What is Risk Assessment and Management

- Risk assessment is the systematic collection of information to determine the consequence and likelihood and identify where additional controls are needed, to reduce the risk to an acceptable level
- Risk management is the identification, assessment, and prioritisation of risks
- Risk management can be considered as part of the broader area of clinical governance which is defined by Chandraharan and Arulkumaran as a:
  - ‘framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish’
- A framework can be used as a training tool to guide in effective risk assessment

Risk Assessment and Management Best Practice

- A Risk Strategy document accompanied by a Risk Assessment and Management Policy
  - The risk strategy should define the intent of the risk framework and a plan to deliver this
  - The risk policy should support the strategy and identify the rules for delivery
- Identification of roles and responsibilities
- Agreed approach on determining risk factors and scoring
  - Consequence v Likelihood
  - Low, Moderate, High, Extreme
  - 5 x 5 matrix
- Linking of risks to categories (strategic, operational, financial) and to objectives
- Consistent approach to risk appetite (treat, tolerance and terminate)
- Consistent reporting structures from areas to board assurance

Risk Management Framework

Discovery Phase – NGH and KGH risk management framework design differences

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Language – fundamental to effective communication – we need a shared way of describing every part of our risk management framework

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KGH	NGH	Comment
Risk score 15 -25 called 'Significant'	Risk score 15 - 25 called 'Extreme'	National NPSA model matrix refers 15-25 as extreme
Tolerated and Untolerated risks	-	KGH record all risk assessments on Datix, some of which then escalate to Risk Registers (Untolerated risks). NGH record all solitary risk assessments on Datix. Generic based risk assessments are recorded at ward level.
KGH refer to 'Risk Management Ambitions' in the Strategy	NGH refer to Risk Management Objectives in their Policy	
KGH use 'Residual Risk Score'	NGH use 'Target Risk Score'	
RMSG – Risk Management Steering Group	ARC – Assurance, Risk and Compliance	

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Risk Register Format – like language – how we present risks can make or break successful risk management and assurance

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The current templates for risk registers differ a great deal between the two Trusts.

NGH detail the last 3 months of progress notes which incorporates any gaps in controls, assurances, gaps in assurance or further planned actions to reduce the risk to Target Risk Level.

KGH detail any gaps in controls, gaps in assurance and further planned actions separately.

NGH uses separate fields for The Risk Title, Risk Causes and Risk Consequences whereas The Risk Title, Risk Causes and Risk Consequences are combined into 'Risk Description' at KGH.

The agreed BAF template for KGH / NGH includes Risk Description, Current Controls, Gaps in Controls, Assurance, Gaps in Assurance and Further Planned Actions, along with Current Risk Score and Risk Appetite. On both the current Significant/Extreme risks are used to inform the entries to the BAF.

Corporate Risk Register Template (KGH)

Risk ID	Risk Description	Current Controls	Gaps in Controls	Consequence (current)	Likelihood (current)	Risk Score (current)	Risk Rating (current)	Assurance (Internal and External)	Gaps in Assurance	Further Planned Actions	Consequence (Residual)	Likelihood (Residual)	Risk Score (Residual)	Risk Rating (Residual)	Executive Lead
				5	3	15	Significant				5	1	5	Moderate	

Corporate Risk Register Template (NGH)

ID	Date added to risk register	Title and description	Approval Status	Risk Causes	Risk consequences	Existing controls	Progress	Date Reviewed	Risk Level (current)	Risk Level (target)	Theme	Movement
	01/01/2019	Clear Title and explanation of risk					Add new updates in red as they occur.	01/01/2019	Extreme Risk 15 (C5 x L3)	e.g. High Risk 10 (C5 x L2)		

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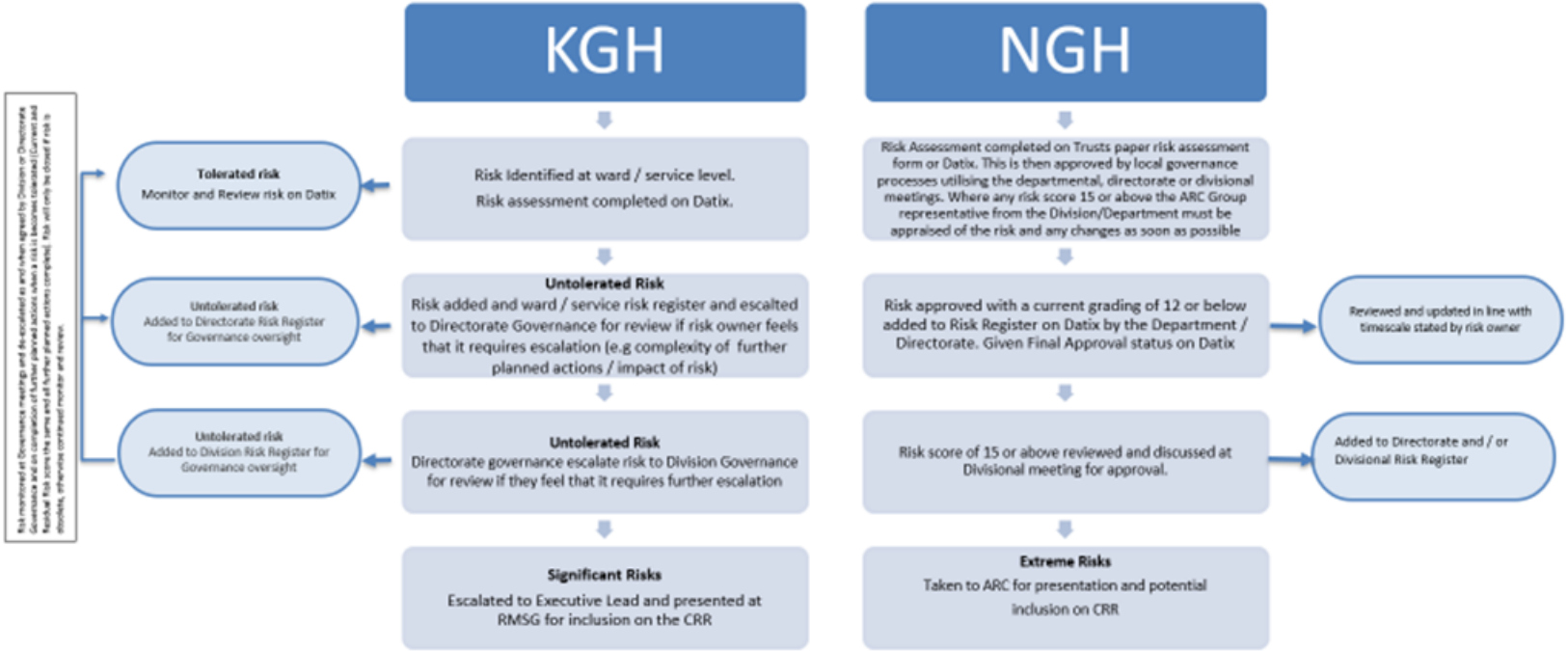
Risk Register (Flow of risks from ward to board)



Key findings:

At KGH any level of risk can be included on any risk register, risks with a CURRENT score of 15+ are escalated to the respective executive for confirm and challenge, if the CURRENT score remains at 15+ the exec lead must sponsor its escalation to the CRR, with approval at RMSG.

At NGH any level of risk can be included on any risk register. However, if risk has a CURRENT score of 15+ then it is escalated to the Corporate Risk Register, with executive leads NOTIFIED, once approved at ARC these then make up the risks included on the CRR. Risks of 12 or below either get placed on department or directorate risk registers which are overseen by the divisions.

KGH – All risk registers must be formally reviewed on a quarterly basis at Division / Directorate Governance meetings

NGH - All risks with a CURRENT score of 15 or above must be reviewed at least monthly and reported on at ARC monthly. Risks with a CURRENT HIGH score of 8-12 must be reviewed at least quarterly. Risk with a CURRENT Moderate 4-6 or 1-3 Low must be reviewed at least Bi-Annually. Risks are reviewed by the risk owner and reported to Directorate and Divisional Governance Committee meetings.

Strategies and Policies

KGH Strategy	NGH Strategy
Introduction and Purpose of Risk Management Strategy	Introduction and Purpose of Risk Management Strategy (included importance of objectives)
-	Scope
-	Compliance Statements
Risk Management Ambitions	Risk Objectives
Why our ambitions are important	-
Risk Management system - Definition - Assessing and scoring risks - Risk Management Process - Assessment of risk (flow diagram)	-
Risk Management Responsibilities	-
Risk Register flow chart from ward to board	-
Risk Appetite Levels	-
Trust Risk Appetite linked to domains	-
Strategic and Operational Objectives (NOW OBSOLETE SO CAN BE REMOVED)	-
Training and support	-
Evaluation and Review	Monitoring and review

KGH Risk Assessment and Risk Register Policy	NGH Assessment and management of risk policy
Introduction to Risk Management	Introduction to Risk Management
Purpose of the policy outlining responsibility of all staff to identify and record risks	Purpose of the policy outlining responsibility of all staff to identify and record risks
-	Scope – policy applicable to all staff
-	Compliance Statement (Equality & Diversity, NHS Constitution)
Responsibilities (from CEO to All Trust Employees) Responsible committees, (Board, QGSG, OMG, Q&SC, RMSG)	Roles and Responsibilities (from CEO to All Trust Employees) Responsible committees (Board, ARC)
Definitions	Definitions
Process and Procedures - Risk identification (Internal / External) - Current and Tolerated risks - Process for risk assessment and completing a risk assessment on datix including who's affected, controls, assurances and gaps in controls and assurances. - Review of Risk Registers and risk assessments	Substantive Content - Risk Appetite - Risk identification (internal / external) - Assessment and management of risks and their domains - Completion of risk assessments (paper or datix) - Process for risk assessment, risk registers, reviewing risks, closing risks
Route to CRR and RMSG	Corporate risk register (route to) and ARC
Immediate escalation of significant risks outside of CRR	
-	The Board Assurance Framework
Training	Training
Monitoring and Compliance with the policy	Monitoring and Review
References	References

Between policy and strategy documents both organisations cover the same ground and in broadly similar ways.

The NGH policy on Assessment and Management of Risk contains the risk appetite linked to risk domains, which is detailed in the KGH strategy.

The KGH policy is purely 'process related' and is about how risks are identified and recorded (the 'doing bit)', whereas the NGH policy contains elements that are described within the KGH strategy.

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Risk Management Framework

Design Phase – Risk Management Strategy and Policy

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Review against our Design Principles

The UHN Risk Management Framework should:

- Ensure that all risks are aligned to, and articulate the impact on, our group objectives / priorities
- Allow for the consolidation and escalation of risk across the organisation
- Enable and support ownership of risk at as local a level as possible
- Enable ward to board alignment and oversight (a golden thread) of risk
- Utilise the boards risk appetite as the primary driver for risk escalation
- Provide uniform and clear reporting and dashboards across the organisation
- Ensure a clear and uniform workflow for the approval of new risks
- Ensure clearly articulated risk scoring that is underpinned and justified by an evidence base
- Ensure uniformity of risk management language, underpinned by consistent training and support across the group

Proposed revised template for the Corporate Risk Registers

Risk ID	Date Risk Identified	Description	Current Controls	Assurance (Internal and External)	Consequence (Current)	Likelihood (Current)	Risk Rating (Current)	Risk Score (Current)	Gaps in Controls	Gaps in Assurance	Further Planned Actions	Consequence (Residual)	Likelihood (Residual)	Risk Rating (Residual)	Risk Score (Residual	Risk Appetite	Group Priority	Executive Lead

The revised CRR template includes the following labels:

- Risk ID
- Date Risk Identified
- Current Controls
- Assurances (internal / external)
- Consequence (current)
- Likelihood (current)
- Risk Rating (current)
- Risk Score (current)
- Gaps in Controls
- Gaps in Assurance
- Further planned actions
- Consequence (Residual)
- Likelihood (Residual)
- Risk Rating (Residual)
- Risk Score (Residual)
- Risk Appetite
- Group Priority
- Executive Lead

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Document Reference Number UHN-PO-XXX

Policy/Guideline Title:	**Group Risk Management Strategy**
Executive Summary:	Risk Management is both a statutory requirement and an indispensable element of good management at Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust (the University Hospitals of Northamptonshire NHS Group). It is a fundamental part of the total approach to quality, corporate and clinical governance and is essential to the Group's ability to discharge its functions as a partner in the local health & social care community, as a provider of health services to the public and an employer of significant numbers of staff. It is expected that all risk management activities in the Group will follow the process described within this document and the Risk Management Policy to ensure a common approach is adopted to risk assessment, risk assurance and risk register management.
Supersedes:	
Description of Amendment(s):	
This policy will impact on: As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation or religious belief. No detriment was identified.	
Financial Implications:	

Policy Area:		Approval Date:	
Version Number:	1.0	Review Date:	
Issued By:		Expiry Date:	
Author:	NGH Risk and Policy Manager	Impact Assessment Date:	

APPROVAL RECORD		
	Committees / Group	Date
Consultation:	KGH Risk Manager UHN Risk Management Group	
Approved by Director:	UHN Director of Governance	
Ratified by:	UHN PRG	
Received for Information:		

Staff are reminded not to rely on a printed copy of the Policy.

Contents

1. Introduction

The Risk Management Strategy will work alongside all KGH and NGH Trust-wide strategies to achieve the Risk Management Objectives for 2022/23. Thereafter the Risk Management Strategy will be reviewed on an annual basis. This document should be read in conjunction with the Group Risk Management and Assurance Policy.

Risk Management is an integral part of the Group's governance and performance management processes. The Groups' objectives, delivered through its values will have inherent risks to be identified and managed. All staff have a role in considering risk and helping to ensure it does not prevent the delivery of safe, high-quality services for our patients and a positive working environment for staff within a well-led organisation.

Each Trust Board of Directors, with the support of its committees has a key role in ensuring a robust risk management system is effectively maintained and to develop a culture whereby risk management is "business as usual" at all levels across the organisation.

Risk will be managed through risk assessments and risk registers at all levels of each Trust, from "Ward to Board" with a clear escalation system and line of sight by the Board for those risks that cannot be managed at a service delivery or operational level.

Effective risk management is the responsibility of every member of staff, either permanent, temporary or to those contracted working within, or for, the Trusts.

As a complex organisation delivering a range of services in a challenging financial environment, we accept that risks are inherent part of the everyday life of the Group and that an effective, systematic approach to risk management can mitigate negative impacts of risks being realised but also provide us with an opportunity for innovation and improvement.

Our risk management framework is part of our internal control arrangements designed to manage risks, based on considerations of the potential impact and opportunities for improvement and the likelihood of these impacts and opportunities occurring, and to ensure that we receive sufficient assurance that we are managing these risks effectively.

The key aims of this strategy are to achieve greater local level ownership of risk, enhanced clarity regarding roles and responsibilities for risk management and strengthened governance arrangements to support the current framework.

2. Purpose

The UHN Boards are committed to continuously improving risk management within the organisation and has set targets for improvements over the next year, against which progress will be assessed.

The Strategy has been reviewed and updated to comply with legal and statutory requirements, assist in compliance with national standards, to promote proactive risk management and improve the safety and quality of patient care.

3. Scope

This document highlights six key objectives and associated actions planned for the coming year.

4. Compliance Statements

4.1 Equality and Diversity

This document has been designed to promote equality, diversity, inclusion and human rights in line with the Trust's Equality, Diversity and Inclusion Strategies. It has also been analysed to ensure that as part of the Public Sector Equality Duty the Trusts have demonstrated that they have given 'due regard' to its equality duty and that, as far as is practicable, this document is free from having a potential discriminatory or adverse/negative impact on people or groups of people who have relevant protected characteristics, as defined in the Equality Act of 2010.

4.2 NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principles and Values of the NHS along with the Vision and Values of Kettering General Hospital and Northampton General Hospital NHS Trusts.

4.3 Person Identifiable/Confidential Data and Privacy Rights

In line with the UK General Data Protection Regulation (2016) and the Data Protection Act (2018) the Trusts are obliged to treat all information in a secure, professional and ethical manner, whilst keeping all person identifiable and personal data confidential. In addition, the Trusts will not share employee information with a third party, unless there is a legal basis for disclosure, for example for the detection and prevention of crime, or if it is in the legitimate interest of the Trusts.

As part of the Data Security and Protection policies of the Trusts and data protection legislation, if the Trusts are required to share any reports / information / data relating to the processes and procedures of any of our policies, the data, where possible, will be anonymised to remove person identifiable / confidential data unless there is a justifiable reason not to. It is important that policy leads are aware that policies may be released in response to FOI requests.

For further information regarding a Data Protection Impact Assessment and Sharing Personal Data, please contact the Data Security and Protection Team @ ngh-tr.data.protectionact@nhs.net Or kgh-tr.dpokettering@nhs.net

5. UHN Risk Management Strategy

5.1 Objectives 2022/2023

The organisations Risk Strategy comprises of the following six objectives:

1. To support greater devolution of decision making and accountability for management of risk throughout the organisation from the Trusts Boards to the point of delivery (Ward to Board) embedding risk management at all levels of the organisation.
2. To promote a risk culture of monitoring and improvement that supports risk management; ensuring that risks to the delivery of Trust's objectives are identified and addressed within a 'risk literate' organisation.
3. To refine processes, systems, policies, and training throughout the Group which are in place to support effective risk management and ensure these are integral to activities within each Trust.
4. To support patients, carers and stakeholders through reduction of risks to services delivery and improved service provision, embedding the Group's risk appetite in decision making.
5. To support the Trusts Boards in being able to receive and provide assurance that the Boards have a clear line of sight of all risks across the organisation.
6. Measure the impact and implementation.

5.2 Risk Management

Risk management can be defined as:

Operationally: "The process which aims to help organisations understand, evaluate and take action on all their risks with a view to increasing the probability of success and reducing the likelihood of failure".

Strategically: "The effect of uncertainty on objectives" (ISO31000)

The Trusts will use the 5x5 matrix introduced by the National Patient Safety Agency (2008)

5.2.1 Risk Identification

Risks are identified in many ways; we identify risk proactively by assessing corporate objectives, work related activities, analysing adverse event trends and outcomes, and anticipating external possibilities or scenarios that may require mitigation by the Trusts, for example:

- Delivery of day to day work related tasks or activities.
- The review of strategic or operational objectives.
- From an incident or the outcome of investigations.
- Patient feedback/experiences/litigation.
- Outcomes from internal and external clinical and non-clinical inspections or audit reports.
- National requirements and guidance.
- External stakeholders.

- Use of resources.

5.2.2 Risk Assessment

Risk assessment involves the analysis of individual risks, including any plausible risk aggregation (the combined effect of different risks) where relevant. The assessment evaluates the consequence and likelihood of each risk and determines the priority based on the overall level of risk exposure.

5.2.3 Risk Appetite

This can be described as the amount of risk that an organisation is prepared to accept at any point in time. The Trusts Boards will make decisions on exposure to the level of risk it will accept in order to deliver its strategic and operational objectives over a given period. In practice, these address:

- The nature of the risk to be assumed;
- The amount of risk to be taken on;
- The desired balance of risk versus reward.

In striving to achieve our strategic objectives, the narrative weighting given to levels of risk appetite has been agreed by Trusts Boards as:

Assessment	Description of potential effect
Zero Risk Appetite	The Trusts Boards aspire to avoid risks under any circumstances that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance with no or negligible potential risk to staff / patients.
Low Risk Appetite	The Trusts Boards aspire to avoid (except in very exceptional circumstances) risks that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk to staff / patients.
Moderate Risk Appetite	The Trusts Boards are willing to accept risks in certain circumstances that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk to staff / patients.
High Risk Appetite	The Trusts Board are willing to accept risks that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk to staff / patients.
Very High Risk Appetite	The Trusts Boards accept risks that are likely to result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential serious risk of injury to staff / patients.

The Trusts Boards have agreed that the following risk appetite levels, as mapped to the Group Priorities and risk Domains:

Domains	Group Priorities	Risk Appetite	
Q - Impact on the quality of our services. Includes complaints and audits	**PATIENT:** Excellent patient experience shaped by the patient	Low Risk Appetite	The Trust Boards aspire to avoid (except in very exceptional circumstances) risks that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / patients.
Safety/Quality/Statutory *S*- Impact on the safety of patients, staff or public. *Q* - Impact on the quality of our services. Includes complaints and audits *St*- Impact upon on our statutory obligations, regulatory compliance, assessments and inspections	**QUALITY:** Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Low Risk Appetite	The Trust Boards aspire to avoid (except in very exceptional circumstances) risks that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / patients.
Business/Reputation *B*- Impact upon our reputation through adverse publicity *R* - Impact upon our business and project objectives. Service and business interruption	**SYSTEMS AND PARTNERSHIP:** Seamless, timely pathways for all people's health needs, together with our partners	High Risk Appetite	The Trust Boards **are willing to accept risks that may result** in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory
Finance *F*- Impact upon our finances *E* - Impact upon our environment, including condition of estates, chemical spills, our carbon footprint	**SUSTAINABILITY**: A resilient and creative university teaching hospital group, embracing every opportunity to improve care	Moderate Risk Appetite	The Trust Boards **are willing to accept some risks in certain circumstances that may** result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / patients.
Workforce *W* - Impact upon our human resources (not safety), organisational development, staffing levels and competence and training	**PEOPLE:** An inclusive place to work where people are empowered to be the difference	Moderate Risk Appetite	The Trust Boards are **willing to accept some risks in certain circumstances that may** result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity,

			significant incidents of regulatory and / or legislative compliance, potential risk of injury to staff / patients.

5.2.4 Risk Tolerance

Risk Tolerance represents the practical application of risk appetite and is utilised to consider the levels of risk that are considered acceptable to achieve specific objectives or gain identified benefits. Tolerated and Un-Tolerated risk registers are in place to enable the Groups risk appetite to be embedded across both Trusts.
The Group recognises the importance of having a documented statement that reflects our approach to risk appetite and tolerance as it provides the guidance and boundaries in place to ensure all our staff are able to manage risk and thus ensure that improvement and innovation is not stifled, whilst maintaining stakeholder.

The Group's risk guidance within the Group Risk Management & Assurance Policy will be regularly reviewed to ensure all risk leads are aware of the level of risk that can be tolerated or that should be escalated through the risk management framework.

6. Training and Support

Risk management training, guidance and advice is provided through the hospital Risk Management Leads. Risk training will be delivered in corporate inductions and mandatory training days, including refresher mandatory training.

A training needs analysis will be in place that determines that staff receive risk management and risk register training as 'core' training appropriate to their roles and responsibilities.

The Boards will receive regular risk management training and development.

7. Monitoring and Review

Progress on the delivery of this strategy will be undertaken on a day-to-day basis by the Risk Management Leads and progress will be continually reviewed by the Assurance and Risk Committee's and nominated Trust Board Committees for oversight of the BAF.

Risk management systems and processes will be audited as part of the annual audit cycle by the Trusts' Internal Auditors in additional to review by the Care Quality Commission as part of its inspection process on Well-Led.

The relevant Board Committees will undertake 'deep dives' of the Board assurance Framework and relevant supporting corporate risks. From 2022/23 onwards the deep-dive processes will be developed further to include a focus on the underlying risks within the individual Trusts Corporate Risk Registers that underpin and inform the BAF risks subject to routine and regular deep-dive, thus increasing the depth of assurance taken from the committee reviews and further embedding the Ward to Board risk management approach.

The Audit committees will undertake regular reviews of the effectiveness of the risk management strategy and process via a suite of KPIs and oversee the implementation and adoption of this strategy.

Deep dives of risk registers will see assurance on risk management processes, for example testing:

- Concise risk descriptions primarily focused on patient care and the population we serve.
- Appropriateness of controls and their effectiveness (assurance on controls).
- Risk score taking into account identified controls.
- If ongoing or planned actions sufficiently close any control or assurance gaps.
- Does the residual risk score accurately represent the level of risk once all additional actions are complete, and does it fall within the Boards risk appetite statements?

The Implementation Plan is attached (Appendix 1).

8. Appendices

Appendix 1 The Implementation Plan

Objectives: 1. To support greater devolution of decision making and accountability for management of risk throughout the organisation from the Trust Boards to the point of delivery (Ward to Board) embedding risk management at all levels of the organisation.							
What do we want to do	**How will we implement**						
		KGH	**Lead**	**Timescale**	**NGH**	**Lead**	**Timescale**
Ensure clarity of purpose, consistency and effective systems for Risk Management	Group Risk Management Policy	x	Director & Deputy Directors of Governance	27 September 2022	x	Director & Deputy Directors of Governance	27 September 2022
Ensure a committee structure is in place for Executive ownership and assurance on the management of risks.	Clearly identify Board Assurance Framework risks by strategic objective and committee with regular reporting, holding to account and decision making is evidenced.	X	Director & Deputy Directors of Governance	October 2022	X	Director & Deputy Director of Governance	October 2022

Review roles of Assurance Risk & Compliance Group (ARC) and the Risk Management Steering Group (RMSG) and their effectiveness	Review ToR and membership to bolster executive ownership of individual risks and the totality of the CRR by the Hospital SLT.						
Move Trust web-based risk management platforms to a cloud-based system (IQ)	Continued project work to build the ERM risk assessment forms and to produce a workable dashboard within the BI tool for reporting	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	October 2023
Ensure there is a clear escalation process for risks identified as part of devolvement so that accountability and management is at the appropriate level up to and including the Board.	Ensure that the escalation and de-escalation framework is clear and that the direction of travel of risks can be evidenced.	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022

Demonstrate that risks are being identified and assessed, informing risk registers at all levels of the organisation.	Provide training on risk and support individuals and teams on undertaking risk assessments and producing risk registers. Enable the electronic Risk Register systems so that staff can record risk assessments and registers together with real time reporting.	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	March 2023

2. To promote a risk culture of monitoring and improvement that supports risk management; ensuring that risks to the delivery of Trust's objectives are identified and addressed within a 'risk literate' organisation.

What do we want to do	How will we implement						
		NGH	Lead	Timescale	KGH	Lead	Timescale
Evidence that strategic and operational objectives are risk assessed and that there is	Risk registers will detail the strategic and operational objectives linked to risk assessments.	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	March 2023

evidence of continuous monitoring and tracking of reduction of risk. Deep dive programme of local risk registers via ARC	Escalation and de-escalation of risks will be detailed in risk register reports and evidenced in risk register systems.						
Review reporting of the Corporate Risk Register to Board and its committees Ensure that there is a clear risk appetite (level of tolerance of risk) identified in order to demonstrate risk maturity and understanding that not all risks can be fully eliminated, but effectively managed.	All risk registers will detail risk appetite/tolerance levels. The Risk Management Strategy will clearly define the Board's Risk Appetite. Evidence training on risk appetite/tolerance to the Board Committees for assurance	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	March 2023

3. To refine processes, systems, policies, and training throughout the Group which are in place to support effective risk management and ensure these are integral to activities within each Trust.

What do we want to do	How will we implement						
		NGH	Lead	Timescale	KGH	Lead	Timescale
Devise and implement a risk management work plan covering the period of the Risk Management Strategy for 2022/23	Ensure the risk management development plan delivers and provides assurance to the Assurance and Risk Committees, Audit Committees and the Boards on processes established for: • Annual review of the Risk Management Strategy. • Clear Terms of Reference and reporting responsibilities of the Risk	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	March 2023

	Management Steering Group and Board Committees for accountability and ownership of risks. • Migration of existing risks to standardised risk register templates from ward to Board; • Roll-out of new and revised processes impacting each Trust e.g. process for escalating risks to the Corporate Risk Register Establishment of core training informed by a						

	training needs analysis.						
Provide a systematic reporting framework for committee/group oversight and ownership of risks for Ward to Board reporting.	Ensure wards, services, directorates and divisions embed risk in meetings and that review of risks can be evidenced. Ensure the Board and its committees embed risk in meetings and that review of risks can be evidenced. Introduction of standardised reporting templates for all committees. Terms of Reference and meetings to evidence embedded reporting as routine on risk registers.	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy Director of Governance	March 2023
Ensure comprehensive assurance in	Agree the internal audit plan for	X	Director & Deputy Directors of Governance	March 2023	X	Director & Deputy	March 2023

place via a programme of audit for assurance on risk controls.	BAF/CRR risks on a rolling cycle.					Director of Governance	
Ensure there is an annual plan for deep dive reviews of risk registers by the Board's Committees.	Audit Committee to oversee deep dives into risk registers and to receive assurance of the work of other Board Committees for assurance reporting to the Board. Deep Dive programme to extend through the BAF to include linked risks from Trust CRRs	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022
Evidence escalation of risks in addition to de-escalation of risks where appropriate.	Risk register reports to track movement of risks and rationale, together with evidence held within the Datix Risk Management System.	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022

Ensure that the appropriate risk assessments and risks are detailed at the appropriate level.	Educate and continue to review and ensure that operational risks are on risk registers up to and including the Corporate Risk Register. For the CRR and BAF, ensure that a wide range of sources of risks considered are evidence including internal and external.	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022
Ensure there is clarity on how to articulate risks and the relevant controls and actions.	Provide clear descriptions of risks in risk assessments and risk registers through the introduction of a standard for describing risks.	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022

4. To support patients, carers and stakeholders through reduction of risks to services delivery and improved service provision, embedding the Group's risk appetite in decision making.	
What do we	**How will we implement**

want to do		NGH	Lead	Timescale	KGH	Lead	Timescale
Review effectiveness of ongoing training programme	Launch new programme and associated comms.	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022
Full Board review of the Board Assurance Framework (BAF)		X	Director & Deputy Directors of Governance	July 2022 (Complete)	X	Director & Deputy Director of Governance	July 2022 (Complete)
Continue our journey to outstanding with risk maturity that balances risks against benefits for our patients, carers and stakeholders, including our staff.	Metric, quality improvement, transformational and business planning will have risk assessments and risk registers that can be evidence and are subject to alignment against risk appetite and regular review.						

5. To support the Trust Boards in being able to receive and provide assurance that the Trust has a clear line of sight of all risks across the organisation.	
What do we	**How will we implement**

want to do		NGH	Lead	Timescale	KGH	Lead	Timescale
Raise Boards awareness and develop risk appetite statement for each of the Trusts corporate objectives through Board development sessions	Boards to review risk appetite against the five group priorities at Board Development event.	X	Director & Deputy Directors of Governance	October 2022	X	Director & Deputy Director of Governance	October 2022
Review risk appetite statement as part of the business planning process and ensure this is considered at Directorate, Division and Corporate level	Disseminate outcomes of risk appetite review within organisational governance structures	X	Director & Deputy Director of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022
Staff and services need to be able to escalate risks that they cannot sufficiently manage and	Establish a clear reporting framework for the Boards, its committee and operational	X	Director & Deputy Directors of Governance	November 2022	X	Director & Deputy Director of Governance	November 2022

control so that the correct level of accountability is evidenced in support of a well-led organisation. An overview of Trusts-wide risks enables the Boards to consider thematic risks that exist across services and specialties but may represent a significant level of overall risk requiring intervention.	committees/groups for risk management. Ensure that risk registers identify escalated risks and committee and risk owners. Ensure the Boards receives the BAF once per quarter and there is a regular reporting cycle for the CRR and thematic risk reports on a Trusts-wide basis.						

6. Measure the impact of implementation

What do we want to do	How will we implement						
		NGH	Lead	Timescale	KGH	Lead	Timescale
Develop a suite of KPIs to assess the effectiveness of risk		X	Director & Deputy Directors of Governance	November 2022 this is terribly late can the set of	X	Director & Deputy Director of Governance	November 2023

management process; the Strategy and Policy implementation				KPIs be agreed and implemented earlier please?			
Internal audit evaluation of the implementation of the strategy		X	Director & Deputy Directors of Governance	April 2023 (Internal Audit)	X	Director & Deputy Director of Governance	April 2023 (Internal Audit)
Audit Committees progress reviews		X	Director & Deputy Directors of Governance	January 2023	X	Director & Deputy Director of Governance	January 2023

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	29 September 2022
Agenda item	10

Title	Group Transformation Committee (formerly Collaboration Programme Committee) Terms of Reference
Presenter	Richard Apps, Director of Integrated Governance
Author	Richard May, 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
The Board is responsible for the approval of Terms of Reference for its Committees. The Group Transformation Committee is a Committee in Common with the Kettering General Hospital NHS Foundation Trust (KGH).	Collaboration Programme Committee, 12 September 2022

Executive Summary
Revised Terms of Reference for a Group Transformation Committee are enclosed for the Board's ratification following endorsement by the Committee; they reflect

the continuing evolution of the UHN Group and bring oversight of transformation programmes within its remit. The Terms of Reference propose a name change to the 'Group Transformation Committee' and increase Non-Executive Director membership, providing for a Non-Executive Director to be designated as Convenor and Meeting Chair on behalf of the Group (Liisa Janov, KGH). The Terms of Reference are enclosed at Appendix A **attached** and are presented to this meeting for **RATIFICATION**.
Appendices
Committee Terms of Reference: Final Draft
Risk and assurance
No direct implications for the Group Board Assurance Framework
Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

Group Transformation Committee

Terms of Reference

Context

1. Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust ('the Boards') launched a Group Model in July 2021, adopting a Dedicated to Excellence Strategy articulating the group's common vision and mission, supported by shared priorities and values. The Committee will oversee the delivery of the large scale transformation across the hospitals and group required to deliver this Strategy.

Purpose

The Group Transformation Committee (GTC) will:

2. oversee the delivery and review of the aims of the Group and steer the delivery of the transformation required to deliver Group Model ambitions as expressed within the Dedicated to Excellence Strategy, aligned to Integrated Care System (ICS) transformation.

3. facilitate the identification and sharing of best practice, within the trusts and externally.

4. Identify opportunities to improve outcomes for patients through innovative practice and partnerships.

5. Agree and confirm areas of common interest and priorities for joint work, within strategic objectives agreed by the Boards.

6. Provide assurance to the Boards of Directors that appropriate and effective transformation plans are in place to deliver clinical collaboration and the Group priorities in the context of Dedicated to Excellence.

7. Provide assurance that Group transformation initiatives have been implemented, benefits are being achieved in line with plan, risks are effectively managed and that any proposed initiatives are implemented and have robust deliverable plans in place.

Authority & Accountability

8. The Committee is accountable to the Board of each Trust and is authorised by the Boards to investigate any activity within its terms of reference.

9. It is also authorised to:

- seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee.
- ensure the engagement of all Board members in the, development, delivery and updating of group strategy
- agree and implement appropriate action to ensure the Committee's work plan supports, and addresses deviations from, the strategic objectives agreed by the Boards.

10. The GTC is a formal joint committee of both NGH & KGH and shall have the authority to make recommendations in relation to those matters delegated to it as described in these Terms of Reference for each Trust Board to ratify.

11. The GTC does not replace any existing statutory accountabilities of member organisations. Individual member organisations retain their statutory accountabilities to their respective regulatory and oversight bodies.

Roles and Duties

12. The Committee will implement the strategic objectives of the Group as agreed by the Boards, specifically:;

Transformation and Enabling Strategies

- The Committee will;
    - Ensure that enabling strategies are in place to support clinical strategy implementation and the overall strategic direction of the Group;
    - Provide support and challenge to identified transformation programmes, ensuring robust deliverable plans with appropriate resource are in place.
    - Provide assurance that benefits of transformation programmes are being achieved in line with plan
    - Oversee management of delivery risk within transformation programmes

Dedicated to Excellence Strategy Delivery

- The Committee will;
    - Drive the delivery of the Group strategy, including the clinical strategy, enabling strategies and Group priorities
    - Support the development of the Group and hospitals operating framework
    - Identify, review and mitigate group risks
    - Ensure alignment to the wider Integrated Care System (ICS) plans
    - Ensure appropriate public engagement and consultation is undertaken to facilitate the co-design of proposals which will meet the health needs of our communities;
    - Ensure interdependencies with other providers and specialist commissioned services are considered.
    - Ensure governance links to the policy framework of each organisation making clear the monitoring and audit of agreed policies.

- Ensure that the programme of enabling strategies and transformation programmes is in line with the Dedicated to Excellence strategy
- Oversee and manage interdependencies and links between transformation programmes and enabling strategies in the delivery of the Dedicated to Excellence strategy.

Clinical Strategy and Collaboration

- The Committee will;
  - Identify and progress clinical collaboration workstreams.
  - Oversee and scrutinise the development of clinical service strategies ensuring requisite consultation with relevant committees
  - Oversee service transformation and pathway redesign, seeking assurance that any required policies, standard operating procedures or guidelines that underpin the areas of collaboration are in place.

Membership

- Two NEDs from each organisation, appointed by the Boards of Directors
- Group Chief Executive
- Group Executive Directors
- NGH Executive Directors (Board Members)
- KGH Executive Directors (Board Members)

Chairs, Convenors and Quoracy

13. The Committee shall determine a Convenor to chair meetings from amongst the Non-Executive Directors appointed to it.

14. The following roles must be represented for the meeting to be quorate: One Non-Executive Director from each Trust, Group Chief Executive (or nominated Deputising Group Executive Director) plus three additional Executive Directors, with at least one from each Trust.

15. Where a member cannot attend, they can send a suitably and duly nominated deputy to attend in their absence and be considered within the quorum.

16. Other individuals can attend by invitation, particularly when the Committee is discussing an agenda item that is the responsibility of that role.

17. Additional representation will be invited dependant on the topics requiring greater stakeholder insight and/or engagement.

Reporting arrangements.

18. A brief report will be submitted to the following Board meetings drawing attention to significant developments, highlighting areas where further assurance is required and matters requiring Board decisions.

19. The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards.

20. The Committee will review its work annually to highlight key issues in the delivery of the Groups' Strategies and their management, as well as the effectiveness of the Committee.

21. The Committee shall receive reports from transformation and collaboration sub-groups responsible for operational delivery.

Conduct of Business

22. The Committee shall meet on a monthly basis, virtually or in person. Where an additional meeting is required outside of the established meeting pattern it shall be for the Chair(s) to convene the meeting, with the agreement of leads from each Trust.

23. Papers will be circulated one week in advance, to enable organisations to consider the implications for their own organisations in advance of the meeting. Where this is not possible, any later circulation must be agreed with the Chair(s) in advance.

24. The Committee is a private meeting of the Trusts.

25. Where any member of the Committee has concerns about the way in which it is addressing a matter, or where he/she disagrees with a decision of the Committee, he/she may at any time refer that matter to the Board of the parent organisations at NGH & KGH.

26. The Committee shall be supported and administered by a secretary to the committee, jointly resourced by each Trust.

27. The Directors of Governance shall advise the Convenor of the Committee on issues regarding its compliance with these terms of reference and with other relevant governance requirements and shall generally provide support to the Committee as required .

Decision making

28. When taking decisions members of the Committee will work constructively and pragmatically to reach a consensus position where all agree; voting arrangements will not apply to the decision making of the Committee.

29. Decision making member organisations shall ensure that their own constitutions and schemes of reservation and delegation provide members of Committee with sufficient authority to take decisions on matters presented to the Committee on behalf of their organisations.

30. Where a recommendation has been made by the Committee outside its delegated authority, it shall be reported to the Board/Boards of Directors for formal approval, as appropriate.

Conflicts of Interest

31. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes, and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

32. Should the Convenor of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by another Non-Executive Director, determined by the Committee.

Review Date

33. These terms of reference shall be formally reviewed at least annually.

Agreed by the Boards of Directors:

Northampton General Hospital NHS Trust September 2022

Kettering General Hospital NHS Foundation Trust, September 2022

Review date: April 2023