Board of Directors (Part I) Meeting in Public

Thu 24 November 2022, 09:30 - 12:15

The Boardroom - Northampton General Hospital

Agenda

09:30 - 09:30
0 min

1. Welcome, Apologies and Declarations of Interest

Information   *Alan Burns*

📄 1. NGH Board Part I Agenda 241122 (1).pdf (2 pages)

09:30 - 10:00
30 min

2. Patient and Staff Story: Hospital Robot

Information   *Heidi Smoult*

10:00 - 10:00
0 min

3. Minutes of the Previous Meeting held on 29 September 2022 and Action Log

Decision   *Alan Burns*

📄 3.0 a Draft NGH Public Trust Board Minutes - September 2022.pdf (9 pages)
📄 3.0 b Action Log Updated Post 290922 Part I Board.pdf (1 pages)

10:00 - 10:10
10 min

4. Chair's Report

Information   *Alan Burns*

4.1. Group Chief Executive's Report

Information   *Andy Callow*

📄 4.1 2022_11_24 UHN Boards CEO Update D02.pdf (4 pages)

4.2. Hospital Chief Executive's Report

Information   *Heidi Smoult*

📄 4.2 HCEO Board Report Nov 2022.pdf (4 pages)

10:10 - 10:50
40 min

5. Board Committee summaries / Integrated Governance Report (IGR)

Information   *Heidi Smoult*

📄 5.0 IGR cover paper.pdf (2 pages)
📄 5.0 IGR NGH Board - Committee Summaries - November 2022.pdf (11 pages)
📄 5.0 a Nov 22 IGR.pdf (76 pages)
📄 5.0 b Finance Report M7_Board.pdf (5 pages)

10:50 - 11:00

10 min

11:00 - 11:25
25 min

6. Group People Plan Implementation Update

Information   *Paula Kirkpatrick*

📄 6.0 a People Plan NGH Board update Nov 22.pdf (3 pages)
📄 6.0 b People Plan update Nov 2022.pdf (20 pages)

6.1. Leadership and Cultural Change programme

Information   *Paula Kirkpatrick*

📄 6.1 a Culture and Leadership Programme November 2022 NGH BOARD.pdf (3 pages)
📄 6.1 b Excellence culture & leadership NGH BOARD Nov 2022.pdf (21 pages)

11:25 - 11:45
20 min

7. Response to the Kirkup Report

Information   *Debra Shanahan*

📄 7.0 Overview Report - Kirkup Report NGH FINAL.pdf (7 pages)

11:45 - 12:00
15 min

8. Group Board Assurance Framework

Information   *Richard Apps*

📄 8.0 a Group BAF_Nov 2022_NGH.pdf (2 pages)
📄 8.0 b Appendix A_Group BAF _07NOV2022.pdf (14 pages)
📄 8.0 c Appendix B_Corporate risks aligned to BAF risks @ 071122.pdf (2 pages)
📄 8.0 d Appendix C_Risk Appetite.pdf (1 pages)

12:00 - 12:05
5 min

9. Appointments to Board Committees

Decision   *Alan Burns*

To Follow

12:05 - 12:10
5 min

10. Appointment of Vice-Chair and Senior Independent Director

Decision   *Alan Burns*

📄 10.0 SID and Vice Chair 241122.pdf (2 pages)

12:10 - 12:10
0 min

11. Questions from the Public (Received in Advance)

Discussion   *Alan Burns*

12:10 - 12:10
0 min

12. Any Other Business and close

Discussion   *Alan Burns*

Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Wednesday 24 November 2022, 09:30-12:15
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 and Staff Story: Hospital Robot	Hospital Chief Executive	09:30	Discussion	Present-ations
3	Minutes of the Previous Meeting held on 29 September 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 Verbal
Operations					
5	Board Committee summaries / Integrated Governance Report (IGR)	Hospital Chief Executive / Executive Directors	10:10	Assurance	Attached
	BREAK		10:50		
Strategy and Culture					
6	Group People Plan Implementation Update 6.1 Leadership and Cultural Change programme	Group Chief People Officer	11:00	Assurance	Attached
7	Response to the Kirkup Report	Interim Director of Nursing and Quality	11:25	Assurance	Attached
Governance					
8	Group Board Assurance Framework	Executive Leads	11:45	Assurance	Attached
9	Appointments to Board Committees	Trust Chair	12:00	Approve	To follow
10	Appointment of Vice-Chair and Senior Independent Director	Trust Chair	12:05	Approve	Attached
11	Questions from the Public (Received in Advance)	Chair	12:10	Information	Verbal

12	Any Other Business and close	Chair	12:15	Information	Verbal

Resolution to Exclude the Public and the Press:
The Board is asked to approve the resolution that: Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.

Date of Next Meeting: 3 February 2023, 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 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.

Attendance	Name and Title`	
Present	Alan Burns	Chair
	Andy Callow	Interim Group Chief Executive
	Richard Apps	Interim Group Director of Governance
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Carl Holland	Deputy Chief Operating Officer (Deputy for Palmer Winstanley)
	Jill Houghton	Non-Executive Director
	Dan Howard	Interim Chief Digital Information Officer
	Denise Kirkham	Non-Executive Director
	Paula Kirkpatrick	Group Chief People Officer
	Elena Lokteva	Non-Executive Director
	David Moore	Non-Executive Director
	Hemant Nemade	Interim Medical Director
	Professor Andre Ng	Associate Non-Executive Director
	Debra Shanahan	Interim Director of Nursing and Quality
	Karen Spellman	Director of Integration and Partnerships
In Attendance	Amanda Hill	Acting Discharge Team Manager (Item 1)
	Dr Rabia Imtiaz	Interim Medical Director, KGH
	Marcella Irvine	Head of Therapies and Enablement Centre (Item 1)

	Richard May	Interim Trust Board Secretary
	Deborah Needham	Hospital Chief Executive, KGH
	David Sharman	Clinical Lead, Cardiology
	Emma Skey	Health and Re-ablement Service Manager, West Northamptonshire Council (WNC) (Item 1)

Apologies for Absence	Rachel Parker	Non-Executive Director
	Heidi Smoult	Hospital Chief Executive
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Simon Weldon	Group Chief Executive
	Palmer Winstanley	Chief Operating Officer

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 and Partner Story: Complex Discharge Management** The Board of Directors welcomed colleagues to describe collaborative complex discharge management arrangements: • Amanda Hill – Acting Discharge team manager • Marcella Irvine – Head of Therapies & Enablement centre • Emma Skey – WNC Health & Reablement service manager The presentation consisted of: • A notional case study of a frail elderly patient, admitted to the hospital following a fall and safely discharged home following co-ordinated discharge planning and liaison with the patient and their family; • Historical challenges arising from traditional 5-day working, high complexity of care needs, internal delays and fragmentation and capacity issues across the local health system; • Actions and improvements in respect of transfer of care, integration with community providers and structural changes to the complex discharge team; • Specific initiatives to improve discharge, including Board rounds and criteria-led discharge, and	

	• Key areas for development for WNC through 7-day working working and integrated staff recruitment and training. The Board commended the team's work and its commitment to finding shared solutions, maintaining a 'no-blame' culture of co-operation, remaining innovative and resilient and keeping the needs of the patient in the centre of all its activities. Multi-disciplinary team working on Board rounds and 7-day working at WNC were particularly welcomed and it was hoped that these initiatives could be expanded and replicated elsewhere, subject to resources. In response to a question, the Board was advised that Trusted Assessors assisted in ensuring proactive two-way discussions regarding transfers of care to and from care homes. Following questions and discussion, the Board thanked team representatives for their attendance and presentation, acknowledging a successful example of system working, which it was hoped could be shared with other Integrated Care Systems (ICS) partners, and more widely as part of the National Discharge Programme. Alignment with the Virtual Ward initiative provided another means to ensure that patients accessed in-hospital care only when it was really needed.	
3	**Minutes of the Previous Meeting held on 28 July 2022 and Action Log** The Board **APPROVED** the Minutes of the Meeting held on 28 July 2022 as a correct record. The Board noted the action log and was advised that shortlisting this afternoon for the vacant Group Director of Communications and Engagement position was taking place on 29 September 2022.	
4	**Chair's Report** No items to report.	
4.1	**Group Chief Executive's Report** The Board of Directors noted the Group Chief Executive's report, which paid tribute to the lifetime of service Her Majesty Queen Elizabeth gave to the nation, her constant duty and dedication, like so many NHS colleagues, serving as an example to everyone. The report went on to describe the local context for the new government's 'ABCD' priorities for the NHS in respect of ambulance handovers, backlog, care, doctors and dentists.	
4.2	**Hospital Chief Executive's Report** The Board of Directors noted the Hospital Chief Executive's report.	

5	**Cardiology Centre of Excellence**	
	The Board of Directors considered a report and presentation setting out proposals for a Cardiology Centre of Excellence in Northamptonshire, approved in principle as part of the Group Clinical Strategy, welcoming colleagues: - Dr Rabia Imtiaz, Interim Medical Director, KGH - Deborah Needham, Hospital Chief Executive, KGH - David Sharman, Clinical Lead, Cardiology. The presentation set out the case for change based on differential treatment times and performance standards currently between the hospitals in a local context of rising cases of heart failure and heart disease within the community, and continuing national shortages of key personnel. The proposed strategy would deliver: - Safer services 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 - Cardiology scientists in partnership with the University of Leicester The following challenges to collaboration were 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 Group Clinical Directors for separate reporting through two sets of systems and two sets of committees. The Board commended the work that had taken place to bring the proposals to the current position, particularly with regard to bringing teams together who had traditionally been in competition. Whilst the centre of excellence had the potential to generate significant benefits for patients and staff, there was concern that key enabling issues, particularly in respect of patient transport, digital solutions and streamlined governance, were not	

	progressing in line with the desire to collaborate and improve, which gave rise to significant risks to successful implementation.	
	Following discussion, the Board reiterated its commitment to delivering the strategy and requested further analysis to be prepared clarifying the outstanding issues and identifying the resources and timeframes to resolve them. The Board was assured that the Quality Governance Committee continued to provide oversight in respect of clinical safety and governance related to the strategy.	**ACA / DN / HS**
Operations		
6	**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

The Committee:

- Noted potential risks arising from the failure to carry out 10-day handover for 300 women using the community midwifery service, which were under investigation but considered to be low, due to the input of health visitors;
- Commended staff for their continuing work to manage pressures and maintain performance and safety in key areas, particularly cancer and urgent care, and
- Expressed concern that quality metrics that did not take into account mutual aid arrangements for neighbouring providers, preventing a full and accurate assessment of performance from being provided.

Finance and Performance Committee

The Committee:

- Considered patient flow issues and the number of patients, referred from the University Hospitals Leicester, waiting over 52 and 104 weeks for treatment (155 and 26 respectively);
- Welcomed benefits being delivered by the Integrated Care Across Northamptonshire (ICAN) programme, noting that key quantifiable metrics were still being developed to assess benefits realisation;
- Noted risks to delivery of the financial plan due to under-delivery of planned efficiencies and inflation, which would require resolution through discussions with ICS partners and a review of the balance between activity and resources as part of re-forecasting for the second half of the current financial year; and
- Approved an approach and process to benefits realisation.

Group People Committee

The Committee had:

- Considered strategic workforce planning issues, specifically in Maternity Services but with parallels across the organisation and Group;
- Noted slightly improved staff 'Pulse' survey feedback
- Recommended approval of a package of staff support measures during winter (see item 7.1 below)
- Reviewed recruitment activity in the context of a drive and requirement to reduce agency spend, and
- Noted that the Royal College of Nursing was balloting its members regarding possible industrial action.

Group Digital Hospital Committee

The Committee had:

- Noted the progress of the bid for funding for the electronic patient record (EPR), and the next set of milestones for submission of the full case;
- Noted a short pause to the team restructure to ensure the agreement of key people policies across the group;
- Discussed an assessment of capacity across key projects and skills needs within the Group Digital Team, noting the areas of most shortage and therefore focus for action plans, and
- Received an updated on the Group's response to the recent cyber attack on an NHS supplier which had affected finance and procurement systems, noting that reconnection had taken place and commending the work of digital and finance teams in response.

Collaboration Programme Committee

Report noted without discussion.

Audit Committee

The Committee had:

- Received the Internal Auditor's report and received assurance that slippages would be addressed;
- Approved the External Auditor's Annual Report, noting no significant concerns had been found and strong performance overall;
- Noted the NHS England mandated audit of financial sustainability and the effectiveness of cost controls;
- Received the financial governance report and requested further benchmarking with other trusts in respect of salary overpayments;

	- Endorsed a revised Risk Management Strategy for Board approval (see item 9) below, - Received an update on the recent cyber security incident (see Group Digital Hospital section above) and - Endorsed the process for carrying out an initial self-assessment against the updated NHS Oversight Framework. *Group Strategic Development Committee* Report noted without discussion. The Board of Directors noted the Integrated Governance Report.	
7	**Winter Preparedness: Operational Plans** The Board of Directors considered a report setting out the Trust's plans to address anticipated peaks in demand during the winter period. Demand had remained very high during the summer period, requiring the use of escalation areas already, and it was anticipated that severe operational pressures would continue amidst a national expectation that elective beds should be protected. The bed model was predicting a deficit of 65 beds for 95% capacity and 86 beds for 92% capacity, which was the NHS England and Improvement target; the Trust's current capacity was around 98%, and it was considered that reducing occupancy to 95% provided a more realistic target which would nevertheless improve flow across the hospital, reduce unnecessary patient moves and the risk of overcrowding in emergency departments. The report set out ongoing internal plans focussed on transformation work to improve discharge and ward processes, and new initiatives for winter, developed with ICS partners, to increase capacity as part of a £3.8m funding allocation for beds in and out of the hospital; together, these initiatives should provide 81-82 additional beds. Excluding paediatric beds, the adjusted bed position was a surplus of 5-6 beds, which was at risk should any of the planned schemes fail to deliver, or assumptions around 'flue and COVID impacts proving inaccurate. The Board noted the latest position and indicated its assurance in respect of the mitigations in place, recognising that an urgent care strategy for the ICS was required to move to a sustainable longer term position.	
7.1	**Staff Winter Financial Wellbeing Proposal** The Board of Directors considered and **AGREED** a support proposal for staff to reduce the impacts of the rising costs of living upon health and wellbeing, comprising:	

	(1) Payment of a one-off non-pensionable amount of £250 for all colleagues on Agenda for Change Bands 1-3 at a group-wide cost of around £1m, funded from within existing pay budgets; (2) Development of a discreet food bank referral service; (3) Establish and fund a Welfare Hardship Fund, working with the Trusts' Charity; (4) Provision of a Lift-share app to enable staff to share the costs of travel to work, and (5) Dedicated financial wellbeing materials and training, including training for managers holding financial conversations with their teams. In addition to the new measures agreed, the Board noted measures already in place such as free car parking, early payment of salary and enhanced mileage rates for community-based colleagues. The Board noted that the Kettering General Hospital NHS Foundation Trust Board would be asked to approve the proposals at its meeting on 30 September 2022, and that the Northamptonshire Healthcare NHS Foundation Trust was proposing payment of the Living Wage Foundation rate which was equivalent of the top salary point of Agenda for Change Band 2. The Board was assured that significant movement of staff between trusts was unlikely as the result of each trusts' proposals.	
8	**ICAN (Integrated Care Across Northamptonshire) case for change** The Board of Directors received and noted the ICAN Case for Change, approved by the Integrated Care Board of the ICS in August 2022 to enable the development of proposals for delegated budgets, workforce and contractual formats. The ICAN programme would progress to a collaborative within the timescales set out within the case.	
Governance		
9	**Group Risk Management Strategy** Following the agreement of a Group Board Assurance Framework at the July Board meetings, the Board of Directors **AGREED** a Group Risk Management Strategy and implementation plan, incorporating calibration of corporate risk registers, greater executive ownership at the Assurance and Risk Group and the development of a common system. The Board noted that the Audit Committees had endorsed the proposals at their meetings on 15 September, and that the UHN Policy Ratification Group had approved an accompanying Group Risk Management Policy at its meeting on 27 September 2022.	

10	**Group Transformation Committee: Terms of Reference**	
	The Board of Directors considered and **APPROVED** revised Terms of Reference for a Group Transformation Committee, previously known as the Collaboration Programme Committee. In response to a question, the Board was advised that the Committee required assurance that other Board committees were content with quality, safety, performance, people and cultural issues prior to endorsing and subsequently monitoring transformational change.	
11	**Questions from the Public (Received in Advance)** There were no questions from the public.	
12	**Any Other Business and close** None	
13	**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	24 November 2022 – 09:30
Location	To be confirmed

Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 29 September 2022 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	PK	Tbc	Subject to recruitment of Group Director of Communications and Engagement	NOT YET DUE
Sep 22 5	Cardiology: The Board requested further analysis to be prepared clarifying the outstanding issues and identifying the resources and timeframes to resolve them.	ACA / DN / HS	Dec 2022	Added to Board Development Work Plan for December 2022	CLOSE

Cover sheet

Meeting	Board of Directors (Part 1) Meeting in Public
Date	24 November 2022
Agenda item	4.1

Title	Group Chief Executive's Report
Presenter	Andy Callow
Author	Andy Callow

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 information	None

Executive Summary

As we enter the winter months, we know that demand on services typically increases, as powerfully articulated in the patient stories and set out in the Winter plans we discussed as a Board in September. We also know that demands over the last 6 months have remained high and there has been no summer respite, as was more common in pre-pandemic times. Indeed, both our Trusts have remained at the highest levels of national Operational Pressures Escalation Levels (OPEL) consistently throughout 2022. I'd like to pay tribute to the staff who continue to work with care and compassion under these

challenging circumstances. I'd like to thank them for their dedication and the impact on those who receive our care.

We expect this winter period for us to enter what has been dubbed a "Twindemic" period, where we will see a return of flu cases on top of covid this season. I'd like to take a moment to thank all staff who have had their flu and covid boosters already and to ask all of us to do our part in encouraging our loved ones, particularly those over 65 to get their flu jab.

We also have the prospect of industrial action by many of our staff groups who are in dispute with the Government about the national 2022/23 pay award. A number of unions are balloting or have signalled their intention to ballot their NHS members to take part in industrial action. Although the negotiations are for the Government to lead on, we recognise and respect the employment rights of our staff. At the same time, we need to be prepared for potential action, to minimise disruption to patient care and emergency services. We are working as a system to review a Nationally provided checklist to support preparations. At the time of this meeting, I expect the national test exercise "Artic Willow" will have taken place to explore the health and social care response to multiple, concurrent operational and winter pressures. We will be taking lessons from that exercise into the ongoing planning.

This month we welcomed the return of the UHN Dragon's Den, held for the first time jointly across UHN. This was an opportunity for staff across the Group to bid for funds to support various staff-driven improvement projects and pitch their idea to the "Dragons", which included Steve Hunt and Beccy Hurrell from our local community who kindly volunteered their time alongside our own Chair Alan Burns and Group Chief Financial Officer Jon Evans. During the evening we heard brilliant pitches from various teams:

- Brew Buddy – Funding a new trolley for the service run by volunteers, making sure staff take time out for a break
- Beds for Babies – Final piece of funding for redeveloping the paediatric estate to provide a two-bedroom facility close to the neonatal unit
- Swan Room – additional support for loved ones of dying parents
- Power up the next generation – Youth empowerment programme for 14-25 year olds with Type 1 diabetes
- Digital Posters – replacing 100s of paper posters with digital displays
- C02 monitoring on NIV – monitoring C02 levels without needing to puncture the skin
- Get Your Shift Together – proposal to fund a podcast by the Urgent Care Practice Development team

We were really pleased to be able to fully fund 5 teams to support their ideas, with three teams getting more than they had pitched for to enable them to deliver more. Two further teams will receive project support to further develop their ideas before receiving investment.

Overall we had 61 initial bids to pitch to the Den - an outstanding recognition of the ideas our staff have to make things better for our patients and staff. Everyone who submitted a bid will have some support from quality improvement to help take their ideas forwards. Steve and Beccy, our guest Dragons, who aren't from the NHS, were blown away by the passion and dedication that our teams showed to improving care - a massive well done to all teams involved.

DRAGONS' DEN

NHS University Hospitals of Northamptonshire NHS Group

61 excellent entries

7 pitches to the Dragons in the Den

5 projects fully funded

Dedicated to excellence

In October, the Board met with Michael West and Tony Spotswood to hear about Compassionate Leadership and Organisational Culture Transformation. Michael talked about his extensive research in the NHS about the strain on staff and the impact that a compassionate culture can have on staff having a positive and fulfilling experience of work. Tony spoke about the organisational culture transformation work he'd led at Royal Bournemouth and Christchurch Hospitals Foundation Trust. Both speakers provided strong evidence of how a well-designed organisational change programme, led by staff across the organisation, impacts on patient care and staff well-being. Their work will feed into the work being led by the Chief People Officer on developing a Cultural Excellence programme. We will hear about that today as we review the progress on the Group People Plan.

October was Black History Month where we had an opportunity to recognise and celebrate the contribution that people from Black, Asian and Minority Ethnic backgrounds have made to this country and to the NHS. Across our Group, there has been shared learning and we have been inspired by the amazing role model stories. The theme for Black History Month 2022 has been a Time for Change: Action, not words. This has been a challenge to us all to look around and ensure as we progress on our inclusivity journey, we ensure we are taking more positive actions that are also progressing our BAME colleagues, as diversity can only be celebrated when everyone who is part of us being a great diverse organisation, has a sense of belonging and feels included.

It is important to note that we should not wait for the celebration of Black History Month each year to be able to embed action driven change, as this is a continuous process and I hope we can all continue work together to achieve it.

Appendices
None
Risk and assurance
Information report – no direct implications
Financial Impact
None
Legal implications/regulatory requirements

None
Equality Impact Assessment
Neutral

Cover sheet

Meeting	Public Trust Board
Date	24 November 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
(Outline the reason for consideration)	(Outline previous consideration including consultation)

Executive Summary

The NHS nationally is facing significant challenges, particularly in terms of operational and financial performance. Whilst NGH and our system are a positive outlier in terms of elective and cancer performance, when compared to peers, we remain challenged in terms of non-elective performance and our financial position. Consequently, it is essential that NGH places continued focus to collectively address these challenges with system partners. There is continued collaborative working across the system to address the challenges and there have been some improvement seen in flow out of NGH, but it remains inconsistent, due to the risk previously noted in relation to timely recruitment and availability of suitable beds / placements for patients medically

fit for discharge (MFFD). However, the partnership working to ensure we focus on the interventions and pathways that will result in the most significant impacts continues to be reviewed and adjusted accordingly. I would like to acknowledge all regional and system partners, as well as colleagues in NGH / UHN for their continued support and focus in this regard.

UEC Pathways - Multi Agency Discharge Event (MADE)

On 15th and 16th November NGH held a MADE event for two days with a significant focus on ensuring there was proactively and constructive challenge in relation to flow throughout the hospital. The regional Emergency Care Intensive Support Team (ECIST) led by our lead Annie Prime and her team kindly supported the event with significant expertise to ensure the event was a significant success. The commitment seen from regional and system colleagues attending this event and working relentlessly to review, learn, explore and improve pathways of care for our patients was exceptional. There were a number areas for us to review and recommendations made in this regard to improve the flow of care for our patients and drive necessary efficiencies in pathways. Our teams demonstrated dedication and commitment to ensuring these will be embraced and taken forward with the continued support and challenge from our regional ECIST team.

In addition, the ECIST team also visited on Friday 11th to reviewed our acute medical pathways and fed back to the team with any recommendations for improvement in pathways of care and flow.

I would like to thank Annie and the wider ECIST team for their supportive, professional and collaborative challenge in ensuring the work was effective and productive, with necessary expertise. I would also like to thank Michelle Coe for her leadership in planning and managing this event.

De-conditioning Games

Our teams also continue the work across the hospital on De-conditioning Games to ensure there is significant focus on reducing and mitigating deconditioning, which is nationally recognised as a risk when patients remain in acute settings with reduced mobility. Our AHP and nursing teams are leading this work to ensure there is continued focus in this regard. Thank you to all those involved in this important work.

Staff Well-being and Staff Survey

Staff wellbeing remains a continued focus, particularly in light of the cost-of-living position nationally and the continued demand on our hospitals. I would like to take this opportunity to thank all our staff.

At the time of writing this report 37% of staff had completed the staff survey. We aim to achieve a target of 50%, as agreed across UHN Group. Our teams remain focussed on supporting our staff to complete the survey as it is crucial that we hear as many voices as possible to ensure we understand what it feels like to work in NGH and where we can learn and improve.

Financial position

The Trust financial position in Month 7 shows a larger deficit compared to plan, which is forecast to deteriorate further in the year. As other System partners are in a similar position, with the Northamptonshire System financial risk forecast considered an outlier, and consequently placed in escalation measures with regional and national NHSE oversight. This will impact on spend limits in the organisation and requires our teams to continue a significant focus on driving efficiencies and value for money in within the hospital and across the system. However, we remain focussed on ensuring safety is our priority within this work.

Pathways to Excellence

We are entering the final 6 months, prior to submitting our evidence for Pathway to Excellence redesignation in April 2023. NGH will be the first NHS trust to go for re-designation in the UK. In the lead up to the evidence submission each month will see a focus on each standard within Pathway to Excellence. In November, the focus was on Shared decision making and this included showcase event and a national visit from the CNOs team during the shared decision-making council chairs meeting. The focus for December will be leadership.

Our DoN and Pathway to Excellence lead team visited Philadelphia in October and Emily Lambert was asked to represent NGH by doing a presentation at the international event. Emily has also been asked to represent NGH and present at the Tasmanian Health Board.

I would like to thank the team for their dedication and commitment to this work. I would also like to particularly thank Jill Houghton for her relentless focus and support.

Celebrating success and recognition

Whilst we have significant pressures across our hospital and system, it is essential we consider celebrate the successes that are achieved every day within NGH, UHN and across the system. To note:

Research Trial – Rapid Protection Study

Thought you might like to celebrate the good news that NGH is the first site in the UK to recruit to the Rapid Protection study. We recruited ahead of any other NHS Trust, which is fantastic news for our patients. Well done to Dr Jane Parker as Principal Investigator.

National Macmillan Award

Jan Bolton and our Macmillan Social Care team won national recognition in the *'whatever it takes' category in the Macmillan Professionals Excellence Award* on 8th November. Well done to the team for their excellent work and dedication to patients.

HSJ Patient Safety Awards

Our Patient Safety team were recognised for their hard work on the 'Deteriorating Patient Task List' by receiving a high commendation in the Heath Service Journal (HSJ) *Early-stage Patient Safety Innovation of the Year* category on 24 October. Well done to the team leading this work and the wider wards and hospital for their dedication to ensuring success.

The Midlands Inclusivity and Diversity Award Scheme (MIDAS) Award 2022

Jane Sanjeevi was recognised for her tremendous work, after being nominated by Tracey Robson and received joint winner of the Change-Maker of the Year 2022. Well done to Jane for her hard work and commitment.

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.

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	24 November 2022
Agenda item	5

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, November 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, October 2022 Finance Update: Month 7 (31 October 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.

NGH Quality Governance Committee Committee Summary to Public Trust Board		Dates of committee meetings: 21 October 2022		
Committee Chair: Andre Ng				
Agenda Item	**Description and summary discussion**		**Decision / Actions**	**Review Date**
Head and Neck benefits realisation	The presentation summarised the collaborative work between KGH and NGH over the last 18 months to provide a service across the county. The presentation showed the changes to patient outcomes before and after the collaboration. There had been a reduction of 28% in hospital admissions. There was a projected reduction in expense for ENT; £200k less spent compared to last year.		-	-
Patient Safety Incident Response Framework and Incident Review Group update	The Committee was informed of the change of 'Review of Harm Group' to 'Incident Review Group'. The new framework was about a cultural shift to a supportive and shared learning process. There would be quarterly updates to the Committee with the next on due January-23		Jonathan Hardwick	Jan-23
C-Diff	The Trust had exceeded its trajectory for C.Diff. A system wide C.Diff infection task and finish group was due to commence, and a peer review had been scheduled with KGH.		-	-

NGH Quality Governance Committee Committee Summary to Public Trust Board	Dates of committee meetings: 18 November 2022		
Committee Chair: Andre Ng			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
	TO FOLLOW		

Dedicated to excellence

Finance and Performance Committee Committee Summary to Public Trust Board	Date of committee meetings: 26 October 2022		
Committee Chair: Denise Kirkham (Deputy for Rachel Parker)			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
Community Diagnostic Centre Business Case & MRI Capacity	The Committee had a brief discussion on the Community Diagnostic Centre Business Case & MRI Capacity. Concern was expressed at the delays in a response back from regional colleagues. An update with timelines was requested to the November Committee.	PW/PG	Nov-22
ICan Update	The Committee requested further clarity on elements of the project including a financial analysis of the benefits. This information was requested to be presented to the November Committee.	RT	Nov-22

Dedicated to excellence

Finance and Performance Committee Committee Summary to Public Trust Board		Date of committee meetings: 24 November 2022		
Committee Chair: Rachel Parker				
Agenda Item	**Description and summary discussion**		**Decision / Actions**	**Review Date**
	TO FOLLOW			

Dedicated to
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Group People Committee in common Committee Summary to Public Trust Board		Date of Committee meeting: 20 October 2022	
Reporting Committee Co-Chair and NGH Convenor: Denise Kirkham			
Agenda Item	**Description and summary discussion**	**Decision / Actions**	**Review Date**
People Committee - Strategy	The People Committee met face to face for the People Committee - Strategy meeting. Items discussed were Freedom to Speak Up, Nursing and AHP Strategy progress, and a deep dive into the Group People Plan Pledge delivery (for onward consideration by the Boards).	-	Board Agenda

Dedicated to excellence

Group People Committee in common	Date of Committee meeting: 21 November 2022
Committee Summary to Public Trust Board	

Reporting Committee Co-Chair and NGH Convenor: Denise Kirkham

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
	TO FOLLOW		

Group Digital Hospital Committee in common Committee Summary to Board of Directors	Date of Committee meeting: 03 November 2022		
Reporting Non-Executive Director: Elena Lokteva			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Update on Group Digital Strategy Review and Prioritisation	The committee received an update on the Digital roadmap, the corresponding workstreams and delivery against the Group Digital Strategy. The committee was informed that the UHN Strategic Delivery Group would support prioritisation of digital projects across NGH and KGH.	-	-
Strategy Theme 1 – Empowering our patients	The committee was informed of a month delay to the digital letters project because of a dependency on the Health Intelligence Team. Good progress was noted on the other projects such as ISLA care which has now been rolled out across 12 specialities. The committee was informed that all systems were being reviewed to ensure plans were in place for any systems that were in UK Cloud, as this had gone into administration.	-	-
Use of Whatsapp	The committee received a report which provided a review of the use of WhatsApp across the Group in response to an ICO paper on the use of Whatsapp and other private correspondence channels with the UK public sector. The committee supported the use of other appropriate channels such as CareFlow Connect and MS Teams, with WhatsApp only used in exceptional circumstances such as emergency or business continuity situations. The committee has requested further information regarding how to support colleagues with this.	-	-
UHN End User Device Refresh	The committee received an update on the refresh of end user devices across the Group and was informed that the use of additional external resource was being ensured to progress the rollout.	-	-
NGH EPR Update	The committee noted an update on the progress of the EPR programme. It is expected that regional/national financial signoff will take place on 23 November 22. The committee received an update on the EDMS programme, rollout of which was nearly complete at NGH and 40,000 patient records had been digitised.	-	-
Strategy Theme 6 – Working with our health and care partners	The committee noted that there had been a further delay with the NCR due to quality issues with GP data. The committee were keen for this programme to progress to live.	-	-

Dedicated to excellence

Group Transformation Committee Committee Summary to Trust Board		Dates of Committee meeting: 17 October 2022		
Co-Chair and NGH Convenor: Rachel Parker				
Agenda Item	**Description and summary discussion**		**Decision / Actions**	**Review Date**
Digital Strategy update	The Committee discussed the requirement to prioritise and focus on key elements as part of the Digital Review – this included how to link the near-term pressures with the long-term strategic aims, integrating benefits realisation more closely.		-	-
Theatres, Outpatients and Digital	Theatre productivity – escalation items are around key metrics and tracking progress against them. The Committee requested to know when should the Group expect to see progress from the workstream and how much of the transformation requires cultural rather than process changes.		-	-
Theatres	Risk of administrative element which came out of the theatre productivity discussion and the outpatient programme noted.		-	-
iCAN progress	iCAN – KPIs will be reviewed but the Committee would want to ensure that the Boards are sighted on key metrics for the iCAN programme of work.		Board Development	Dec 22

Group Transformation Committee Committee Summary to Trust Board	Dates of Committee meeting: 14 November 2022	

Co-Chair and NGH Convenor: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Committee overview	GTC discussed its roles and responsibilities, and to ensure how the Committee could be given assurance on delivery.	-	-
Transformation efficiencies	GTC received an update on efficiency progress highlighting some of the risks the group has – in particular some of the resource risks to deliver the level of change and which projects could feasibly be delivered, and how we could get better insight into the risks that taking those decisions would expose the hospitals to. It noted there would be more detailed reports going forward.	-	-
Transformation efficiencies	Some of the interdependencies between the group's delivery road map and those of the local health system were discussed, and how the group was integrated with the system on these points.	-	-
Estates strategy	The Committee discussed its Estates strategy and how it could get more clarity on key metrics to monitor delivery.	-	-
Temporary staffing	The Committee noted good progress across all programmes which were on track for delivery.		
Corporate efficiencies	The Committee discussed making sure it has a focus on the value of its workforce, rather than absolute numbers of agency versus full time staff.		

Dedicated to excellence

Group Strategic Development Committee Summary		Date of Committee meeting: 17 November 2022	

Reporting Director: Alan Burns (Trust Chair)

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Travel Plan	Committee members were asked to consider how they could use their influence across the locality to support improvements in public transport – through the ICS and Health and Wellbeing boards. It was noted that funding was being sought for a dedicated travel planning officer to work across the groups to continue to support the coordination delivery of sustainable travel initiatives given its large agenda. The Committee noted that the quantified benefits of having someone in this post would need to be clear.	-	-
Energy and Electrical Plan	The Committee noted that the team was on track for an end of January 2023 mobilisation but queried how disruptive the project would be within KGH. The Chair queried whether the team has started communicating with wards and divisions on this work which was a positive change but would have some impact whilst being undertaken.		
Car Park Procurement and Plan	The Committee was informed on the Car Park Procurement and Plan noting that since the last meeting, the location, scale and scope of the car park had been decided upon. The Committee discussed its Trust partners and what level of risk it was willing to take on. The Committee discussed groups to be consulted with for this work, noting that the KGH Governors would be interested to input and that this work should be taken to the Council of Governors for consideration.		
Health on the High Street	The report summarised the outcome of a feasibility exercise approved by the Board of Directors in July 2022 to consider the viability of establishing an outpatient facility in Kettering Town Centre.		
NGH Urgent Treatment Centre	It was noted that the team were progressing with an outline short business case for the region for an urgent treatment centre at Northampton and that a costing is being worked through for feasibility of build. The Committee agreed that as work progresses with this it will require greater attention at the Strategic Development Committee and therefore a call out should be made to invite a further NGH NED to join the SDC re future discussions.		

Dedicated to excellence

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

IGR

October 2022

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).

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR)	Patient	All	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/10/22	88.00%	95.00%	81.16%	88.35%	95.54%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score - Trustwide	01/10/22	87.50%	95.00%	84.03%	88.36%	92.68%			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/10/22	32	0	9	26	43			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/10/22	39		13	39	64			Consistently Anticipated to Not Meet Target
KGH	Patient	Patient safeguarding	01/09/22	136		17	94	170			Consistently Anticipated to Meet Target
NGH	Patient	Patient safeguarding	01/10/22	117		10	86	161			Consistently Anticipated to Meet Target

Committee Name

All ⌄

GroupName

Patient ⌄

MetricName

% Patients satisfaction score - Trustwide ⌄

01/04/2019   18/02/2023

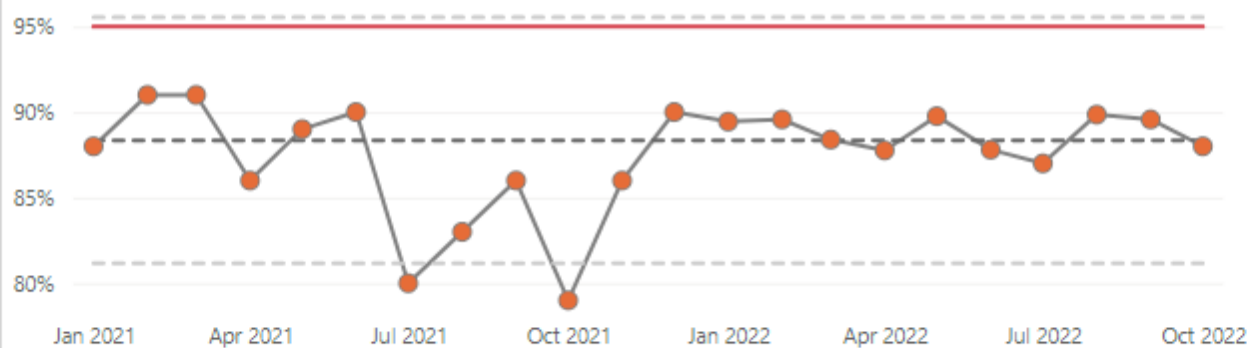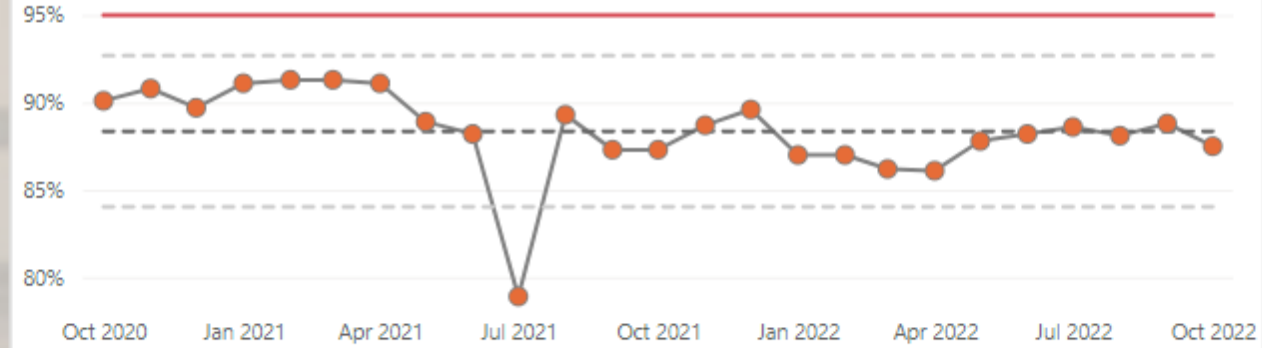| 88.00%	95.00%	87.50%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

% Patients satisfaction score - Trustwide: Patient

Northampton General Hospital

% Patients satisfaction score: Patient

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Reduction in this months Satisfaction score.	Reduction in the response rate and satisfaction score.	Monthly reports to wards and departments to share findings of FFT responses.	Continue to promote FFT across the organisation to ensure we are capturing a wide representation of feedback.
NGH	01/10/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Reduction in this months satisfaction score.	Monthly reports to wards and departments to share findings of FFT responses.	Continue to promote FFT across the organisation to ensure we are capturing a wide representation of feedback.

Committee Name

All

GroupName

Patient

MetricName

Number of complaints

| 01/04/2019 | 18/02/2023 |

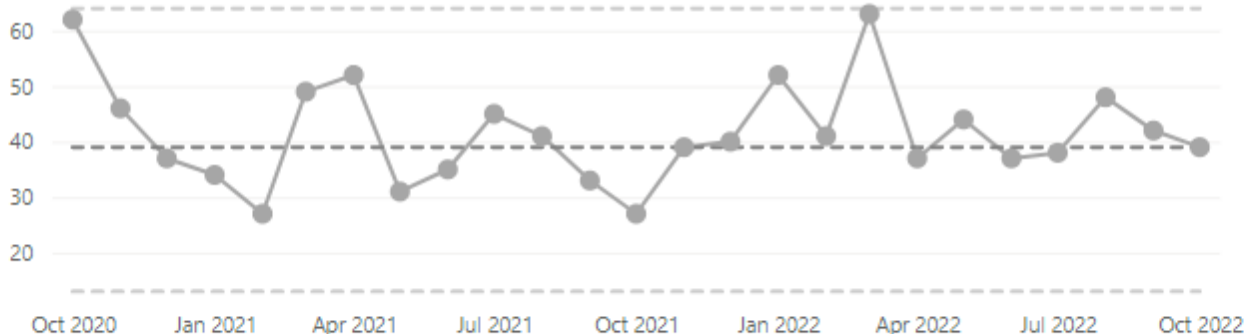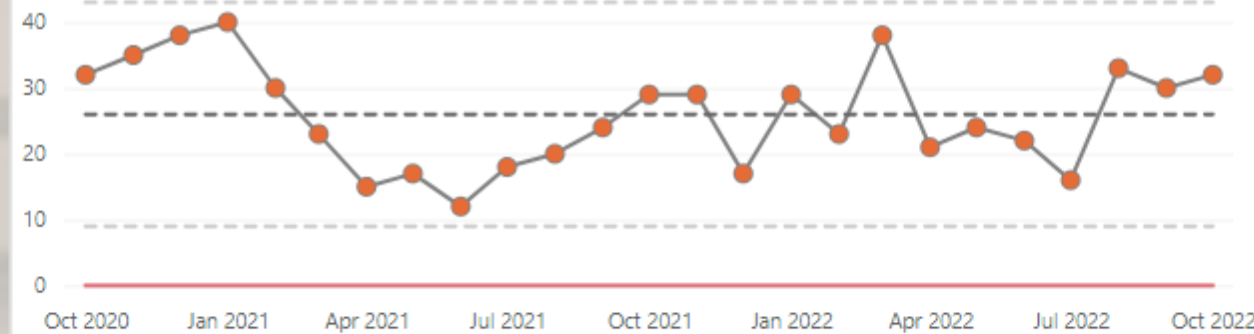| **39** | | **32** | **0** |
| KGH: Current Value | KGH: Current Target | NGH: Current Value | NGH: Current Target |

Kettering General Hospital

Number of complaints: Patient

Northampton General Hospital

Number of complaints: Patient

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	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 fig	Number of formal complaints received for the month of October 2022 is 39.	No issues of note for number of complaints, remains consistent with previous months and down on last two	None identified	None identified
NGH	01/10/22	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 fig	The number of complaints continues to increaser (an increase of 33 complaints versus this time last year).	The complexity of the complaints also continues to increase.	Local resolution is offered where possible but often the complaint is too complex and covers a number of different areas.	Post covid issues.

University Hospitals
of Northamptonshire
NHS Group
NHS

KGH	NGH	

Committee Name

Integrated Governance Report (I... ⌄

GroupName

People ⌄

2
Exec comments KGH

0
Exec comments NGH

7
Total No. of Metrics

Site	MetricName	Value
KGH	Appraisal completion rates	80.82%
KGH	Mandatory training compliance	91.46%
KGH	People pulse 'how are you doing' measure	0.00%
KGH	Quarterly People pulse advocacy questions	0.00%
KGH	Sickness and absence rate	5.99%
KGH	Turnover rate	9.70%
KGH	Vacancy rate	11.03%
NGH	Appraisal completion rates	75.59%
NGH	Mandatory training compliance	85.02%
NGH	People pulse 'how are you doing' measure	41.00%
NGH	Quarterly People pulse advocacy questions	57.00%
NGH	Sickness and absence rate	7.30%
NGH	Turnover rate	9.00%
NGH	Vacancy rate	11.95%

Metric	Comment
Appraisal	Appraisal rates are showing common cause variation and is marginaisl 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 personailse contact to staff to focus on the need for appraisel conversations. The project to review and relaunch a new and Pathway to Excellence Appraisal 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	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR)	People	All	All	All

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	01/10/22	0.00%			27.5%				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	01/10/22	0.00%			20%				Consistently Anticipated to Meet Target
NGH	People	Mandatory training compliance	01/10/22	85.02%	85.00%	61.82%	82.07%	102.32%	H	?	Not Consistently Anticipated to Meet Target
KGH	People	Mandatory training compliance	01/10/22	91.46%	85.00%	87.19%	89.98%	92.78%		P	Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/10/22	75.59%	85.00%	52.82%	72.52%	92.21%	H	?	Not Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/10/22	80.82%	85.00%	77.56%	81.03%	84.5%		F	Consistently Anticipated to Not Meet Target
NGH	People	Sickness and absence rate	01/10/22	7.30%	3.80%	4.63%	5.96%	7.29%	H	F	Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/10/22	5.99%	4.00%	3.63%	5.66%	7.7%		?	Not Consistenty Anticipated to Meet Target
NGH	People	Vacancy rate	01/10/22	11.95%	9.00%	6.72%	8.44%	10.16%	H	?	Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/10/22	11.03%	7.00%	7.12%	9.28%	11.44%	H	F	Consistently Anticipated to Not Meet Target
NGH	People	Turnover rate	01/10/22	9.00%	10.00%	8.05%	8.54%	9.02%	H	P	Consistently Anticipated to Meet Target
KGH	People	Turnover rate	01/10/22	9.70%	11.00%	9.53%	10.21%	10.89%		P	Consistently Anticipated to Meet Target

Committee Name	GroupName	MetricName	01/04/2019	18/02/2023
All ▽	People ▽	Quarterly People pulse advocacy questions ▽		

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

Kettering General Hospital	**Northampton General Hospital**
Quarterly People pulse advocacy questions: People	Quarterly People pulse advocacy questions: People
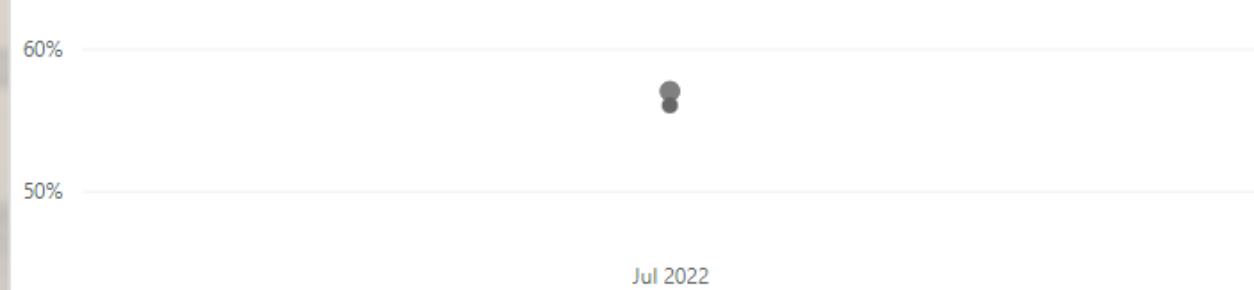
Kettering General Hospital chart:
60%
50%
Jul 2022

Northampton General Hospital chart:
60%
50%
Jul 2022

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Committee Name

All ▾

GroupName

People ▾

MetricName

People pulse 'how are you doing' measure ▾

01/04/2019   18/02/2023

40.00%

KGH: Current Value

KGH: Current Target

41.00%

NGH: Current Value

NGH: Current Target

Kettering General Hospital

People pulse 'how are you doing' measure: People

45%

40%   ●

35%

Jul 2022

Northampton General Hospital

People pulse 'how are you doing' measure: People

45%

40%   ●

35%   ●

Jul 2022

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

91.46%	**85.00%**	**85.02%**	**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

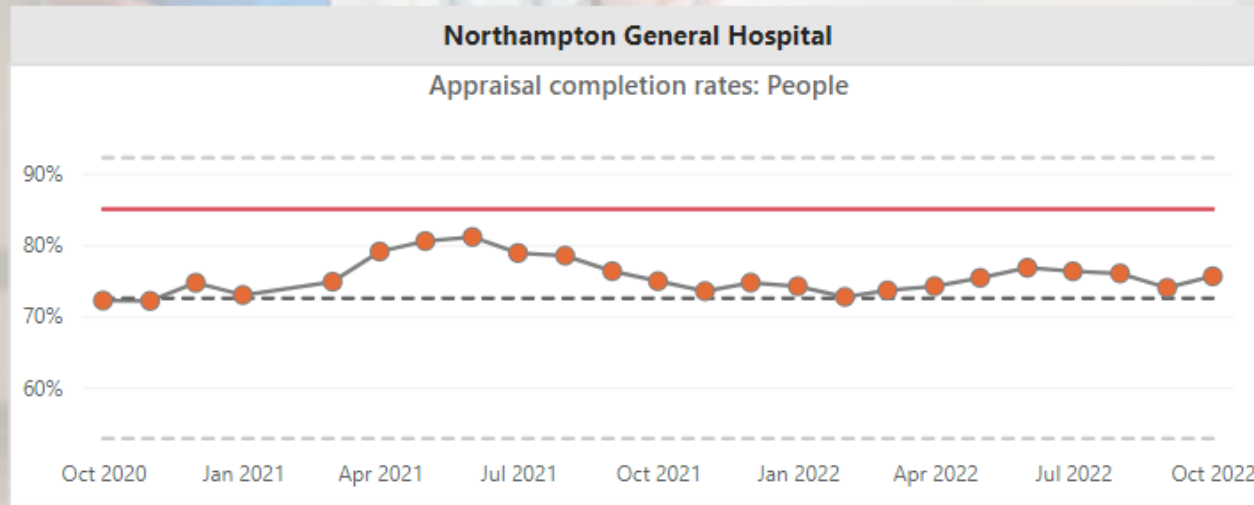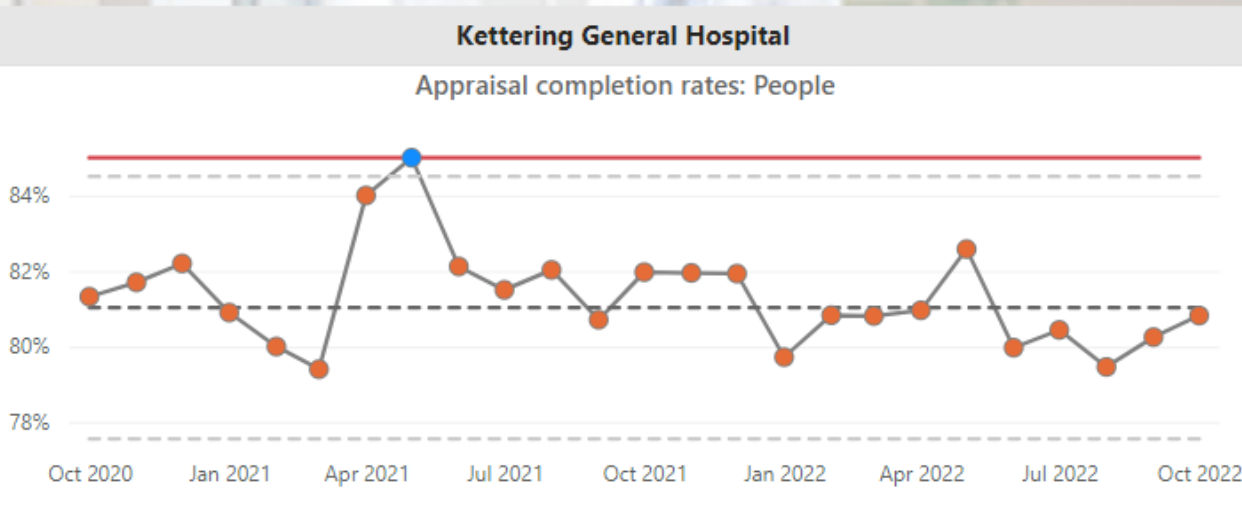| Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	% of staff compliant with their mandatory training	Percentage of staff Compliant with mandatory training	All areas Green across the divisions. Basic Support continues to be the area of focus as the only competency reporting less than 85%	Ongoing additional sessions and individual chase to complete	Divisions and mangers aware of staff requiring escalation.
NGH	01/10/22	% of staff compliant with their mandatory training	The percentage of staff compliant with their mandatory training	The lowest compliance is on the annual refresher training courses – fire and IPC Manual Handling also remains low. This is due to having a vacancy within the team but also with the increase in staff being recruited (eg HCA's) and requiring full MH training, priorities have changed to accommodate these staff.	We are exploring with the Fire Safety Officer the possibility of moving fire safety training to 2 yearly refresher in line with recommendations from CSTF We have shortlisted and will be interviewing a possible candidate to replace one of the MH trainers. For the interim, we have secured funding to buy in external MH training and currently arranging dates	Staff shortages so staff are not being released to attend. Which has also seen an increase in DNAs Have not been able to recruit into the MH trainer vacancy. We were able to use money to buy in MH training, which saw an increase in compliance but compliance has fallen when this external resource ceased

Appraisal completion rates

Committee Name

All ⌄

GroupName

People ⌄

MetricName

Appraisal completion rates ⌄

| 01/04/2019 | 18/02/2023 |

80.82%

KGH: Current Value

85.00%

KGH: Current Target

75.59%

NGH: Current Value

85.00%

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	01/10/22	% of staff having completed their appraisal	% is within statistical common cause response, consistently not achieving 85% target	Capacity to release staff and managers to undertake appraisals continues to be a challenge.	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 timelier fashion.
NGH	01/10/22	% of staff having completed their appraisal	% is within statistical common cause response, inconsistently not achieving 85% target	Capacity to release staff and managers to undertake appraisals continues to be a challenge.	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 timelier fashion.

Sickness and absence rate

Committee Name
All ▾

GroupName
People ▾

MetricName
Sickness and absence rate ▾

01/04/2019 | 18/02/2023

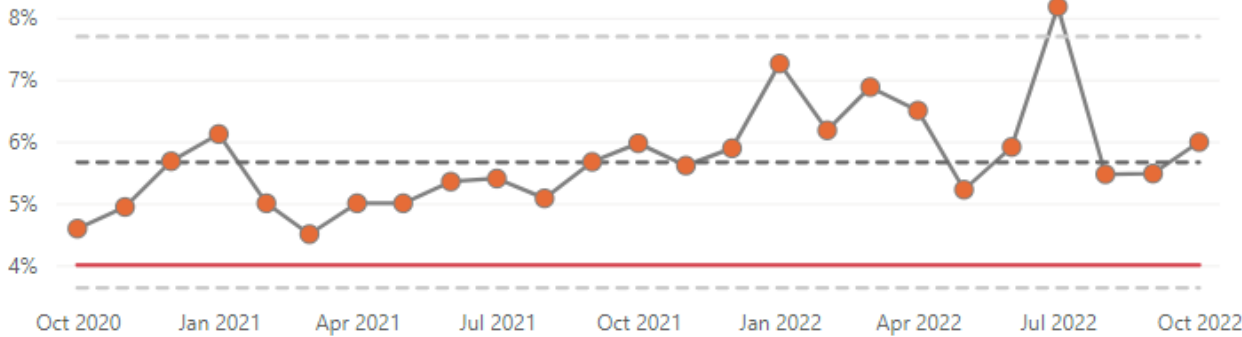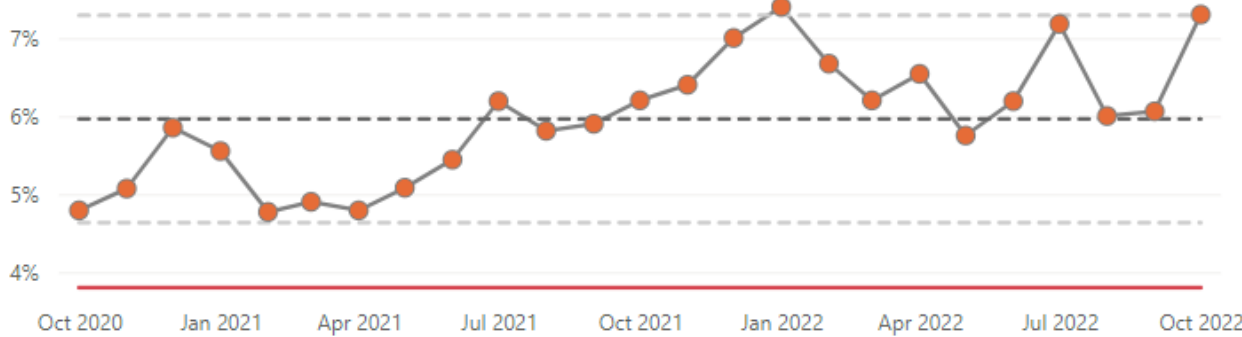| **5.99%**	**4.00%**	**7.30%**	**3.80%**
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Sickness and absence rate: People

Northampton General Hospital

Sickness and absence rate: People

Committee Name
All

GroupName
All

MetricName
Sickness and absence rate

5.99%	**4.00%**	**7.30%**	**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	01/10/22	% of Staff absent	Inconsistently meeting our trust target on attendance (statistical common cause).	* Short term absences relate to COVID / Gastroenteritis * Long term (over 28 days) relates mental health conditions * Management support monitoring and completing return to works inconsistently being applied * Unplanned absence biggest cause of additional workforce pressures / agency spend	* Targeting areas with high sickness absence (hot spot) * Auditing return to works * Actively managing attendance against absence triggers * Managing unavailability important part of reducing agency spend	* Increased provision of mental health and wellbeing support * Developing group harmonised attendance management policy and toolkit to support managers * Automation of sit rep returns to support divisional/ward management
NGH	01/10/22	% of Staff absent	Sickness absence increased during the month of October to 7.3%.	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

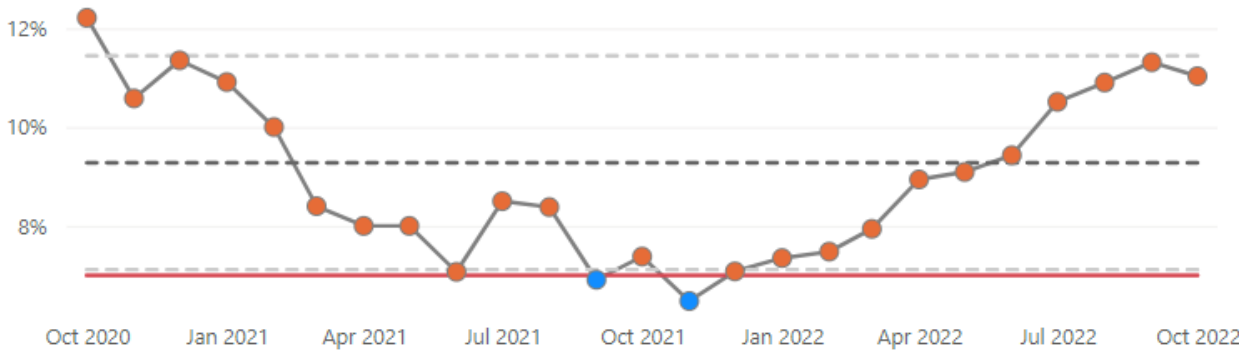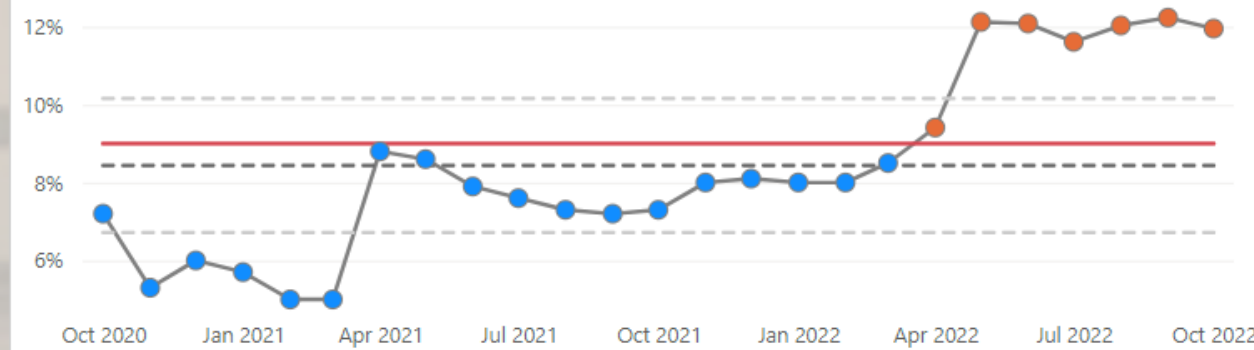| 11.03%	7.00%	11.95%	9.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Vacancy rate: People

Northampton General Hospital

Vacancy rate: People

Committee Name

All ▾

GroupName

All ▾

MetricName

Vacancy rate ▾

4/1/2019   3/1/2023

○━━━━━━━━━━━━━━━━━━━○

11.03%	**7.00%**	**11.95%**	**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	01/10/22	% difference between budgeted establishment and actual establishment	Metric is currently experiencing Special Cause Variation - trend is showing a negative performance below the mean at 11.03% 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 each month is causing pressures as existing staff seek to support, induct and train.	Ongoing targeted campaigns via social media and Best of Both Wrolds for specific vacancies will be continuing to support an improved performance in 22/23. An increase in establishment 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	01/10/22	% difference between budgeted establishment and actual establishment	The value tells us that the 12.72% 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 approximately 450 WTE within the recruitment pipeline who are externally recruited to budgeted vacancies.	Reporting has been refined to identify pipeline blockages. Additional resources now onboarded to assist with clearing candidates.

Turnover rate

Committee Name

All

GroupName

People

MetricName

Turnover rate

01/04/2019   18/02/2023

9.70%
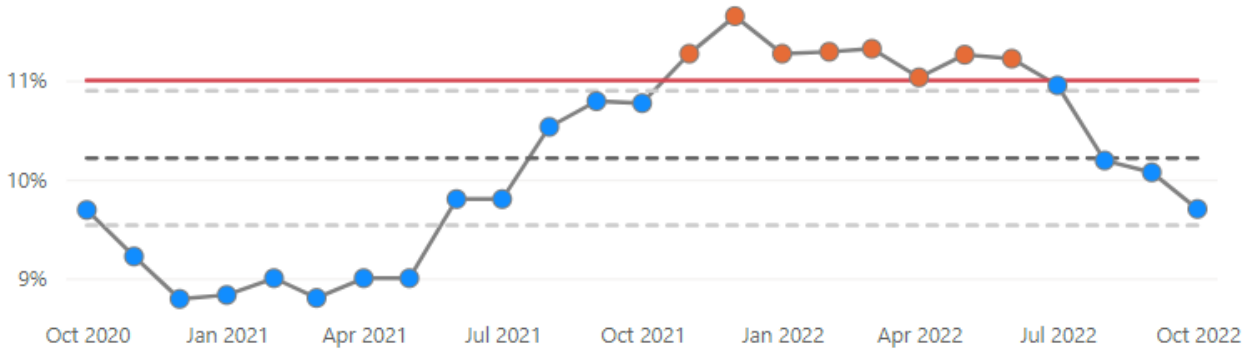KGH: Current Value

11.00%
KGH: Current Target

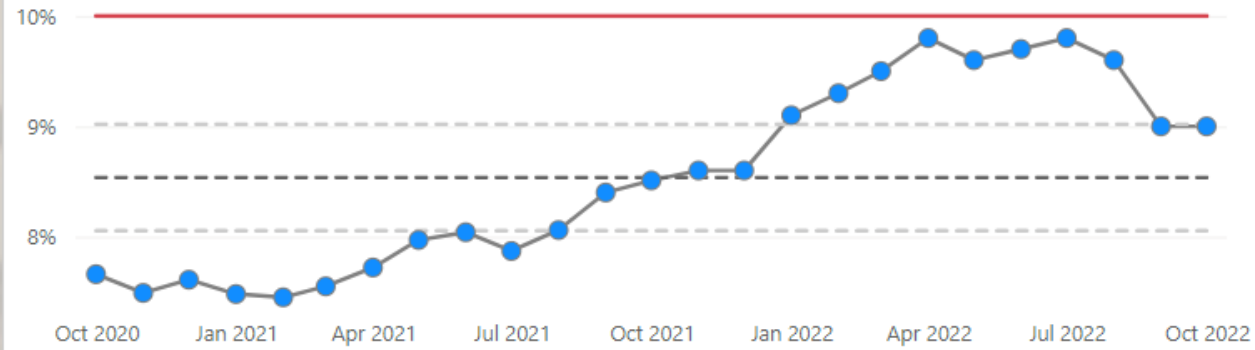## 9.00%
NGH: Current Value

10.00%
NGH: Current Target

Kettering General Hospital

Turnover rate: People

Northampton General Hospital

Turnover rate: People

Turnover rate

Committee Name
All

GroupName
All

MetricName
Turnover rate

4/1/2019   3/1/2023

9.70%	11.00%	9.00%	10.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing Common Cause Variation and are at 9.70% against the Trust target of 11%.	Turnover has been decreasing since January 2022. The metric is still within common cause variation but is now under the Trust target. During Covid-19 we saw a reduction in turnover rates. Now that the labour market is returning to normal activity and the increased competition within the local labour market and turnover still needs to be regularly monitored.	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 events held and these are ongoing with a HCA celebration event in November.	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. Further work will be planned following the results of the National Staff Survey.
NGH	01/10/22	% of staff leaving the organisation over a 12 month rolling period	Trust turnover decreased slightly during the month of October to 8.80%.	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.

Committee Name
Integrated Governance Report (I... ∨

GroupName
Quality ∨

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

Site	MetricName	Value
KGH	30 day readmissions	15.16%
KGH	Hospital-acquired infections	8
KGH	Never event incidence	0
KGH	New harms	24.34%
KGH	Number of medication errors	63
KGH	Safe Staffing	86.84%
KGH	Serious or moderate harms	13
KGH	Serious or moderate harms – falls	0.13
KGH	Serious or moderate harms – pressure ulcers	0.57
KGH	SHMI	110.47
NGH	30 day readmissions	15.11%
NGH	Hospital-acquired infections	10
NGH	Never event incidence	0
NGH	New harms	0.00%
NGH	Number of medication errors	72
NGH	Safe Staffing	0.00%
NGH	Serious or moderate harms	37
NGH	Serious or moderate harms – falls	0.15
NGH	Serious or moderate harms – pressure ulcers	5
NGH	SHMI	91

Metric	Comment
Complaints	The complaints performance remains under trajectory, however, has improved from 32% to 55%, and this is being affected by the number of complaints returned late (past the internal deadline) and the quality of the responses, with a significant number of complaints being returned for further work. Drop-in sessions are being held weekly to support investigators of complaints and to drive up quality of responses. Training sessions are being held monthly for investigators. Additional resource has been provided to support with the drafting of Medicine complaints and the bi-weekly complaints confirm and challenge meetings are now being held weekly.
Deteriorating Patient	Our weekly Trust-wide Deteriorating Patient Safety meetings, chaired by our interim Medical Director have continued, providing the leadership, support, confirm and challenge for this critical improvement programme. While some of the improvement work will take time to develop and embed, we are also focusing on improving safety of our patients at risk of deterioration here and now through implementing early identification, escalation, and handover processes i.e., Code Red & SBAR escalation.
Infection Prevention & Control	Metrics agreed by KGH/NGH for IPC are: Hospital Acquired Infections - Defined as Patients experiencing a Gram-negative hospital acquired infection: E-Coli, Pseudomonas aeruginosa and Klebsiella species = 8 in October 2022. Cumulative 2022-23 E-Coli is above the ICB trajectory of 32 (year-end 55) at 51. Klebsiella is below trajectory 13/15 and Pseudomonas 5/5. Covid-19 percentage HOPA/HODA dropped to 15.1%, there were two related deaths which have been declared as Serious Incidents associated with one of the five outbreaks in October. CDiff is slightly above the cumulative trajectory of 23 at 25 to date (year-end 41).
Mortality	870 Patients died in KGH between 1st April 2022 and 8th November 2022. 100% Reviewed by KGH Medical Examiner Office. Every bereaved relative is offered a review with the Consultant ME. 77 Patients identified for an additional SJR Review, of which 60 have been completed. 60 Community Deaths have been reviewed through the ME Process to date 8th November 2022, 10 out of 30 GP surgeries have joined the process so far.
Pressure Ulcers	During the month of October 2022 Kettering General Hospital saw eight category 2 harm events for our patients relating to pressure ulcer damage. There was one 'unstageable' pressure ulcer identified. This sustains our 10% reduction trajectory of pressure ulcer skin damage. The TVN team complete a validation form for all the pressure ulcers from Category 2 and above to identify the level of care provided.

NHS University Hospitals of Northamptonshire NHS Group

Committee Name	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR) ⌄	Quality ⌄	All ⌄	All ⌄	All ⌄

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%	(~)	(P)	Consistently Anticipated to Meet Target
NGH	Quality	Safe Staffing	01/02/22	0.00%	96.00%	0%	0%	0%	(~)	(P)	Consistently Anticipated to Not Meet Target
KGH	Quality	New harms	01/10/22	24.34%		18.1%	23.73%	29.36%	(~)		Consistently Anticipated to Not Meet Target
NGH	Quality	Serious or moderate harms	01/10/22	37	0	4	16	29	(H)	(F)	Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/10/22	13	8	0	7	15	(H)	(?)	Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – falls	01/10/22	0.13	0.18	0.47	0.47	0.47	(~)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – falls	01/10/22	0.15	0.06	0.29	0.29	0.29	(~)	(?)	Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms – pressure ulcers	01/10/22	0.57	0.69	1.04	1.04	1.04	(~)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms – pressure ulcers	01/10/22	5	0	-4	3	10	(~)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/10/22	72	0	-6	38	83	(H)	(?)	Not Consistently Anticipated to Meet Target
KGH	Quality	Number of medication errors	01/10/22	63	0	34	75	115	(~)	(F)	Consistently Anticipated to Not Meet Target
KGH	Quality	Hospital-acquired infections	01/10/22	8	7	1	9	16	(~)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	Hospital-acquired infections	01/10/22	10	0	0	7	14	(~)	(F)	Consistently Anticipated to Not Meet Target
KGH	Quality	SHMI	01/10/22	110.47	107	111.19	111.19	111.19	(H)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/10/22	91	100	94	96	98	(~)	(P)	Consistently Anticipated to Meet Target
KGH	Quality	Safe Staffing	01/10/22	86.84%	96.00%	85.19%	91.62%	98.05%	(~)	(?)	Not Consistently Anticipated to Meet Target
KGH	Quality	30 day readmissions	01/10/22	15.16%	12.00%	11.47%	18.18%	24.88%	(~)	(?)	Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/10/22	15.11%	12.00%	12.73%	14.57%	16.4%	(~)	(F)	Consistently Anticipated to Not Meet Target

Committee Name

Integrated Governance Report (IGR) ⌄

Group Name

Quality ⌄

Metric Name

All ⌄

Site

All ⌄

Variation

All ⌄

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	Never event incidence	01/10/22	0	0	-1	0	1			Not Consistently Anticipated to Meet Target
KGH	Quality	Never event incidence	01/10/22	0	0	0	0	1			Not Consistently Anticipated to Meet Target

New harms

Committee Name
All

GroupName
Quality

MetricName
New harms

01/04/2019   18/02/2023

24.34%	2.00%	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	01/10/22	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	Recommend to the Committee to remove this metrics as no evidence to define.	Recommend to the Committee to remove this metrics as no evidence to define.	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 94.35%. 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.

21/76

54/189

Serious or moderate harms

University Hospitals of Northampton NHS Group

Committee Name
All

GroupName
Quality

MetricName
Serious or moderate harms

01/04/2019   18/02/2023

13	8	37	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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	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 5.65% of all incidents with a patient harm incurred and 1.38% of all incidents reported.

Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – falls

01/04/2019   18/02/2023

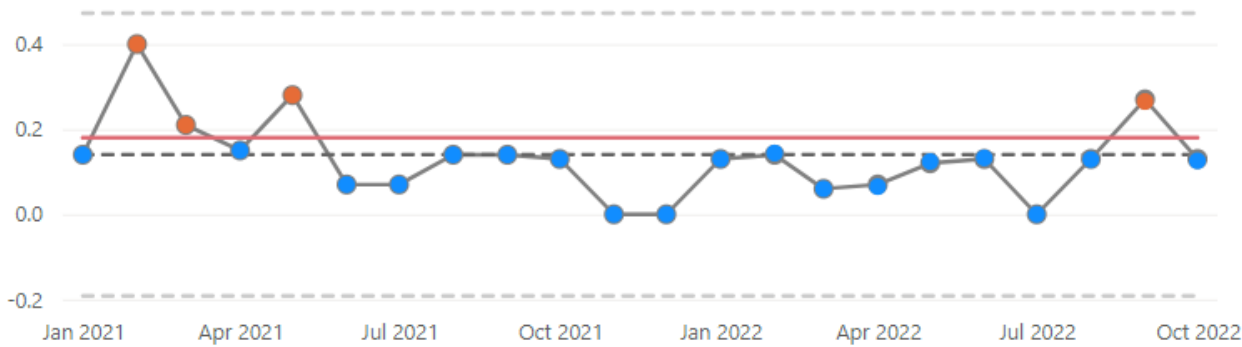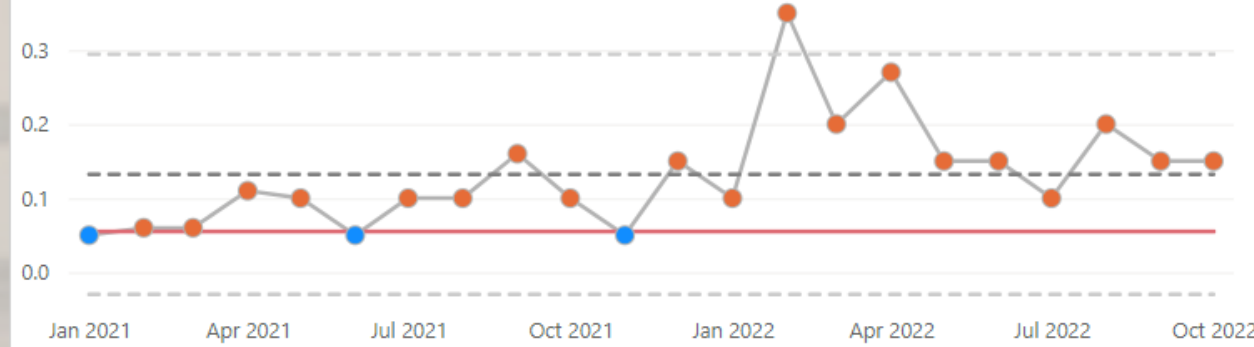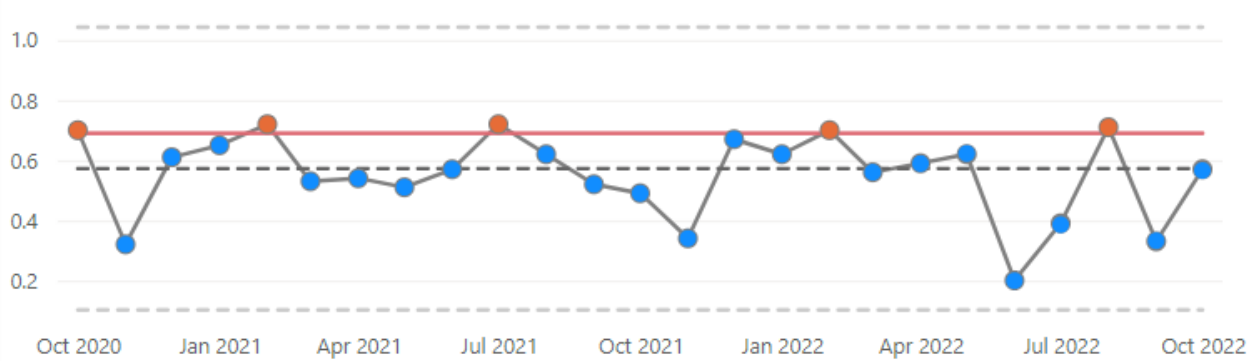| 0.13	0.18	0.15	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

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	01/10/22	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.
NGH	01/10/22	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing variable assurance, however demonstrating positive low variation	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 monthly harm free care meetings reviewing falls 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 a in conjunction with the clinical area and reviewed by IRG.

Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulc...

01/04/2019   18/02/2023

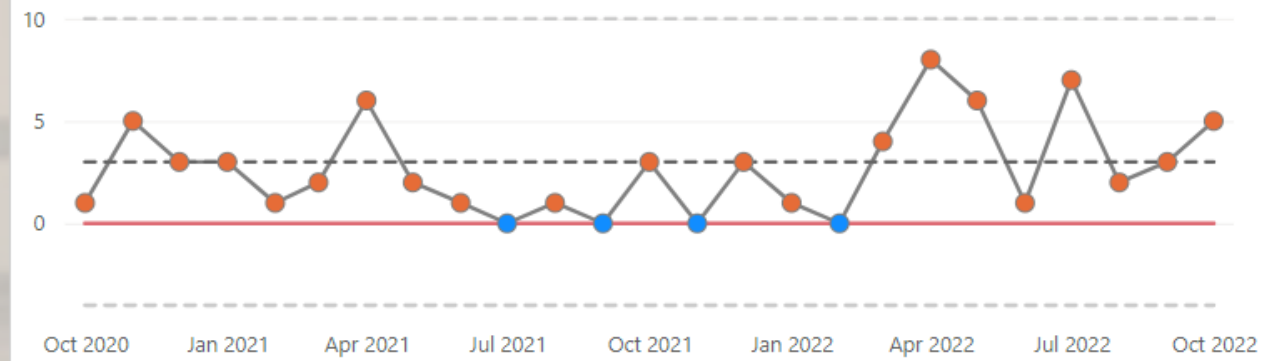| 0.57	0.69	5	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality

Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality

University Hospitals of Northamptonshire NHS Group

Committee Name	GroupName	MetricName	
All	Quality	Serious or moderate harms – pressure ulcers	4/1/2019 3/1/2023

0.57	0.69	5	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	01/10/22	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 SKIN Risk Assessment and Care Plan are established and in use across the Trust. Compliance with this is now being monitored through the 'Perfect Ward' system.	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.
NGH	01/10/22	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. patients have been in the ED departments for an extended period of time some for 48 hours	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.

Committee Name

All

GroupName

Quality

MetricName

Number of medication errors

01/04/2019 18/02/2023

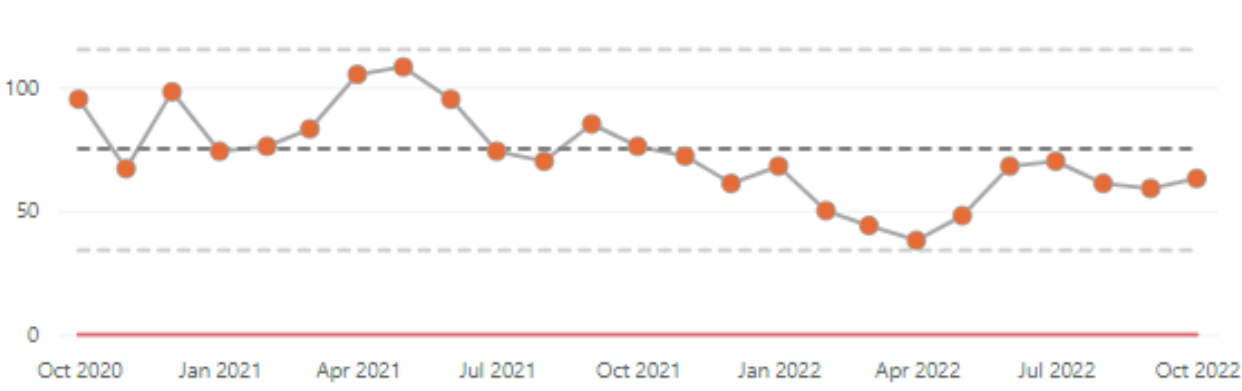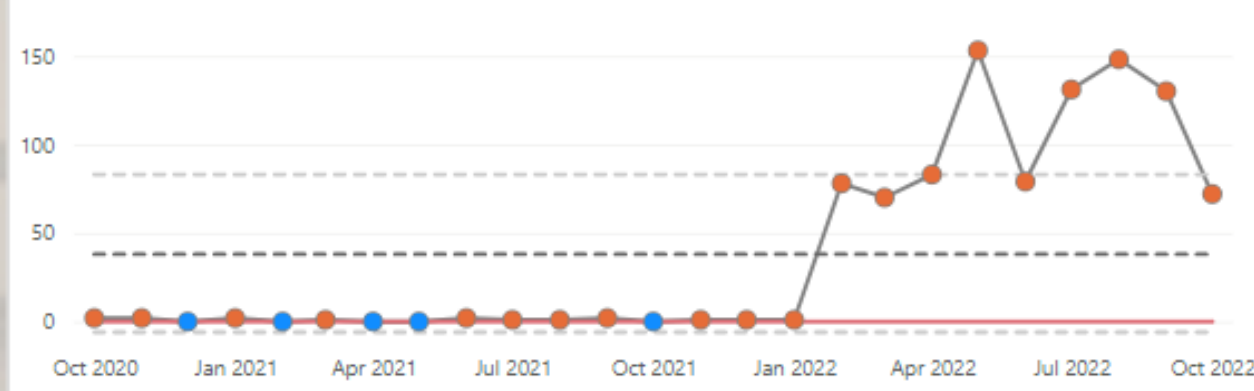| **63**	**0**	**72**	**0**
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Number of medication errors: Quality

Northampton General Hospital

Number of medication errors: Quality

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	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 65% of all medication incidents reported. The remaining 35% were all low harm incidents.

Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

01/04/2019   18/02/2023

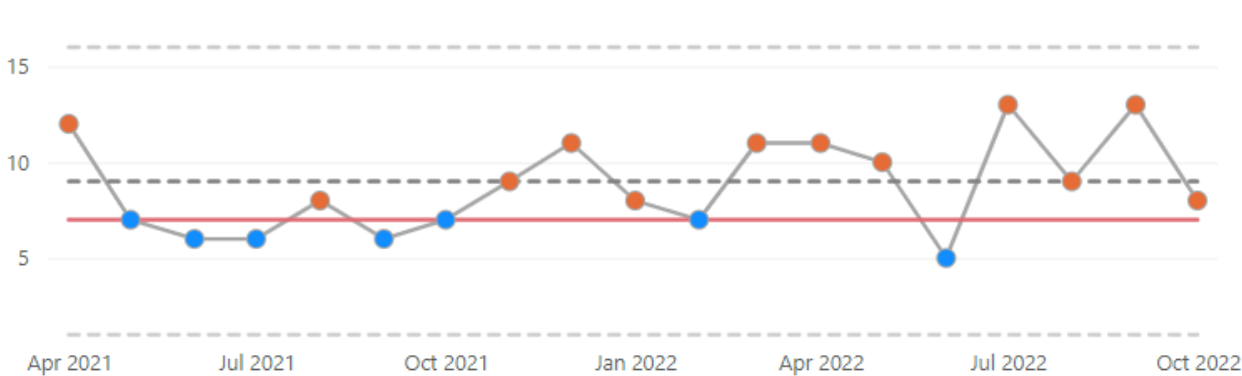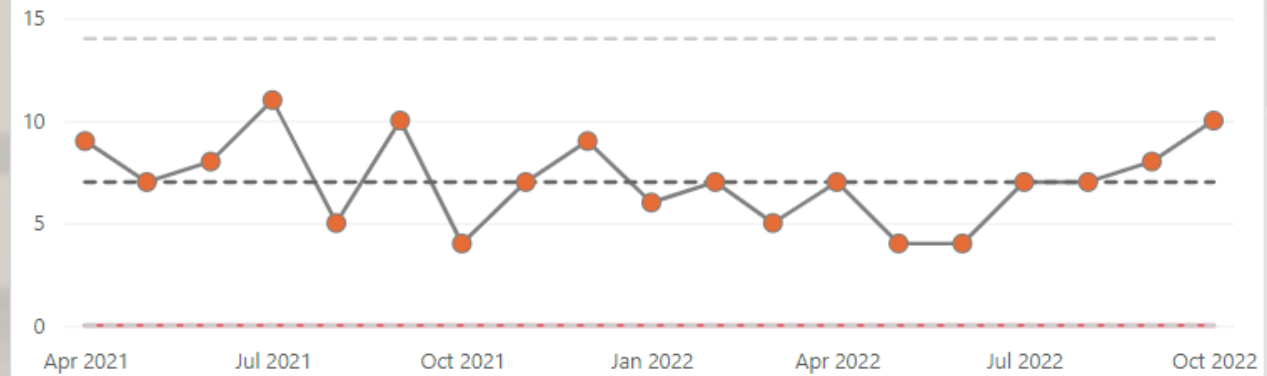| 8	7	10	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Hospital-acquired infections: Quality

Northampton General Hospital

Hospital-acquired infections: Quality

27/76

60/189

Hospital-acquired infections

Committee Name	GroupName	MetricName		
All	Quality	Hospital-acquired infections	4/1/2019	3/1/2023

8	7	10	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	01/10/22	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.	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. Cumulative 2022-23 E-Coli is above the ICB trajectory of 32 (year end 55) at 51. Klebsiella is below trajectory 13/15 and Pseudomonas 5/5.	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	01/10/22	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 value tells us the combined E.coli, Klebsiella species and Pseudomonas aeruginosa bacteraemias that patients developed in October.	The target should be 7 each month for NGH not - please contact Holly Slyne to discuss further	NGH remains under the NHSE trajectory set for combined E.coli, Klebsiella species and Pseudomonas aeruginosa Gram-negative bacteraemias (GNB).	The IPC Team continue to deliver the GNB workstream within the HCAI plan of work. This is monitored quarterly at IPC Steering Group. Each patient to develop a GNB has a post infection review undertaken to identify good practice, local learning and whether an avoidable or unavoidable infection. The IPC Team are also actively engaged in the NHSE Midlands GNB collaborative at the ICB systemwide GNB collaborative to further reduce the risk of GNB to patients through mouthcare and catheter care initiatives.

Committee Name

All

GroupName

Quality

MetricName

SHMI

01/04/2019   18/02/2023

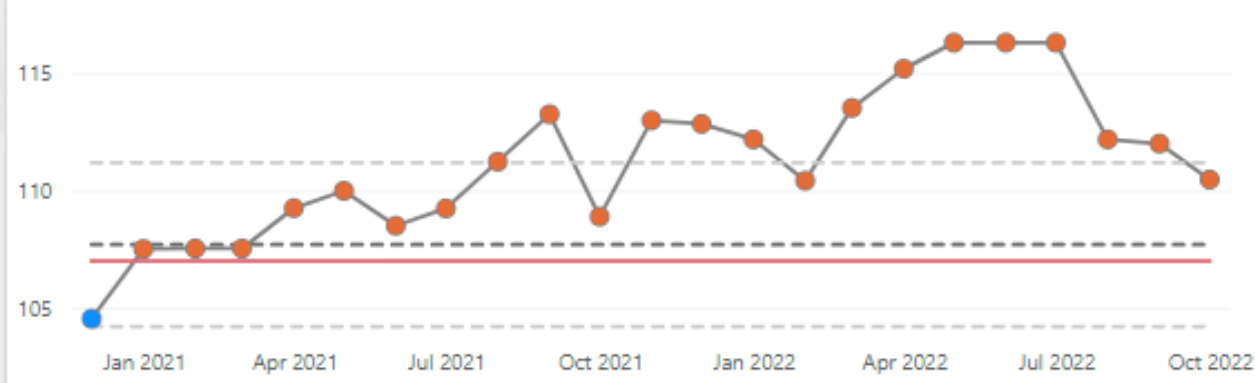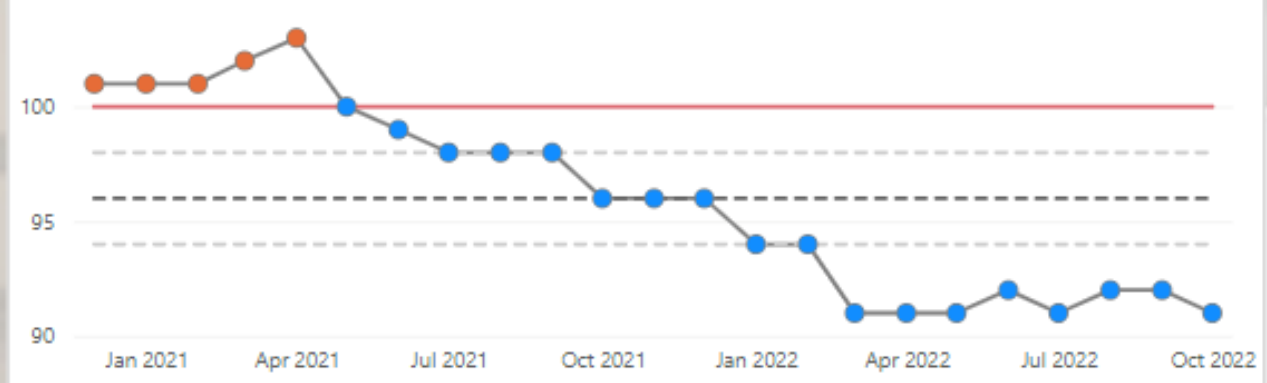| 110.47	107	91	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality

Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality

29/76

62/189

Committee Name

All ⌄

GroupName

Quality ⌄

MetricName

SHMI ⌄

4/1/2019   3/1/2023

110.47	107	91	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. SHMI takes into account more variables particularly co-morbidities and the emergency/elective split of admissions. SHMI records deaths up to 30 days post discharge, combining national HES data with data from the Office of National Statistics. The death is attributed to last admitting Trust and includes all diseases in diagnostic groups and all palliative care patients. The SHMI is produced and published quarterly. SHMI data covers the Mortality period which is 5 months behind. So July 22 data covers period March 21 - February 22	SHMI - 110.47 is as expected compared to our peers.	As expected, compared to peers.	Ongoing audit for the alerts	Coding review and audit Deteriorating patients' task and finish group

Committee Name	GroupName	MetricName	
All	Quality	Safe Staffing	01/04/2019 18/02/2023

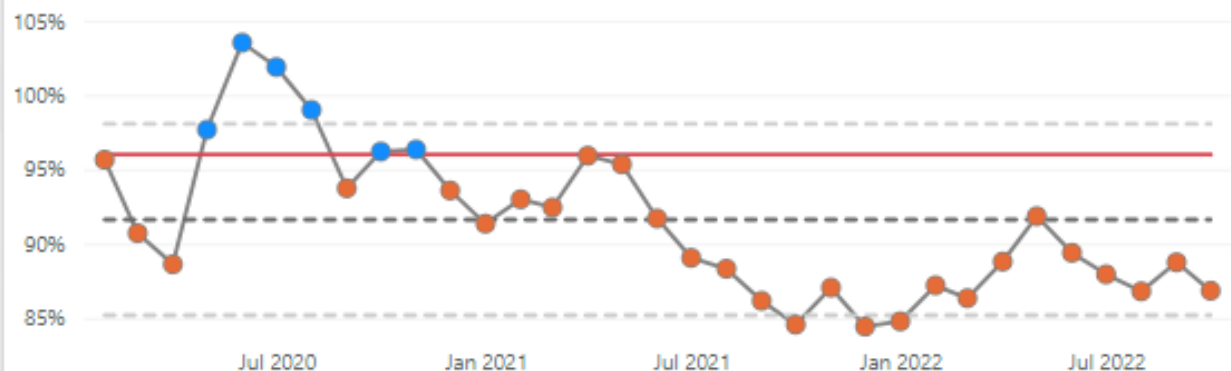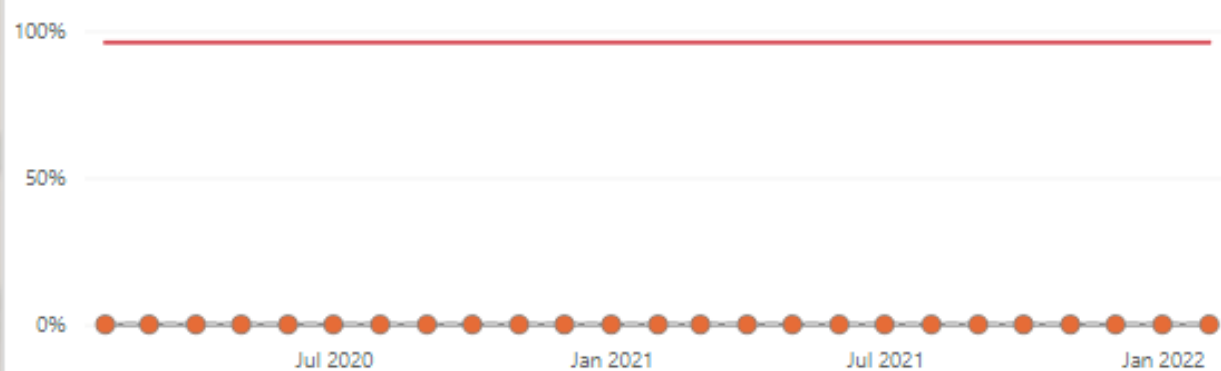| 86.84%	96.00%	0.00%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Safe Staffing: Quality

Northampton General Hospital

Safe Staffing: Quality

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	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.	The value tells us that the combined fill rate for registered and non-registered fill rates improved by 2% in September but then dropped by 2% in October	Continued high unavailability in excess of 30% continues with high HCSW vacancies. HCSW recruitment is only matching turnover rather than reducing vacancy. The two issues combined create operational pressure and challenge in the provision of safe & sustainable patient care.	Monthly HCSW recruitment continues, monthly rostering meetings discuss and challenge unavailability rates with every division.	Via the established staffing cell via utilisation of Bank / Agency / internal movement of staff to balance patient risk

30 day readmissions

Committee Name

All

GroupName

Quality

MetricName

30 day readmissions

01/04/2019   18/02/2023

15.16%
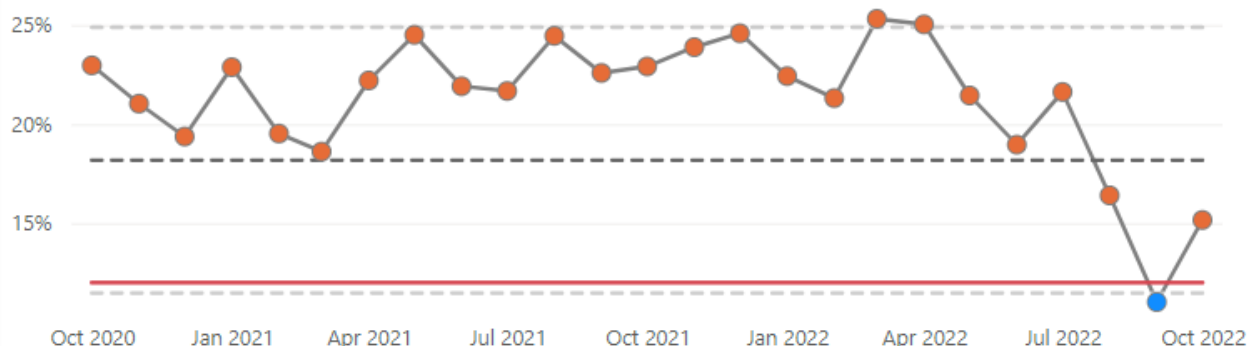KGH: Current Value

12.00%
KGH: Current Target

15.11%
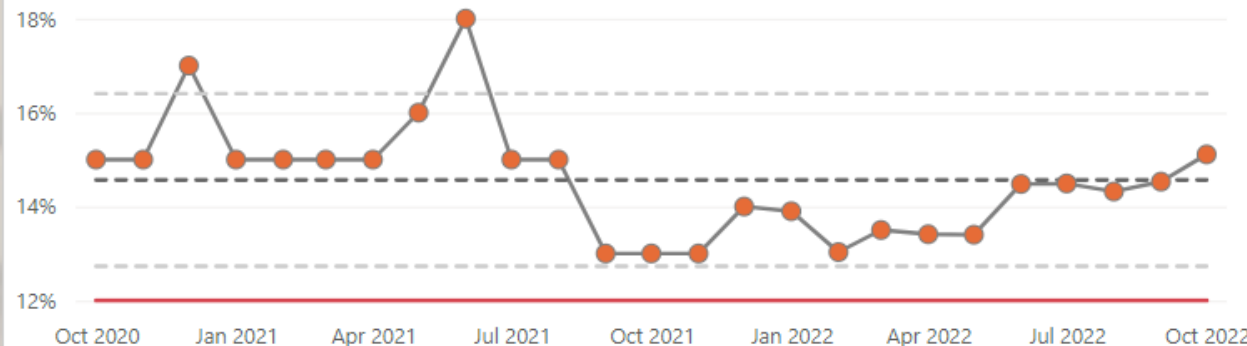NGH: Current Value

12.00%
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

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

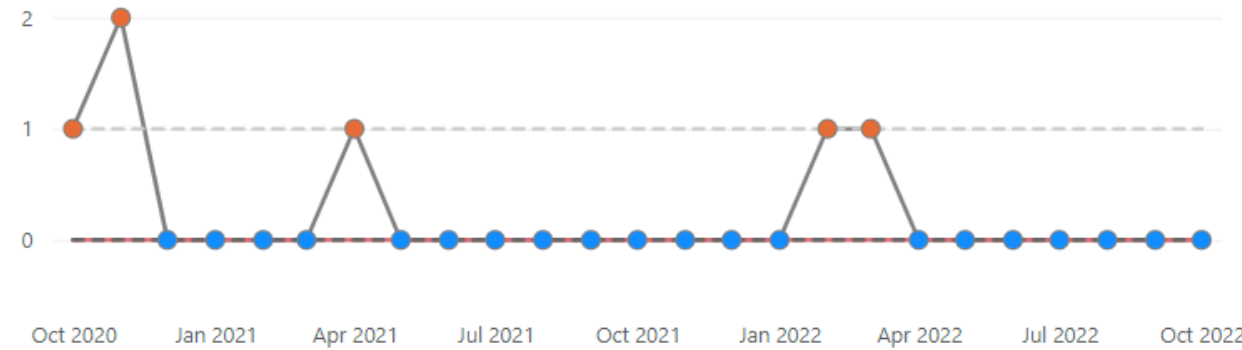**Kettering General Hospital**

Never event incidence: Quality

Northampton General Hospital

Never event incidence: Quality

Committee Name

All

GroupName

Quality

MetricName

Never event incidence

4/1/2019   3/1/2023

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	01/10/22	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	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.

Committee Name
Integrated Governance Report (I... ⌄

GroupName
Sustainability ⌄

5	0	12
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	A&E activity (& vs plan)	110.17%
KGH	Bank and Agency Spend (M)	-3.12
KGH	Capital Spend (M)	-0.69
KGH	CIP Performance YTD (M)	0.37
KGH	Elective day-case activity (& vs plan)	105.30%
KGH	Elective inpatient activity (& vs plan)	87.90%
KGH	Headcount actual vs planned (substantive / agency / bank)	4,731
KGH	Maternity activity (actual vs plan)	0.00%
KGH	Non-elective activity (& vs plan)	122.80%
KGH	Outpatients activity (& vs plan)	94.36%
KGH	Surplus / Deficit YTD (M)	-0.47
NGH	A&E activity (& vs plan)	99.85%
NGH	Bank and Agency Spend (M)	5.43
NGH	Capital Spend (M)	1.60
NGH	CIP Performance YTD (M)	1.55
NGH	Elective day-case activity (& vs plan)	98.98%
NGH	Elective inpatient activity (& vs plan)	101.40%
NGH	Headcount actual vs planned (substantive / agency / bank)	5,967
NGH	Maternity activity (& vs plan)	56.15%
NGH	Non-elective activity (& vs plan)	140.17%
NGH	Outpatients activity (& vs plan)	94.87%
NGH	Surplus / Deficit YTD (M)	-1.49

Metric	Comment
Income	YTD income has seen a £2m overperformance against plan. Key movements relate to: Capital grant funding, Supplier Rebates, Car Parking, Education & Training income, Medical Examiner, RTA income, Radiography Cancer Alliance Income and ICAN staffing recharge. As per prior months, the Trust has continued to assume no ERF clawback YTD despite operational activity delivery being below plan so ERF performance levels are not being met. There is a future financial risk if ERF clawback is to be reinstated and activity performance does not improve.
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.
Non Pay	YTD Non Pay is £3.3m adverse to Plan YTD. Key pressures continue to relate to: An additional £2.8m of cost pressures within utilities, drugs, clinical supplies, linen, cleaning materials and maintenance contracts due to significantly higher inflation/price increases than funded and additional unfunded cost pressures. £0.6m costs relating to Radiology reporting backfill due to sickness and MRI & teleradiology support to deliver activity. This additional support is expected to continue throughout the remainder of the financial year. £0.3m Surgery insourcing due to higher costs per session, this will be mitigated through reductions in spend in future months. £0.2m relating to increases in visa's/work permits and recruitment fees. The above pressures have been offset with £0.6m of accruals releases in prior months.

Committee Name
Integrated Governance Report (I... ⌄

GroupName
Sustainability ⌄

5	0	12
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	A&E activity (& vs plan)	110.17%
KGH	Bank and Agency Spend (M)	-3.12
KGH	Capital Spend (M)	-0.69
KGH	CIP Performance YTD (M)	0.37
KGH	Elective day-case activity (& vs plan)	105.30%
KGH	Elective inpatient activity (& vs plan)	87.90%
KGH	Headcount actual vs planned (substantive / agency / bank)	4,731
KGH	Maternity activity (actual vs plan)	0.00%
KGH	Non-elective activity (& vs plan)	122.80%
KGH	Outpatients activity (& vs plan)	94.36%
KGH	Surplus / Deficit YTD (M)	-0.47
NGH	A&E activity (& vs plan)	99.85%
NGH	Bank and Agency Spend (M)	5.43
NGH	Capital Spend (M)	1.60
NGH	CIP Performance YTD (M)	1.55
NGH	Elective day-case activity (& vs plan)	98.98%
NGH	Elective inpatient activity (& vs plan)	101.40%
NGH	Headcount actual vs planned (substantive / agency / bank)	5,967
NGH	Maternity activity (& vs plan)	56.15%
NGH	Non-elective activity (& vs plan)	140.17%
NGH	Outpatients activity (& vs plan)	94.87%
NGH	Surplus / Deficit YTD (M)	-1.49

Metric	Comment
Pay	YTD pay is £2.97m adverse to plan. Key points to note include: The pay run-rate has improved by £0.2m in M7 mainly within agency pay compared to the M1-M6 run-rate. However key pressures within pay continue which is impacting on the expected reduction in spend to be in line with the planned financial improvements. Pressures relate to additional unplanned pay expenditure within the YTD position; £0.3m escalation & £0.4m covid sickness/isolation backfill £0.8m Medicine Division medical pay overspends due to an additional Cardiology locum, Urgent Care A/L and weekend cover & junior Dr sickness/vacancy cover. £0.6m Surgical Division medical pay pressures due ENT & Urology vacancies and junior Dr sickness cover. £0.5m of increased nursing/HCA unavailability/sickness cover. agency premium payments above plan within Corporate and Estates which requires mitigations to reduce spend. Agency pay is £2.6m over plan YTD (with a £2.4m overspend against the national agency pay cap). Further workforce reviews are ongoing within Urgent Care, Medical Pay and Corporate/Digital and Estates Divisions.
YTD Position	The Trust saw an adjusted I&E deficit of £11.3m YTD against a planned deficit of £7.09m, resulting in a £4.21m adverse variance. The expected run-rate improvement is now evident within the financial plan for M7 as this has reduced from a YTD planned deficit of £7.45m in M6 to a £7.09m planned deficit in M7. 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 and the actual position includes significant inflationary pressures which exceed national planning assumptions or funding.

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR)	Sustainability	All	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Sustainability	Maternity activity (& vs plan)	01/10/22	56.15%		62.05%	79.63%	97.22%	↘		Consistently Anticipated to Meet Target
KGH	Sustainability	Maternity activity (actual vs plan)	01/10/22	0.00%		0%	0%	0%	∿		Consistently Anticipated to Meet Target
KGH	Sustainability	Outpatients activity (& vs plan)	01/10/22	94.36%		80.03%	134.68%	189.33%	↘		Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan)	01/10/22	94.87%		77.88%	108.65%	139.43%	∿		Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan)	01/10/22	98.98%		61.68%	89.01%	116.33%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan)	01/10/22	105.30%		77.91%	150.38%	222.85%	↘		Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/10/22	87.90%		73.51%	96.97%	120.43%	∿		Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/10/22	101.40%		52.41%	90.01%	127.62%	∿		Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan)	01/10/22	140.17%		79.46%	103.16%	126.86%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan)	01/10/22	122.80%		72.53%	119.75%	166.97%	∿		Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan)	01/10/22	99.85%		77.65%	89.74%	101.83%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan)	01/10/22	110.17%		90.92%	102.62%	114.32%	∿		Consistently Anticipated to Meet Target
KGH	Sustainability	Headcount actual vs planned (substantive / agency / bank)	01/10/22	4,731		4411	4564	4718	↗		Consistently Anticipated to Meet Target
NGH	Sustainability	Headcount actual vs planned (substantive / agency / bank)	01/10/22	5,967		5797	5938	6079	∿		Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/10/22	1.60	1.18	7.94	7.94	7.94			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/10/22	5.43	-0.17	5.57	5.57	5.57			Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/10/22	1.55	1.39		0				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Capital Spend (M)	01/10/22	-0.69	0.6	1.15	1.15	1.15	(H)	(?)	Not Consistently Anticipated to Meet Target
KGH	Sustainability	Surplus / Deficit YTD (M)	01/10/22	-1.49	0.77	2.11	2.11	2.11			Not Consistently Anticipated to Meet Target

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR)	Sustainability	All	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Surplus / Deficit YTD (M)	01/10/22	-0.47	0.36	4.18	4.18	4.18			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/10/22	0.37	1.21	1.05	1.05	1.05			Consistently Anticipated to Not Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/10/22	-3.12	-1.47	-1.82	-1.82	-1.82			Consistently Anticipated to Not Meet Target

Maternity activity (& vs plan)

Committee Name

All

GroupName

Sustainability

MetricName

Maternity activity (& vs plan)

01/04/2019   18/02/2023

(Blank)	(Blank)	56.15%	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Northampton General Hospital

Maternity activity (actual vs plan): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Committee Name

All

GroupName

Sustainability

MetricName

Maternity activity (& vs plan) 2

01/04/2019   18/02/2023

0		906	1614
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Maternity activity (actual vs plan): Sustainability

Northampton General Hospital

Maternity activity (& vs plan) 2: Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Committee Name

All ▾

GroupName

All ▾

MetricName

Outpatients activity (& vs plan) ▾

| 01/04/2019 | 18/02/2023 |

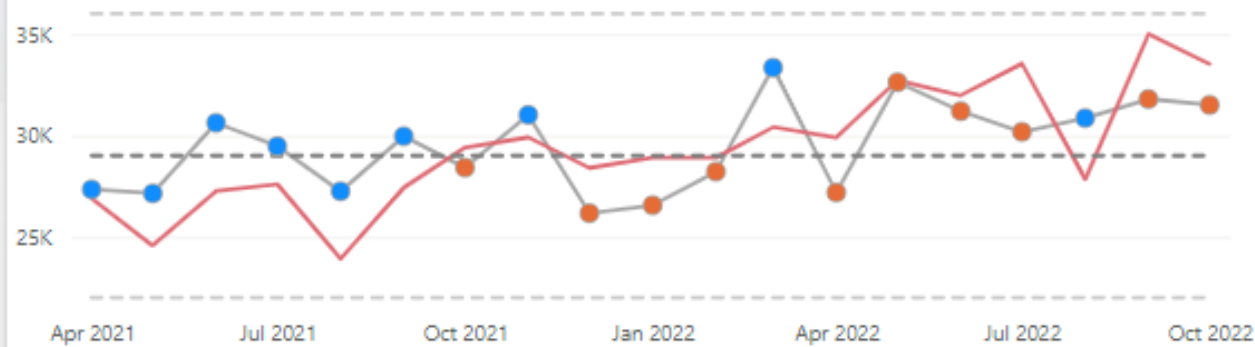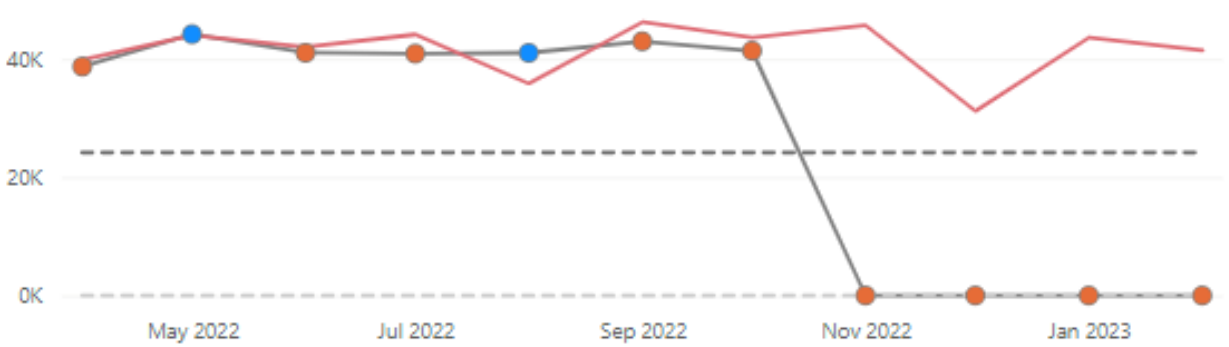| **94.36%**		**94.87%**	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability

Northampton General Hospital

Outpatients activity (actual vs plan): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	This is the total number of outpatient appointments against plan. In October the Trust reached 94.36% against plan	Year to date the Trust remains under in outpatient activity v plan at 95.76%	Weekly reporting on activity and 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	01/10/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at 95% against the plan for October	This is an improvement from 93% last month and represents 41,377 patients being seen against a target of 43,616. There is however a fine line between delivering more activity and managing within the financial envelope. Activity could be driven further with extra weekend lists at premium rates, but the current financial climate makes that difficult to justify	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

Committee Name

All ▼

GroupName

All ▼

MetricName

Outpatients activity (& vs plan) 2 ▼

01/04/2019 18/02/2023

31,510	33532	41,377	43616
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability

Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	This is the total number of outpatient appointments against plan. In October the Trust reached 94.36% against plan	Year to date the Trust remains under in outpatient activity v plan at 95.76%	Weekly reporting on activity and 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	01/10/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at 95% against the plan for October	This is an improvement from 93% last month and represents 41,377 patients being seen against a target of 43,616. There is however a fine line between delivering more activity and managing within the financial envelope. Activity could be driven further with extra weekend lists at premium rates, but the current financial climate makes that difficult to justify	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

Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan)

01/04/2019   18/02/2023

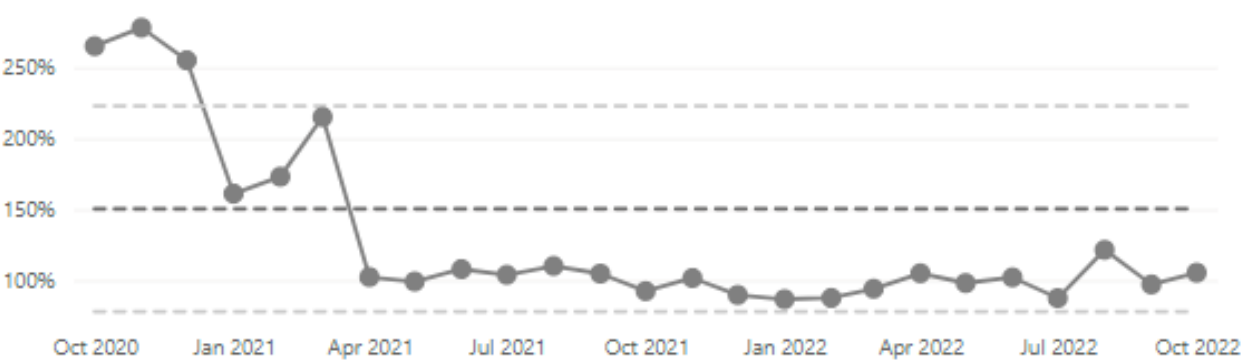## 105.30%

KGH: Current Value

KGH: Current Target

98.98%
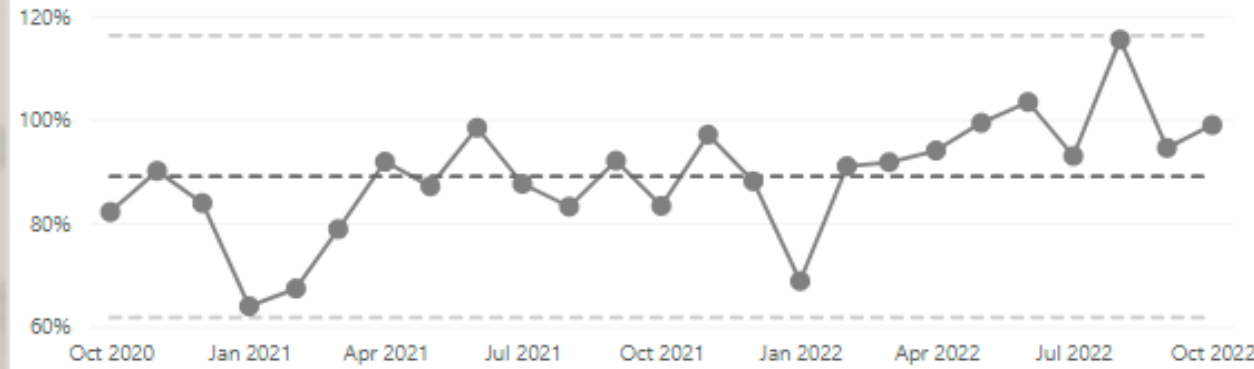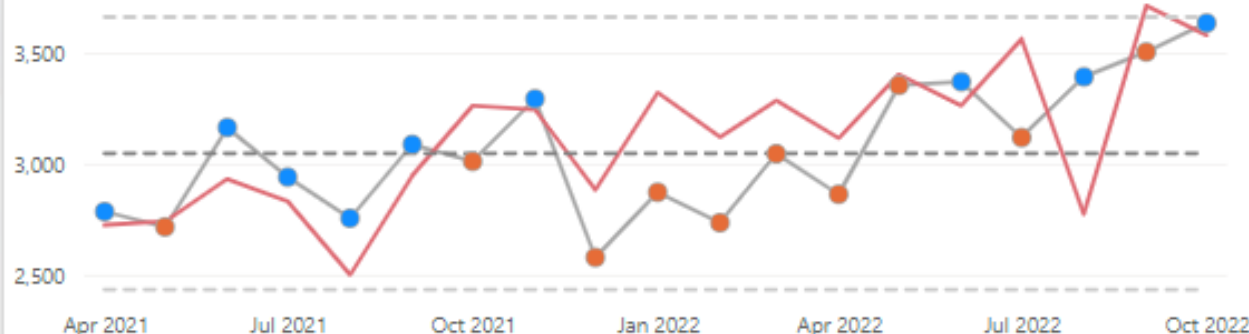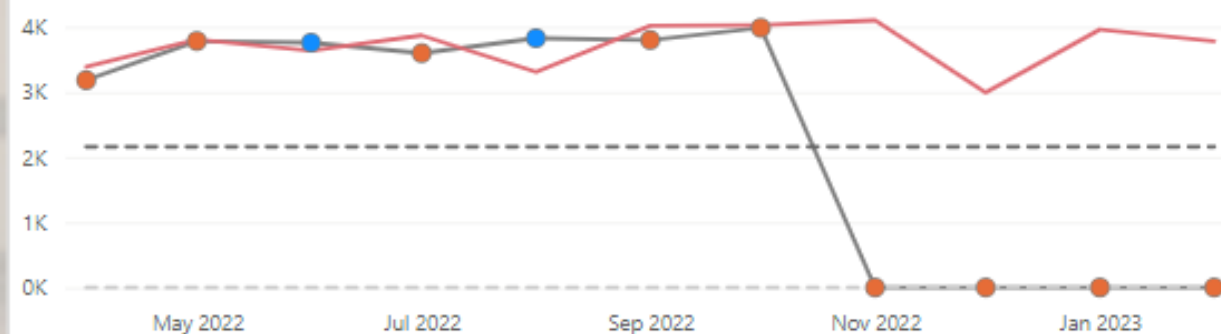
NGH: Current Value

NGH: Current Target

Kettering General Hospital

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

Northampton General Hospital

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 105.3% of plan for October	Elective inpatient and day case activity has been adversely affected by 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 to ensure maximum activity throughout
NGH	01/10/22	Elective day case activity actuals v plan	Data shows that we are delivering at 99% against the plan for October	Performance was pleasing despite the ongoing challenges with theatre staffing which is seeing an of a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist	5 ODP's in place, with 2 more for Gynae to start in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is

Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan) 2

01/04/2019   18/02/2023

3,633	3579	3,985	4026
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 (& vs plan) 2: Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 105.3% of plan for October	Elective inpatient and day case activity has been adversely affected by 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 to ensure maximum activity throughout
NGH	01/10/22	Elective day case activity actuals v plan	Data shows that we are delivering at 99% against the plan for October	Performance was pleasing despite the ongoing challenges with theatre staffing which is seeing an of a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist	5 ODP's in place, with 2 more for Gynae to start in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is

Committee Name

All

GroupName

Sustainability

MetricName

Elective inpatient activity (& vs plan)

01/04/2019 18/02/2023

87.90%

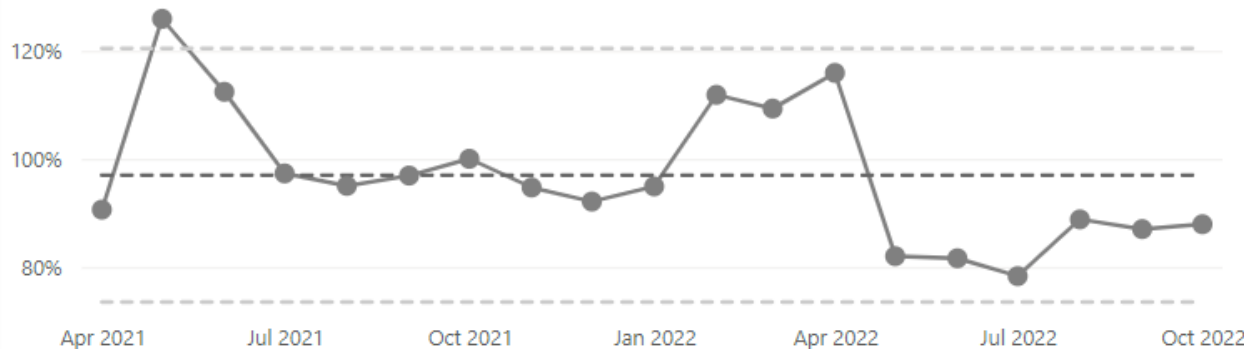KGH: Current Value

KGH: Current Target

101.40%

NGH: Current Value
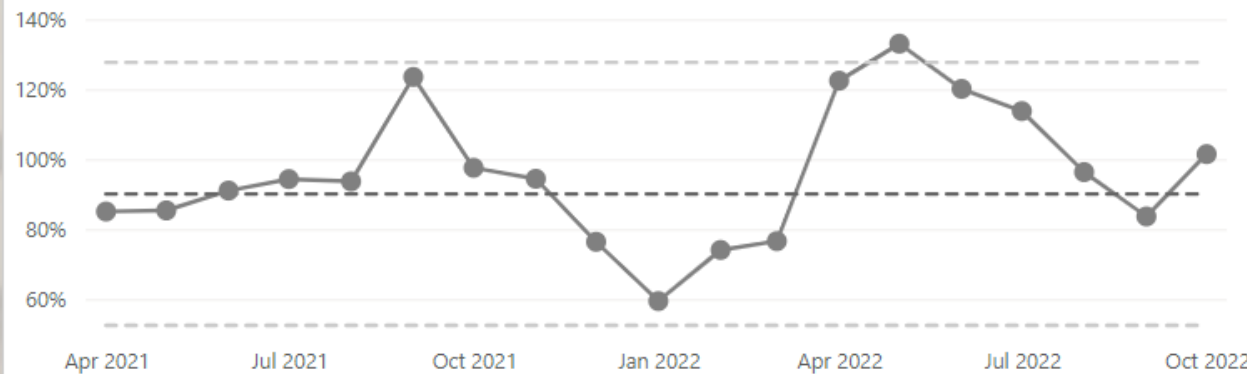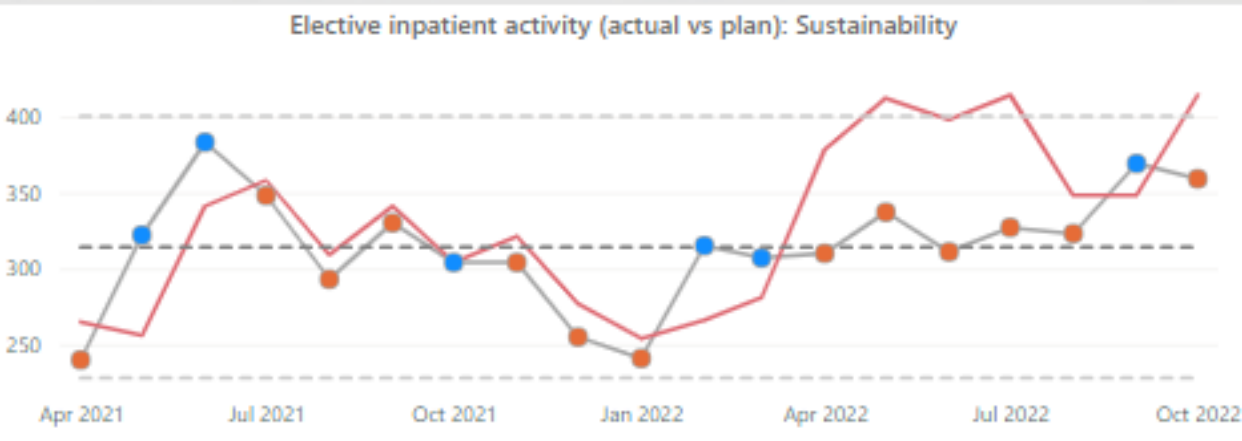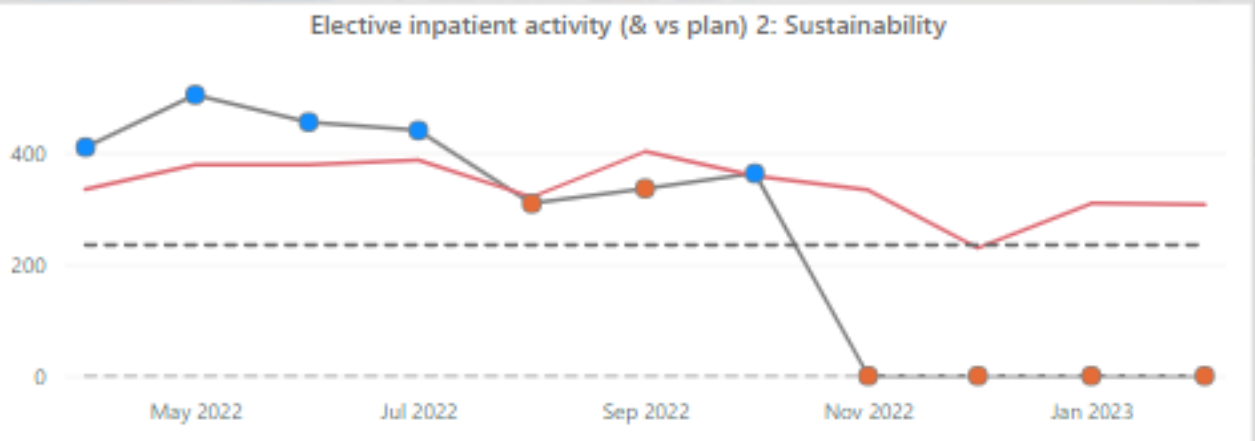
NGH: Current Target

Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability

Northampton General Hospital

Elective inpatient activity (actual vs plan): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 87.9% of plan for October(though when combined with day cases, the Trust is achieving 103.6% of elective plan)	Elective inpatient and day case activity has been adversely affected by 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	01/10/22	Elective inpatient activity actuals v plan	The Trust saw 101.4% of its Elective activity vs plan during October 22	Performance was pleasing despite the ongoing challenges with theatre staffing which is seeing an of a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist	5 ODP's in place, with 2 more for Gynae to start in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is cancelled

Elective inpatient activity (& vs plan) 2

Committee Name
All

GroupName
Sustainability

MetricName
Elective inpatient activity (& vs plan) 2

01/04/2019 18/02/2023

359	**414**	**363**	**358**
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 (& vs plan) 2: Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 87.9% of plan for October(though when combined with day cases, the Trust is achieving 103.6% of elective plan)	Elective inpatient and day case activity has been adversely affected by 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	01/10/22	Elective inpatient activity actuals v plan	The Trust saw 101.4% (363 vs 358 target) of its Elective activity vs plan during October 22	Performance was pleasing despite the ongoing challenges with theatre staffing which is seeing an of a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist	5 ODP's in place, with 2 more for Gynae to start in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is cancelled

Committee Name

All

GroupName

Sustainability

MetricName

Non-elective activity (& vs plan)

01/04/2019   18/02/2023
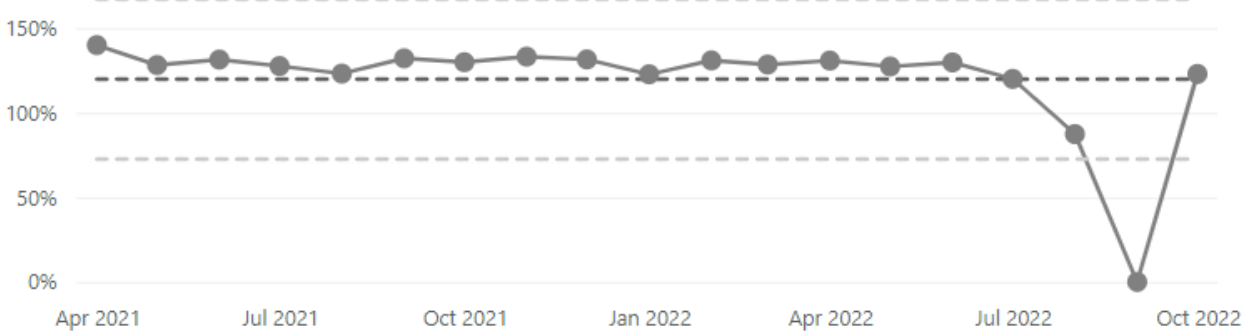
122.80%

KGH: Current Value

KGH: Current Target
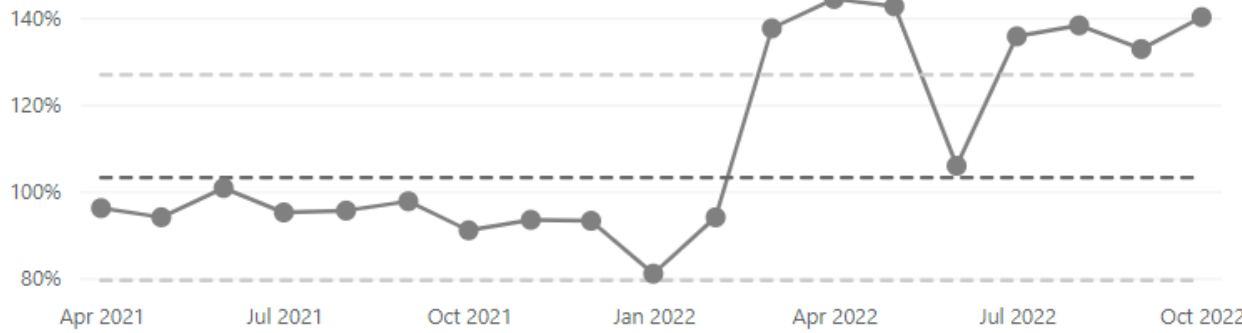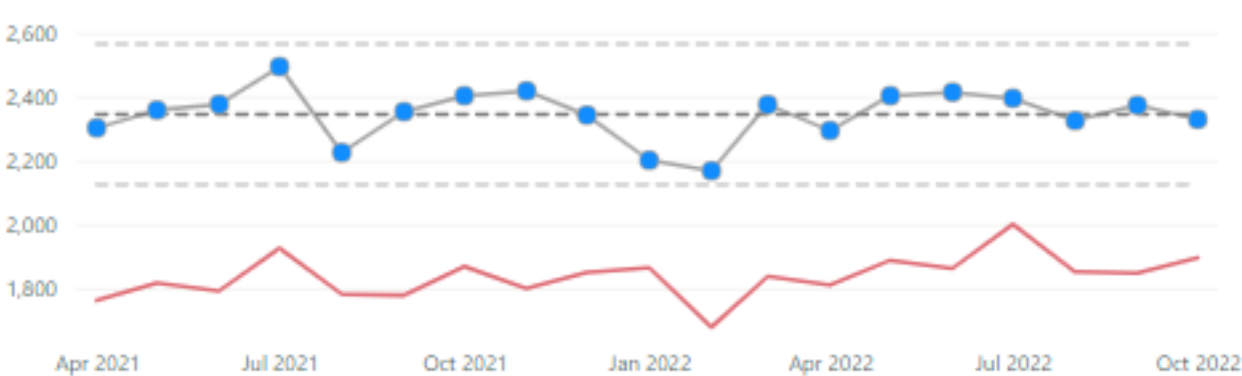
140.17%

NGH: Current Value

NGH: Current Target

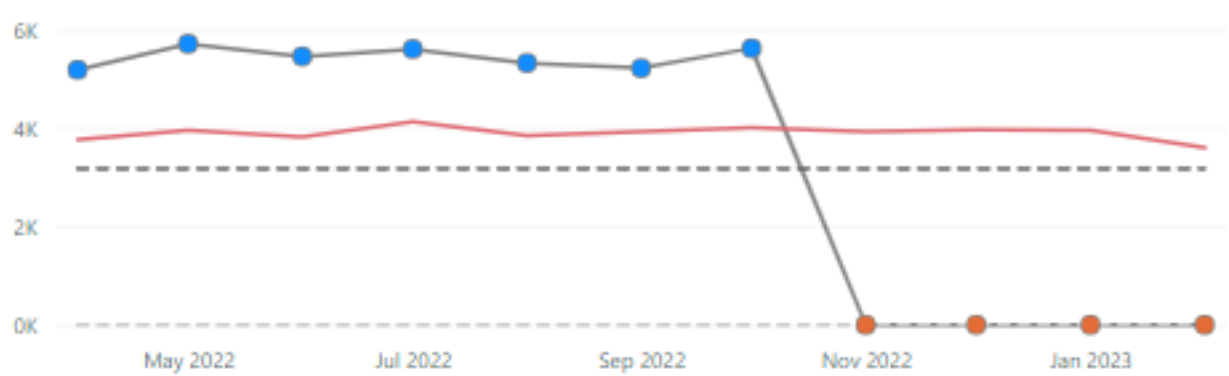**Kettering General Hospital**

Non-elective activity (actual vs plan): Sustainability

Northampton General Hospital

Non-elective activity (actual vs plan): Sustainability

Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan)

01/04/2019   18/02/2023
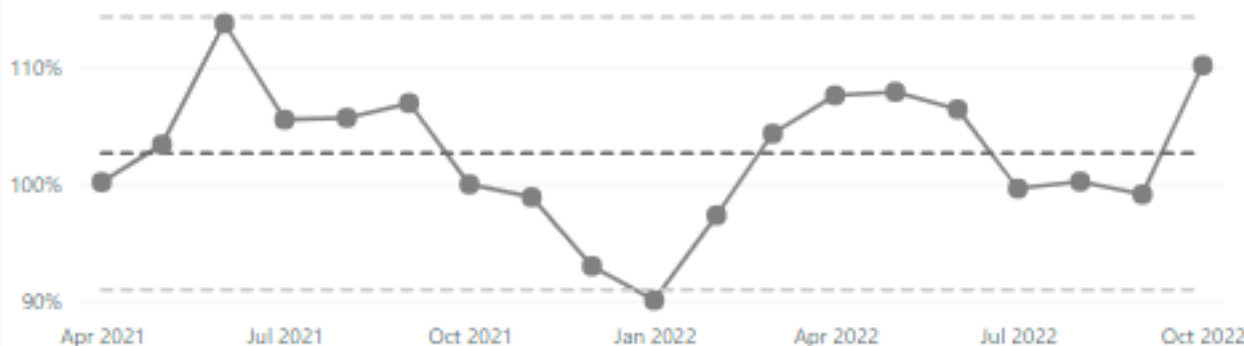
110.17%

KGH: Current Value

KGH: Current Target

99.85%

NGH: Current Value

NGH: Current Target

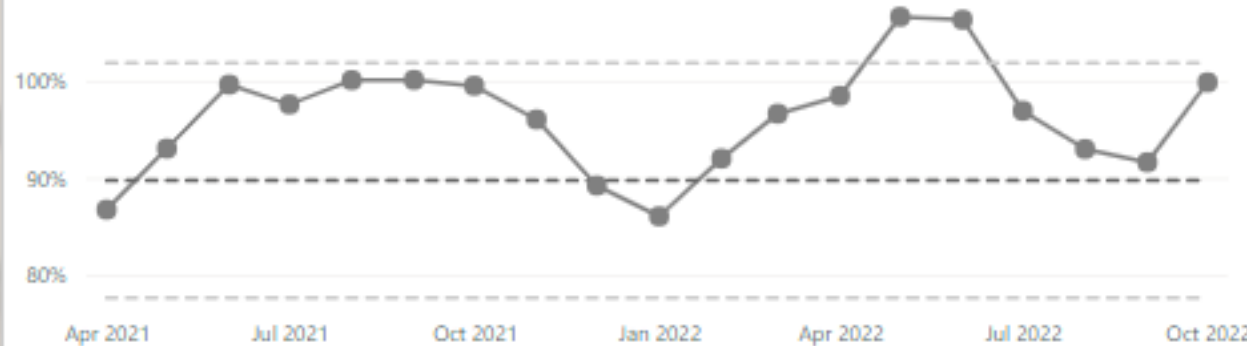## Kettering General Hospital

A&E activity (actual vs plan): Sustainability

Northampton General Hospital

A&E activity (actual vs plan): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	A&E attendances	We have seen an increase in total attendances in October. The chart tells us that this primarily attributed to an increase in paediatric attendances.	Challenges with overcrowding in waiting areas remain at peak times, with our unheralded 'walk in' patient group = 70% approx. of our overall attenders.	• Continue to review activity against direct EMAS conveyances to MSDEC (discussed at EMAS collab), and/or streaming from ED at the point of arrival as appropriate. • Meeting held with CUCC on 31/10/22 to discuss re-direction pathway for service users via the streaming and navigation tool for primary care level patients.	Trustwide full escalation protocol with planned implementation of the Bristol Model Opening of Thomas Moore Ward

Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan) 2

01/04/2019   18/02/2023

9,035	8882	11,657	11675
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

A&E activity (actual vs plan): Sustainability

Northampton General Hospital

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	A&E attendances	We have seen an increase in total attendances in October. The chart tells us that this primarily attributed to an increase in paediatric attendances.	• Challenges with overcrowding in waiting areas remain at peak times, with our unheralded 'walk in' patient group = 70% approx. of our overall attenders.	• Continue to review activity against direct EMAS conveyances to MSDEC (discussed at EMAS collab), and/or streaming from ED at the point of arrival as appropriate • Meeting held with CUCC on 31/10/22 to discuss re-direction pathway for service users via the streaming and navigation tool for primary care level patients.	Trustwide full escalation protocol with planned implementation of the Bristol Model Opening of Thomas Moore Ward

Committee Name

All

GroupName

Sustainability

MetricName

Headcount actual vs planned (substantive ...

01/04/2019   18/02/2023

4,731		5,967	
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

Committee Name
All

GroupName
Sustainability

MetricName
Capital Spend (M)

01/04/2019   18/02/2023

-0.69	**0.6**	**1.60**	**1.18**
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital
Capital Spend (M): Sustainability

Northampton General Hospital
Capital Spend (M): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	22/23 Plan vs Actual Capital expenditure	Year to date CAPEX spend is £4.2m, with a further £5.5m of capital orders raised to date, hence £9.7m of the capital programme is contractually committed YTD (62%).	Equipment delivery times are proving challenging and therefore further mitigations such as vesting certificates may need to be explored in order to achieve spend in year. There are still high value schemes which have not yet progressed to approval. There is additional national funding available for some schemes e.g., CDC, Digital Infrastructure, that if approved late in the year could result in an underspend against available resources.	Explore vesting certificates to determine viability of securing capital spend in 22/23. Sub Committees continue to review delivery plans and identify any risks to delivery.	A detailed forecast has been prepared to understand risks to delivery and HMT will need to consider approaches to mitigate capital underspends which will include a review of Priority 2 capital schemes identified as part of the 22/23 capital planning process.
NGH	01/10/22	22/23 Plan vs Actual Capital expenditure	23% of the capital budget has been spent or committed YTD at £6.5m. This is slightly behind a plan of £6.8m.	Work to manage spend by year end and align with external approval remains challenging. there are potential slippages on some schemes	Estimated slippage continues to be discussed at Capital Committee	Brokerage between schemes for in-year spend

NHS University Hospitals of Northampton NHS Group

Committee Name
All

GroupName
Sustainability

MetricName
Bank and Agency Spend (M)

01/04/2019   18/02/2023

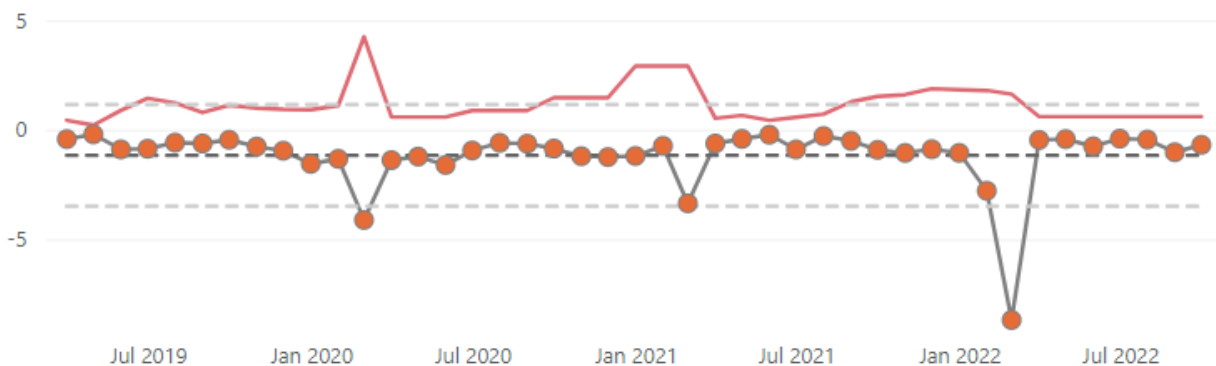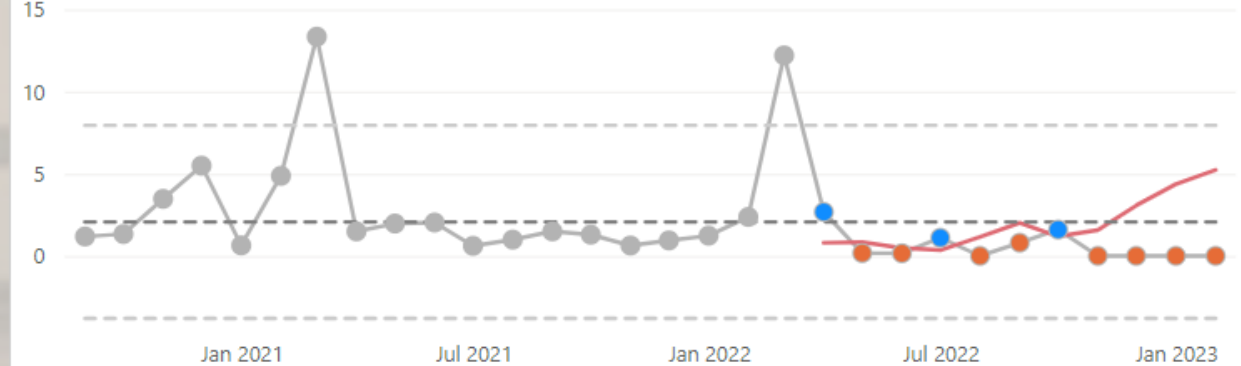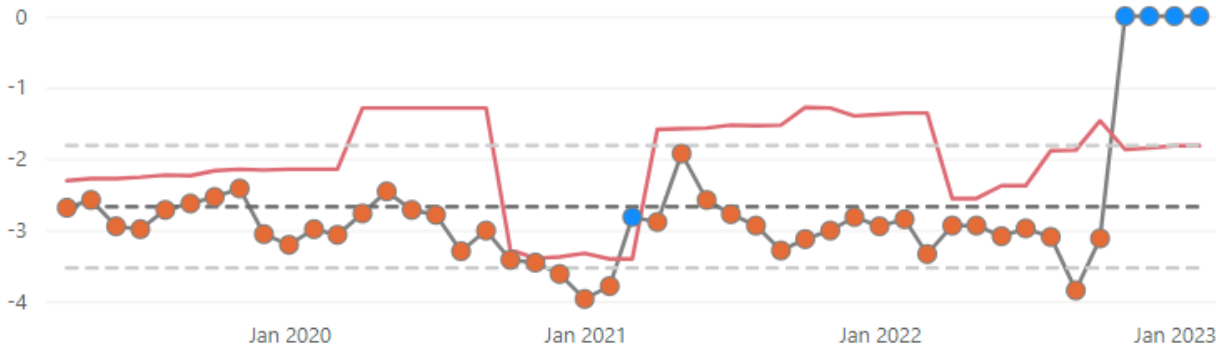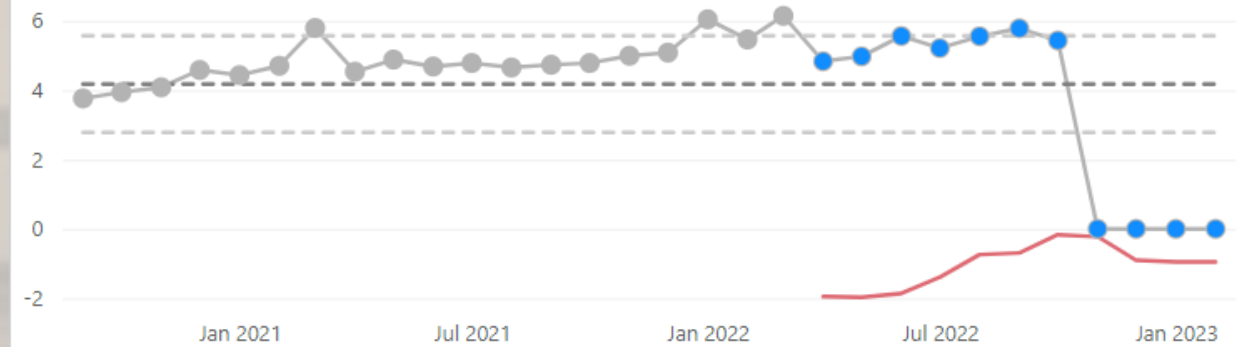| -3.12	-1.47	5.43	-0.17
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Bank and Agency Spend (M): Sustainability

Northampton General Hospital

Bank and Agency Spend (M): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	22/23 Bank & Agency Costs vs Plan	Overall bank and agency spend is adverse to plan by £6.9m YTD (£2.6m agency/£4.3m bank). Continued levels of increased sickness & operational pressures have not supported a run-rate reduction in temporary staffing. The agency cap has been exceeded by £2.4m 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	01/10/22	22/23 Bank & Agency Costs vs Plan	Overall bank & agency expenditure is c.40% above plan year to date. Costs have risen compared to 21/22, and with savings targets aimed at agency use plan values reduce in H2	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, and increased agency controls (non-clinical)	To review recruitment plans and any other barriers stopping the removal of agency

Committee Name
All

GroupName
Sustainability

MetricName
CIP Performance YTD (M)

01/04/2019   18/02/2023

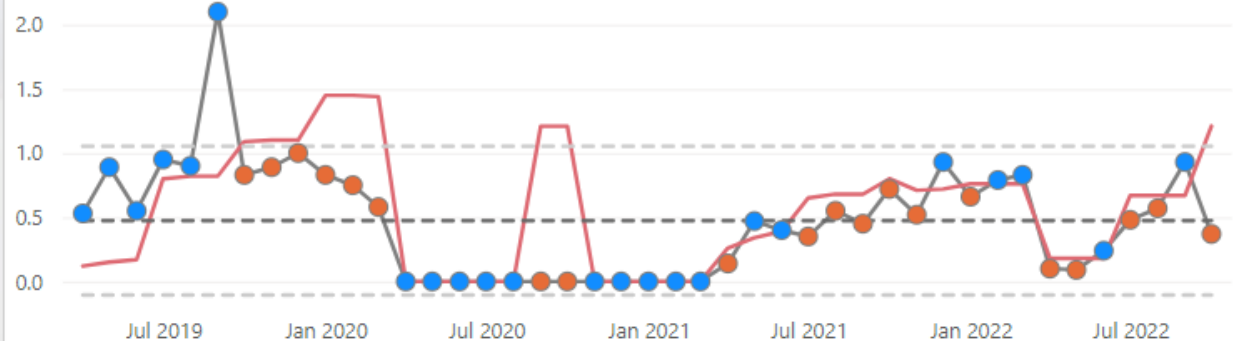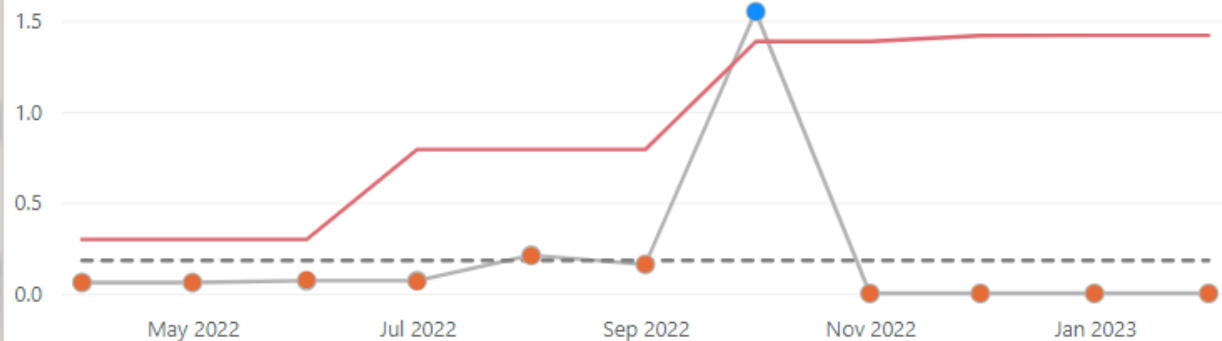| 0.37	1.21	1.55	1.39
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

CIP Performance YTD (M): Sustainability

Northampton General Hospital

CIP Performance YTD (M): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	22/23 Efficiency Plan vs Actual delivery	Efficiency delivery is progressing and has achieved £2.78m YTD, the shortfall to plan has reduced to £0.96m (£0.76m transformation & £0.2m Trust). Divisional efficiencies are progressing well, however System transformation schemes are resulting in no savings being achieved due to system issues. The phasing of the system transformation plan has ramped up from M7.	1. The Divisional efficiency plan is expecting a £1.2m shortfall in delivery by year end, this is largely within Estates & Procurement schemes. 2. System transformation schemes are expecting a nil achievement for the full year resulting in a £3.7m gap	Continue to monitor efficiency delivery through the Efficiency Steering Committee and Strategic Delivery Group	Divisions to continue to identify efficiency opportunities.
NGH	01/10/22	22/23 Efficiency Plan vs Actual delivery	Efficiencies of £2.2m are reported at Month 7, 47% of the YTD efficiency target. However, monthly targets in H2 are now £1.4m with iCAN phased into H2.	Trust level savings have made significant progress in Month 7. However, material savings in agency expenditure (a key element) due to operational and other pressures have not yet been acheived. gap	Schemes continue to be reviewed, and any potential barriers to cost reduction being assessed.	Schemes continue to be reviewed, and any potential barriers to cost reduction being assessed.

Committee Name
All

GroupName
Sustainability

MetricName
Surplus / Deficit YTD (M)

01/04/2019   18/02/2023

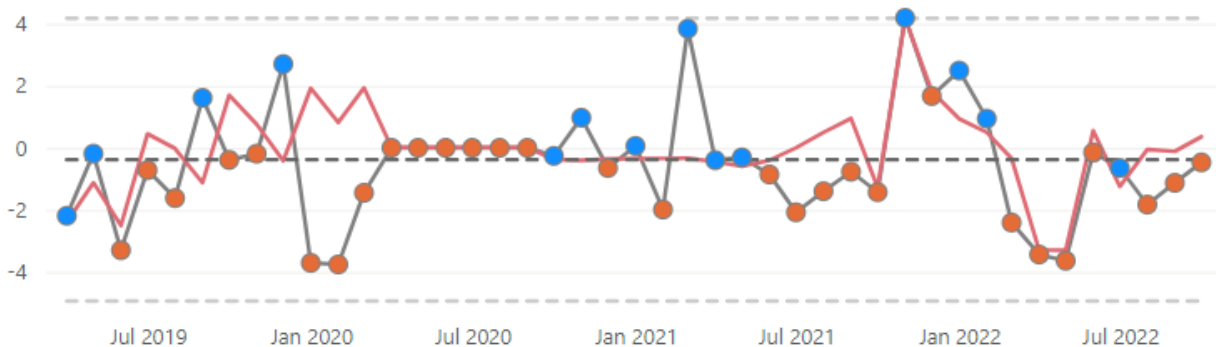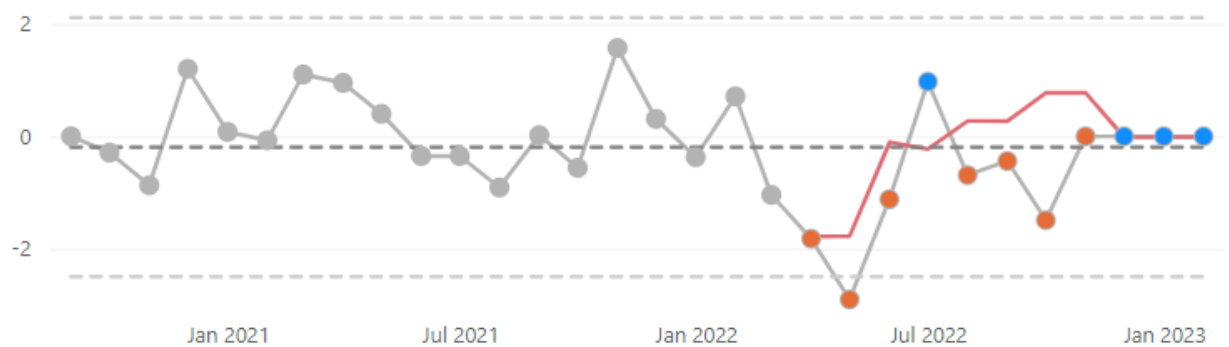| **-0.47**	**0.36**	**-1.49**	**0.77**
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital
Surplus / Deficit YTD (M): Sustainability

Northampton General Hospital
Surplus / Deficit YTD (M): Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Surplus / Deficit in relation to the 22/23 Plan	The Trust saw an adjusted I&E deficit of £11.3m YTD against a planned deficit of £7.09m, resulting in a £4.2m adverse variance.	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	01/10/22	Surplus / Deficit in relation to the 22/23 Plan	The Month 7 financial position is a deficit of £7.5m, £4.9m worse than a deficit plan of £2.6	The primary driver causing the Trust to be off plan is the under delivery of efficiencies. Efficiency phasing has now increased, hence the growth in the variance in Month 7.	Divisional reviews and efficiencies to continue to be monitored closely	Review of major spend areas and grip and control measures

Committee Name

Integrated Governance Report (I... ⌄

GroupName

Systems and Partnerships ⌄

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

Site	MetricName	Value
NGH	62-day wait for first treatment	62.60%
KGH	62-day wait for first treatment	66.40%
KGH	6-week diagnostic test target performance	50.92%
NGH	6-week diagnostic test target performance	72.84%
NGH	Bed utilisation	86.98%
KGH	Bed utilisation	97.48%
NGH	Cancer: Faster Diagnostic Standard	79.51%
KGH	Cancer: Faster Diagnostic Standard	89.90%
NGH	Patients with a reason to reside	64.38%
KGH	Patients with a reason to reside	72.76%
NGH	RTT median wait incomplete pathways	11.50
KGH	RTT median wait incomplete pathways	12.70
KGH	RTT over 52 week waits	91
NGH	RTT over 52 week waits	194
KGH	Stranded patients (7+ day length of stay)	269
NGH	Stranded patients (7+ day length of stay)	386
KGH	Super-Stranded patients (21+ day length of stay)	99
NGH	Super-Stranded patients (21+ day length of stay)	190
NGH	Theatre utilisation	75.00%
KGH	Theatre utilisation	88.00%

Metric	Comment
Cancer	As a trust we continue to exceed the 28 Day Faster Diagnosis and are top performer in the region

The 31 Day target was not achieved for Sept (and likely Oct) due to a 2ww demand increase (AJuly/Aug) and a change in guidance from the Royal Society of Dermatology whom mandated all images needed to be on dermascope quality for triage, which resulted in more demand for clinics (could not reject referrals with less image quality even if low risk) and resulted in less capacity for procedures (alongside unforeseen absence in dermatologist and plastic cons) resulting in delays in treatments. We are seeking a pragmatic solution with the lead cons, which could incl liaison with national clinical leaders, to manage the reality of the risk of using low quality images.

Our 62-day (2ww referral to treatment) performance continues to be a challenge, although we have seen a significant reduction in our Urology backlog (LATP capacity increased and robotic procedures at NGH), whereas a deterioration in colorectal driven by CTC capacity - a locum has been secured to focus on this.

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.

	Committee Name	GroupName	4	0	10
KGH NGH	Integrated Governance Report (I... ⌄	Systems and Partnerships ⌄	Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
NGH	62-day wait for first treatment	62.60%
KGH	62-day wait for first treatment	66.40%
KGH	6-week diagnostic test target performance	50.92%
NGH	6-week diagnostic test target performance	72.84%
NGH	Bed utilisation	86.98%
KGH	Bed utilisation	97.48%
NGH	Cancer: Faster Diagnostic Standard	79.51%
KGH	Cancer: Faster Diagnostic Standard	89.90%
NGH	Patients with a reason to reside	64.38%
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NGH	RTT median wait incomplete pathways	11.50
KGH	RTT median wait incomplete pathways	12.70
KGH	RTT over 52 week waits	91
NGH	RTT over 52 week waits	194
KGH	Stranded patients (7+ day length of stay)	269
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KGH	Super-Stranded patients (21+ day length of stay)	99
NGH	Super-Stranded patients (21+ day length of stay)	190
NGH	Theatre utilisation	75.00%
KGH	Theatre utilisation	88.00%

Metric	Comment
Diagnostics	September validated performance is 52% against the national target of 99.1%, a declining position from 71% In May. 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 - due to delays in staffing being onboarded and extra training requirements the backlog will stabilise but not reduce. Further recovery plans are being developed
U/S - requires additionality which the service provide on an ad hoc basis, but this is not sustainable and therefore additional mitigation is required.
Echo - the backlog has stabilised and slightly reduced, but not at the rate expected. Additional mitigation will be required to recover performance
MRI - BC capacity has not been supported, and so backlog will increase to between 5-7k patients depending on a) onboarding of staff b) decision on whether to keep the mobile van once the cardiac pod is operational will impact 250 scans per month.

We have established a weekly diagnostic access meeting with modality leads and the Head of Access to discuss plans and pressures within the service, with oversight via the Patient Access Group. There is still considerable work to do to ensure our processes are robust and implemented consistently and to capture all diagnostic activity digitally. |

KGH	NGH			

Committee Name
Integrated Governance Report (I... ⌄

GroupName
Systems and Partnerships ⌄

4
Exec comments KGH

0
Exec comments NGH

10
Total No. of Metrics

Site	MetricName	Value
NGH	62-day wait for first treatment	62.60%
KGH	62-day wait for first treatment	66.40%
KGH	6-week diagnostic test target performance	50.92%
NGH	6-week diagnostic test target performance	72.84%
NGH	Bed utilisation	86.98%
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NGH	Cancer: Faster Diagnostic Standard	79.51%
KGH	Cancer: Faster Diagnostic Standard	89.90%
NGH	Patients with a reason to reside	64.38%
KGH	Patients with a reason to reside	72.76%
NGH	RTT median wait incomplete pathways	11.50
KGH	RTT median wait incomplete pathways	12.70
KGH	RTT over 52 week waits	91
NGH	RTT over 52 week waits	194
KGH	Stranded patients (7+ day length of stay)	269
NGH	Stranded patients (7+ day length of stay)	386
KGH	Super-Stranded patients (21+ day length of stay)	99
NGH	Super-Stranded patients (21+ day length of stay)	190
NGH	Theatre utilisation	75.00%
KGH	Theatre utilisation	88.00%

Metric	Comment
Referral to Treatment (RTT)	At the end of Oct 2022 there were 94 patients who had waited 52 weeks for their treatment, an improvement but behind target in our IBP submission.
	We have ceased mutual aid support, and as at end Oct we have 12 transferred from UHL all of which are over 52 wks.
	The national expectation is that by end Nov no patients should wait over 104wks except those that have chosen to wait to be treated. As at the 11th November there were 3 patients with a wait of 104 weeks or more. These are all patients that have been IPT'ed from UHL.
	- Two patients are due to be treated in November 2022
	- One patient is having further investigation incl CT and review before treatment planned or discharged
	The overall PTL is rising, 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. 50 cases have been transferred from our spinal referrals and work continues to increase this. Discussions are ongoing in the system as to whether to continue this
	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 and our 60-minute ambulance hand over performance is comparatively (within the Midlands) good. 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 is a focus and is fluctuating around 100.

Committee Name
Integrated Governance Report (IGR) ⌄

Group Name
Systems and Partnerships ⌄

Metric Name
All ⌄

Site
All ⌄

Variation
All ⌄

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnerships	62-day wait for first treatment	01/09/22	66.40%	85.00%	55.31%	74.67%	94.04%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	62-day wait for first treatment	01/09/22	62.60%	85.00%	52.67%	70.8%	88.93%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/22	89.90%	75.00%	75.78%	84.3%	92.81%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/09/22	79.51%	75.00%	73.71%	80.32%	86.93%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/22	50.92%	99.00%	64.31%	80.01%	95.71%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/10/22	72.84%	99.00%	71.78%	80.87%	89.95%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	RTT over 52 week waits	01/10/22	194	0	137	266	395			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT over 52 week waits	01/10/22	91		-3	23	49			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	RTT median wait incomplete pathways	01/10/22	11.50	10.9	10.64	10.64	10.64			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	RTT median wait incomplete pathways	01/10/22	12.70		12	12	12			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Theatre utilisation	01/10/22	88.00%	95.00%	71.23%	78.34%	85.44%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Theatre utilisation	01/10/22	75.00%		50.63%	72.76%	94.9%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Bed utilisation	01/10/22	86.98%		78.25%	83.02%	87.79%			Consistently Anticipated to Meet Target
KGH	Systems and Partnerships	Bed utilisation	01/10/22	97.48%		85.26%	91.49%	97.72%			Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/10/22	386	0	287	315	344			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/10/22	269		203	247	292			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/10/22	190	0	106	125	145			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/10/22	99		62	89	117			Consistently Anticipated to Not Meet Target

Committee Name	Group Name	Metric Name	Site	Variation
Integrated Governance Report (IGR) ⌄	Systems and Partnerships ⌄	All ⌄	All ⌄	All ⌄

Site	Group	Metric ⌄	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnerships	Patients with a reason to reside	01/10/22	72.76%		64.19%	69.35%	74.51%	↗		Consistently Anticipated to Meet Target
NGH	Systems and Partnerships	Patients with a reason to reside	01/10/22	64.38%	95.00%	60.38%	67.3%	74.23%	⟋⟍		Consistently Anticipated to Not Meet Target

Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

01/04/2019 | 18/02/2023
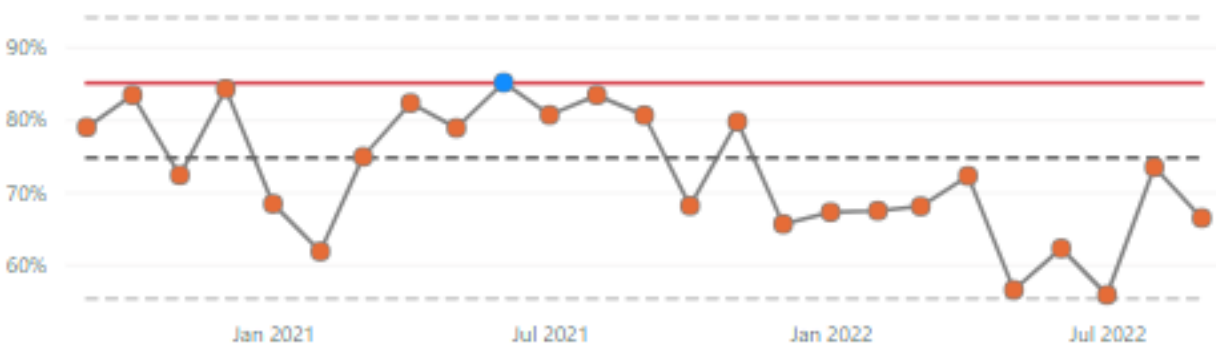
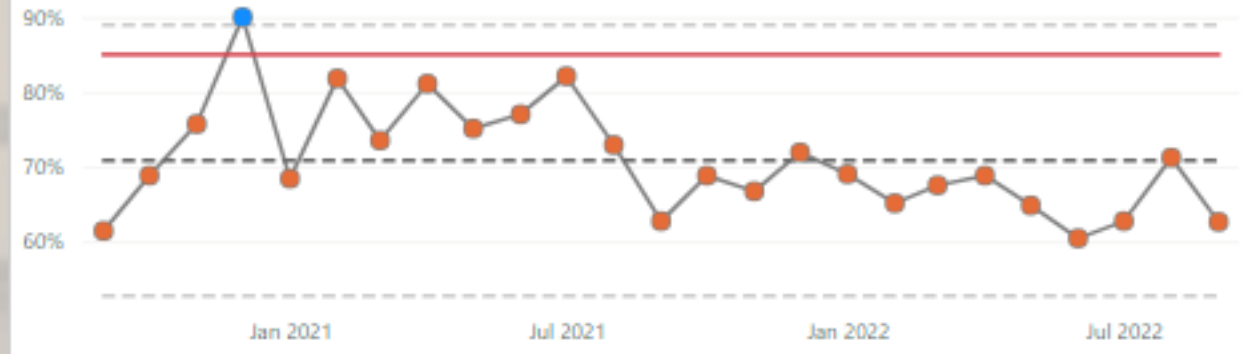| 66.40%	85.00%	62.60%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships

Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships

Committee Name

All ▾

GroupName

Systems and Partnerships ▾

MetricName

62-day wait for first treatment ▾

4/1/2019   3/1/2023

66.40%	85.00%	62.60%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/22	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not achieve the standard of 85%. Performance for August of 66.4%	Overall increase in 2ww referrals requiring additional diagnostic capacity for the completion of tests and reporting An increase in patient choice, patients delaying diagnostics due to holiday etc An increase in patients referred to Tertiary centres for radical treatment (NGH). Workforce issues in Breast delaying diagnostics and multiple MDT discussions	Cancer recovery action plan discussed and updated weekly by division Weekly calls take place with tertiary centres for next steps of patients Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways	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. Repatriation of those waiting for robotic surgery at UHL to NGH Easing of the workforce issues in Breast and comminucation with the team has facilitated introduction of MDT streamlining which will be progressed Release of transformation funding to support the head and neck pathway and pathology and radiology tracking is in progress.

Committee Name

All ⌄

GroupName

Systems and Partnerships ⌄

MetricName

62-day wait for first treatment ⌄

4/1/2019   3/1/2023

66.40%	85.00%	62.60%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

NGH   01/09/22   % of patients whose treatment in initiated within 63 days of urgent referral

The Trust undertook 123 treatments during September which is 23% above pre covid activity However here were 46 breaches resulting in 62 day performance of 62.6%, 8.6% worse than the previous month. There are numerous challenges across most sites, waits for outpatients, diagnostics, late tertiaries coming to NGH for treatment and the biggest challenge at present theatre capacity, due to workforce issues.

CUP, Brain and Testicular our smallest sites were the only sites who achieved the 62 day standard in September.

Challenges in:
Outpatient capacity
Diagnostic waits
Increase in later tertiary referrals
Patient Choice
Surgical and oncological capacity
Inability to reduce legacy numbers

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:

• The delivery of Cancer diagnostics and treatments remain with the Divisions. The Cancer Team continue to focus on holding to account these teams for delivery of sustained improvement plans through the escalation policy and corporate ptl.
• Avoidable breaches due to outpatient capacity, diagnostic waits, surgical and oncology waits are re-occurring themes locally and nationally. The divisions continue to work on solutions to reduce waits in these areas.
• Robust management of minimum dataset and MDT acceptance of patients being referred from tertiary centres
• Working with Primary Care to reduce inappropriate referrals
• Reduction in patients on their pathway longer than 62 days

Site and corporate ptl meetings
Legacy deep dives
Access and Strategy Group oversight
Trust escalation policy

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Cancer: Faster Diagnostic Standard

01/04/2019   18/02/2023

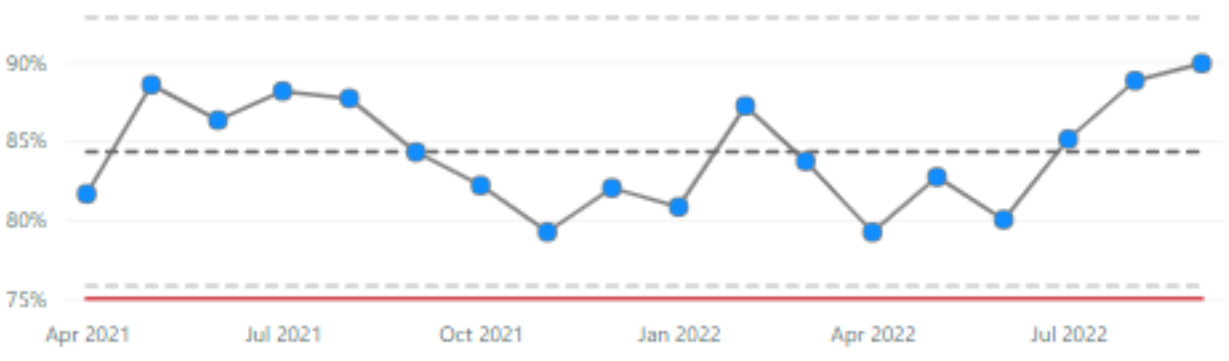| 89.90%	75.00%	79.51%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships

Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/09/22	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard at 89.9%	Further capacity sourced for Gynae One Stop clinic increasing performance from 64.3% in August to 73.5% in September, this is the 3rd consecutive month of increased performance against the standard	Division to monitor Gynae one stop clinic capacity to ensure continued improvement Increased PTL meetings continue to	Shared PTL twice weekly with Histopathology and radiology to ensure timely booking and reporting of investigations.
NGH	01/09/22	% of patients diagnosed in less than 28 days	The Trust continues to surpass the 28 Faster Diagnosis Standard reaching 79.5% against the 75% standard.	None the trust is exceeding the standard.	None	None

Committee Name

All

GroupName

Systems and Partnerships

MetricName

6-week diagnostic test target performance

01/04/2019   18/02/2023

50.92%
KGH: Current Value

99.00%
KGH: Current Target

72.84%
NGH: Current Value

99.00%
NGH: Current Target
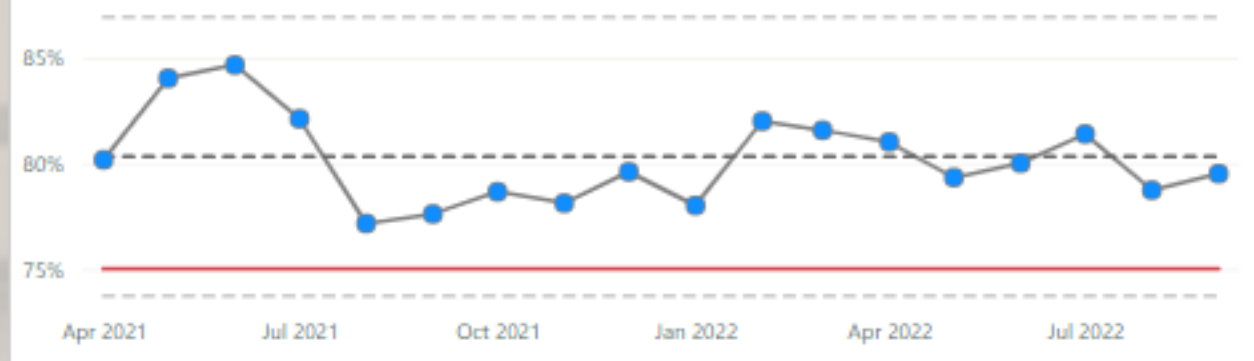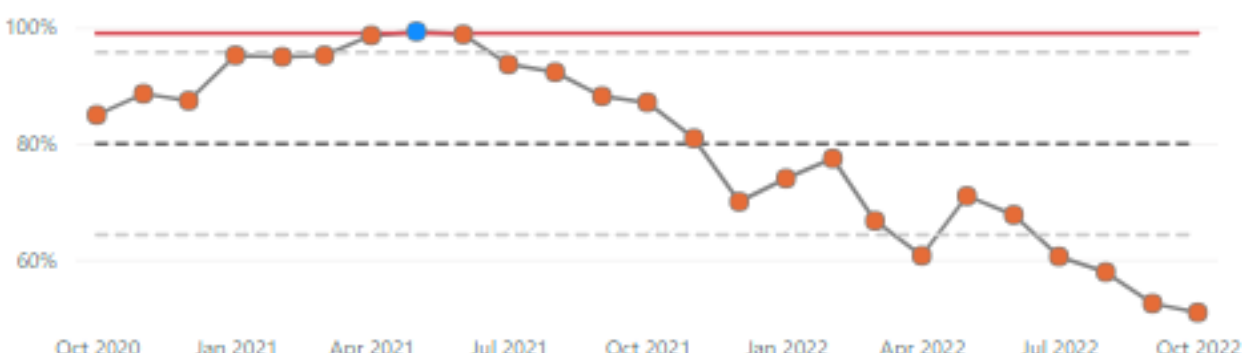
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships

Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships

Committee Name

All ▽

GroupName

Systems and Partnerships ▽

MetricName

6-week diagnostic test target performance ▽

4/1/2019   3/1/2023

50.92%	99.00%	72.84%	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	01/10/22	% of patients not seen within six weeks	October 2022 unvalidated position for patients seen within 6 weeks is at 50%, a continued deterioration	Pressures in the modalities previously described continue in month. These include: Increased overall demand for tests Continued high demand for cancer, inpatient and other urgent requests which are prioritised over routine requests Skill mix within the modalities to meet the demand of tests needed Vacancies within the modalities	The Cardiac MRI POD has now been delivered however deployment has been delayed until Dec 22 (originally planned for Jun 22). The mobile MRI Van has been extended while tests are being brought to onsite machines to address the increasing backlog of Cardiac MRI requests. MRI recovery requires additional capacity (approx. £500k) and a case has been submitted to the group as to mitigate this position by March 23, however this has not been supported and thus an end of year position of around 9000 patients will be awaiting an MRI. There has been an increase in the CT PTL, and the modalities trajectory has deteriorated with latest intelligence on demand and capacity, so a recovery plan is being requested from the service. To achieve performance expectation a PTL size of 1,150 or lower is required. A locum has been sourced to enable more CT Colon lists as this continues to delay some colorectal cancer pathways. A business case is being completed to support performance recovery of NOUS. Internal mitigations include staff training to extend skill mix and support MSK demand and recruit with the one remaining vacancy in interview stages. Monthly data returns for Cardiac Investigations have seen the PTL remain below the trajectory, however weekend lists have not been taken up by staff in the last few months which has resulted in the PTL increasing. A meeting is planned with the service lead to review initial figures for accuracy. Additional work is also continuing to digitalise the service	Weekly updates from Radiology are presented to the DCOO via the weekly patient access meeting Weekly meetings with all modality leads to review waiting lists and plans for recovery and improved service provision Continued review and validation of waiting lists by services to ensure validity or data.

Committee Name

All ⌄

GroupName

Systems and Partnerships ⌄

MetricName

6-week diagnostic test target performance ⌄

4/1/2019   3/1/2023

50.92%	**99.00%**	**72.84%**	**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
NGH	01/10/22	% of patients not seen within six weeks	• Under-performance against diagnostic target	• High volume of referrals. • MRI and echo continue to be challenged. • Increased Inpatient, Cancer and Urgent care demand across all modalities. • Continued emergency pressures and Covid-19 demand. • Volume of cancer inpatient demand & urgent care work has impacted on the backlog clearance. • Weekly Diagnostic PTL • KGH cardiac MRI capacity delayed until December	• Additional weekend work is being completed where feasible • Additional capacity for MRI being explored. • MRI Business case constrained due to financial pressures • Echo Insourcing case approved - Implementation delayed due to procurement constraints • 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

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

01/04/2019   18/02/2023

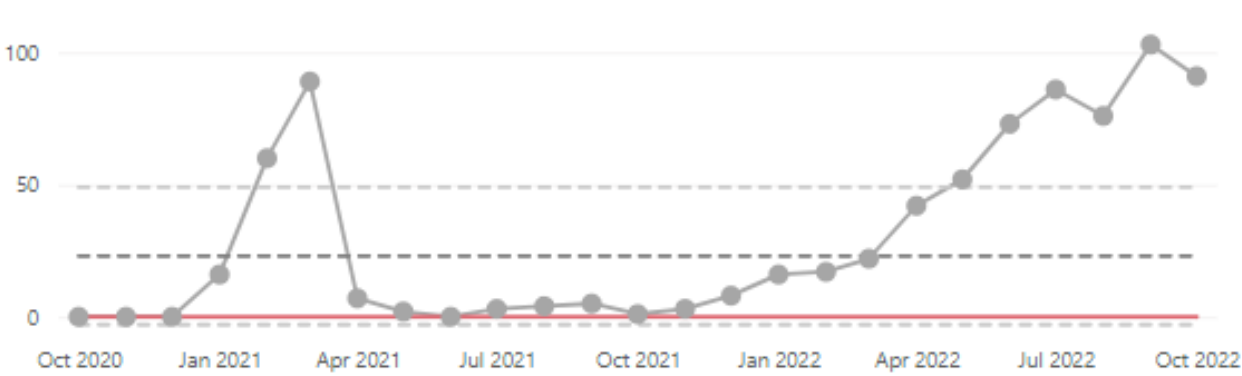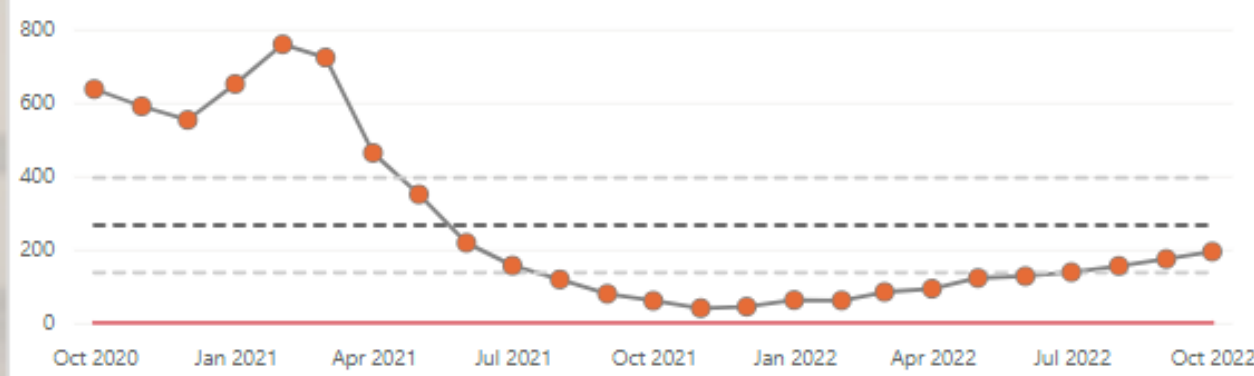| 91	194	0
KGH: Current Value	NGH: Current Value	NGH: Current Target

KGH: Current Target

Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships

Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships

RTT over 52 week waits

Committee Name	GroupName	MetricName		
All	Systems and Partnerships	RTT over 52 week waits	4/1/2019	3/1/2023

91		194	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	01/10/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated position for October 2022 has reported 94 patients over 52 weeks on their RTT Pathway. This is a reduction from 103 the previous month. 12 of these are the remaining IPTs from UHL as part of the Mutual Aid Agreement. Across the region we have one of the lowest number of 52wk+ patients and are at low risk of not meeting the national expectation of a max of 78wks by March 23.	• Capacity problems within ENT; we are offering additional sessions but there is no uptake. Additionally, 90% of capacity is going to cancer cases. We have tried to seek help from NGH (as they have consultants who can do these procedures) but they are in a similar position. • Capacity problems within Oral Surgery with high demand for cancer cases delaying routine surgeries. We have secured 1 additional theatre session in November. From an Oral Surgery (teeth) perspective we have additional YMS sessions which is improving the capacity for TCI • Delays for diagnostic both booking and reporting; Mitigating action being communication between pathway managers and radiology team where patients need to be expedited as systems do not account for RTT Clocks and any urgency to be seen and reported. • Patient Choice and Unfit for surgery.	KGH has ceased Mutual Aid transfers however will continue to manage the patients previously transferred. Weekly PTLs continue to be held to ensure patients next steps are planned or being escalated to the necessary departments. Radiology delays are being escalated directly to the Head of Radiology to support with booking of routine patients with long RTT waits.	Patients waiting are presented to PAG weekly for review by Head of Access and DCOO Bi weekly calls with ICB re patients over 104w+ Continued tracking of patients delayed for next steps

Committee Name

All ⌄

GroupName

Systems and Partnerships ⌄

MetricName

RTT over 52 week waits ⌄

4/1/2019   3/1/2023

○────────────────○

91		**194**	**0**
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/10/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	189 patients waiting over 52 weeks for October, this is marginally above plan.	• 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. The Trust has continued to receive IPT's from UHL until the end of September this has meant that the 104+ position, 78+ position and 52+ position has deteriorated for both internal and UHL patients as it has impacted the trust's ability to progress NGH patients who have been waiting for treatment in excess of 52 weeks. • Theatre staffing issues both ODP's and Anaesthetists availability has impacted on the number of cancellations and therefore clearance rate of all long waiters and continues. We have also had cancellations of the UHL mutual Aid patients which also results in the need for these to be redated impacting further on clearance of internal long waiters. • Due to financial constraints ICB have advised to stop utilising IS to support elective work. • Covid-19 sickness and Operational Pressures are also impacting. • Cancer/urgent patients are prioritised and also impact ability to clear long waiters. • Capacity constraints for both General Surgery and ENT which has seen the bulk of IPT's received from UHL. • PTL growth from 20,488 to 33,174 or by 62% since March 2021 and 52+ profile increases internal risk of delivering long wait targets.	• Additional lists are being explored but theatre staffing shortages are impacting ability to secure these. • Cancellations of routine patients to prioritise long waiting Mutual Aid patients impacting ability to treat internal long waiters. Cancer and Urgent's are being prioritised. • Daily meeting's are taking place internally and with NHS E/I to ensure plans are in place for treating these long waiting patients. • Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item.	• Harm reviews completed on any patient who waits more than 52 weeks for treatment. • Additional support from IS partners no longer available those that were agreed have been progressed to reduce the numbers waiting and allow NGH to concentrate on the longest waiters and the most complex .

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT median wait incomplete pathways

01/04/2019   18/02/2023

12.70		11.50	10.9
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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	% of patients waiting more than 18wks for treatment (incomplete pathways)	RTT Median wait has been stable and remains at 12.7 weeks	Unvalidated PTL numbers have seen an increase between September and October with 27,230 patients on an active RTT Pathway. The gap between clocks started and clocks stops has remained stable with just under 750 difference. The trust will need to get to a position of having more clocks stopped in month than started to see a continued reduction in PTL size. The trust continues to see referral in levels exceeding plans which were based on 2019/20 figures. For the last three months these have been in excess of 110% of plans, with present YTD position at 109%.	• continued roll out and expansion of PIFU, • ensuring we achieve the planned activity levels. • Identify further capacity opportunists: patients are being identified for transfer to The Woodland Hospital with the 1st cohort of 40 spinal patients being processed	Continued monitoring of waiting lists via weekly PAG meetings and monthly OMG

NHS
University Hospitals
of Northamptonshire
NHS Group

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Theatre utilisation

01/04/2019   18/02/2023

88.00%	95.00%	75.00%	
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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 88% in October	Theatre utilisation was affected by a high number of late cancellations of patients due to Covid, not booking lists fully due to issues within the Waiting List Office and delays with Pre-Assessment	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	01/10/22	Theatre utilisation % against 85% national target	Theatre Utilisation (including turn - around time) is85%	Lack if informatics to monitor utilisation in real time
Cultural change required to drive theatre lists, improve start and finish times
Team Leaders are constantly included in the theatre staffing numbers
Admission team's have many new recruits resulting in lists not being fully booked.
Late cancellations of patients as they have Covid or are unfit.	6-4-2 meetings held weekly.
Theatre dashboard in progress
Monthly Divisional Theatre Productivity meeting with Transformation Team support
OD support in theatres working with Matrons and Tem Leaders
Divisional management team visibility within theatres.	Implementation of CCS
Relaunch of 6-4-2 meeting with help of Transforamtion Team.
weekly meeting with the Admissions Team to review all theatre lists

NHS University Hospitals of Northamptonshire NHS Group

Committee Name
All

GroupName
Systems and Partnerships

MetricName
Bed utilisation

01/04/2019   18/02/2023

97.48%
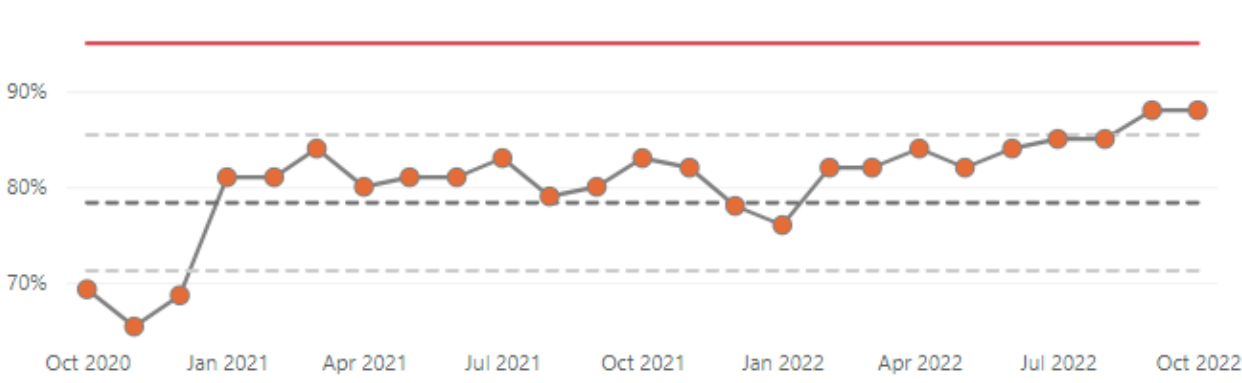KGH: Current Value

KGH: Current Target

86.98%
NGH: Current Value

NGH: Current Target

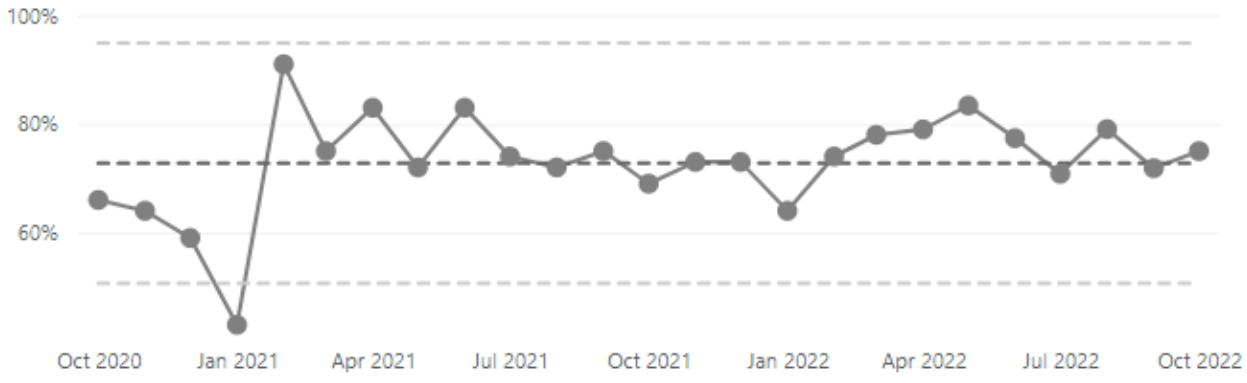### Kettering General Hospital
Bed utilisation: Systems and Partnerships

Northampton General Hospital
Bed utilisation: Systems and Partnerships

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	% General and acute beds utilised - excluding maternity	Bed utilisation remains consistently high and increased in October to 97.5%	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	Daily focus on pathway zero patients with no reason to reside. Daily work with partners to support discharges for patients on pathways 1,2 or 3. Discharge Bronze 3 x weekly for all medical and surgical wards continues (all patients reviewed) Winter schemes provided additional pathway 1 implemented. Improvement in pathway 1 discharges with queue size reducing from average of 29.5 patients to 24 patients since 1/11/22 implemented of extra capacity in ASC	Winter schemes provided additional pathway 1, 2 and 3 capacity being implemented by ASC and NHFT

NHS
University Hospitals
of Northamptonshire
NHS Group

Committee Name	GroupName	MetricName		
All	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/04/2019	18/02/2023

269		386	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

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

Northampton General Hospital

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Number of patients with a LoS > 7 days	The number of stranded patients has remained stable as a monthly snapshot over the last 4 months. Our aim is to get it to less than 250	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	Sustaining high quality board rounds with clear actions Ensure delays expedited incl diagnostics. Max use of SDEC services	Involvement of senior nurses and matrons to support senior decision making at board rounds when numbers begin to rise

NHS
University Hospitals
of Northamptonshire
NHS Group

Committee Name

All

GroupName

Systems and Partnerships

MetricName

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

01/04/2019   18/02/2023

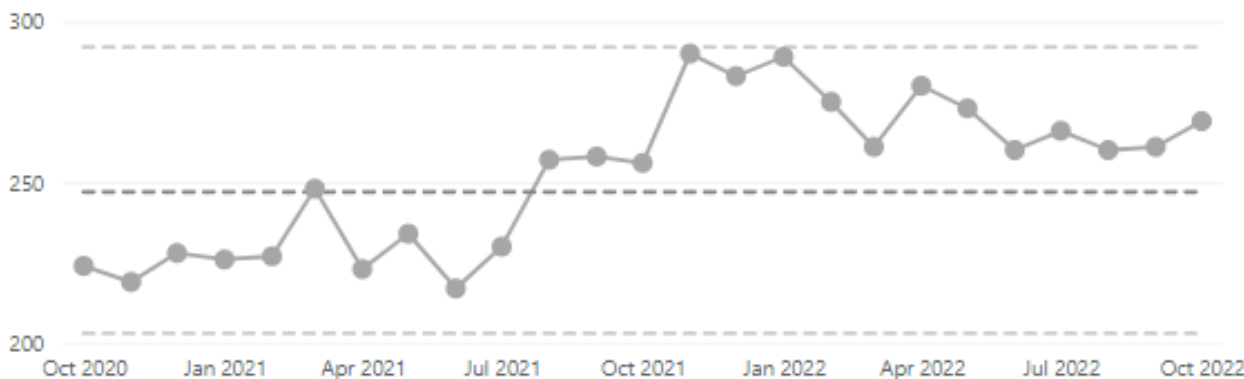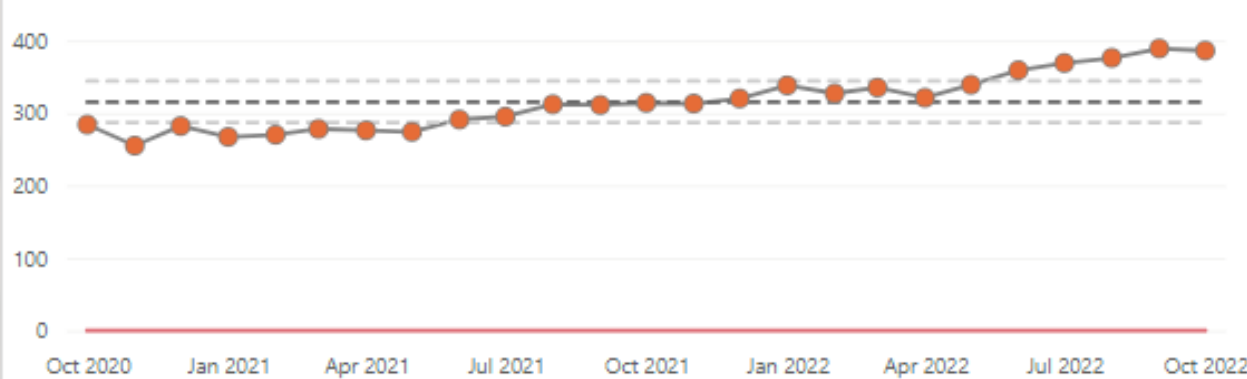| 99		190	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

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

Northampton General Hospital

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

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Number of patients with a LOS> 21 days	Super Stranded (LoS>21 days) numbers have reduced but now stabilised	Supported packages for pathways 2 & 3 are dependent on external partners to provide, and account for approx. 50% of SS 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	Escalate directly to ASC & NHFT director with particularly complex cases or significant delays

Patients with a reason to reside

NHS University Hospitals of Northamptonshire NHS Group

Committee Name	GroupName	MetricName		
All	Systems and Partnerships	Patients with a reason to reside	01/04/2019	18/02/2023

72.76%	**64.38%**	**95.00%**
KGH: Current Value	NGH: Current Value	NGH: Current Target

| | KGH: Current Target | | |

Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships

Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/10/22	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	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 with an increase to 73-75% in the last 2 months as the focus on discharging improves flow.	26% of patients (approx. 110) do not have a reason to reside, with approx. 60-70 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. This is an improvement over the last 2 months as a result on continued focussed work with our partners	Gaps in complex P1 and P3 provision identified and Adult Social Care identifying provision as part of winter funding with capacity coming online over November - ongoing sustainable provision required. Rehab capacity is a bottleneck.

NGH Board
Finance Performance

Month 7 (October 2022)
FY 2022/23

Northampton General Hospital
NHS Trust

1

The Trust financial position in Month 7 is a deficit of £7.5m, which is £4.9m worse than plan. The primary driver of this position is under-delivery of efficiencies, particularly agency reduction. We are actively working with Divisions to increase scale and pace of change on agency reduction and general efficiencies delivery, recognising the operational difficulties and vacancies in 'hard to recruit' specialties (see slide 7 for more detail).

The 'in-month' financial position for Month 7 reports a deficit of £1.5m, against a plan of £0.7m surplus, a variance of -£2.2m. The monthly deficit is £0.5m above trend due to expected increase in non-pay, with the growth in variance due to increased savings targets in H2 (iCAN).

KEY VARIANCES - MONTH 7:

Income - £0.3m favourable variance in-month.
- £0.2m favourable due to Training & Education income relating to Q2.
- £0.1m relating to funding for costs of RPA.

Pay - £1.4m adverse variance in-month.
- £0.9m adverse due to under-delivery on CIPs assigned to Pay, and continuing agency use. Unable to reduce temporary staffing expenditure, due to flow, sickness and vacancies in hard to recruit areas.
- £0.5m due to undelivered iCAN efficiencies phased into H2

Non-Pay - £1.1m adverse variance in-month. The main variances in-month are driven by:
- £0.3m adverse due to energy increases. Partly relating to September actuals being higher than accrued for in Month 6, and seasonal increases.
- £0.2m in clinical engineering and estates, following a period of low expenditure and expected increases due to need and inflation.
- £0.3m relating to funded expenditure in Training & Education, and RPA, offset by income as stated above.

Cash - The cash balance at the end of October is £23.9m.

Capital - Spend at Month 7 is £2.5m with commitments of £4.0m (total £6.5m), c.25% of the annual plan. The YTD plan is £6.6m resulting in shortfall of £4.1m (excluding commitments) of which £3.1m relates to the Decarbonisation scheme (PSDS) which is currently subject to procurement dependencies.

Northampton General Hospital
NHS Trust

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2022/23 M7 I&E Summary

Description	NGH Year To Date			NGH In Month		
	Plan £m's	Actual £m's	Variance £m's	M7 Plan £m's	M7 Actual £m's	Variance £m's
Total Income	260.3	261.5	1.2	37.8	38.1	0.3
Total Pay	(180.7)	(187.5)	(6.8)	(25.8)	(27.2)	(1.4)
Total Non Pay	(80.1)	(79.4)	0.7	(11.0)	(12.1)	(1.1)
Operating (Deficit)	**(0.6)**	**(5.5)**	**(4.9)**	**1.0**	**(1.2)**	**(2.2)**
Capital Charges	(3.6)	(3.6)	(0.0)	(0.5)	(0.5)	0.0
Trust Surplus / (Deficit)	**(4.2)**	**(9.1)**	**(4.9)**	**0.5**	**(1.7)**	**(2.2)**
System Support Funding	1.5	1.5	0.0	0.2	0.2	0.0
I&E Surplus / (Deficit)	**(2.6)**	**(7.5)**	**(4.9)**	**0.7**	**(1.5)**	**(2.2)**

In Month 7 the Trust financial performance is a deficit of £7.5m, which is £4.9m 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 £1.2m Favourable to plan**
  - Elective recovery fund (ERF) income is included in the YTD position at 100%, as per NHSEI guidance.
  - £0.7m of non-recurrent VAT review is a benefit from old year, £0.4m income from local authority to reimburse iCAN costs and training income above plan all contribute to the positive variance.
- **Pay £6.8m over plan**
  - £2.0m under-delivery against the efficiency target to date is the key driver.
  - £1.7m of Agency expenditure addressing flow issues.
  - In total the workforce is broadly on plan with pre-CIP 5,900wte budget, confirming the total pay overspend is due to the two factors of lack of efficiency and increased use of premium paid staff, due to sickness and vacancies.
- **Non-Pay £0.7m favourable to plan**
  - Predominantly, £2.5m underspent in clinical consumables, due to activity not reaching the 104% level set in the plan.
  - This is offset by professional fees, training and recruitment costs; some of this income backed for projects e.g. Electronic Document Management Service.

Northampton General Hospital
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Agency Pay Expenditure

NGH Agency Staff Expenditure

Monthly Agency spend of £2.37m in October, is most significantly down on last month senior medical agency (September did include a £0.16m to date catch up).

Overall there is general growth over the year in junior medical and unqualified nursing categories, both of which are more than double the target level of expenditure in 22/23.

Medical Senior Agency Expenditure

Medical Junior Agency Expenditure

Admin Manager Ancillary Agency Expenditure

Other Clinical Agency Expenditure

Qualified Nursing Agency Expenditure

Unqualified Nursing Agency Expenditure

NHS
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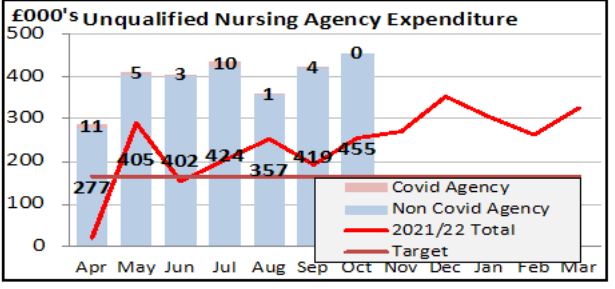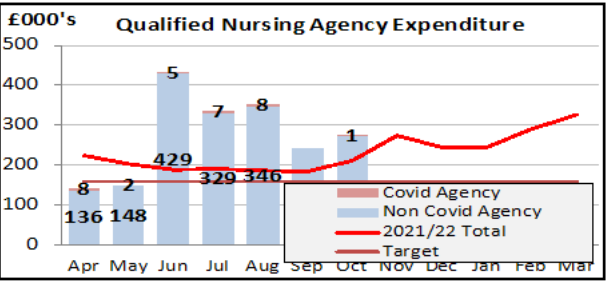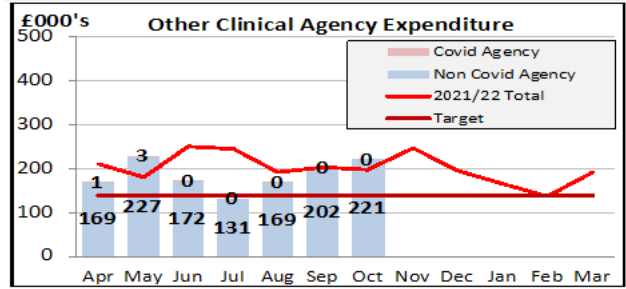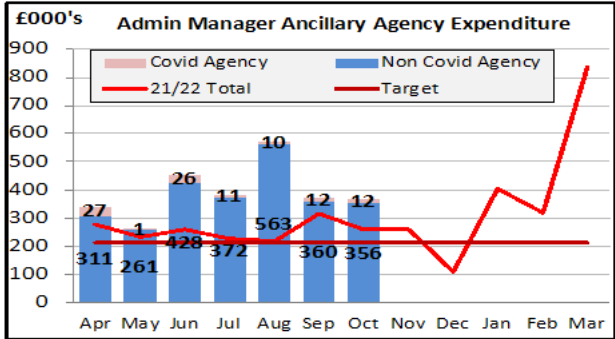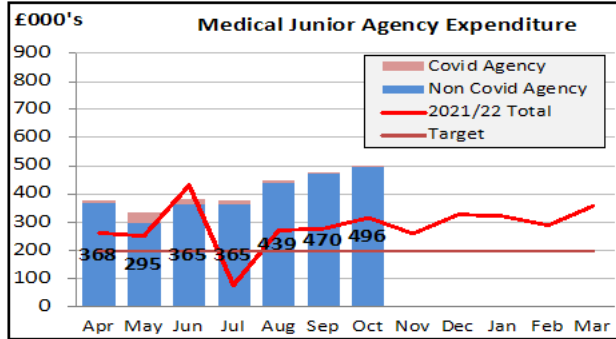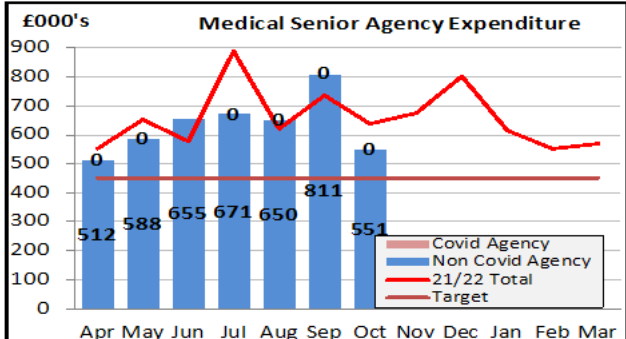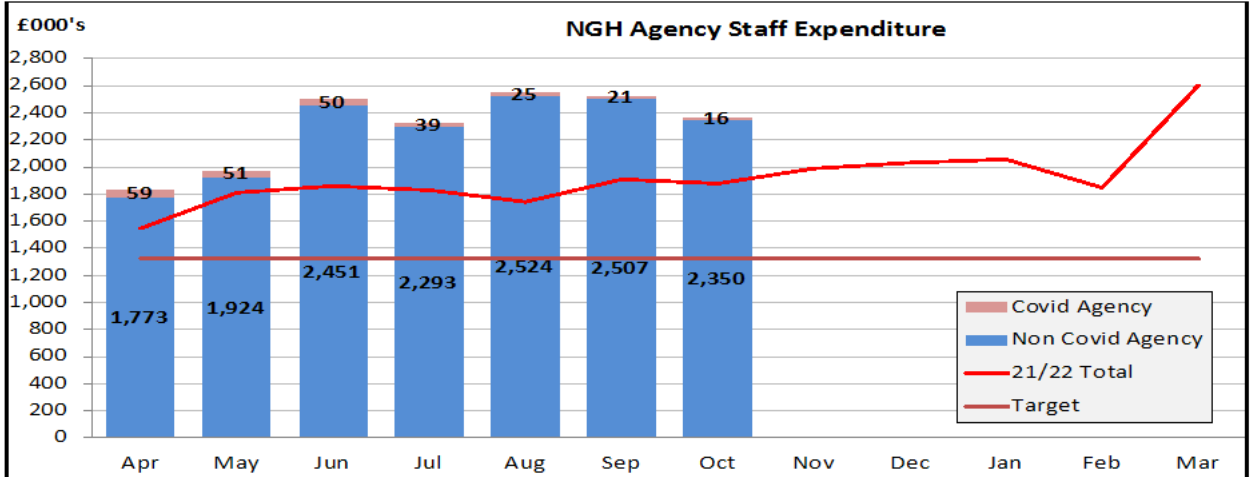
Statement of Financial Performance

SOFP

The key movements from the opening balance are:

Non Current Assets
- Movement in Opening Net Book Value - £1.0m, this has been adjusted due to the increase in the Springfield lease cost and the associated Right of Use (ROU) asset.
- M7 Capital additions of £0.7m, consisting of Estates spend of £0.5m, MESC spend of £0.1m which includes 6 dialysis machines and Digital spend of £0.1m.
- Depreciation in M7 is as plan.

Current assets
- Inventories - £0m. Minimal increase in Pharmacy and Supplies Trading offset by decrease in Pathology and Pacing stocks.
- Trade and Other Receivables – £0.4m due to: Decreases in NHS Receivables (£0.0m), NHS Income Accruals (£0.5m), VAT reclaim (£0.1m) and Compensation Recovery Unit Income (£0.1m). Increase in Prepayments (£0.4m).
- Salary overpayments have increased in month with an overall balance of £0.3m. Year to date overpayments are £0.18m which is less than the same period last year (£0.27m). The number of occurrences is also less (101 compared to 121).
- Cash – Increase of £1.1m

Current Liabilities
- Trade and Other Payables - £1.9m due to: Increases in Trade Payables (£0.6m), Capital Creditors (£0.2m), PDC Dividend (£0.5m), Accruals (£0.6m), Receipts in Advance (£2.8m). Decreases in NHS Payables (0.5m), and Tax, NI and Pension Creditor (£2.4m).

Non Current Liabilities
- Finance Lease Payable - £0.9m. Nye Bevan and Car Park lease repayment (£0.1m). ROU assets – Opening Balance Adjustment - Springfield (£1.0m). In month movement (£0.1m).
- Loans over 1 year - £0.1m – Salix Loan repayment (£0.1m)

Financed By
- I & E Account - £1.5m deficit in month

TRUST SUMMARY BALANCE SHEET MONTH 7 2022/23

	Balance at 31-Mar-22 £m	Opening Balance £m	Closing Balance £m	Movement £m	Closing Balance £m	Movement £m
		Current Month			**Forecast end of year**	
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	208.5	217.3	218.3	1.0	218.3	9.8
IN YEAR REVALUATIONS	0.0	0.0	0.0	0.0	0.0	0.0
IN YEAR MOVEMENTS	0.0	2.0	2.7	0.7	26.8	26.8
LESS DEPRECIATION	0.0	(8.0)	(9.4)	(1.3)	(16.0)	(16.0)
NET BOOK VALUE	208.5	211.2	211.6	0.4	229.1	20.6
CURRENT ASSETS						
INVENTORIES	6.7	7.3	7.3	0.0	6.7	0.0
TRADE & OTHER RECEIVABLES	17.7	17.6	17.2	(0.4)	15.6	(2.1)
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	22.8	23.9	1.1	9.5	(0.6)
TOTAL CURRENT ASSETS	35.4	48.7	49.4	0.7	32.8	(2.6)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	30.1	45.1	47.0	1.9	31.2	1.1
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	2.2	(0.0)	1.2	(1.1)
TOTAL CURRENT LIABILITIES	33.9	48.9	50.8	1.8	34.0	0.0
NET CURRENT ASSETS / (LIABILITIES)	1.5	(0.2)	(1.4)	(1.2)	(1.2)	(2.7)
TOTAL ASSETS LESS CURRENT LIABILITIES	210.0	211.0	210.3	(0.8)	227.9	17.9
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	7.1	14.3	15.2	0.9	14.0	6.9
LOANS over 1 year	0.7	0.6	0.5	(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	16.8	17.5	0.8	16.3	6.7
TOTAL ASSETS EMPLOYED	200.4	194.3	192.7	(1.5)	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)	(122.0)	(123.5)	(1.5)	(107.3)	8.6
FINANCING TOTAL	200.4	194.3	192.8	(1.5)	211.6	11.3

Northampton General Hospital NHS Trust

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Cover sheet

Meeting	NGH Public Board
Date	24th November 2022
Agenda item	6
Title	People Plan Update including Culture and Leadership programme
Presenter	Paula Kirkpatrick, CPO
Author	Paula Kirkpatrick

This paper is for

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

Group priority

☐Patient	☐Quality	☐Systems & Partnerships	☐Sustainability	☑ 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 report provides an update on progress against the People Plan and sets out the focus for the next 18 months to March 2024.	Group People Plan approved March 2021. First progress update September 2021. The Board received the most recent progress update in March 2022.

Executive Summary

The Group People Plan set out seven pledges that would deliver our ambition to be an inclusive place to work where people are empowered to make a difference. This report updates the Board on the progress against our plans so far and our focus for the next period to March 2024.

Appendices

People Plan update November 2022
Update on Culture and Leadership programme

Risk and assurance

UHN01 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

The costs for the delivery of the People Plan were accounted for in the budgets of both Trusts.

Legal implications/regulatory requirements

None

Equality Impact Assessment

Delivery of our People Plan will support the delivery of an inclusive place to work and will promote equality of opportunity.

Paper

Situation

The People Plan was adopted in KGH and NGH Public Boards in March 2021. The plan set out several pledges with deliverables for year 1 and longer-term deliverables to be in place by the end of year 3. The People Plan is now 18 months old and a mid-plan review took place at the People Committee Strategy session in October 2022 with a subsequent refresh of the Delivery Plan.

Background

The context within which our hospitals are operating continues to be challenging. Since the last update report in March 2022 we have experienced another wave of covid with associated high staff absence and the ongoing impacts on staff wellbeing of workload pressures associated with the backlog and increased demand on emergency services, as well as the ongoing impact of covid on wellbeing. Staff in all parts of the health and care system, including around a 1/3 of colleagues in our hospitals had said in the staff survey last year they were burnt out and there was no let up over the summer.

Our role in the wider health care system continues to evolve with advent of the new System HR Executive group that will support greater strategic oversight of the workforce agenda at system level and the start of work on changing models of employment with the new elective collaborative and diagnostic hub.

The external context has changed too with a tighter labour market making recruitment ever more challenging, particularly for non-registered roles; increased pressure on public finances and a challenging industrial relations environment as unions ballot members for industrial action over winter.

The pressures on staff and services, the need to explore new ways of delivering care, along with some of the challenges in the external environment have significantly changed the landscape since our People Plan was written.

Assessment

Progress has been made against all the Pledges in the People Plan since the last review in March 2022. Details are in Appendix 1 People Plan Update November 2022, but attention is drawn to the following highlights:

- Significant support offered to colleagues in response to the cost-of-living crisis, including the introduction of Wagestream, Financial wellbeing days and the hardship payment paid to lower paid employees this month.
- Development of the UHN Health Care Support Worker (HCSW) recruitment event enabling HCSW to be recruited at scale
- Management training programme pilot to support new and emerging managers and a forerunner to our new UHN Management and Leadership programme

- Reduction in the numbers of formal employee relations cases and significant improvement in WRES 3 score at both Trusts
- Significant work undertaken in the scoping phase of the UHN Culture and Leadership programme
- Significant improvements in the diversity of our volunteers and an increase in the number of volunteers at KGH which had significantly less volunteers than NGH prior to initiating Group leadership of the volunteer function.

In addition to the above, we have a new Chief People Officer in post following Mark Smith's resignation and relocation, have appointed to our Heads of Service and created additional capacity within our staff side structure to support the delivery of UHN policies to facilitate collaboration.

We are now mid-way through the 3-year People Plan and with the support of the People Committee we have reviewed our deliverables for the next 18 months of the Plan. Our priorities are shown in the appendix, but the focus between now and our next review in March 2023 will be on progressing:

- Culture and leadership – progressing through the scoping and starting the discovery phase of this significant programme of work (Appendix 2).
- Management and leadership development – delivering learning and education to our leaders to improve the quality of management and leadership skills across our organisations
- Workforce grip and control – ensuring appropriate grip and oversight of agency spend and providing assurance on our controls on temporary staffing spend
- Workforce plans - ensuring our Integrated Business Plan incorporates a credible and sustainable workforce plan supported by attraction, resourcing and retention strategies that will ensure workforce supply
- Developing an anti-racism strategy to strengthen inclusion within our organisations and to directly address bullying and harassment
- Supporting clinical collaboration – ensuring we optimise every opportunity to improve the experience for those leading within collaborated services to make leading and managing their people as simple and as effective as it can be given the limitations of legislative and regulatory requirements
- Continuing to support the health and wellbeing of our staff with a focus on financial wellbeing and equity of access to services across UHN
- Delivery of a new UHN appraisal

During this time we will also move to the next stages of collaboration of the People team providing certainty to our teams on the future structure of the service and the timescales for change.

Recommendation(s)

Board are asked to note the progress against the plan since its commencement in March 2021 and to note the new People Delivery Plan for November 22 – March 2024.

People Plan update report

People Committee 21st November 2022

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

Content

- UHN priorities and the People Plan

- Achievements since March 2021

- Current context – the key drivers impacting performance and priorities

- Pledge priorities to March 2024
    - Health and wellbeing
    - People Planning
    - People Development
    - People Partnering
    - OD and Inclusion
    - People Process
    - Volunteering

- People Transformation

- People Delivery Plan

Dedicated to Excellence

As a hospital group, we are dedicated to becoming truly excellent in everything we do. Our vision, mission and values reflect the things that our patients, staff and healthcare partners say are the most important to them.

Dedicated to excellence

OUR VISION
Dedicated to excellence in patient care and staff experience, and to becoming a leader in clinical excellence, inclusivity and collaborative healthcare.

OUR MISSION
Provide safe, compassionate and clinically excellent patient care by being an outstanding employer for our people, by creating opportunity and supporting innovation, and by working in partnership to improve local health and care services.

OUR EXCELLENCE VALUES

Our core values are at the heart of everything we do and were developed by staff with involvement from patient representatives.

Compassion
We care about our patients and each other. We consistently show kindness and empathy and take the time to imagine ourselves in other people's shoes.

Accountability
We take responsibility for our decisions, our actions and our behaviours. We do what we say we will do, when we say we will do it. We acknowledge our mistakes and we learn from them.

Respect
We value each other, embrace diversity and make sure everyone feels included. We take the time to listen to, appreciate and understand the thoughts, beliefs and feelings of others.

Integrity
We are consistently open, honest and trustworthy. We can be relied upon, we stand by our values and we always strive to do the right thing.

Courage
We dare to take on difficult challenges and try out new things. We find the strength to speak up when it matters and we see potential failure as an opportunity to learn and improve.

Our vision, mission, priorities and core strategies

Our People Plan 2021 – 2024

NHS
University Hospitals of
Northamptonshire
NHS Group
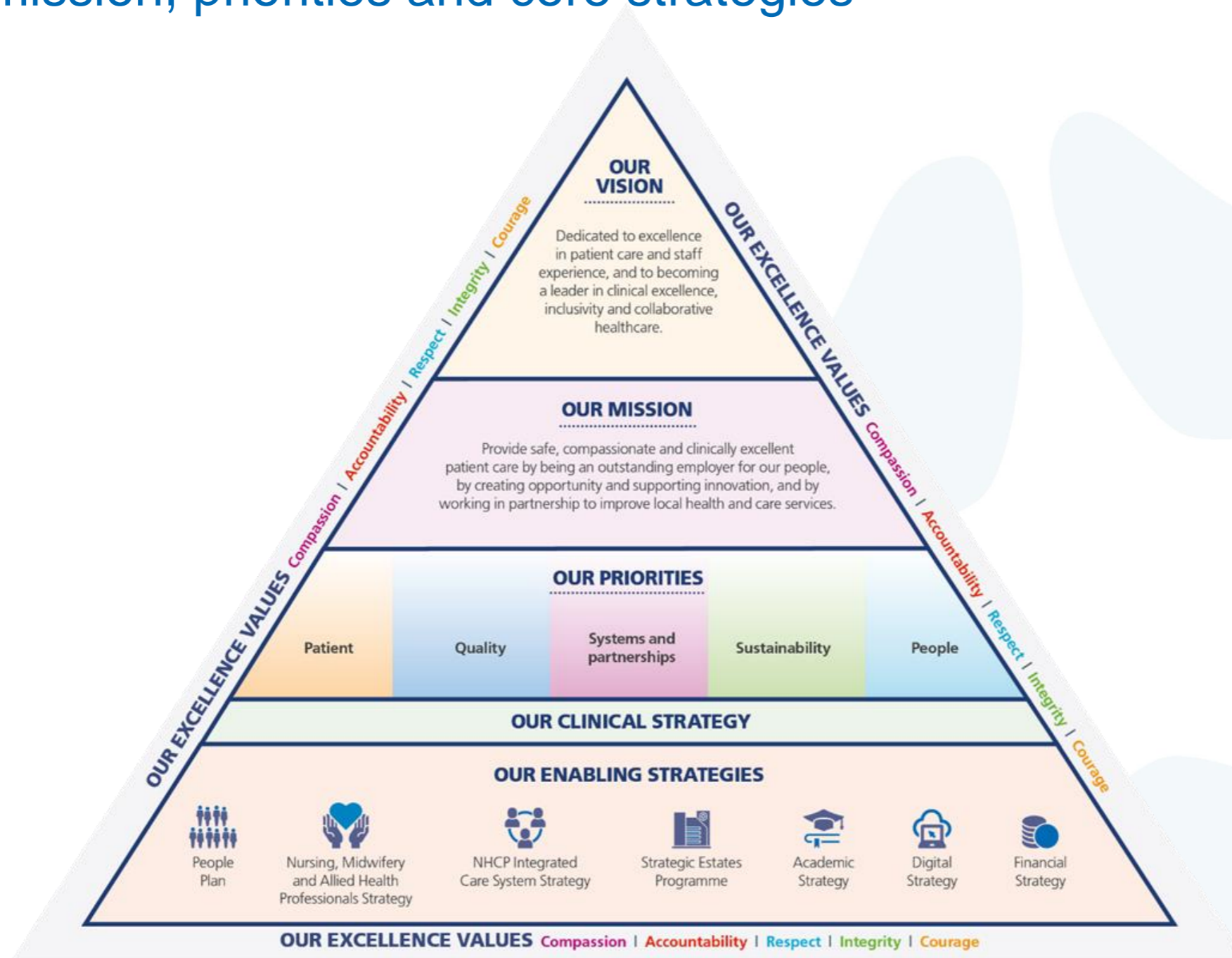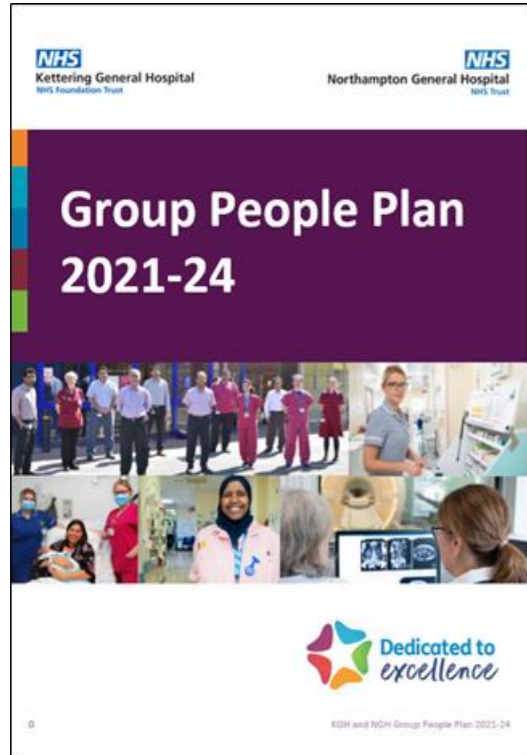
Our group strategic people priority
An inclusive place to work where people are empowered to make a difference

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

➢ Our **Group People Plan** was approved at our Boards at the end of March 2021. The plan consists of seven People Pledges and areas of focus for us across the Group

➢ The plan outlined the **deliverables** for 2021/22 and for the next 2 years beyond this up to 2024. Work has commenced in a number of these areas; however, it is acknowledged that there are some practical process areas which require focus to facilitate collaboration further.

➢ One of the key measures for the plan is centred on our **Group People pulse survey** which was completed for September 2021, January, April and July 2022 and provides us with very useful feedback on colleagues' experience of working at UHN.

➢ In order to support the full implementation of the plan we have also begun the process of aligning the Trust People teams with the **appointment of our Heads of Service.**

Our People Plan Pledges

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

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

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

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

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

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

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

Dedicated to excellence

Our People Plan Pledge Achievements since March 2021

NHS
University Hospitals of
Northamptonshire

Health and Wellbeing

1. Integrated Single Point of Access system for staff support @ NGH
2. UHN HWB governance system - recording referrals, risk & data.
3. Development of UHN staff suicide risk register, assessment & protocol & training programme.
4. Delivery of UHN covid and flu vaccination programme.
5. Comprehensive financial wellbeing toolkit and training.
6. Salary access support with UHN launch of Wagestream.

People Planning

1. Development of HCSW Assessment Centre and UHN HCSW recruitment events
2. System wide overseas nurse recruitment & award nominated pastoral support programme
3. AHP Lead appointed to develop apprenticeship pathway for hard to recruit AHP roles.
4. Estates open days in conjunction with Princes Trust.

People Development

1. Maintained and improving mandatory training compliance, making delivery more accessible and ensuring alignment with Skills for Health benchmarks
2. Increased & broader range of apprenticeships incl.AHP degree
3. Recruited leadership trainers to support the delivery and development of leadership across the workforce
4. Piloted management training programme for new and emerging managers.

People Partnering

1. Established interim structure
2. Regular case review meetings
3. Begun engagement with unions around Just culture
4. Increased engagement with Staff Side colleagues to build trust
5. Numbers of formal Employment Relation cases is starting to improve
6. Improvement in WRES, indicator 3

OD and inclusion

1. Introduction of UHN Inclusive Recruitment Champions and Cultural Ambassadors
2. Improvements in WRES 2 (recruitment) and WRES 3 (disciplinary) metrics
3. Groundwork for the Culture and Leadership programme established
4. Achievement of EDI accreditations (TIDE silver at KGH/NGH, Rainbow Badge Bronze at NGH, Disability Confident at both)

People Processes

1. Staff Bank Out of Hours Service during evenings and weekends
2. New Robotic Process Automation under development
3. Workforce support for county Vaccination Centre, including new MOU to enable system wide workforce supporting Primary Care & oversight of voluntary services.
4. Completion of ESR Establishment hierarchy at KGH.
5. Created single point of access for staff for mandatory training in 'My ESR'

Volunteering

1. Introduction of uniform at KGH to align with NGH
2. Reviewed all voluntary roles across UHN to ensure consistency and equal offering to patients
3. Recruited a dedicated youth coordinator to increase the number of 16-24 across UHN. 35% of volunteers are in this category now
4. Increased active number of volunteers at KGH by 80%
5. Appointed an interim Deputy Head of Volunteering

Governance

1. We have appointed Heads of Service and commenced scoping on next stage of transformation.
2. We have created additional staff side capacity to deliver transformation

Context for delivery during Q1 and Q2 2022/23

The summer of 2022 felt very much like **winter**.

We experienced another **wave of covid** with associated **high staff absence** and the ongoing impacts on staff wellbeing of **workload pressures** associated with the **backlog** and increased demand on emergency services as well as the ongoing impact of covid on wellbeing.

Staff in all parts of the health and care system, including around a 1/3 of colleagues in our hospitals had said in the staff survey last year they were **burnt out** and there was no let up over the summer.

As well as the consequences of 2 years of covid there was also the start of the Ukraine war and the consequential impact on **cost of living**, which has caused huge anxiety for staff, particularly for our lower paid, but critical staff groups such as porters, housekeepers and Health Care Support Workers.

The national **pay rises** for medical and Agenda for Change staff were on average 4% which is lower than inflation.

NGH Uro-Oncology Nurse Specialist Team

KGH Thomas Moore Ward, Medicine Team

Context for delivery during Q3 and Q4 2022/23 – external factors

❯ The ageing population is increasing demand for beds in hospital and patients are staying longer – pressure on services remains high and will remain so unless **new models of care** are delivered that enable people to be supported in the community/at home rather than coming into hospital. We will need to **work with partners** to develop integrated workforce thinking and **new workforce models** that will support these new models of care.

❯ The **labour market has become more competitive than ever** with the lowest national vacancy rate in many years and fierce competition for the non-registered workers in the local labour market. There continue to be national shortages of registered professionals and the creation of ICBs has also increased tightness in senior level recruitment. Daily there are challenges in retaining staff who can secure better paid employment locally. Nationally there are **132,000 vacancies in health care and even more in social care**.

❯ The creation of the ICB and the challenges to public finances leading to a return to a performance management approach from NHSE means we are now working more closely with system partners and being **held to account**, particularly in relation to **workforce growth over recent years and agency reduction targets**.

❯ National concern about **cost of living** has resulted in most national unions balloting members for industrial action and we anticipate a period of **unrest over the winter** as staff seek to apply pressure for national increases to earnings.

Context for delivery during Q3 and Q4 2022/23 – internal factors

➢ The single biggest challenge across UHN today is to address our **culture** following last year's staff survey results. Our strategic people priority is to improve our culture to deliver an **inclusive place to work** where people are **empowered** to make the difference.

➢ Managing the tension between **finance, workforce and activity**. We employ more people than we have ever employed before in our hospitals, costing more money but not being more productive. We are being asked to contain our operating costs and are struggling to recruit to our operational plan.

➢ Continuing to support and enable **clinical collaboration.** This requires the alignment of services, policies and procedures as well as underpinning protocols such as alignment of medical bank rates.

➢ Supporting **staff wellbeing**. We know the financial pressures on families are higher than ever before and as a caring and responsible employer we are seeking to support our staff, particularly those who are most vulnerable. We also continue with our psychological support offer and vaccination programme which now includes both **flu and covid**.

➢ Our doctors are advocating for **higher rates of pay** for additional work in line with national Rate Cards issued (without consultation) by their staff associations.

➢ We continue to support **two hospitals, one UHN** which can be challenging as we are trying to move in an aligned direction whilst accommodating the different needs and priorities of each hospital.

Our priorities for our People Plan Pledges to March 2024

NHS
University Hospitals of
Northamptonshire
NHS Group

Health and Wellbeing

1. Developing an aligned UHN HWB offer to include support for physical, psychological and financial wellbeing
2. Aligning clinical systems and governance

People Planning

1. Delivering a financially sustainable workforce by reducing reliance on agency use
2. Ensuring workforce supply through the use of effective workforce planning, resourcing and retention strategies

People Development

1. Alignment of mandatory training requirements and reporting
2. Delivery of a new UHN appraisal process
3. Delivery of a management and leadership training strategy

People Partnering

1. Aligned policies inclusive of a just and restorative approach
2. Improved staff experience through widening participation approach

OD and Inclusion

1. Improve staff experience through improved culture
2. Staff engagement plan
3. Co-produce OD and EDI delivery plan, working with stakeholders in both Trusts
4. Support for clinical collaboration

People Processes

1. Facilitating collaboration by making it easier for colleagues to work at both Trusts & provide managers with efficient processes to manage their team
2. Development of enhanced reporting dashboards
3. Implement new HR technology

Volunteering

1. Ensure consistent approach to volunteers in clinical roles across UHN & continue to promote volunteers within the hospitals enhancing patient experience
2. Improve diversity of volunteers
3. Enhance route to careers

Governance

1. Centralisation of Group HR risk register
2. Delivery of People restructure to meet the needs of the UHN and Hospital services
3. Monitoring and reporting of delivery of strategic people priorities

Pledge Priorities – Health and Wellbeing

NHS
University Hospitals of
Northamptonshire

Our Ambition

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

Our priorities
1. Developing an aligned UHN HWB offer to include support for physical, psychological and emotional wellbeing
2. Aligning clinical systems and governance

Headline Key Performance Indicators
1. Sickness absence
2. People Pulse "How are you doing right now?"

Priority	Strategic Outcomes	Deliverables
Development an aligned **HWB offer**	1. Staff have signposting information & access to financial support and can access emergency practical financial support in cases of extreme hardship 2. KGH has a pilot psychology offer of 1:1 sessions and clinical supervision for Open Office practitioners 3. Core OH services delivered enabling staff to maintain good attendance. 4. High quality health and wellbeing spaces are available at both Trusts 5. Leaders support staff wellbeing enabling them to remain well and in work through life events	1. Development of financial wellbeing offer including UHN food bank referral system, financial wellbeing roadshows and UHN hardship fund 2. Work with Stronger Together to support psychology delivery at KGH and agree governance for KGH clinical systems 3. Ensure continued delivery of core OH functions e.g. the Flu/COVID vaccination programme & align EAP contract. 4. Support development of HWB spaces at KGH / NGH 5. HWB conversation model, support and guidance in place
Aligning **clinical systems and governance**	1. Aligned HWB psychological services clinical governance systems, e.g. clinical note keeping, suicide risk assessment processes across the Group. 2. Aligned vaccination IG reporting processes across the Group.	1. Create a single HWB clinical systems sharepoint system for clinical note keeping, risk and clinical triage assessments. 2. Ensure standard operating procedure for data extraction, reporting internally and externally to ImmForm via IT IG.

Pledge Priorities – People Planning

Our Ambition

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

- **Our priorities**
- Delivering a financially sustainable workforce by reducing reliance on agency use
- Ensuring workforce supply through the use of effective workforce planning, resourcing and retention strategies

Headline Key Performance Indicators
- Vacancy rate
- Turnover rate
- Agency spend

Priority	Strategic Outcomes	Deliverables
Delivering a **financially sustainable workforce** by reducing reliance on agency use	1. Reduce agency costs and improve continuity of care for patients.	1. Establish consistent approach to agency control across UHN through Agency Transformation Programme 2. Identify appropriate exit strategies for existing agency use 3. Launch collaborative bank to reduce agency reliance
Ensuring **workforce supply** through the use of effective Workforce planning, resourcing and retention strategies	1. Facilitate timely and proactive phased recruitment to maximise workforce capacity and reduce reliance on temporary staffing 2. To minimise vacancies in the short to medium term for identified hard to recruit staff groups (Maternity and AHPs) 3. Targeted retention plans in place to address areas of high turnover 4. We work with system partners to identify and resource new models of delivering care	1. Improve recruitment reporting to assess and understand delays in Time To Hire (TTH) 2. Develop vacancy forecasting tools factoring in turnover and age profiles – so recruitment can be strategically planned 3. Introduce QI methodology to recruitment process 4. Continue to explore opportunities and funding for international recruitment, particularly to hard to fill roles 5. Appoint to Maternity Retention vacancy (funded by NHSE)

Pledge Priorities – People Development

NHS
University Hospitals of
Northamptonshire

Our Ambition

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

Our Priorities
- Mandatory Training alignment and compliance
- Appraisal quality and compliance
- Leadership Development and Interventions

- **Headline Key Performance Indicators**
- Statutory and mandatory training compliance
- Appraisal completion rates

Priority	Strategic Outcomes	Deliverables
Develop aligned UHN **mandatory and statutory training** (including induction) that is Skills for Health benchmarked to meet regulatory expectations acceptable to both Hospital Boards	Improved position in mandatory training compliance supporting the safety of both staff and patient care, offering assurance to our regulators and inspectors	1. April 2023 reporting will be against an aligned matrix, for direct comparison/consistency with RAG rated Green overall compliance. 2. Mandatory training compliance will be linked to other quality and improvement matrix across the group
Develop an **appraisal** that ensures quality conversations between line manager & team member with objectives, support & development.	A UHN appraisal policy and process linked to the Excellence pathway	1. Review and scoping of current appraisal approaches (group or individual) 2. Stakeholder meetings to refine plans (mid November) 3. Final outline of preferred option (December) 4. Implementation April 2023
To develop a **values-based leadership** culture that supports compassionate, inclusive & improvement-focused leadership that inspires others & supports succession planning of a diverse and representative pool of leaders	A leadership training and development strategy, with a prospectus of offer supporting leadership development across all levels and embedding a compassionate leadership ethos	1. Development of UHN leadership competency framework 2. Development of UHN management task framework. Leadership strategy that offers clear vision, shared commitment with clarity to roles and responsibilities 3. Full mplementation April 2023

Pledge Priorities – People Partnering

Our Ambition

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

Our priorities
- Review & amend policies inclusive of a just and restorative approach, ensuring consistency across the group
- Improved staff experience by widening participation approach

Headline Key Performance Indicators
- Number of aligned UHN policies
- Number of formal cases
- Staff recommending organisation as a place to work. (People Pulse and National Staff Survey)

Priority	Strategic Outcomes	Deliverables
Review and **align policies** inclusive of a just and restorative approach, ensuring consistency across the group	1. Prioritised joint policies developed, consulted on and ratified 2. Reduction in formal employment relations cases, within people pack 3. Inclusive, fair and transparent approach to dealing with Employment relations cases	1. Prioritised plan with timeline of policies to be aligned supported by relevant procedural guidance 2. Engagement plan developed including plan for training materials 3. HR and Unions agreement on Just and Learning Culture in HR Practice approach, including workshops and training. 4. Develop lessons learned forum/case studies on formal ER cases
Improved staff experience by widening participation approach	1. Colleagues are engaged and staff survey scores improve as a consequence 2. Policies and processes that support employees and will improve engagement and staff experience are fully adopted across all divisions and directorates 3. Culture of improvement 4. Colleagues are able to raise concerns in a range of ways	1. HR BPs support an open and listening culture by adopting Let's Talk/Connect methodology locally 2. HR BPs are visible and present in their divisional/ departmental teams supporting and facilitating an open, just and fair culture 3. HR BPs work closely with Dedicated to Excellence ambassadors, EDI networks, staff side colleagues to facilitate improvements in staff experience 4. HR BPs support the local delivery of strategies for the improvement of staff experience e.g. new appraisal, OD engagement plan

Pledge Priorities – OD and Equality, Diversity and Inclusion

NHS
University Hospitals of
Northamptonshire
NHS Group

Our Ambition

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

Our priorities
- Improved staff experience through improved culture
- Develop a clear staff engagement plan
- Review our EDI plans to support improvements in staff experience and awareness
- Support clinical collaboration

Headline Key Performance Indicators
- Annual WRES and WDES scores (including disparity ratios)
- Staff engagement score (People Pulse and National Staff Survey)

Priority	Strategic Outcomes	Deliverables
Improved staff experience through an **improved culture**	1. Happier, more engaged staff delivering improved patient care	1. Recruitment of 50 Excellence Ambassadors 2. Delivery of 'discovery' phase of the C&L programme
Develop a clear staff **engagement plan**, supporting managers and teams	1. Maintain or improve participation in Staff Survey 2. Improved and consistent experiences of organisational change 3. Improved innovation	1. Pulse and staff survey feedback embedded in Trusts 2. OD delivery plan and processes, including clear pathway of support for teams/managers 3. Engagement toolkit 4. Upskilling managers and HR colleagues
Support and develop the work of our staff networks and review our **EDI strategy and actions** to support improvements in experience and provide greater awareness within the Group	1. Robust and thriving staff networks, supported by Executive/NED sponsors 2. Culture of inclusion and belonging, with reductions in discrimination reported	1. Anti racism policy and plans in place 2. Audit of staff network structures and support to ensure equity and consistency across UHN 3. Annual delivery plans co-produced with each network and their Executive/NED sponsor 4. UHN EDI steering group
Establish framework for **OD support to Clinical Collaboration**	1. Involvement and co-production principles for change management in clinical collaboration services 2. Improved awareness of benefits of 'Group' working	1. Produce SOP for OD support of clinical collaboration, with OD engagement early in process 2. Establish package of support for clinical collaboration 3. Deliver OD interventions in line with agreed SOP

Pledge Priorities – People Processes

NHS
University Hospitals of
Northamptonshire

Our Ambition

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

Our priorities
- Facilitating collaboration by making it easier for colleagues to work at both Trusts and to provide managers with efficient processes to manager their team
- Development of enhanced reporting dashboards
- Implementation of new HR technology, including ER tracking & UHN workforce deployment systems

Headline Key Performance Indicators
- Number of staff booking shifts on the collaborated bank
- Number of MOU implemented
- Proportion of staff with DBS clearance

Priority	Strategic Outcomes	Deliverables
Facilitating collaboration by making it easier for colleagues to work at both Trusts and to provide managers with efficient processes to manage their team	1. To enable seamless deployment of workforce across the Group that enables staff appropriate and timely access to patient and workforce systems	1. Completion of Pilot project to test draft SOP for MOU to work across UHN. 2. Roll out MOU SOP across the Group 3. Agree UHN DBS policy and implement 4. Development of HR service satisfaction mechanism
Enhanced **reporting dashboards**	1. Timely management information to inform decisions in respect of workforce in the interests of service provision.	1. Development of web based access to a suite of management information. 2. Development of an automated data feed from HR systems into a web based
Implementation of new **HR Technology** including UHN workforce deployment systems	1. To maximise timeliness and efficiency of HR systems to enhance staff experience and minimise administrative burden.	1. Readiness Assessment with Allocate for the implementation of the collaborative bank and Bank rate alignment. 2. Continue the development of RPA technology for recruitment, workforce information, people development and staff expenses. 3. Continue to explore utilisation of the Digital Passport.

Pledge Priorities – Volunteering

NHS University Hospitals of Northamptonshire

Our Ambition

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

Our priorities
- Ensure consistency of approach to volunteers in all clinical roles across both organisations & continue to promote the use of volunteers within the hospitals enhancing patient experience
- Continue to build on work to increase the diversity of our volunteers.
- Build out career paths to include volunteers

- **Headline Key Performance Indicators**
- Volunteer hours
- Diversity profile of volunteers
- Patient satisfaction

Priority	Outcomes	Deliverables
Ensure consistency of approach to volunteers in all clinical roles across both organisations & continue to **promote the use of volunteers** within the hospitals enhancing patient experience	1. Patient, staff and volunteer experience consistent in both organisations 2. Aligned recruitment process 3. Accessible cross site volunteering	1. Align roles & training (i.e. Academy Ward) 2. Increase level of Clinical roles at KGH 3. Patient experience survey to create 'you said, we did' concept 4. Develop 'on call volunteering' to provide resilience during winter pressures. 5. Review existing governance including recruitment process 6. Introduce annual volunteer satisfaction survey
Continue to build on work to increase the **diversity** of our volunteers	1. Diverse volunteer population that is representative of our communities in all aspects ensuring we are able to offer opportunities to all and support all our patients	1. Embed Better Impact (Volunteer management tool) into KGH to allow easier data access 2. Target harder to reach groups with specific recruitment campaigns 3. Ongoing work with the community to promote volunteer opportunities.
Building our **career paths** to include volunteers,	1. Volunteering becomes a successful route into careers in UHN and the wider health and care economy	1. Formalise the volunteer to career pathway 2. Continue to work with local Job Centre Plus to encourage job seekers to consider a career in the NHS 3. Work closely with departments to allow volunteers to gain experience within their services

People team transformation

- Heads of Service commenced Group roles on 1st September 2022.

- As well as delivering against our seven pledges we need to progress with our **internal reorganisation** to align our teams and processes to deliver services across UHN

- We need to define **new roles**, define **clear governance** routes, **upskill colleagues** and undertake a transformation **change programme** to realise our new UHN People team structures

- Each Head of Service is currently **designing their new structure** whilst continuing to bring their teams together **developing relationships, sharing learning and collaborating** on the delivery of key pieces of work

- The senior team have realigned their governance to have **regular operational governance meetings** which are focused on the delivery of strategic priorities and **regular transformation workshops** where the team are developing closer working relationships and working together to further the change programme to deliver the aligned People team.

- We will agree our transformation timeline by 31st December.

People Plan refresh

- Our Group People Plan was developed in 202021.

- We are operating in a **dynamic environment** where we need to respond to new challenges e.g. cost of living crisis, to ensure we continue to support our workforce and to achieve our group strategic people priority to be an **inclusive place to work where people are empowered to make a difference**

- The pledges in the People Plan remain, but need to be supported by a **delivery plan that is regularly reviewed and updated** to reflect changing demands e.g. new models of care and increased focus on temporary staffing costs.

- This 18 month review forms the basis of a new **People Delivery Plan** which will sit underneath the Group People Plan and will be the dynamic interpretation of the People Plan ensuring we are able to deliver our Group Strategic People Priority by responding to the evolving demands on our workforce.

Cover sheet

Meeting	NGH Public Board
Date	24th November 2022
Agenda item	6.1
Title	Culture and Leadership Programme
Presenter	Paula Kirkpatrick, CPO
Author	Paula Kirkpatrick

This paper is for

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

Group priority

☐Patient	☐Quality	☐Systems & Partnerships	☐Sustainability	☑ 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 update the Board on the progress of the scoping phase of the Culture and Leadership programme prior to the launch of recruitment to the Excellence Ambassador roles.	

Executive Summary

Following the 2021 staff survey results, the Board determined the improvement of staff engagement across UHN was a priority and agreed to follow the NHSE Culture and Leadership programme to create improvements in culture and staff experience across KGH and NGH. Significant work has been undertaken as part of the scoping phase of the programme and the recruitment of the change agent Excellence Ambassadors will commence in December.

Appendices

Dedicated to Excellence – Our Culture and Leadership Programme slide pack

Risk

Failure to improve staff engagement will mean we are unable to achieve our People Plan ambition to be in the top 20% of staff survey results for acute Trusts

Financial Impact

The lead post (referred to in Slide 19) is fully funded within current revenue budgets.

Legal implications/regulatory requirements

N/A

Equality Impact Assessment

The Culture and Leadership programme will address inequity of experience and improve inclusion across our hospitals.

Situation
The staff survey results for KGH and NGH, in line with most acute Trusts, deteriorated in 2021. The Board is committed to improving staff engagement and achieving our People Plan ambition to be in the top 20% of acute Trusts nationally. The Board agreed in an Away Day in April 2022 that if we are to achieve our stated priority to be "An inclusive place to work where people are empowered to make a difference" (UHN People Plan) we must invest in improving the culture across both Trusts.

Background
There is a large body of evidence (the work of the Kings Fund and Michael West) that looking after staff leads to improved patient care. This research has underpinned the development of the NHSE Culture and Leadership programme which is an evidenced-based model that supports the delivery of tailored leadership strategies to deliver compassionate, collective and inclusive leadership thereby enabling organisations to move to their desired culture.

Following a review of this work and a presentation from Tony Spotswood on his experience of leading such a culture change programme at Royal Bournemouth and Christchurch Hospitals, the Board agreed to set out on a Culture and Leadership programme for UHN.

Over the summer, scoping work has taken place to determine the resources required for the programme and to consider how we would operationalise the programme in our two hospitals. This work culminated in a Board Development workshop on 3rd October at which the Board discussed compassionate and inclusive leadership with Michael West and had a further opportunity to discuss Tony's experience. |

Assessment
The appendix to this paper outlines the rationale for instigating the Culture and Leadership programme and our progress so far. Points for Board to note:

1. We agreed we need a simple way to describe to our staff what Dedicated to Excellence means in terms of UHN collective leadership. We have agreed upon: ***We are a compassionate and inclusive team, learning and improving together every day.***
2. The programme will be overseen by a steering group comprising the Chief People Officer, Hospital Chief Executive Officers, Group Director of Transformation and the Head of OD and EDI.
3. A network of 50 Excellence Ambassadors will be recruited to carry out the deep and wide discovery of where our culture is now, where we want to be and to identify the actions we should take to get to our desired future state.
4. There are six priorities for the programme which will include:
   - to define, explain and promote how it will feel to be treated in and to work in our hospitals.
   - to define new leadership strategies (and those things we should stop doing) that will deliver an inclusive culture and
   - to embed our Dedicated to Excellence values.
5. The Excellence Ambassadors will answer three questions in their report to Board: |

- What would it look like for UHN to be thriving in 2028?
- What changes are needed to get there?
- What action should be taken now to begin the journey?

6. The Excellence Ambassadors will use the range of discovery tools included within the NHSE Cultural and Leadership model including consulting with patients and our partners.

7. Branding for the programme has been agreed and engagement in both Trusts will run through November and December to explain the project to all colleagues in preparation for recruitment of our Excellence Ambassadors during January and February.

8. The discovery phase of the project will run from March to May and will coincide with the release of the 2022 staff survey. The Excellence Ambassadors will submit their report on the culture of UHN to the Boards in May/June 2023.

Recommendation(s)

The Board are asked to note the progress of this project.

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

Dedicated to Excellence – Our Culture and Leadership programme

NGH Public Board 24th November 2022

UHN Culture and Leadership Programme

- What is the NHSE Culture and Leadership programme and why are we initiating this work?
- What will be the benefit of the Culture and Leadership programme?
- How does this programme fit with other priorities?
- Our Culture and Leadership programme
    - Strategic aims
    - Priorities
    - Structure and content of the programme
    - Outputs
    - Timescales
    - Governance and consultation
- Questions

NHSE Culture and Leadership model

- **What is it?**
  - The NHSE Culture and Leadership model is based on the work of **Michael West** and others and is a model designed to help an organisation to truly understand its culture using **evidenced-based tools**
  - The model supports the delivery of **tailored leadership strategies** to deliver compassionate, collective and inclusive leadership
  - Thereby enabling organisations to **move to their desired culture**

- **Why are we doing it?**
  - Our **2021 staff surveys** in both hospitals were a call to action for the Group. Results had deteriorated in both hospitals showing low levels of staff engagement with a particular focus on:
    - Team work
    - Leadership and management
    - Respect
    - Reward and recognition
  - **Our ambition** is to see an improvement in feedback from colleagues and to be in the top 20% of acute Trusts in the national NHS staff survey and seeing improvements in our inclusivity measures
  - Beyond being an ambitious statement in a strategy, **why is this important?**

Dedicated to excellence

Why is culture important?

- There is significant evidence that **looking after staff results in better patient care**

- It all began with the **Francis Inquiry……**

    - "…it is the overall culture – "the way we do things in the NHS" – which will define what the NHS means and does…A positive culture as described does not just emerge through the good intentions of those working in the system. It needs to be defined, accepted by those who are to be part of it, and continually reinforced by leadership, training, personal engagement and commitment."

        - **Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)**

- And has continued with **20 years of research** by NHS Improvement, The Kings Fund and the Centre for Creative Leadership and includes much of the work led by Michael West

- The **culture of NHS organisations is crucial to ensuring the delivery of high-quality, safe and effective patient care**. From a People perspective, we see the impact in levels of **bullying and harassment, discrimination, sickness absence and presenteeism, staff turnover, and attraction of new staff.**

- A culture that **values our people as individuals** is the way we will **hold onto our people and recruit the next generation**. It also recognises that **"inclusive cultures depend on inclusive leaders".**

- **Compassionate and inclusive working environments also positively impact staff engagement and Trust performance**; an increase of 0.12 in staff engagement scores within the NHS staff survey correlate with a 0.9% decrease in agency spending, saving £1.7 million for the average trust.

https://www.england.nhs.uk/culture/culture-leadership-programme/

The value chain of leadership and outcomes

- Compassionate leadership → staff satisfaction, engagement
- Staff engagement → patient satisfaction, care quality

- Poor leadership → work overload, high staff stress
- High work pressure → less compassion for patients
- High staff stress→ poorer care quality and finances etc.

  - https://www.nhsemployers.org/-/media/Employers/Publications/Research-report-Staff-experience-and-patient-outcomes.pdf
  - https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/

The ABC of core needs at work

Autonomy
The need to have control over one's work life, and to be able to act consistently with one's values
- Authority, empowerment and influence
- Justice and fairness
- Work conditions and working schedules

Belonging
The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported
- Teamworking
- Culture and leadership

Contribution
The need to experience effectiveness in work and deliver valued outcomes
- Workload
- Management and supervision
- Education, learning and development

https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives
https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

Features of 'Real' High Performing Teams

Dimension	Key questions
Clear team identity	Is everyone clear about the inspiring purpose and about who are the members of the team?
Clear, agreed team goals	Has the team agreed specific, measurable, challenging goals (4 or 5 max) aligned to the purpose?
Team member role clarity and supportive relationships	Are all team members clear about their roles? Are all relationships compassionate and supportive? Absence of chronic conflict?
Inclusion in decision making	Are all team members involved in decisions which affect the team's work?
Effective team communication and decision-making	Are there regular, positive engaging team meetings? Is decision-making within and between teams regularly reviewed and improved?
Constructive debate, valuing diversity and improvement	Does the team review its effectiveness and have constructive, mutually respectful discussions to improve quality? Is diversity in all forms positively valued? Is the team innovating continually? Time and space for reflection?
Effective inter-team working	Are team members committed to improving working relationships with other teams and are these regularly reviewed and improved?

Everyone Leading for Compassionate Teamwork

- Noticing suffering at work and inquiring

- Challenging policies oriented to blame

- **Being curious** - suffering is often masked by missed deadlines, errors or conflicts

- **Cultivating the assumption that others are good, capable and like me**

- Being present and remaining calm and steady in the face of suffering

- **Empathic listening, being present without needing to fix or solve necessarily**

- Addressing corrosive politics, toxic interactions, underperformance via 'fierce compassion'

AWAKENING COMPASSION at WORK

The Quiet Power that Elevates People and Organizations

Monica C. Worline and Jane E. Dutton

Foreword by Raj Sisodia, professor, Babson College and cofounder, Conscious Capitalism, Inc.

Dedicated to excellence
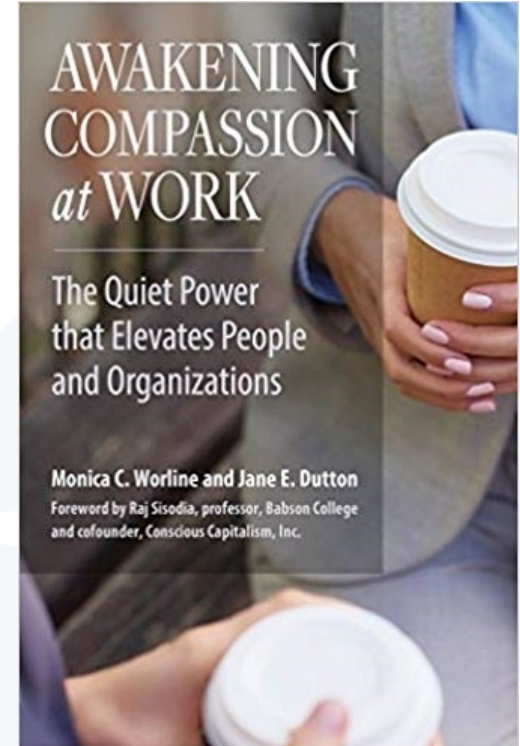
Psychological Safety: Transformed teams & organisations
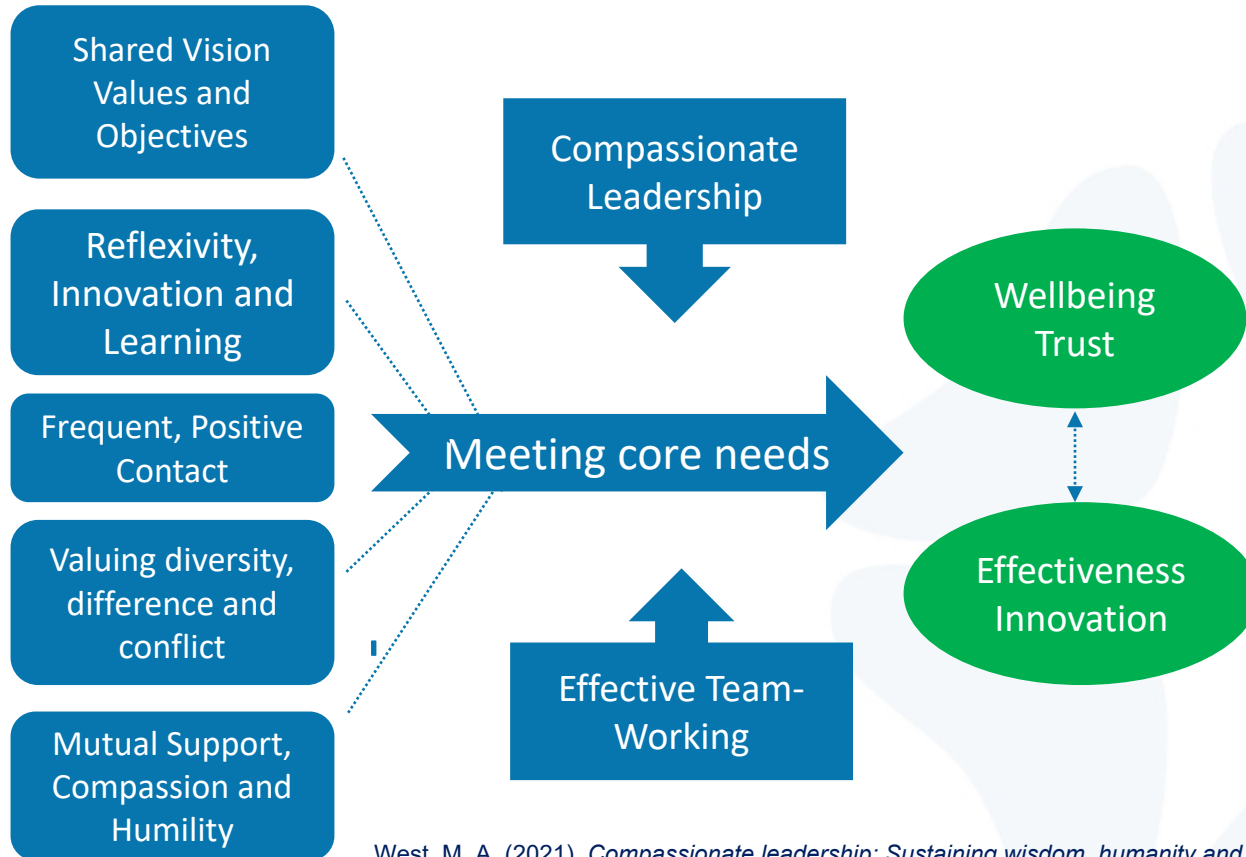
West, M. A. (2021). *Compassionate leadership: Sustaining wisdom, humanity and presence in health and social care.* London: HEIW/Swirling Leaf Press.

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In summary

- There is a huge **body of evidence** that developing compassionate, inclusive and collective leadership leads to improved staff engagement, improved patient care with a bi-product of creating more financially sustainable organisations

- This is why we are setting out on our own Culture and Leadership journey to make sure we really can build "an inclusive place to work where people are empowered to make a difference"

How does this programme fit with other priorities?

- Today we have **multiple pressures** in our Trusts:
  - Managing the backlog
  - High demand and the onset of winter
  - Tired staff
  - Maintaining quality of care
  - Significant financial pressures requiring improved use of resources
- There is pressure on the "here and now" to support patient care and address our financial challenges
- We must **respond to the immediate challenges** we face, whilst also **looking to the future and investing** in a sustainable workforce
- If we do not **invest in our culture** (which is by definition a longer term investment) we will **fail to look after the people we have and improve the day to day experience** for colleagues, we **put at risk the delivery of excellent patient care** and we will be **unable to retain our workforce or attract new talent**.
- Our **collective commitment** to this long term programme is as important as responding to the immediate challenges

Our Culture and Leadership programme

▶ **Dedicated to Excellence and underpinning strategies, including People Plan in place**

▶ **Board agreement** to follow the NHSE Culture and Leadership programme and to appoint **50 Excellence Ambassador change champions**

▶ Inputs from **Professor Michael West and Tony Spotswood** (former CEO Bournemouth and Poole) provided opportunity to understand more about the "why" (from Michael) and the "how" (looking at the model that Bournemouth had adopted)
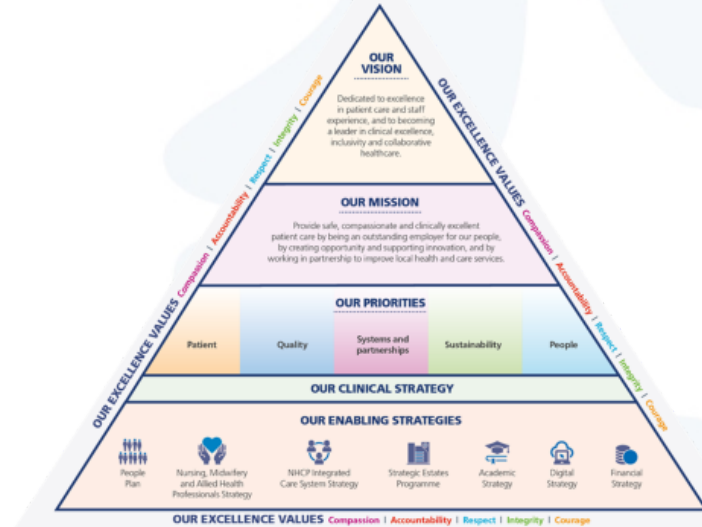
Our UHN People strategic objective

▶ **Our priority is to be:**

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

▶ **Our ambition:** By seeing an improvement in the feedback we receive from our colleagues – leading to being in the top 20% of acute Trusts with the national NHS staff survey and seeing improvements in our inclusivity measures

▶ **What does our ambition mean to us?**

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

What does our strategic priority mean to us:

- We wanted our people to feel supported, anchored, connected
- **Culture and environment where staff lead**
- **Empower and engage** our staff to deliver better patient care
- Focus on what matters to staff
- Shared UHN purpose and goal
- Focus on the team – creation of a "home" team

- **Psychological safety, fearless organisation, inclusive place to work**
- **Compassionate leadership**
- Staff valuing work and feeling valued at work
- Culture **of learning and improvement**
- Co-production
- Build trust and be authentic
- Balance the books

We are a compassionate and inclusive team, learning and improving together every day

Understanding our own culture – priorities for the CLP

❯ The Culture and Leadership programme will:

❯ Develop an understanding of our **current culture** "how we do things round here" and define the **culture we aspire to**

❯ Support the development of **leadership strategies** that will deliver the cultural change identified

❯ Identify **things we should stop doing** that inhibit compassionate and inclusive leadership by all

❯ Define, explain and promote how it will feel to be treated in and to work in our hospitals Group - the **benefit of two hospitals; one UHN**

❯ Illuminate and **embed our Dedicated to Excellence values** – clarify what they mean to our staff, create opportunities to share values-based stories, ensure all leadership strategies are underpinned by our values.

❯ Help us to refine our **leadership behaviours framework**

Improve the day to day experience of our colleagues and create an inclusive place to work where people are empowered to make the difference

Structure and content of our Culture and Leadership Programme

▶ Identified as part of the Group Executive Meeting's 6 priority programmes for 2022-23.

▶ Change champions **"Excellence Ambassadors" to lead the Discovery, Design and Delivery phase**, supported by a **"Culture lead"**

▶ Our **50 Excellence Ambassadors will lead this change "by us all and for us all":**
  ▶ Lead this change from the **ground up**
  ▶ Promote and reinforce this change is **"led by us all and for us all"**
  ▶ Promote the **value and importance of teams** – this work will be done by our people, working in and across teams
  ▶ Provide capacity and support to **lead improvement work** that may be identified through the programme

▶ **Questions for our Excellence Ambassadors** to answer:
  1. What would it look like for UHN to be thriving in 2028?
  2. What changes are needed to get there?
  3. What action should be taken now to begin the journey?

Scoping Phase
Engagement of the people, existing programmes of activity and branding to deliver the CLP

Discovery Phase
Tools to identify the culture of our organisation

Design Phase
Development of compassionate, diverse and inclusive leadership strategies

Delivery Phase
Implementation of collective leadership strategies

excellence **Programme** Ambassadors | **Be** the change
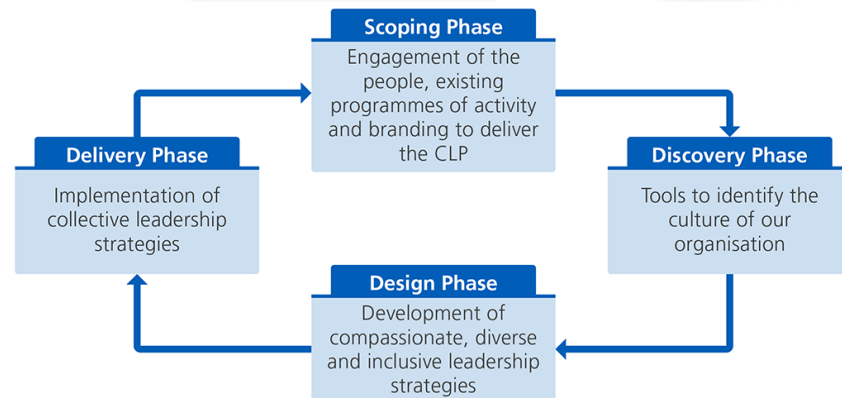
What tools will the Excellence Ambassadors use?

The NHSE Culture and Leadership framework recommends a period of **6 months to carry out deep listening** and identifies a range of tools that should be used.

In addition we will ask them to involve partners

Outputs – a clearly defined compassionate and inclusive culture

- Vision – Compassionate high quality patient care
- Goals – patient, service user, community and colleagues
- Learning – identifying and exploring problems and challenges
- Support – caring for colleagues and caring for patients
- Equity and inclusion – including the voice and experience of all
- Teamwork – engaging the wisdom of all within and between teams

Culture and Leadership Programme

Vision and Values · Goals and Performance · Learning and Innovation · Support and Compassion · Equity and Inclusion · Team Work

https://www.england.nhs.uk/culture/culture-leadership-programme/

excellence Programme Ambassadors | Be the change

Where are we now?

- Our **"Excellence Programme"** includes our focus on:
  - Culture and leadership
  - Quality improvement
  - Leadership and management skills

- Agreed we will release 50 colleagues one day a week across UHN to act as **Excellence Ambassadors**

- **'Dedicated to Excellence and Culture Lead'** (Band 8b) who will oversee the Ambassador network to be recruited

- Established **steering group** to lead programme: CPO, HCEOs, Director of Transformation and QI, Head of OD and Inclusion

Outline timeframe

- **November 2022**
  - Finalise C&L programme details and present to GEM, Divisions and HMT with sign off at November Boards

- **December 2022 – February 2023**
  - Excellence Ambassador engagement and recruitment

- **February – March 2023**
  - Excellence Ambassador launch and training events (programme introduction and ideas, interview techniques)
  - Conduct Board interviews

- **April – May 2023**
  - Main engagement focus, to coincide with the publication of the National Staff Survey results [HMT focus groups, leadership survey/groups, Staff focus groups, leadership workforce analysis, patient experience groups]

- **May - June 2023**
  - Develop and deliver report to Boards
  - Begin process for 'Design' and 'Delivery' phases of the Culture and Leadership programme

Next steps

Governance route

- 4th November Group Executive Meeting
- 17th November NGH Hospital Management Team
- 22nd November KGH Hospital Management Team
- 24th November NGH Board
- 30th November KGH Board

Engagement opportunities (dates to be planned)

- 9th November Divisional away day
- Corporate SLT meetings
  - Digital
  - Estates
  - Finance
  - People services
  - Strategy/Transformation
- KGH Council of Governors

Cover Sheet

Meeting	Public Trust Board
Date	18 November 2022
Agenda item	7.0
Title	Overview Report on the Independent Investigation into East Kent Maternity Services Published 19th October 2022
Presenter	Debra Shanahan – Director of Nursing, Midwifery & Patient Services
Author	Ilene Machiva – Deputy Director of Midwifery

This paper is for

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

Group priority

☐Patient	☐Quality	☐Systems & Partnerships	☐Sustainability	☐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 to note the findings of the independent investigation of the Maternity and Neonatal Services at East Kent Hospitals University NHS Foundation Trust conducted by Dr Bill Kirkup and receive Northampton General Hospital's Maternity Unit Actions and Progress in response to this.	None

Executive Summary

This is an overview report on the Independent Investigation into East Kent Maternity Services by Dr Kirkup. Reading the Signals by Dr Bill Kirkup was published on 19th October 2022, following a review of Maternity and Neonatal services in East Kent commissioned in February 2020. As a result of this, all Trusts were contacted and notified of the requirement to review the report and consider the Trust position. This briefing outlines the key themes and areas of focus and outlines the planned approach of the Trust.

The headline findings of the report are far reaching and extend further than the focus of Maternity services. Of the 65 cases reviewed in which a baby died; the panel found that 45 of these could have resulted in a different outcome, if different care had been given.

The systems delivering this level of care were found not to be able to identify areas of poor performance, offer compassion or kindness, demonstrate a common purpose in their work, or deal with challenge in an appropriate manner

Key themes of the report include:
- Team working
- Professionalism
- Compassion
- The importance of a learning culture
- Hearing the voice of patients

At Northampton, there has been transparency in demonstrating key priorities and welcomes scrutiny and support from ICB, region and national teams. In response the Trust is engaging with the maternity safety support programme (MSSP) team, to ensure that we take advantage of any other opportunities for improvement.

The new Deputy Director of Midwifery has commenced in post and is reviewing the leadership team, current staffing, and operational challenges

With culture featuring strongly in safe maternity care, the Trust has a "Building Tomorrow Together" project. This project aims to provide an engagement strategy to drive retention, implement and embed inclusion and ensure learning and development is robust led by the clinical teams.

A new role of a Patient Experience Midwife is being introduced into maternity services and is currently going through the recruitment process. This role will support maternity services to engage with service users and enable the service user voice in all decisions made about maternity care at Northampton General Hospital.
Next steps

a) Communications on the key themes of the Kirkup Report will be developed for Trust staff, this will take the form of poster presentation and discussion in Unit Meetings cross referencing with Ockendon
b) Recommendations will be added to the overarching Maternity Quality Improvement Programme that is under review

Appendices
Not Applicable
Financial Impact
None identified at present at present
Legal implications/regulatory requirements
None identified at present
Equality Impact Assessment
Not Applicable

Introduction

This report provides an outline of the findings of the independent investigation of the Maternity and Neonatal Services at East Kent Hospitals University NHS Foundation Trust conducted by Dr Bill Kirkup and published on 19th October 2022.

The report describes how those responsible for the provision of maternity services failed to ensure the safety of women and babies, leading to repeated suboptimal care and poor outcomes. The findings of this investigation were supported by information and evidence gathered through family listening sessions, reviews of clinical records and interviews with managers, staff and others and external organisations.

The report highlights a lack of compassion and kindness, impacting heavily on women and families both as part of their care and afterwards, when they sought answers to understand what had gone wrong. It delineates flawed team working among and between midwifery and medical staff, and an organisational response characterised by internal and external denial with many missed opportunities to investigate and correct devastating failings.

Investigation Findings

A. Assessment of Clinical Care Provided
The investigation identified the following clinical outcomes:
- Had care been given to the nationally recognised standards, the outcome could have been different in 97 (48%) of the 202 cases assessed by the Panel, and the outcome could have been different in 45 of the 65 baby deaths, or 69% of these cases.

- In the 25 cases involving injury to babies, 17 involved brain damage (HIE and/or cerebral palsy). Had care been given to nationally recognised standards, the outcome could have been different in 12 of these 17 cases (70.6%).

- In the 32 cases involving maternal injuries or deaths, the Panel's findings are that in 23 (71.9%) had care been given to nationally recognised standards, the outcome could have been different.

- The Panel has not been able to detect any discernible improvement in outcomes or suboptimal care at the Trust, as evidenced by the cases assessed over the period from 2009 to 2020.

B. Experience of Families
The wider experiences of the families identified 6 common themes:

1. Not being listened to or consulted with
   - Not listening to women's concerns or not taking them seriously, resulting in a failure to recognise warning signs or a deteriorating situation
   - Not taking the time to explain to women or their families what was happening or involving them fully in decisions about their care
   - Failing to keep accurate notes about what women themselves were saying and how they were feeling

2. Encountering a lack of kindness and compassion
   - Showing a basic lack of kindness, care and understanding to women and their families
   - Making unkind or insensitive comments to women and their partners
   - Showing an indifference to women's pain
   - Failing to ensure or preserve women's dignity or provide for their basic needs

- Placing women with other mothers and their newborn babies following the loss of their own baby or after a serious event
- Putting pressure on families to consent to a post-mortem examination

3. Women and their families being conscious of unprofessional conduct or poor working relationships compromising their care
   - Making rude, inappropriate or offensive comments to women and their partners
   - Behaviours or comments that undermined colleagues, including public disagreements and raising concerns directly with women about their care
   - Disagreements between individuals in the same or different professional groups about women's care, including giving mixed messages
   - Failing to pass on or act on information, including failing to hand over effectively at shift change or to communicate effectively between services
   - Shifting the blame for a poor outcome onto colleagues

4. Women and their families feeling excluded during and immediately after a serious event
   - Not being told what was happening, or what had happened, when things went wrong
   - Leaving family members waiting and anxious for news

5. Feeling ignored, marginalised or disparaged after a serious event
   - A collective failure to be open and honest or to comply with the duty of candour
   - A collective failure to act on or respond to concerns, including a poor or inadequate response to complaints
   - A tendency for the Trust to fail to take responsibility for errors or to show accountability
   - A failure to provide adequate follow-up support, including appropriate counselling

6. Being forced to live with an incomplete or inaccurate narrative.
   - Blaming women and families, or making them feel to blame for what had happened to their baby
   - Not giving women and their families answers or reasons for why things had gone wrong

C. <u>Experience of Staff - This helped to shape the investigation findings</u>
Staff experiences of working as part of the team at East Kent Hospitals, was shared throughout the report, demonstrating the issues with teamwork referred throughout the findings of the investigation:
- The investigation found that midwifery team displayed factional behavior openly in their duties
- Teams operated within roles that were rigidly demarcated and sometimes in conflict
- The failure of obstetric staff and midwives to trust and, in some cases, respect each other added a further significant threat to patient safety.

The Report identified Four Key Areas for Action where change and improvement is required.

Key Action Area 1: Monitoring safe performance – finding signals among noise
- A reliable nationally standardised mechanism to give early warning of problems before they cause significant harm. This will monitor the safety and performance of its maternity and neonatal services in real time.
- Better outcome measures that are meaningful, reliable, risk adjusted and timely. These measures should allow for a granular analysis of individual unit performance

- Trends and comparators, both for individual units and for national overview.
- Identification of significant signals among random noise, using techniques that account properly for variation while avoiding spurious ranking into "league tables".

Key Action Area 2: Standards of clinical behaviour – technical care is not enough
- Technical competence is not enough there is an equal need for staff to behave professionally and to show empathy. There were frequent instances of a distressing and harmful lack of professionalism and compassion and evidence of staff not showing kindness or compassion and not listening or being honest.
- Staff response had been based on personal and institutional defensiveness on blame shifting and punishment.
- The well-founded views and concerns of women and other family members were dismissed or ignored altogether they were simply not listened to.
- This key action area highlights the need to address the balance between the technical aspects and the human kindness needed to care for people compassionately, effectively and safely.

Key Action Area 3: Flawed team working – pulling in different directions
- A team that does not share a common purpose is not a team. The East Kent maternity services was dysfunctional and described as "toxic", "stressful" working environments.
- There is a need for a better concept of teamwork for maternity services; one that establishes a common purpose across, as well as within, each professional discipline.

Key Action Area 4: Organisational behaviour – looking good while doing badly
- The East Kent Trust prioritised reputation management to the detriment of being open and straightforward with families, with regulators and with others. The problems of organisational behaviour that place reputation management above honesty and openness are both pervasive and extremely damaging to public confidence in health services.
- Reputation management should not be prioritised over openness with families
- Complaints are not 'to be managed' but enable opportunities for learning
- Recommendations from regulators should be acted upon rather than negotiated
- Rapid turnover of leadership should not be a replacement for a sustainable culture

The report also asks questions the wider healthcare environment (e.g., the role of regulators in ensuring Trusts are acting appropriately).

Recommendations from the Report
Recommendation 1
- The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use.

Recommendation 2

- Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning.

- Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance.

Recommendation 3
- Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how team working in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset.

- Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development.

Recommendation 4
- The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies.

- Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards.

- NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership

Recommendation 5
- The Trust to accept the reality of these findings; acknowledge in full the unnecessary harm that has been caused; and embark on a restorative process addressing the problems identified, in partnership with families, publicly and with external input.

Conclusion

The origins of the harm identified and set out in the 'Reading the Signals' report lie in failures of team working, professionalism, compassion and listening. The report further highlights failures after safety incidents, failure in the Trust's response and the actions of the regulators including numerous missed opportunities to rectify the situation that had developed relating to attitudes and behaviour, and dysfunctional team working.

Furthermore it identifies a clear pattern that for the families whose care was reviewed in the investigation, the services often provided clinical care that was suboptimal and led to significant harm, failed to listen to the families involved, and acted in ways which made the experience of families unacceptably and distressingly poor.

Overall, the investigation report importantly highlights that the repeated problems were systemic. This included poor professional behaviour among clinicians, particularly a failure to work as a cohesive team with a common purpose.

Northampton General Hospital Trust Maternity Unit Actions and Progress

The Trust's response will consider the wider context as well as the conclusions relating specifically to maternity and neonatal services. The report did not suggest a long list of recommendations, on the basis that previous reviews adopting that approach has not had the desired outcomes for improvement (or sustainability). Therefore, the focus for the Trust will be to review the Trust's current position against the main observations made by Dr Kirkup. Consideration will also be given to the current Maternity improvement plan and the recommendations from the Ockenden 1 and 2 reports. These will help to inform ongoing actions on the Maternity quality Improvement plan (QIP).

In recognition of the new leadership team and current staffing and operational challenges, the Trust has been transparent in demonstrating their key priorities and welcomes scrutiny and support from ICB, region and national teams. In response the Trust is engaging with the maternity safety support programme (MSSP) team, to ensure that we take advantage of any other opportunities for improvement. We look forward to welcoming the team in the new year.

With culture featuring strongly in safe maternity care, the Trust has a "Building Tomorrow Together" project. This project aims to provide an engagement strategy to drive retention, implement and embed inclusion and ensure learning and development is robust led by the clinical teams.

A new role of a Patient Experience Midwife is being introduced into maternity services and is currently going through the recruitment process. This role will support maternity services to engage with service users and enable the service user voice in all decisions made about maternity care at Northampton General Hospital.

The Report findings will be shared with staff through various forums. The focus will be on supporting staff to have an understanding of the findings of the Report and the recommendations and engaging them in supporting the implementation of next steps at Northampton General Hospital.

The committee is asked to receive this overview report for information.

Next Steps
The following action will be taken after consideration of this report:
  c) Quality Governance Committee will consider the Kirkup Report at its meeting on 18 November 2022
  d) A briefing will then be presented to Trust Board on 24 November 2022
  e) Appropriate oversight will be maintained by the Maternity Committee, Quality Governance Committee, the Director of Nursing, and the Trust's Maternity Safety Champion
  f) Communications on the key themes of the Kirkup Report will be developed for Trust staff, this will take the form of poster presentation and discussion in Unit Meetings
  g) Recommendations will be added to the overarching Maternity QIP

Reference
https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report

Cover sheet

Meeting	Trust Board
Date	24th November 2022
Agenda item	8

Title	Group Board Assurance Framework (BAF)
Presenter	Richard Apps, Director of Integrated Governance
Author	Debbie Spowart, Head of Risk (KGH)

This paper is for

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

Group priority

☑Patient	☑Quality	☑Systems & Partnerships	☑Sustainability	☑People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
To seek assurance that there is clear oversight on the relationship between the Group Board Assurance Framework (BAF) and the Corporate significant risks at both Kettering General and Northampton General Hospitals. To recommend that Trustboard formally agree the risk appetite statement reviewed at Board Development in October 2022.	Previously considered by all committees in November 2022 and Trustboard in July 2022

Report

This report provides oversight of the Group Board Assurance Framework at 7th November 2022 and the relationship between the strategic risks on the Group BAF and the significant risks contained on the Corporate Risk Registers at both Kettering

General and Northampton General Hospitals.

During the development of the Group BAF in early 2022 it was identified that there was a requirement to have clear sight of the corporate operational risks that potentially impact on the BAFs strategic risks. Each BAF risk identifies the corporate risk register links and each of the board committees are provided with a summary detail of those risks along with the current risks score of the significant risk.

In 2023 the deep dive reviews of the BAF risks will also encompass a review of the linked corporate significant risks. The schedule of deep dives has been shared with each of the committees.

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH.

The Board are asked to formally approve the risk appetite which was reviewed at Board Development in October 2022 (Appendix C).

Appendices

Appendix A – UHN Group BAF @ 07/11/22

Appendix B – Alignment of significant corporate risks at both KGH and NGH

Appendix C – Risk Appetite

Risk and assurance

As set out in the report.

Financial Impact

Financial risks are detailed within the BAF

Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

Equality Impact Assessment

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

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

Group Board Assurance Framework
7th November 2022

NHS
University Hospitals of Northamptonshire
NHS Group

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (Sept 2022)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committee	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.	16	16	→	12	Moderate	Addition to existing controls with focus on IGR. Extension to further planned action deadline to align HR structures. Three actions completed and controls and assurances updated to reflect this.
UHN02	Quality	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.	12	12	→	8	Low	No changes made
UHN03	Patient	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	12	12	→	8	Low	Five further planned actions achieved and relevant controls and assurances updated.
UHN04	Systems and Partnership	Quality & Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance & Resources (KGH) Finance & Performance (NGH)	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	16	16	→	12	High	Control 3 re-written to better articulate the mitigation. Three further planned actions achieved and relevant controls and assurances updated.
UHN05	Sustainability	Group Strategic Development Committee Performance, Finance & Resources (KGH) Finance & Performance (NGH)	Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, patient safety incidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious incidents, possible prosecution and associated reputational damage	12	12	→	6	High	No changes made
UHN06	Quality	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	12	12	→	4	Low	Addition to controls to include communication and updates innovation. Actions updated to reflect KGH NED appointment.
UHN07	Sustainability	Group Digital Hospital Committee	Failure to deliver the group Digital Strategy may result in poor performance of systems resulting in a lack of consistency and expected levels of quality of patient and staff experience of digital services across the group	20	20	→	15	High	No changes made
UHN08	Sustainability	Performance Finance & Resources Committee (KGH) Finance and Performance Committee (NGH)	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	16	16	→	12	High	Additional control added in relation to established group transformation committee and group. Extended action completion date relating to Development of Group Financial Strategy

1

Principal Risk No:	UHN01	Risk Title:	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.
		Materialising in [any/several] of the following circumstances:	The Group People Committee will determine circumstances in which it considers the risk to have materialised, having regard to key qualitative and quantitative evidence including: (1) Declines in Staff and People Pulse Survey key indicators in respect of response rates, morale, wellbeing, and advocacy (2) Key metrics relating to sickness absence, turnover, vacancies and statutory and mandatory training/appraisal completions in special cause variation for at least three consecutive reporting periods (3) Key metrics relating to safe staffing (4) Customer experience performance/concerns referred from quality committees (5) Cumulative qualitative and anecdotal evidence identified in the course of business-as-usual activities e.g. Non-Executive site visits/presentations to Committee/regular communication mechanisms. (6) Corporate Risks (below) materialise.

Date Risk Opened:	April 2021	Risk Classification:	Operational / Infrastructure	Risk Owner:	Group Chief People Officer	Scrutinising Committee:	Group People Committee

Corporate Risk Register Links:

NGH CRR:	Linked Corporate risks: NGH2188, NGH 1764, NGH 2936, NGH 2439, NGH 2860, NGH 2720, NGH2892,NGH2857,NGH2135	KGH CRR:	Linked Corporate risks: KCRR01, KCRR051

Initial Risk Score		Current Risk Score			Residual Risk Score		Risk Appetite
16 (Extreme)		16 (Extreme)			12 (High)		Moderate
Consequence	Likelihood	Consequence		Likelihood	Consequence	Likelihood	Group Priority
4	4	4		4	4	3	People

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	People Planning Pledge: We support people plans for our patient services with effective attraction and retention plans that support new roles, new ways of working and career pathways (L/I)	Delivered our International Recruitment programmes to reduce our vacancy position in both Trusts. 287 international nurses (Northampton:103 Kettering:184) – Target 200 (Internal)	HR structures not fully aligned to People Plan across both Trusts.		Align HR structures to people plan	Chief People Officer	31.03.2022
2	People Processes Pledge: Colleagues are able to access systems to enhance their work experience and flexibility	Launched aligned and consistent employment contract for AFC (Internal) Enhanced MyESR now across both Trusts to provide access to on-line payslips and mandatory training (Internal)	No collaborative bank model – requirement to have collaborative bank to support group working		Have a collaborative bank model across both Trusts which could be adapted across our system, with comparable pay rates	Directors of People	
3	People Development Pledge: We support colleagues to build a career providing opportunity for people joining us from any level and background to progress	Provided dedicated OD support for clinical collaborations e.g., Cardiology (internal) Facilitated 28 reset and recovery sessions (Internal)	Mandatory training not aligned across the group		To have a consistent, multi-mode, statutory and mandatory training offer to increase compliance	Directors of People	31.03.2022
4	People Partnering Pledge: We work with one another, reflecting, learning and ensuring feedback is heard and actioned, leading to a reduction in formal employee relations management	Embedded our people pulse results into our performance reporting framework (Internal)					
5	OD and inclusion: We bring our dedicated to excellence values to life, improving the way we work with each other, particularly focusing on empowerment and inclusion	Oversight at Group Executive Meeting, Board Development Sessions, People Committee (Internal)	No group excellence, cultural and leadership programme.		Develop dedicated to excellence, cultural and leadership programme	Directors of People	Commence Dec 2022
6	Health and Wellbeing Pledge: We provide bespoke health and wellbeing spaces and access to health assessment and psychological support for all our people Benefits package of working within both Trusts	Been shortlisted for a HSJ award for our system Health and Wellbeing Festival (External)					

2

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
7	Volunteering Pledge: We have a large volunteer base and aspire to have the largest volunteer base across the NHS with volunteer's representative of the local population providing opportunities for our community	Continued to diversify and grow our active volunteers (546 active volunteers across our group with a further 160 in the recruitment pipeline (Internal)					
8	STRUCTURAL: Group People Committee	Routine group People Committee updates – alignment progress reports (internal) Standing mandatory reporting, regular workforce metrics reports, exception reporting in place (Internal) People Pledge metrics / dashboards reporting to group people committee and to Divisional Performance Reviews People Committee oversight of delivery of the HR restructuring programme.		.			
9	People Pulse Survey	Latest survey carried out April 2022. People Pulse results cascaded through divisional and Trust management and monitored at People Committee Fully embed the People Pulse survey (internal)					
10	People Plan		Long term actions required to focus on IGR	Correct Committee members across group	Review of workplan for next 12 months and review of reporting to move focus to IGR Review of membership of committee	Deputy Chief People Officer Chair of Committee	31.12.2022 31.01.2023

3

	Risk Title:	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.			

Principal Risk No:	UHN02	Materialising in any/several of the following circumstances:	

Date Risk Opened:	June 2022	Risk Classification:	Quality, Operational Infrastructure, Financial	Risk Owner:	Medical Directors and Director of Strategy and Strategic Estate	Scrutinising Committee:	Quality and Safety Committee (KGH) Quality Governance Committee (NGH)

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH 2366, NGH 3022, NGH 2814, NGH1303, NGH2892, NGH2818, NGH2835, NGH707, NGH1769, NGH2999, NGH2571	KGH CRR:	Linked to Corporate Risk KCRR035, KCRR011,KCRR048,KCRR052,KCRR046,KCRR042, KCRR043,KCRR049,KCRR053,KCRR014

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
12 (High)		12 (High)		8 (High)		Low
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
4	3	4	3	4	2	Quality

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	The Clinical Strategy is managed through the Joint Strategic Collaboration Group and Joint Clinical Senate, with individual Trust Clinical Leadership meetings providing a further point of reference and point for resolving tactical issues.	Progress of work shared and reviewed at Trust Clinical Leadership Meetings (Internal) Final Strategy approved at May public Boards (Group) (Internal)		Final strategy not shared with Health & Wellbeing	Final strategy to be approved at Health and Wellbeing Boards in alongside our detailed engagement activity report.	Director of Strategy and Strategic Estate	31.07.2022
2	The Collaboration Programme Committee oversees progress on behalf of both Boards.	Plans and progress presented at Collaboration Programme Committee (Internal)					
3	Detailed plan for subsequent phase of work that will focus on the integration of specific services.	Schedule of service strategy developments (Group) (Internal) Oversight being monitored through Asana Project Software (Group) (Internal)	Bed & Theatre capacity demand analysis has been completed which will support service strategy development but not completed in outpatients and diagnostics		Agreement of proposed detailed analysis of demand and capacity across outpatient and diagnostics , which in turn will support further strategy development.	Director of Strategy	31.07.2022
4	Clinical Strategy shared at Integrated Care Board	Integrated Care Board oversight (Group) (internal)	Links between the Group Clinical Strategy and wider Integrated Care System plan are not yet fully established.		Elective Collaborative to agree how we will develop group service strategies that are aligned with ICS strategies	Director of Strategy	31.07.2022
5			Lack of patient and public engagement		Engagement with specific patient groups will take place as detailed design work commences. Initially patient views will be incorporated into the work via historical complaints data and general input from Healthwatch	Director of Strategy / Director of Nursing (KGH / NGH)	30.06.2023
6			Implementation of projects will require additional resource as yet unidentified		Additional resource agreed for additional strategy and transformation support for implementation of recruitment (Group)	Director of Strategy and Director of Transformation	30.09.2022

Principal Risk No:	UHN03	**Risk Title:**	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care					
		Materialising in any/several of the following circumstances:	N,M,AHP reduced engagement with patient centred initiatives focused on improving safety and quality of care N,M,AHP reduced engagement with professional projects that enhance our working environment and improve morale N,M,AHP are not offered, engage or attend development, training and education opportunities NGH is not able to demonstrate Pathway to Excellence compliance for re-designation					

Date Risk Opened:	April 2021	Risk Classification:	Quality, Operational, Infrastructure	Risk Owner:	Directors of Nursing and Midwifery	Scrutinising Committee:	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH 3001, NGH 2757, NGH 2617, NGH 1867, NGH2757, NGH2979, NGH2740	KGH CRR:	Linked to Corporate Risk KCRR014

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
12 (High)		12 (High)		8 (High)		Low
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
4	4	4	3	4	3	Patient

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	NGH and KGH have a shared Nursing, Midwifery & AHP professional strategy (IGNITE) monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting. Aligned reporting and monitoring across the Group	NGH in progress for Pathway to Excellence re-accreditation (June 22) (Internal)					
2	There is a Director of Nursing and Midwifery and a Deputy who have jointly led the development of the NMHAP strategy at NGH and KGH.	The NMAHP is linked to our People, Academic and Clinical Strategies (Internal) Ignite strategy oversight at NMHAP (Internal) Establishment of a quarterly joint NMAHP Board (Internal) Established quarterly strategy review groups (Group) (internal)					
3	Workstream leads and working groups identified to define progress against objectives.	Each Trust has a Strategy Group Meeting where each Workstream Lead provides an update on progress (internal) Established quarterly strategy review groups (Group) (internal)			Establish joint strategy review group to meet monthly (Group)	KGH & NGH DoN	30.09.22
4	Reporting structure agreed to be joint Quality Governance Steering Group (QGSC).	Reports to joint Quality Governance Steering Group (QGSG), Collaboration Programme Committee (CPC) and Board (internal)					
5	KGH Strategy / Pathway Lead proactively managing the implementation of the IGNITE strategy Secured funding to commence P2E journey (KGH)	Recruitment to this post by reassigning establishment within Corporate Nursing budget (internal)					
6	Dedicated communication programme to support the implementation of IGNITE	Strategy/Pathway Lead to plan monthly communication updates via different media avenue (internal) Strategy celebrated through International Nurses Day, Midwives Day & AHP Day 2022 (Group) (internal)					

5

Principal Risk No: UHN04	**Risk Title:**	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					
	Materialising in any/several of the following circumstances:						

Date Risk Opened:	June 2022	**Risk Classification:**	Quality Finance	**Risk Owner:**	Director of Integration and Partnerships	**Scrutinising Committee:**	Quality and Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance and Resources Committee (KGH) Finance and Performance (NGH)

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk		**KGH CRR:**	Linked to Corporate Risk

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
16 (Extreme)		16 (Extreme)		12 (High)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	4	4	4	4	3	Systems and Partnership

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	The development and delivery of the Northamptonshire Integrated Care System (ICS) has been led through the Health and Care Partnership Board attended by the Group Chair and CEO.	ICS transition steering group in place to monitor progress and delivery of the ICS transition reporting to the HCP Board/shadow ICB (Internal / External) Progress reported through to the shadow ICB (Internal / External)		Confidence in system architecture to deliver change for the 22/23 winter period	Review and increase Group engagement to include NEDS and EDs on existing and emerging ICS architecture.	DoS&P	Ongoing
	Full proposal for Elective Collaborative developed for implementation	Case for change, design and leadership of Elective Collaborative presented to Board in January 22	Clarity on national planning guidance and local strategic plans for delivery		System Winter Plans developed- delivery to be led at Place for North and West	COOS	31.12.2022
2	Transition arrangements in place between CCG and ICB. Fully established ICB Governance structure with clarity on Group membership.	The shadow ICB came into form in April 22 (External) Transition plan has been agreed by ICB and all system partners (Internal / External) Readiness to Operate Statements for April 2022 have been assessed and returned to NHSE/I.					
3	Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes	ICP Strategy Board stablished to develop ICP Strategy-engagement and consultation across the Group at Board Development session Collaborative Boards developing priortised delivery plans Establishment of Place Deliver Boards	Development of Strategic plan for delivery of ICS Development of the Winter Plans Connection of decision making across the ICB to include Place and Collaboratives		Provide leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance ICP strategy developed ICB 5 year forward plan and operational plan completed Prioritisation of delivery and transformation priorities across the collaboratives and Place	DoI&P DoI&P DoI&P, GCFO DoI&P, DoS, DT&QI	Ongoing December 22 April 23 March 23
4	A revised target date of 1 July 2022 has been agreed nationally for the new statutory arrangements for ICSs to take effect and for ICBs to be legally established, subject to the passage of the legislation through Parliament.	The Bill has now been passed and the 1st of July date confirmed (External)	.				

6

<table>
<tr><td rowspan="2"></td><td rowspan="2"></td><td>**Risk Title:**</td><td colspan="6">Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, health and safety incidents, accidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious safety incidents causing injury or death, fines, prosecution and associated reputational damage.</td></tr>
<tr><td rowspan="2">**Materialising in any/several of the following circumstances:**</td><td colspan="6">(1) Linked corporate risks materialising:
- NCRR 1174 Failure of Estate heating and hot water infrastructure (current 16, target 8)
- NCRR 1177 Failure of medical gas systems
- NCRR 1701 Water Safety incidents
- NCRR 1702 Fire Safety major injuries
- NCRR 1738 Ventilation Systems failure
- NCRR 2041 Failure of the critical ventilation systems in operating theatres
- NCRR 2264 Fire on Top Floor of Blocks 41 and 42 Ward Areas and Corridors
- NCRR 2440 Asbestos related diseases from exposure to asbestos fibre
- KCRR015 No sustainable capacity for urgent care
- KCRR026 Loss of power or reduced power to site if the main high voltage incoming switchgear fails
- KCRR030 Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system
- KCRR036 Recognition that due to the age of the Trust's estate not all wards or services have suitable environments to be able to provide a high-quality service from.
(2) Risks related to strategic estates programmes, as defined in programme risk registers.</td></tr>
<tr><td colspan="2">**Principal Risk No:** UHN05</td></tr>
<tr><td colspan="2">**Date Risk Opened:** 01 April 2022</td><td colspan="2">**Risk Classification:**</td><td colspan="2">Quality
Finance
Infrastructure</td><td>**Risk Owner:**</td><td colspan="2">Director of Strategy and Strategic Estate</td><td>**Scrutinising Committee:**</td><td colspan="2">Strategic Development Committee
Finance & Performance Committee (NGH)
Performance, Finance & Resources Committee (KGH)</td></tr>
</table>

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH 1174, NGH 1702, NGH 2041, NGH 2264, NGH 2440, NGH2961, NGH2960	KGH CRR:	Linked to Corporate Risk KCRR040, KCRR036, KCRR015, KCRR026, KCRR030, KCRR045, KCRR055

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
12 (High)		12 (High)		6 (Moderate)		High
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
3	4	3	4	3	2	Sustainability

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	The Group Clinical Strategy has started and this will define the clinical requirements of both sites for the future.	Group now has a Strategic Development Committee in place (Internal)					
2	Kettering Hospital now have a full Development Control Plan as part of its HIP2 programme. Northampton Hospital have a site masterplan.	Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External)	NGH do not have a Development Control Plan		KGH outline business case to be submitted to July Board NGH Development Control Plan to commence	DofS&SE DofS&SE	31.07.2022 01.09.2022
3	These foundations will come together to start to form the Group Strategic Estates Plan.			The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy. Community Diagnostic Hub business case to be submitted May 22	DofS&SE DofS&SE	01.06.2022 31.05.2022
4	A System Estates Board is in place across the ICS with all Health and Care partners.			The System Estates Strategy is not strategic and needs further development			
5	Health and Safety Policies and Procedures / Fire Safety	Health & Safety Groups and annual reports / fire safety inspections etc					
6	Back-up systems	Regular testing schedules					

Principal Risk No: UHN06			**Risk Title:**	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group						
			Materialising in any/several of the following circumstances:	Sustainability of 5-year project						
Date Risk Opened:	April 2021		**Risk Classification:**	Quality Finance	**Risk Owner:**	Medical Directors and Directors of Strategy		**Scrutinising Committee:**		Quality & Safety Committee (KGH) Quality Governance Committee (NGH)

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH2188, NGH2270			**KGH CRR:**	Linked to Corporate Risk KCRR017	

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
12 (High)		12 (High)		4 (Moderate)		Low
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
4	2	4	3	4	1	Quality

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1.	The Academic Strategy is managed through the Academic Strategy Programme Board which reports into the Joint Quality Committee and Collaboration Programme Committee (CPC)	The Academic Strategy and the supporting Business Case has been approved by both Hospitals (Internal / External) Quarterly Update / deep dive at CPC and non-executives on delivery of academic strategy –		Due to trust pressures inconsistent meetings of the subcommittees (Group)		Chief Medical Advisor	31/12/23
2.	Themes relating to academic strategy delivery. • Medical Education (ME)	HEE new schedule regards student income for 22/23. Finance confirming numbers and income allocated to the Academic Strategy. Agreed to develop a MOU with Uni of Leics School of Healthcare to cover, education appointments, placements for expanding provision, and research opportunities. Assistant Professor post in Medical Education starts with Uni of Leicester on 1st November	HEE reduction of 10% on per student fee which impacts on the income for the Academic Strategy.	Estate- expansion to fill the capacity of on site accommodation. External accommodation may be required to support expanding numbers from Uni of Leics. Uni of Leics have lost United Lincoln Hospitals as a placement provider due to the establishment of the Lincoln Medical School. Potential for more Uni of Leics students. Uni of Leics are aware of accommodation limitations and impact of increased placements by academic year 2023/2024.	Agreement of MOU with School of Healthcare	Directors of Medical Education Directors of Nursing	31/03/2023 31/01/2023
	• Estates (E)	Academic Programme Board oversight (Internal)	(E) Accommodation – teaching space. With rising student numbers, there are no current firm plans to manage the demands on the estate (Group)		The Estates Subgroup to develop short term and long-term potential solutions across the group. Outcome of Integrated Business Case submitted for a short-term solution at NGH.	Operational Director of Estates	31/12/2022
		Academic Programme Board oversight (Internal)	(E) Accommodation- Student living space. With rising student numbers there is pressure on the current estate and at NGH poor feedback from the Medical Students staying onsite at CRIPPS (NGH)		The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts. A refurbishment plan to be completed at CRIPPS to address student feedback.	Operational Director of Estates	31/12/2022

Current Controls (Likelihood/Impact)	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
• Research (R)	(R) Successful in Clinical Research Facility Bid for Bio Medical Research Centre (internal / external)	(R) Research council covers 80% of costs FEC (full economic costing) whereas Commercial / Pharmaceutical Trials are set or fixed costings & financially more beneficial		(R) To manage a Business Case, a Finance Group is required to track business benefits, income and expenditure.	Director of Finance (KGH / NGH)	31.12.2022
		(R, E) Accommodation - expanding Research and Medical Education team space. With expanding teams to manage an increased portfolio, there is pressure on office space for delivery teams. This is outstanding for KGH.	The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts.		Operational Director of Estates	31.12.2022
• Finance (F)	(F) Monthly finance reporting to Academic Strategy Programme Board and quarterly to Joint Quality Committee – now happening	(F) No strategic lead for academic strategy finance (F) Financial resource for submission of research grants (joint research office)		Finance to discuss support	Director of Finance (KGH / NGH)	31.12.2022
• Innovation- in development (IN)	Academic Programme Board oversight (Internal). Mediplex-NHs Innovation advisor appointed to support Innovation opportunities. East Midlands Academic Health Science Network, funding Innovation Programme Manager role based at NGH to support innovation across the ICS. IP in Expert in Residence appointed across the group to provide IP advice as required.	Mediplex will review IP policies and harmonise across the group including revenue sharing agreements for inventors.			AD Research, Innovation and Education	
• Communications	Gap regards Objective 8 of the Academic Strategy regards communications.	No Communication and engagement plan yet approved maximise the opportunities of the academic strategy (Group) Current gap with recruitment process for the Director of Communications and capacity within the Communications teams. External PR has been completed for big events- e.g NIHR Biomedical Research Centre launch in early Oct 22.	Appointment of Director of Communications. Capacity within the Communications Team to support wider communications of PR and Group Briefings.	R&I Project Officer receiving training to update the R&I intranet. NIRH East Midlands CRN (EMCRN) will support us in developing our commercial external pitch to Pharma companies to grow our commercial trials and subsequent income target. NIHR EMCRN will be creating research patient stories for UHN to use Exploring communications placement student for academic year 23/24 to give additional capacity for R&I communications across the group.	Heads of Comms (KGH / NGH)	19/12/22
• Academic partnership with University of Leicester (UoL)	Partnership meetings with University of Leicester (UoL) and University of Northampton (UHN) held separately to deliver our joint academic activities, review progress against the Partnership plans and manage risks Internal / External) UoL have signed a Partnership Agreement that sets out the criteria for working between the Group and UoL (Internal / External). The UoL NED has been included within the KGH constitution (Internal / External).		No KGH Non- Executive Director	KGH NED in progress to re-appoint.	Trust Board Secretary	30/11/2022

Current Controls (Likelihood/Impact)		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
3	Governance in place to manage Academic partnerships	Academic Programme Board oversight (Internal)					
4	UHN membership of Clinical Research Facility (UoL Partnership) and Biomedical Research Centre steering groups/committees to develop partnership with UoL and UHL under the main body of National Institute for Health and Care Research	July 2021 launch of University Hospitals of Northamptonshire NHS Group.					

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Principal Risk No:	UHN07	Risk Title:	Failure to deliver the group Digital Strategy may result in poor performance of systems resulting in a lack of consistency and expected levels of quality of patient and staff experience of digital services across the group Consolidating: KGH BAF 009 Delivery of the digital strategy and NGH BAF 112 Risk of failure in ICT infrastructure and/or a successful cyber security attack may lead to a loss of service with a significant patient care and reputational impact
		Materialising in any/several of the following circumstances:	a) inability to make management and operational decisions effectively b) a significant impact on the quality and level of safety of patient care c) A deterioration in staff satisfaction and feedback (due to a reduced ability to do their jobs effectively and efficiently). d) Cyber security of [level of severity] causes disruption to key systems / significant data loss

Date Risk Opened:	April 2021	Risk Classification:	Quality / Infrastructure / Finance	Risk Owner:	Group Chief Digital Information Officer	Scrutinising Committee:	Group Digital Hospital Committee

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH1482, NGH2374, NGH2462, NGH2747, NGH2568		KGH CRR:	Linked to Corporate Risk KCRR038, KCRR009, KCRR054

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
20 (Extreme)		20 (Extreme)		15 (Extreme)		High
Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood	Group Priority
5	4	5	4	5	3	Sustainability

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	Group Digital Roadmap	Monitored bi-monthly at Group Digital Hospital Committee (Group) (Internal).					
2	Group Digital Strategy	Regular updates and reporting on digital strategy to Group Digital Hospital Board Committee (Group)(Internal). Group Digital Operational Meetings in place (Group) (internal). Weekly EPR Operations meeting in place at both Trusts, with escalation to Group Digital Hospital Committee as necessary (Group) (Internal) Weekly Digital programmes meeting in place at both Trusts, with escalation to Group Digital Hospital Committee as necessary (Group) (Internal)	(1) Capacity and capability to implement Theme 5: Providing insight to support decision-making, including: • Deployment and use of data visualisation tooling across the Group (2) Constraints linked to financial restrictions and internal budgetary constraints, and externally required procurement and funding bid processes and requirements.	Recognised benchmarking – against HIMSS EMRAM (Healthcare Information and Management Systems Society) or the emerging Minimal Digital Foundations (MDF) assessment. Formal assessment of What Good Looks Like – framework developed by NHS Transformation (formerly NHSX) to measure ICS (Integrated Care System) digital maturity against 7 success measures.	HIMSS EMRAM (Electronic Medical Record Adoption Model) Assessments – external validation (2022) or MDF assessment Board development session Digital Boards with NHS Providers	GCDIO GCDIO / DoG	30.09.22 Tbc
3	Clinical Chief Information Officers (CCIO) in place across the Group	Monitored bi-monthly at Group Digital Hospital Committee (Group) (Internal). Medical CCIOs in place for KGH and NGH.	No Clinical Chief Information Officers (CCIO) in post for Nursing, Midwifery, AHP and Clinical Scientists Chief Nursing Information Officers for each site – none in post June 2022		Recruit to CCIO post – due to start 1st July 2022 CCIO to determine team structure including how continue to support nursing directorate	GCDIO	01.07.22 TBC
4	Self-assessment against digital maturity frameworks: 'What good looks like' framework and HIMSS EMRAM	Group self-assessment November 2021 (what good looks like) Group self-assessment HIMSS EMRAM April 2022					

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
5	EPR programmes	Programme Management / Group Digital Hospital Committee etc (Group)(internal)	No business case approval for NGH EPR Procurement of NGH EPR Business case to be approved for extension of KGH EPR to meet MDF standards		**NGH EPR:** NGH EPR Programme: Business Case for NGH EPR to be approved by national teams and secure national funding NGH EPR Procurement to be concluded KGH EPR business case to be taken through local, regional and national approval process to secure local and national funding	NGH DD/ GCDIO KGH DD/ GCDIO	30.11.23 31.03.23
6	BAU (business as usual) Infrastructure Plans/ Monitoring in place	Infrastructure improvement incorporated into Group Digital Strategy and monitored through GDHC KPI (key performance indicators) on operational performance of systems – site specific		Review Group Reporting and monitoring of underlying infrastructure performance	Wider network review National assessment of Support People (Success Measure 4) underway Group-wide KPIs and operational reporting suite	DDs GCDIO DDs	31.12.21 30.09.22 31.12.22

12

	Risk Title:		Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives, specifically: (a) Failure to deliver Revenue Plans results in deficits and an inability to finance investments (b) Failure to deliver efficiency and productivity changes result in revenue deficits (c) Failure to generate sufficient cash to finance required capital investment (d) Non-delivery of transformation and efficiency targets results in non-delivery of external funds e.g. Elective Recovery, discretionary capital. *Consolidates/replaces the following:* (KGH011) Delivery of control total and meeting the trajectory to live within our financial means.) (NGH116 Risk that the Trust fails to fully deliver the financial efficiency programme) (NGH115 Risk that the Trust fails to have financial control measures in place to deliver its *22/23* financial plan) (NGH117 Risk that the Trust fails to manage its capital programme within the capital resource limit or fails to secure sufficient funding for infrastructure and equipment improvements)
Principal Risk No: UHN08	**Materialising in any/several of the following circumstances:**		- Financial performance (income and expenditure) is materially worse than Plan - Insufficient cash to continue day to day operations; - Materially lower transformation, efficiency and productivity performance compared to Plan - Qualified external audit opinions - Significant control weaknesses identified by Internal Audit - Failure to deliver capital plan elements causes detriment to programme delivery outside agreed tolerances.

Date Risk Opened:	April 2021	**Risk Classification:**	Financial Operational	**Risk Owner:**	Chief Finance Officer	**Scrutinising Committee:**	Performance Finance and Resources Committee (KGH) Finance and Performance Committee (NGH)

Corporate Risk Register Links:

NGH CRR:	Linked to Corporate Risk NGH2343, NGH2998, NGH273, NGH2764		**KGH CRR:**	Linked to Corporate Risk

Initial Risk Score		**Current Risk Score**		**Residual Risk Score**		**Risk Appetite**
16 (Extreme)		16 (Extreme)		~~12 (High)~~ 16 (extreme)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
5	5	4	4	4	3	Sustainability

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	Business planning process, alignment of activity, workforce and finances	Planning submissions subject to board and board committee scrutiny (internal) Implementation of Group Benefits Realisation approach, agreed by Board (Internal)					
2	Group Performance Management framework, including areas where not on track.	Performance management framework and meetings (Internal)		Role of GEM preboard committees on review and delivery of performance			
3	Management of capital and working capital.	Performance management framework and meetings (Internal)					
4	Workforce Management meetings (Workforce)	Finance & Performance Committee minutes (Internal)(NGH))					
5	Efficiency/Productivity reporting	Group Transformation Committee and Group Strategic Delivery Group (internal)					
6	Elective recovery monitoring	Finance & Performance Committee (internal)					
7	Finance & Performance meetings	Finance & Performance Committee minutes (Internal) System Finance meeting minutes (External) System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes		Group policy on planning, reporting and reforecasting	Development of a policy on planning, reporting and reforecasting	CFO/DoS	31.01.2023

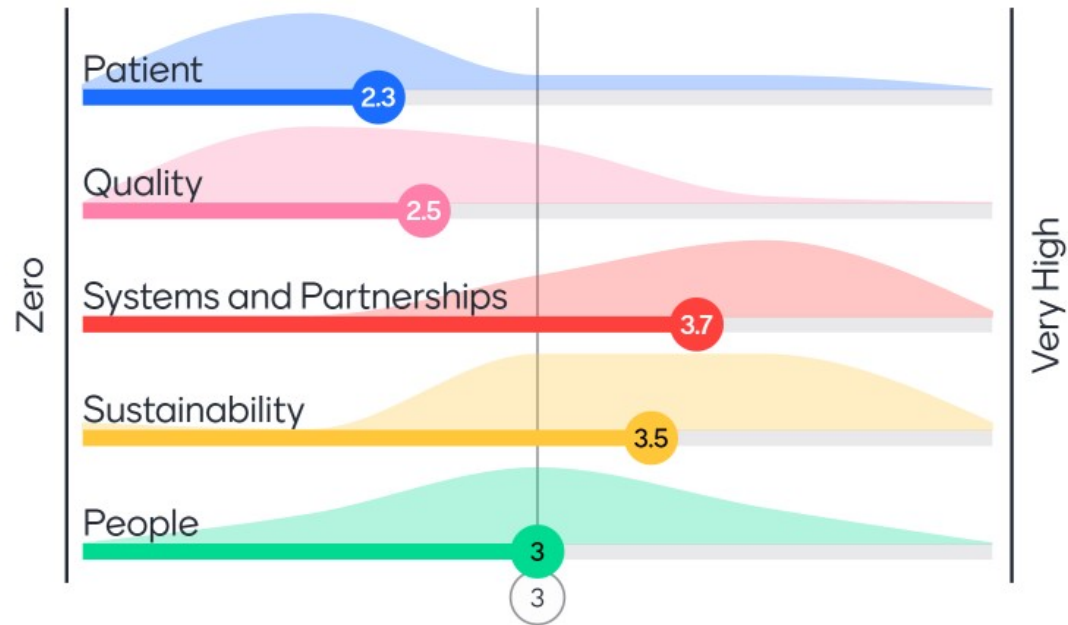|							
8	Hospital Management Team meetings	Hospital Management Team minutes (Internal)					
9	Group Executive meetings	Group Executive meeting minutes (Internal)					
10	External review of underlying deficit and improvement opportunities	22/23 plans have an underlying financial position, which will continue to be managed (Internal/ External)			Agree definition of financial sustainability	CF0	30.11.2021
11			Scope and priorities of Group Financial Strategy not yet finalised.	Group Financial Strategy not in place.	Development of Group Financial Strategy	CFO	31.03.2023
12	Established Group Transformation Committee and Group Strategic Delivery Group		Structure and processes in development for Group transformation, investment controls and opportunity identification / delivery		Implementation of Group Transformation structure	GCEO and GDT&QI	31.10.2021
13			Lack of control over discretionary spending				
14		Group Financial Structure					

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR051 - The Trust is at risk of an HSE Enforcement notice due to non-compliance of Health and Safety at Work Act. Recognition of risk to staff safety through lack of assurance on compliance with Health & Safety requirements. (Current risk score 20) KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)
	NGH2188 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Score 25) NGH 1764 - Out of hours staffing (ST3 and above) is inadequate for the level of activity (Score 20) NGH 2936 - Fuel prices affecting staff who provide clinical community care, may lead to vacancies and cancelled patient care (Score 16) NGH 2439 - Risk of insufficient staff within Domestic Services to manage its statutory obligations and reactive works (Score 16) NGH 2860 - Lack of ODP's / anaesthetic nurses throughout directorate due to national recruitment shortage (Score 20) NGH 2720 - Staffing levels demonstrate there are insufficient registered midwives within maternity services (Score 16) NGH2892 - Crisis Community Paediatric Staffing (Score 20) NGH2857 - Struggling to safely staff/sustain Respiratory on-call Physio service (Score 20) NGH2135 - Specialist Palliative Care Medical Staffing inadequate to provide effective service. NGH726 - Inability to provide 24-hour outreach service
UNH002 (Clinical Strategy)	KCRR035 - Backlog of investigations of incidents and closure (Current risk score 15) KCRR011 - Performance and sustained patient flow through the Emergency Department (Current risk score 16) KCRR048 - Lack of escalation of deteriorating patients can lead to increased patient harms and poor patient experience (Current risk score 15) KCRR052 - Potential loss of JAG accreditation due to not having ability to work towards NED 2 compliancy (Current risk score 16) KCRR046 (formerly HLC002) - Risk of cross infection of patients in the acute environment (Current risk score 15) KCRR042 - Cross divisional risks associated with compliance with MCA / DoLs relating to knowledge gap at service level (Current risk score 16) KCRR043 - Cross divisional risks associated with completion of patient level risk assessments for all patients that are clearly documented in patient notes. (Current risk score 16) KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached. (Current risk score 16) KCRR053 - Above expected Standard Hospital Mortality Indicator (SHMI) is likely to increase scrutiny from regulators (CQC / NHSEI) and result in detrimental impact on reputation. (Current risk score 16) KCRR014 - Risk to processing of Safeguarding concerns due to financial challenges at Northants County Council (Current risk score 16)
	NGH 2366 - Risk of reduced patient safety when demand exceeds capacity (Score 25) NGH 3022 - Risk to patient safety and quality of care and staff morale when additional patients are boarded in wards and escalation areas (Score 16) NGH 2814 - There is a risk to patient care and safety due to boarding of patients in non-bed spaces (Score 20) NGH1303 - Failure to continuously meet national cancer targets with the addition of covid19 causing further restriction (Score 16) NGH2892 - Crisis Community Paediatric Staffing (Score 20) NGH2818 - There is a risk that patient care may not be delivered according to guidance due to delayed ambulance transfers from ED (Score 20) NGH2835 - Unable to provide an end of life or palliative care service in children and young people at NGH (Score 20) NGH707 - There is a risk of delays in follow up care and no communication to GPs due to lack of EDN completion in SDEC by specialty teams (Score 20) NGH1769 - Inability to meet Idiopathic Pulmonary Fibrosis NICE Guidelines (score 20) NGH2999 - Risk of harm to patients from physical and psychological deconditioning (Score 20) NGH2571 - Risk of non-compliance with outcome of National Audits and Clinical Senate Recommendations for heart failure service
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	KCRR014 - Risk to processing of Safeguarding concerns due to financial challenges at Northants County Council (Current risk score 16)
	NGH 3001 - Risk of missed safeguarding and ongoing midwifery care issues due to outstanding 10-day CMW visit discharges (Score 20) NGH 2757 - Risk of an adverse event due to delays in the Induction of Labour process (Score 20) NGH 2617 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Score 20) NGH 1867 - Risk that an unborn or new-born baby or vulnerable woman/family may not be identified or managed as per local safeguarding procedures due to external issues and factors with the Local Authority provision for Children's social care. (Score 20) NGH2757 - Risk of an adverse event due to delays in the Induction of Labour process (Score 20) NGH2979 - Unable to provide an end of life or palliative care service in children and young people at NGH (Score 20) NGH2740 - Risk of harm to staff & patients as cubicles too small to safely restrain and use de-escalation techniques (Score 20)
UHN004 (Integrated Care Board)	

BAF Link	Risk ID (BAF/CRR)
UHN005 (Group Strategic Estates Programme)	KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15)
	NGH 1174 - Heating and hot water infrastructure (Score 16) NGH 1702 - Fire safety (Score 20) NGH 2041 - Risk of failure of the critical ventilation systems in operating theatres (Score 16) NGH 2264 - Risk of fire on top floor of Blocks 41 and 42 ward areas and corridors preventing full evacuation (Score 20) NGH 2440 - Risk of asbestos related diseases from exposure to asbestos fibre NGH2961 - Post Mortem Room facilities, premises and environment (Score 20) NGH2960 - Fridge Room capacity, facilities & premises (Score 20)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)
	NGH2188 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Score 25) NGH2270 - There is a risk there are insufficient medical Physics staff to support the Trust compliance with Ionising Radiation Regulations
UHN007 (Digital Strategy)	KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16) KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16)
	NGH1482 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Score 15) NGH2374 - Increased incidents relating to a 'pause' in Acting on Results Patient Safety Work Stream (Score 15) NGH2462- TECH: The ability to access clinical systems by Midwives in the community is not reliable due to inadequate connectivity (Score 20) NGH2747 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Score 16) NGH2568 - CLIN / DSP: Inability to record allergies on Trust clinical systems (Score 15)
UHN008 (Group Medium Term Financial Plan)	
	NGH2343 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Score 20) NGH2998 - Risk of failure to provide Facilities Services to the Trust (Score 20) NGH2703 - There is a risk that the division will be overspent due to the high demand for 1:1 care (Score 16) NGH2764 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (Score 15)

2022 Board risk appetite exercise outcomes

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	24 November 2022
Agenda item	10

Title	Appointment of Vice-Chair and Senior Independent Director
Presenter	Alan Burns, Trust Chair
Author	Richard May, Interim 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
Trust Standing Orders (2.4) require that 'for the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chairman, the Chairman and members of the Trust shall appoint a Non-Executive director from among them to be Vice Chairman, and a further Non – Executive Director as the Senior Independent Director, for such period, not exceeding the remainder of his/her term as a member of the Trust, as they may specify on appointing him/her.'	None

Executive Summary
Following the expiry of the current postholder's Term of Office on 30 November 2022 (David Moore), the Board is **recommended** to **APPROVE** the appointment of Rachel Parker and Vice-Chair and Senior Independent Director (SID) for the duration of her term of office as a Non-Executive Director. The Trust Vice-Chair will take on the Chair's duties if the Chair is absent for any reason. The Senior Independent Director acts as an alternative contact point where there are concerns which have failed to be resolved or would not be appropriate to be raised through the normal channels of the Chair, Group/Hospital Chief Executive or Group Chief Finance Officer. They are responsible for the annual evaluation and appraisal of the Chair's performance.
Appendices
None
Risk and assurance
No direct implications for the Board Assurance Framework.
Financial Impact
Additional allowance for these roles can be met from within existing budgets.
Legal implications/regulatory requirements
As set out in 'Reason for Consideration' section above.
Equality Impact Assessment
Neutral