

Board of Directors (Part I) Meeting in Public

Thu 26 May 2022, 09:30 - 12:30

MS Teams



Northampton General Hospital
NHS Trust

Agenda

09:30 - 09:30
0 min

1. Welcome, Apologies and Declarations of Interest

Information

Alan Burns

1. NGH Board Part I Agenda 260522.pdf (2 pages)

09:30 - 10:00
30 min

2. Patient Story: Maternity Safety

Discussion

Debra Shanahan

10:00 - 10:00
0 min

3. Minutes of the Previous Meeting held on 30 March 2022 and Action Log

Decision

Alan Burns

3. Draft NGH Public Trust Board Minutes - 30 March 2022.pdf (16 pages)

3. Action Log Updated Post 300322 Part I Board.pdf (1 pages)

10:00 - 10:10
10 min

4. Chair's Report (Verbal)

Information

Alan Burns

4.1. Group Chief Executive's Report

Information

Simon Weldon

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

4.2. Hospital Chief Executive's Report

Information

Heidi Smoult

4.2 HCEO Board Report NGH 26 May 2022.pdf (3 pages)

10:10 - 10:50
40 min

5. Integrated Governance Report (IGR) and Board Committee Summaries

Information

Group CDIO / Hospital Chief Executive

5. IGR cover paper.pdf (2 pages)

5. 2022 May Power BI - Update on Metrics and Reporting D01.pdf (9 pages)

5.0b IGR Board - Committee Summaries - May 2022.pdf (10 pages)

5. May 2022 UHN IGR.pdf (89 pages)

10:50 - 11:00
10 min

6. Final NHCP/ICB Plan Submission 2022/23

Decision

Group Chief Finance Officer / Director of Integration and Partnerships

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- 6. NGH Cover Sheet 22-23 NHCP ICB Plan Board.pdf (2 pages)
- 6. 2022-23 Financial Planning Appendix.pdf (6 pages)

11:00 - 11:10 **BREAK**
10 min

11:10 - 11:30 **7. Group Clinical Strategy**
20 min

Decision Matthew Metcalfe

- 7. NGH Cover Sheet May 2022 Clinical Strategy.pdf (3 pages)
- 7. Appendix 1 Clinical strategy engagement update final.pdf (17 pages)
- 7. Group Clinical Strategy May 2022.pdf (153 pages)

11:30 - 11:45 **8. Staff Survey Response**
15 min

Information Mark Smith

- 8. NGH Board Staff Survey Response Paper - 26th May 2022.pdf (5 pages)

11:45 - 12:00 **9. Trust's responses to the Ockenden reports (2020 and 2022)**
15 min

Assurance Debra Shanahan

- 9. Ockenden review paper for boardv2.pdf (4 pages)
- 9. NGH Insight Visit Template 12_04_22 V1.pdf (16 pages)

12:00 - 12:10 **10. Trust Board Assurance Framework (BAF): 2021/22 Q4 Review**
10 min

Assurance Richard Apps

- 10.Board_May 2022_NGH Cover Paper_BAF.pdf (2 pages)
- 10. Appendix A NGH BAF Risks - May 2022.pdf (11 pages)

10.1. Group Board Assurance Framework (BAF)

Assurance Richard Apps

- 10.1 Group BAF Q4 NGH Board Cover 260522.pdf (2 pages)
- 10.1 Appendix A Group BAF May 2022.pdf (10 pages)

12:10 - 12:15 **11. Annual Self-Certification**
5 min

Decision Richard Apps

- 11. NGH Board 260522 Self Cert report.pdf (6 pages)

12:15 - 12:20 **12. Audit Committee Terms of Reference and Scheme of Delegation**
5 min



Decision Richard Apps

- 12. NGH Cover Sheet Board 260522 Terms of Reference and SO.pdf (3 pages)
- 12. NGH Audit Committee Terms of Reference March 2022 review draft.pdf (7 pages)

12:20 - 12:25
5 min

13. Elective Collaborative Committee Terms of Reference


Decision *Richard Apps*

-  13. NGH Cover Sheet Elective Collaborative Terms of Reference.pdf (3 pages)
-  13. ECCiC Terms of reference (003).pdf (5 pages)

12:25 - 12:30
5 min

14. Appointment of Nominee to the Integrated Care Board

Decision *Alan Burns*

-  14. Nomination of Partner Member to the ICB.pdf (2 pages)

12:30 - 12:30
0 min

15. Questions from the Public (Received in Advance)

Information *Alan Burns*

12:30 - 12:30
0 min

16. Any Other Business and close

Information *Alan Burns*

12:30 - 12:30
0 min

17. 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: Thursday 28 July 2022, 09:30am

May Richard
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Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Thursday 26 May 2022, 09:30 –12:30
Location	Video Conference

Purpose and Ambition

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

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:30	-	Verbal
2	Patient Story: Maternity Safety	Interim Director of Nursing and Quality	09:30	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 30 March 2022 and Action Log	Chair	10:00	Approve	Attached
4	4 Chair's Report 4.1 Group Chief Executive's Report 4.2 Hospital Chief Executive's Report	Chair Group CEO Hospital CEO	10:00	Information Information Information	Verbal Attached Attached

Operations

5	Integrated Governance Report (IGR) including Board Committee Summaries	Group CDIO / Hospital Chief Executive / Chief Operating Officer	10:10	Assurance	Attached
6	2022/23 Operational Plan Submission	Group Chief Finance Officer / Director of Integration and Partnerships	10:50	Receive and Ratify	Attached

BREAK

11:00

Strategy and Culture

7	Group Clinical Strategy	Medical Director	11:10	Approve	Attached
8	Staff Survey Response	Group Chief People Officer	11:30	Information	Attached

Governance

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9	Trust's responses to the Ockenden reports (2020 and 2022)	Interim Director of Nursing and Quality	11:45	Assurance	Attached
10	Board Assurance Frameworks: 2021/22 Q4 Review: NGH / Group (10.1)	Director of Integrated Governance	12:00	Assurance	Attached
11	Annual Self-Certification	Director of Integrated Governance	12:10	Approve	Attached
12	Audit Committee Terms of Reference and Delegation of authority to approve the Annual Report, Accounts and Quality Account	Director of Integrated Governance	12:15	Approve	Attached
13	Elective Collaborative Committee Terms of Reference	Director of Integrated Governance	12:20	Approve	Attached
14	Appointment of Nominee to the Integrated Care Board	Trust Chair	12:25	Approve	Attached
15	Questions from the Public (Received in Advance)	Chair	12:30	Information	Verbal
16	Any Other Business and close	Chair	12:30	Information	Verbal
17	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: Thursday 28 July 2022, 09:30am				

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	Wednesday 30 March 2022 – 09:30-13:20
Location	Video Conference

Purpose and Ambition

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

Attendance	Name and Title	
Present	Alan Burns	Chair
	Simon Weldon	Group Chief Executive
	Andy Callow	Group Chief Digital Information Officer
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Elena Lokteva	Non-Executive Director
	David Moore	Non-Executive Director
	Professor Andre Ng	Non-Executive Director
	Rachel Parker	Non-Executive Director
	Debra Shanahan	Interim Director of Nursing and Quality
	Mark Smith	Group Chief People Officer
	Heidi Smoult	Hospital Chief Executive
	Karen Spellman	Director of Integration and Partnerships
	Palmer Winstanley	Chief Operating Officer
In Attendance	Richard Apps	Director of Integrated Governance, Kettering General Hospital
	Teresa La Thangue	Group Director of Communications and Engagement
	Richard May	Trust Board Secretary, Kettering General Hospital

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		Mara Tonks	Interim Group Associate Director of Midwifery (Item 10)
		Emma Wimpress	Group Head of Volunteer Services (Item 9)
Item	Minute reference	Discussion	Action
INTRODUCTORY ITEMS			
1.0	21/22 108	<p>Introductions and Apologies & Declarations of Interest</p> <p>The Chair welcomed attendees to the meeting, including colleagues who would be joining for specific items:</p> <ul style="list-style-type: none"> - Mara Tonks, Interim Group Associate Director of Midwifery (Item 10) - Emma Wimpress, Group Head of Volunteer Services (Item 9) <p>There were no apologies for absence or declarations of interest relating to agenda items.</p>	
2.0	21/22 109	<p>Patient Story: Discharge</p> <p>The Board of Directors viewed a video in which Katrina described her experiences of two discharges from the hospital; whilst her care had been exemplary and her experience of home monitoring positive, failures in supporting systems, particularly delays in medication being received from the pharmacy, had led to negative experiences of discharge.</p> <p>The Board thanked Katrina for sharing her story and acknowledged structural internal issues impacting timely discharge, particularly in respect of prescribing medications which was a long-standing area of concern. The Board would be considering a report later in the meeting (see item 6 below) considering measures to improve discharge in the context of its plans to address future winter peak demand periods.</p> <p>The Board welcomed the positive feedback in respect of its home monitoring arrangements, noting that capacity in this area had doubled during the winter of 2021/22, with benefits currently being assessed with a view to wider rollout to more patients in more specialities.</p>	
3.0	21/22 110	<p>Minutes of meeting held on 27 January 2022</p> <p>The minutes of the meeting held on 27 January 2022 were APPROVED as a true and accurate recording of proceedings.</p>	

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4.0	21/22 111	<p>Chair's Report</p> <p>The Trust Chair drew the Board's attention to nationally-released figures showing record low levels of public satisfaction with the NHS, particularly in respect of access to primary care, which had 'knock-on' impacts for demand at the hospital.</p> <p>Following the patient story, the focus of the meeting would be on increasing the effectiveness of the discharge process to improve the patient experience.</p> <p>The Chair advised that national Staff Survey results would be made public later in the day following embargo; they would identify a number of key issues of concern for the Trust to address.</p> <p>The Board noted that the Integrated Care Board would be operating in shadow form from 1 April 2022; the first meeting would be taking place on 17 April, at which there would be a focus on the Integrated Care Across Northamptonshire (ICAN) programme, designed to prevent unnecessary hospital admissions and long stays</p> <p>The Board of Directors noted the Chair's updates.</p>	
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4.1	21/22 112	<p>Group Chief Executive's Report</p> <p>The Board of Directors received the Group Chief Executive's report, which described that the Trust was participating in planning discussions for 2022/23 which, for the first time, would result in a single submission for the local health system.</p> <p>The report identified key themes in the emerging plan around returning to pre-COVID activity levels, the achievement of which would attract significant financial incentives. The Trust and University Hospitals of Northamptonshire (UHN) Group had maintained strong performance in maintaining cancer waiting time indicators and ensuring no patients waited over 52 and 104 weeks for elective treatment, and the Group Chief Executive paid tribute to staff and teams for their continuing work to deliver and maintain this position.</p> <p>The focus of the agenda for the meeting was on discharge and actions that the Trust could take internally to improve, which was a key enabler for the Group's aspirations to ensure sufficient capacity within the hospitals to manage peaks of demand and avoid unnecessarily long patient stays.</p> <p>National headlines showed declining levels of public satisfaction with the NHS and, whilst much negative feedback arose of experiences of lack of access to primary care, the Trust had a responsibility to address this issue as part of the integrated care system (ICS). The publication of national Staff Survey results provided the opportunity to begin a debate on how the Trust and Group should respond to the concerns raised to improve the working environment.</p> <p>The Group Chief Executive advised that nationally-mandated free staff car parking ended on 31 March. Trusts had discretion to extend free provision, and the Trust, along with ICS partners, had no plans to reintroduce charging in the context of increases in the cost of living, pension and National Insurance contributions.</p> <p>The Board of Directors noted the report.</p>	
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<p>4.2</p>	<p>21/22 113</p>	<p>Hospital Chief Executive's Report</p> <p>The Hospital Chief Executive thanked colleagues and teams for their work to prepare robust activity, financial and workforce plans for 22/23 as part of the local health system submission, whilst continuing to deal with severe operational pressures on a daily basis; COVID numbers and emergency department attendances were rising, whilst internal and external issues continued to impact on the Trust's ability to discharge patients safely and in a timely manner. The Trust was participating in a national discharge programme looking at sustainability and improvement; the programme consisted of four pillars, including hospital discharge through to the community and local health system partners, and was a positive opportunity for shared learning to drive improvement.</p> <p>Staff surveys results were likely to show a declining position in a number of areas, and the Hospital Chief Executive reiterated her commitment to changing the experiences of colleagues and teams in positive ways to ensure they felt valued, which had direct impacts for the quality of patient care provided.</p> <p>The Hospital Chief Executive drew attention to a number of positive aspects of the report, including continuing strong performance against cancer standards whilst minimising long waits for elective treatment, the successful implementation of Robot Assisted Surgery and forthcoming completion of a new ITU/CCU and Respiratory building. The Trust had also successfully bid for a grant to £20.6 million to use innovative technology to progress towards the NHS net zero target in 2040 (see item 11 below).</p> <p>The Board welcomed these initiatives and discussed wider strategic estates issues, including continuing issues with the A&E department and student accommodation, both of which required improvement to manage 'front door' pressures and deliver academic strategy ambitions. The Board was advised actions had been taken to improve these areas, including an improved Paediatric area and investment in frailty units, whilst the University of Northampton was assisting with accommodation.</p> <p>The lack of an urgent care centre increased pressure the emergency department, requiring the Trust to prepare a business case for investment as a high priority, with a decision required in advance of the 2022/23 winter period.</p> <p>Following discussion, the Board of Directors noted the report.</p>
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OPERATIONS

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5.0	21/22 114	<p>Integrated Governance Report (IGR)</p> <p>The Board of Directors received an update on the rollout of the Power BI platform for an IGR showing an updated suite of metrics for the UHN Group; the project had been more challenging than anticipated, such that 26 metrics had currently been validated (and were presented as part of the report) out of a total of 90. It was anticipated that the process would take around three months to complete; the Board requested further assurance regarding the deliverability of this timescale, given that the provision of a fully complete IGR was an important prerequisite for the implementation of group governance proposals agreed at the last meeting.</p> <p>Committee Chairs and Lead Executives provided summaries, drawing attention to the following key items:</p> <p><i>Group Finance and Performance Committee</i></p> <ul style="list-style-type: none"> - The committee welcomed the first joint performance report from both Trusts (NGH and KGH), which showed that operational performance was positive in comparison to peers, noting that successful transformation work would be crucial to sustaining performance; - The committee noted the plan to achieve a breakeven financial position for the UHN Group (supported by additional CCG funding to the Trust of £1.7m) and commended work to ensure that the capital programme would be delivered within a variance of around £100k. Estates compliance and annual leave accrual issues were identified for consideration by Audit Committee as part of the preparation of final accounts; - The committee discussed elective recovery, performance and financial elements of the 2022-23 local health system plan: see item 7 below, and - The committee commended the successful completion of the Sterile Services audit, which had resulted in reaccreditation. <p><i>Group People Committee</i></p> <ul style="list-style-type: none"> - The Committee endorsed the Communications Strategic framework: see item 8 below; - People Plan progress was noted, with milestones requested to be included in key areas such as mandatory training completion and collaborative bank pay; - The committee reviewed the staff health and wellbeing offer and requested data showing the extent to which psychological support interventions led to positive outcomes, and
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		<ul style="list-style-type: none"> - The committee noted increasing staff absence rates in the context of safe staffing levels for the organisation and specifically the Trust's response to the Ockenden maternity safety recommendations <p><i>Group Digital Hospital Committee</i></p> <ul style="list-style-type: none"> - The committee received a detailed update on the eight themes with the Group Digital Strategy, noting specific highlights including progress in awarding contracts following the receipt of transformation (TIF) funding and assurance in respect of the Group's cyber security resilience in response to a request from NHS England and Improvement (NHSE/I); - Continuing delays were being experienced in completing the requirements of the business case process to secure national funding for the commencement of NGH's Electronic Patient Record (EPR) project, though there was encouraging progress in procuring an EPMA (electronic prescribing) solution and pharmacy stock management system, both of which would progress separately to the EPR business case; - Appointment to the final new posts had taken place as part of the digital team restructure and alignment of the group digital function, and - Delays in the go-live of the Northamptonshire Shared Care Record continued, with a further delay since the meeting due to GP data reliability issues. <p><i>Collaboration Programme Committee</i></p> <ul style="list-style-type: none"> - The Committee received an update on the progress of the Group People Plan to date, challenging whether adequate rounded metrics were in place to assess progress and identifying challenges in key areas such as investment in management capacity and capability and a rounded staff benefits offering; - The committee discussed group priorities for 2022/23, aligned to enablers required to allow these to be achieved - The committee reviewed updates on areas already working in collaboration and next steps for the development of the clinical ambition, and - The committee received a briefing on the Group Outpatients Transformation project; staff engagement events since this meeting had identified great enthusiasm to embrace transformation, with detailed implementation timescales and costs for 2022-23 required following the securing of TIF funding and contracts. 	
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		<p><i>Quality Governance Committee</i></p> <ul style="list-style-type: none"> - The committee received IGR data and requested assurance in respect of the validity of baseline data for context and comparison purposes, also requesting urgent and emergency care reports to future meetings; - The committee expressed concern in respect of mandatory training completion in key areas such as safeguarding, noting in mitigation that this training in particular had been introduced very recently; - Staff wellbeing emerged as a recurrent theme throughout the assurance reports considered by the committee; and - The committee welcomed the Research and Innovation annual review including key highlights from strategic projects with the University Hospitals of Leicester NHS Foundation Trust. <p>The Medical Director advised that the number of reported incidents resulting to moderate or severe patient harm had increased during the last reporting period; the Trust was putting in place mitigations in each case, which in many cases involved ensuring safety bundles were correctly followed.</p> <p>The Board was advised that the Trust's Hospitalised Standard Mortality Rate (HSMR) had shown improvement following a lengthy downward trajectory; the Board encouraged the capture and sharing of key measures which had contributed to this position.</p> <p><i>Audit Committee</i></p> <p>The Committee had not met since the last meeting. The Board noted that an analysis of group leadership costs was being prepared for the next meeting, in response to a previous request.</p>	
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6.0	21/22 115	<p>National Discharge Programme: Preparing for Winter 2022/23</p> <p>The Board of Directors considered a report and presentation, setting out the outcomes of demand and capacity modelling for the next 12 months and how this was offset by initiatives such as ICAN and the Hospital Only Discharge (HOD) national programme, in which the Trust and KGH were participating (14 Trusts nationally). Improving discharge was a national priority, and there was a need for the local health system to achieve and sustain higher levels of discharge on a permanent basis in order to address future peaks in demand.</p> <p>The report and presentation set out the scope of the HOD programme and activity to date, which would be testing the impact of specific interventions in four key activity areas: action plans, visits, metrics and support. It went on to describe the Trust's current position against national Model Hospital benchmarking, which showed NGH below national and KGH performance in the percentages of bed days due to emergency patients staying over six days, and emergency admissions with lengths of stay of over 20 days.</p> <p>The report described current pathways and flows affecting the length of patient stays, identifying a current state in which average daily admissions exceeded discharges, which was not a sustainable position. Of an average length of stay of 34 days, 25 related to internal processes, decisions and external interfaces, which set out the scope of the opportunity for transformative improvement work.</p> <p>The Board noted a number of key initiatives, internally and linked to the HOD programme, to address the issues, including risks and mitigations. Admission avoidance was also a key priority, with place-based discharge to assess, combined establishments and end of life care being identified as the highest priority areas in which positive differences could be made. The successful roll-out of the Northamptonshire Shared Care Record also had the potential to generate positive impacts.</p> <p>The Board noted the latest position and welcomed the robustness of the analysis undertaken to understand the current state and engagement with the national programme, underway and planned, to drive sustainable improvements. The Board noted lower performance compared to KGH due to geographical factors, physical advantages to facilitate ambulance offload and a higher proportion of minor cases at Kettering. Public engagement was seen as key to the success of the programme in respect of promoting preventative healthy lifestyles and articulating that excessive hospital stays</p>
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		<p>were often detrimental to patients' long term health.</p> <p>The Hospital Chief Executive assured the Board that she was maintaining a close focus on the work programme by chairing an urgent and emergency care board which aligned to the progress of the ICAN frailty initiative to reduce admissions; this programme was strengthening its governance to ensure delivery of the business benefits required to release hospital and community capacity across the local health system.</p> <p>Following discussion, the Board of Directors:</p> <ul style="list-style-type: none"> (1) Noted the report and specifically the risks and mitigations put forward; (2) Noted the requirement for investment to support winter schemes; (3) Undertook to promote effective system-wide working with Executive partners to ensure timely discharge and flow across NGH and KGH; (4) Requested that the Group Clinical Quality, Safety and Performance Committee review metrics relevant to this area, and (5) Invited nominations to the position of Non-Executive Director Discharge champion for NGH. 	<p>Andre Ng / Palmer Winstanley</p>
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7.0	21/22 116	<p>Operational Plan Draft Submission</p> <p>The Board of Directors considered a report setting out:</p> <ul style="list-style-type: none"> - A summary of the first draft Operating Plan for the Northamptonshire Health and Care Partnership (NHCP – ‘the system’) for 2022/23; - The summary position for elective recovery, finance and performance, and - High level risks to plan delivery. <p>Elective activity was currently anticipated to be between 100% and 104% (national target) of 2019/20 levels, which would enable the system to access elective recovery funding of around £17 million. The UHN Group was a regional leader in respect of its elective performance for zero 52, 78 or 104-week waits and delivery of cancer treatment standards, and was pursuing an ambitious Outpatient Transformation programme. The initial workforce plan had been submitted, with work ongoing to align this with activity plans. The system was projecting a deficit position in response the national breakeven target, though all systems were in this position nationally. The final submission would attempt to seek a balance which maintained strong performance in the interests of patient safety and therefore justified the additional investments which had contributed to deficits, noting that successful outpatient transformation and the achievement of the business benefits of the ICAN programme were required to enable the activity target of 104% of 2019/20 levels.</p> <p>In response to a question, the Board was advised that the efficiencies identified in the report would be derived from a number of initiatives including improved theatres utilisation, a new Outpatient scheduling system, procurement savings and closer budget management and cost control. The Board noted that the national requirements assumed a ‘post-COVID’ environment, whereas in reality the Trust continued to adhere to stringent infection prevention and control restrictions.</p> <p>Following discussion, the Board of Directors noted the summary position for elective recovery, finance and performance, and high level risks to plan delivery.</p>
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8.0	21/22 117	<p>Group Communications Strategic Framework</p> <p>The Board of Directors received a Group Communications Strategic Framework, which set out an overarching aim to 'establish the structures necessary to deliver meaningful and impactful communications that promote and enhance the reputations of the University Hospitals of Northamptonshire with a broad and wide range of audiences.'</p> <p>The Board indicated its support for the framework but requested the identification and inclusion, by 29 April 2022, of key measurables against which implementation would be judged, initially for the first 3-6 months of the framework, before taking a longer term view. This would be informed by the development of specific engagement plans for Trust-wide internal and external activity, comprising business-as-usual, strategies and special programmes and projects. Outward facing elements of the framework should also reference the need for the promotional activities around healthy lifestyles.</p> <p>Subject to these additions, the Board of Directors APPROVED the Communications Strategic Framework 2022-2027.</p>	<p>Mark Smith / Teresa La Thangue</p>
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9.0	21/22 118	<p>Group People Plan and Spotlight on Volunteers</p> <p>The Board of Directors considered a report and presentation setting out progress against the implementation of the Group People Plan 2021-2024, adopted in March 2021 and comprising achievements against the Pledges within the plan during a particularly challenging period due to the booster jab roll-out, Omicron COVID wave and vaccination as a condition of deployment (VCOD). The Group Chief People Officer drew the Board's attention specifically to a video link within the report, outlining the positive impacts of volunteering.</p> <p>The Board welcomed Emma Wimpres, Group Head of Volunteering, to the meeting and congratulated Emma upon her recent appointment to this role. Emma presented an overview of achievements against the deliverables of the Volunteer pledge to standardise good practice across the group, develop consistency in approaches to volunteer deployment and continue to grow a volunteer service that is representative of the local population. There were now over 600 volunteers across the group, including many younger volunteers. The presentation included videos and case studies illustrating volunteers' excellent work in initiatives such as welcoming patients and the 'Brew Buddy' service providing hot drinks to staff. Going forward, priorities were to further increase numbers of active volunteers, expand the response role to be more inclusive of more clinical areas, seek external funding to support the growth of the team, and formalise the 'volunteer to career' pathway.</p> <p>The Board of Directors thanked Emma for her presentation and commended the achievements of her service and of the Trust's volunteers, who continued to make a positive difference to the patient and staff experience on a daily basis in a context of continually severe operational pressures.</p>	
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10.0	21/22 119	<p>Ockenden Report – One Year On</p> <p>The Board of Directors welcomed Mara Tonks, Interim Associate Group Director of Midwifery, to the meeting, congratulating Mara on her recent appointment to this position. Mara presented a report setting out the Trust's progress in implementing seven immediate and essential actions (IEA) outlined in the 2020 Ockenden Report: Interim findings into Shrewsbury and Telford, as well as the 18 recommendations in the Kirkup report into Maternity Services at Morecombe Bay and workforce planning requirement, which had been subject to review by the Group People Committee at its meeting on 28 March 2022.</p> <p>The report set out the position at 18 March 2022, showing the Trust to be compliant against all IEAs with the exceptions of IEA3 (Staff training and working together) and IEA6 (Monitoring foetal wellbeing), which would be fully compliant by June 2022.</p> <p>Jill Houghton, Non-Executive Director Maternity Safety lead, indicated that she was assured of the Trust's position, which continued to be reviewed by the Quality Governance and Group People Committees to ensure safe staffing and services. The Board commended the work undertaken to achieve compliance, and particularly initiatives such as proactive work with the University of Northampton to double the number of midwifery students, and to encourage midwives who had left the profession to return to practice. The Hospital Chief Executive provided additional assurance that she maintained a weekly focus on maternity.</p> <p>In response to a question, the Board was advised that the maternity service reviewed patient feedback from the Friends and Family Test on a regular basis at management meetings; further targeted engagement work with families was required, however.</p> <p>Following discussion, the Board of Directors noted the latest position, requesting a further report to the next meeting in response to the recent publication of the full Ockenden report, in order to be in a position to know that maternity services were safe.</p>	Mara Tonks
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11.0	21/22 120	Public Sector Decarbonisation Scheme Grant Acceptance The Board of Directors noted and RATIFIED the decision of the Group Chief Executive and Trust Chair on 17 March 2022, under emergency powers, to approve the use of the public sector decarbonisation scheme and accept the award of grant funding of £20.6 million for the replacement and installation of infrastructure equipment with lower carbon options towards the NHS target of Carbon Net Zero by 2040 and moving the Trust from using Steam as its primary heating source towards a Low Temperature Hot Water (LTHW) solution.	
12.0	21/22 121	Fit and Proper Persons Annual Declaration The Board of Directors formally accepted the Chair's assurance that all Board Members continued to meet the Fit and Proper Persons requirements.	
13.0	21/22 122	Questions from the Public (received in advance) There were no questions received from the Public.	
14.0	21/22 123	Any Other Business None	
15.0	21/22 124	Resolution to Exclude the Public and the Press: The Board approved the resolution that: Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.	

Next meeting

Date & Time	Thursday 26 May 2022 – 09:30
Location	MS Teams

May Richard
05/23/2022 18:06:15

Action Log

Meeting	Board of Directors (Part II) Meeting in Public
Date & Time	Updated following 30 March 2022 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 6	Quality Governance Committee to review metrics related to discharge	PW	May 2022	Update to be provided at the meeting	OPEN
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	MS	June 2022	To be presented to Group Board Development event	NOT YET DUE
Mar 22 10	Response to full Ockenden report to be submitted to the Board of Directors	MT	May 2022	On Agenda	CLOSE

May Richard
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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	4.1

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

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

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

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

Executive Summary

As we meet for this cycle of Board meetings, the NHS has entered a new financial year. I note that point because for the first time in two years we are engaged in something approaching a normal planning process. As we meet, that planning process is still live and a further submission will be made in June. In my report today, I wanted to contextualise that upcoming submission with some of commentary I have heard at recent leadership events:

First, since we last met publicly, Easter has happened. As a whole, the NHS performed well and so did our local teams. I particularly want to thank those that worked during that period as the hospitals were still under significant strain at that point with the tail end impact of winter and still significant numbers of Covid patients at that point. We have another four day bank holiday within the next two weeks and I'd like to encourage all of our communities to use the NHS safely but wisely as we go through those celebrations.

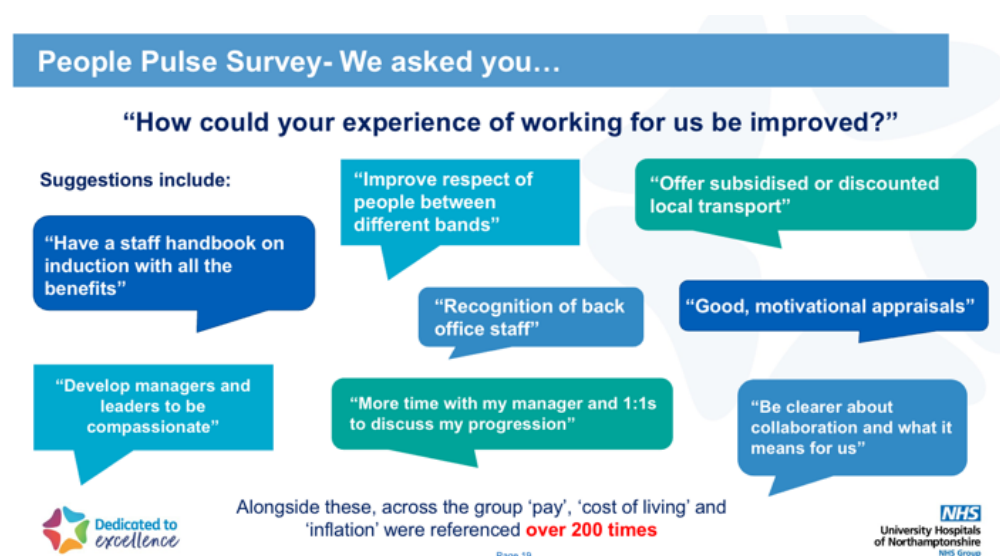
Secondly, Covid numbers are dropping. We had dipped to 23 on 18 May and this figure combined with the change in infection prevention control guidance allows us to begin to pivot towards a more normal mode of delivery.

Thirdly, this opens a window for delivery. We have the opportunity of a precious few months to really move forward on the delivery of constitutional standards, especially in relation to cancer and elective treatment. As I have observed in these reports previously, our waiting list position is better than most; however, we must not be complacent, particularly when we think about what will be a very difficult winter ahead. I would also like to draw attention to make the most of that window of opportunity to push forward on our transformation agenda, particularly in relation to outpatients.

Fourth, money matters. As I write, we have yet to agree a final plan with NHSE but it is clear the ask of the system will be significant in terms of improved productivity and efficiency. I think the key issue here will be how do we respond as a system. The challenges that we face in this area can be met in my opinion, but they will require concerted joint action across all health and care partners to do so.

Fifth, the area of transformation highlighted in national conversations has been that of digital transformation and in particular system digital transformation. We have two challenges in Northamptonshire: we need to find a way of accelerating connectivity at a system level and the consequent capability to drive operational insight from that and we need to secure the funding for an EPR in NGH. We will also be expected to make significant progress on virtual wards in the year ahead, especially in the areas of frailty and respiratory admission avoidance although the watchword here will be to ensure that what is delivered can be done so safely.

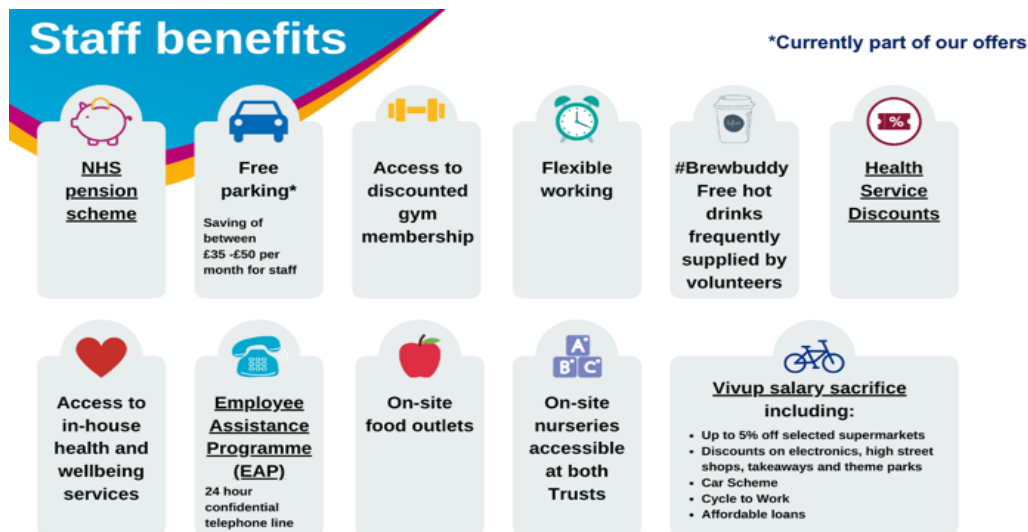
Turning to other issues, as we continue our work on staff engagement, I wanted to take a moment and reflect on what our recent Pulse Survey told us. We had an overall response rate of 24% across the Group, which demonstrates we have staff who are willing to speak up and tell us what they think. In addition to the positive feedback, they raised a number of challenges to us where we could do better. These are summarised below:



I want to draw attention to the reference to pay and cost of living and how significantly this has begun to feature. As we come around to our next Board development session on staff engagement at the end of June, I think it is important that we keep the very practical problems our colleagues might be facing at the centre of our thinking and ask ourselves, is

this the best we can do?

In our staff briefing, Mark (our Group Chief People Officer) also shared the work we have done to date in response to this question and it is below:



Finally, staff asked us to be clearer about collaboration and what it might mean for them. We should remember we came together as a group to make changes to clinical services for the benefit of our population and to make those changes in such a way that they were not felt to be win – lose scenarios for the hospitals. I want to end by reporting a very successful first engagement workshop on cardiology and the opportunities that collaboration can offer. The slide is titled 'Dare to Dream' and I hope we do.



Appendices

None

Risk and assurance

No direct implications

None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

May Richard
05/23/2022 18:06:15

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	4.2

Title	Hospital Chief Executive's Report
Presenter	Heidi Smoult, Hospital Chief Executive
Author	Heidi Smoult, Hospital Chief Executive

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> 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				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
For the Board's receipt and information	None
Executive Summary	
Health, Wellbeing & Culture <p>Our teams continue to work extremely hard and I would like to thank each and every member of NGH teams for their hard work and commitment to our dedicated to excellence ambition across the group. However, the impact of the pandemic and continued pressure on teams has been a significant focus underpinning us continuing to explore how we can strive to improve our well-being offer to teams and staff even further and create the cultural environment with NGH that allows everyone to be the best they can be.</p> <p>Whilst our staff survey and pulse survey do show some areas of improvement, they continue to demonstrate the need for cultural change within the hospital in a number of areas, some of which have been longstanding in our results over a number of years. As an executive and group executive team we are working with our teams on necessary cultural change work</p>	

with significant focus to making a sustainable change.

Within NGH we have been utilising our Connect, Explore and Improve sessions, briefings, newsletters and visits to connect with our teams, explore their challenges collectively and focus on the need to improve together. This work is focussing on understanding, creating psychologically safe spaces and reducing the hierarchy to provide necessary foundations, alongside leaders across the hospital to drive improvements in culture. This work is a key priority for the executive and group executive team collectively.

Nursing, Midwifery & Nursing Associate Conference

On 10th May we held a nursing conference with approximately 150 nursing colleagues as part of our launch of our re-accreditation of Pathway to Excellence. We were fortunate to have national nursing leaders as key-note speakers and Jill Houghton representing our non-executive directors. The day demonstrates the extensive amount of improvement work underway through our shared decision-making councils and other areas. It was a day where the pride in the room was demonstrable in a number of ways. Our nursing leadership team, ultimately led by Debbie Shanahan as our newly appointed Interim Director of Nursing, demonstrated all our group values.

Maternity Update

Our maternity service continues to be a priority for the trust and key members of the executive team and divisional team are working closely with our maternity service. We have a key organisational development piece of work underway, with external support.

The Ockenden review provides an invaluable opportunity for every maternity service in the country to drive necessary improvements in maternity care. As the HCEO, I welcome the review and consider it a crucial opportunity to learn and drive improvements. As part of our proactive commitment to this, we have proactively invited a regional review of our progress against Ockenden interim recommendations in April 2022. The board papers cover Ockenden in more detail.

Hospital and System Flow - Urgent Care Pathway

The demand on our urgent care pathway and flow throughout our hospital continues to be a key challenge and focus for us as a hospital, although we have more recently seen escalation level being reduced to OPEL 2 for some periods. There is a significant amount of work underway internally in the hospital to address longstanding areas for improvement and also to gain objective external perspectives and allow benchmarking. This work is to ensure necessary internal improvements are carried out in a collaborative and ambitious manner, in conjunction with key partners. Consequently, we have welcomed and requested external audits to inform our improvement work.

One of these audits (GIRFT), has highlighted the fact that for the level of activity seen in the department, there is a deficit of eight major cubicles. This contributes directly to the issues the department has experienced with ambulance handover delays. Simply, even with optimal flow through the hospital, the department has limited resilience to any surges in demand. In addition, the west of the county does not have an urgent treatment centre to defray demand from A&E. I have raised both of these issues with ICS colleagues as the solutions will need an injection of capital for which there is currently no plan.

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Improvements to urgent care pathways

Since the last board meeting, as part of this work, we have introduced patient flow coordinators, working with the multidisciplinary teams on the wards, to focus on maximising flow by minimising internal delays ensuring our patients length of stay is appropriate. We have also progressed with our Frailty SDEC (same day emergency care) and our short stay unit to ensure our more vulnerable patients have the best team supporting and assessing for admission in a timely manner.

System working

Along with KGH, both hospitals continue to be part of the national discharge programme to look at sustainability and improvement. We have been part of systemwide focus on this national work and this is a positive opportunity, in being part of a network who are sharing the same challenges and solutions. In our most recent visit, the focus of the national team broadened to consider how the system is working together to support flow. This visit highlighted that although progress has been made, there is more to do to move ahead of anticipated demand, particularly over winter, and on the capability of the system to have live capacity dashboards.

Pharmacy Robot

The project to replace our pharmacy robot entered the implementation phase in January 2022 with the instal completed during March 2022. We now have an Omnicell robotic dispensing solution in place. This automates medication dispensing, sorting, and retrieval. The pharmacy robot allows the team to supply medicines quickly, reduces the likelihood of medicines picking errors and improves stock accuracy. As well as fulfilling individual prescriptions, the robot can also communicate with on-ward medicine cabinets to ensure standard items are always in stock.

Research Facility

NGH have been successful in their bid to have a National Institute of Health and Care Research Clinical Research Facility (CRF). This will commence in Autumn 2022.

Robot competition

Between May and July 2022, we are launching a 'name the robot' competition with Northamptonshire primary schools. We are keen to work with our community to ensure they feel part of the key developments in UHN and in achieving our group ambition. Our communications team have worked hard on this work and we look forward to working with primary schools on this initiative.

Appendices

None

Risk and assurance

No direct implications.

Financial Impact

None

Legal implications/regulatory requirements

None

Equality Impact Assessment

Neutral: Information report.

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	27 May 2022
Agenda item	5

Title	Integrated Governance Report (IGR)
Presenters	Heidi Smoult, Hospital Chief Executive Andy Callow, Group Chief Digital Information Officer
Authors	Martin Innes, Group Head of Health Intelligence Richard May, Trust Board Secretary

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> 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 and provide an update on the latest position regarding the implementation of a Group IGR.	NGH and KGH Board Committees, May 2022
Executive Summary	
In January 2022, Group Committee and Board meetings used Power BI as the platform for the Integrated Governance Report (IGR) for the first time. Since then, we have been iterating the IGR to increase the number of metrics and the quality of the information	

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provided. The enclosed slides provide an update on progress and invites Board Members to provide further feedback.

Board Committee summaries are enclosed as a separate attachment. Committee Chairs will be invited to draw the Board's attention to other significant items considered at meetings.

Appendices

Slides: UHN Group IGR Metrics and reporting
Board Committee summaries
Integrated Governance Report, April 2022

Risk and assurance

The IGR should inform, and be informed by, consideration of the Board Assurance Framework at Agenda Item 10.

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.

May Richard
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UHN Group IGR Metrics and reporting

May 2022

Presented By: Andy Callow, Group CDIO

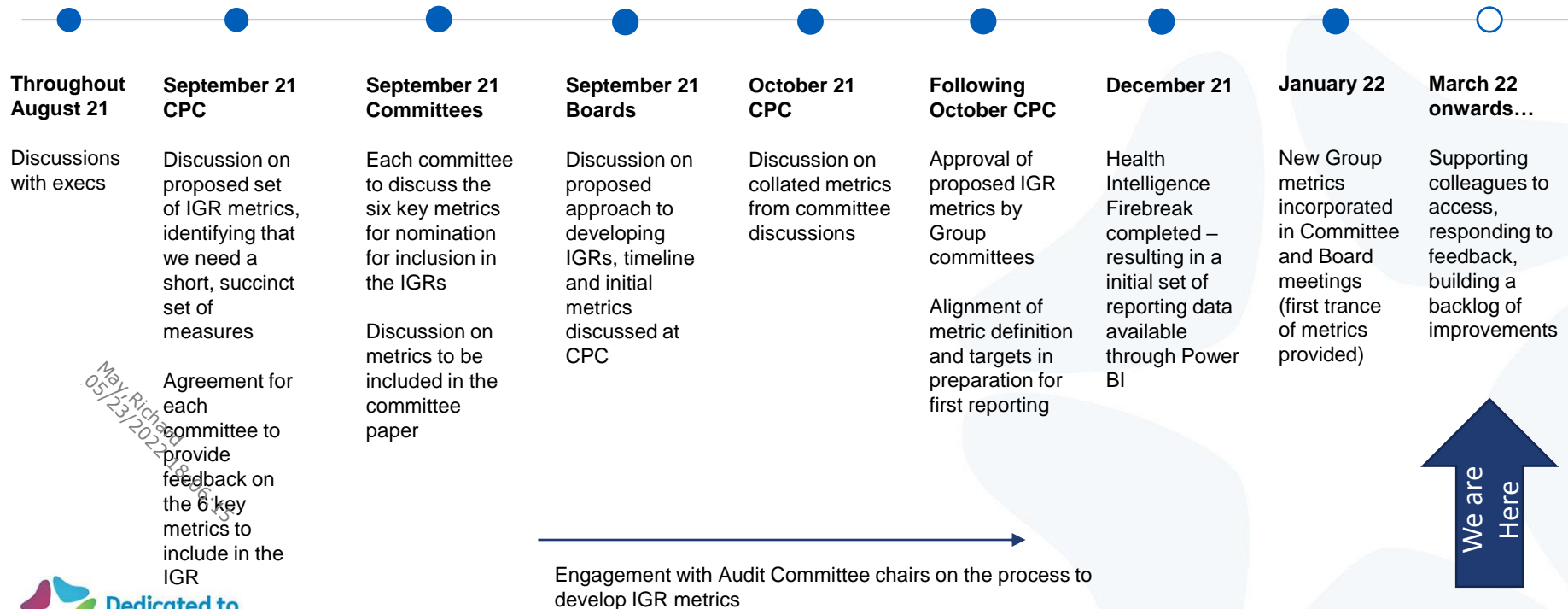


Background

- ▶ In January 2022, our Committee and Board meetings used PowerBI as the platform for the Integrated Governance Report (IGR) for the first time.
- ▶ Since then we have been iterating the IGR to increase the number of metrics and the quality of the information provided. This paper provides an update on progress and invites Committee and Board members to provide further feedback.

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



Improving the metrics

We continue to work to gain clear definitions for the 89 previously agreed metrics and are being supported by Moorhouse on some development work.

We have agreement on outline definition for 57 metrics and will now undertake work on documenting the data flow for each metric.

We continue to work on development of the metric visuals and these will be rolled out over the next few months alongside an upgrade on overall structure as outlined further in the document. We anticipate that this work will take us 3 months to fully complete.

We have increased the number of metrics published this month from 38 to 40. We have not included metrics on performance against plan whilst we update the 2022/23 plan. This will be included next month.

Thanks to great support from colleagues across the group we have increased significantly the level of commentary provided and will continue to enhance systems and process to encourage more commentary.

Committee	Total Metrics	Defined Metrics	Published Metrics	Last Month
Patient	9	7	7	6
Systems & Partnerships	17	4	14	12
Quality	22	16	7	7
Sustainability	16	16	6	8
People	25	14	6	5
Total	89	57	40	38

Update on metric definitions

	Metric	Definition status
Patient	% of Patients who would recommend	
	% of patients who would recommend - Inpatient	
	% of patients who would recommend - A&E	
	% of patients who would recommend - Maternity	
	% of patients who would recommend - outpatients	
	Patient pulse feedback on communication	
	Number of complaints	
	Complaints response performance	
	Patient safeguarding	

	Metric	Definition status
Quality	New Harms	
	Serious or moderate harms	
	Serious or moderate harms - Falls	
	Serious or moderate harms - Deteriorating patient	
	Serious or moderate harms - pressure ulcers	
	Serious or moderate harms - VTE	
	Number of medication errors	
	Hospital acquired infections	
	COVID-19	
	MRSA	
	C Diff	
	SHMI	
	HSMR	
	SMR	
	Safe Staffing	
	MDT Assessment and Accreditation	
	30 day readmissions	
	never event incidence	
	maternity bundle measures	
	Dementia Screening	
	Qi Projects undertaken	
	Thromboprophylaxis risk assessment tool on admission	

	Metric	Definition status
Sustainability	Income YTD (£000's)	
	Pay YTD (£000's)	
	Non Pay YTD (£000's)	
	Surplus/Defecit YTD (£000's)	
	CIP performance YTD (£000's)	
	Bank and Agency spend (£000's)	
	Capital Spend	
	Beds Available	
	Theatre sessions planned	
	Headcount actual Vs planned (substantive/agency/bank)	
	A&E Activity (&Vs plan)	
	Non-elective activity (&Vs plan)	
	Elective inpatient activity (& Vs plan)	
Systems and Partnerships	Elective day case activity (& vs plan)	
	Outpatients activity (& Vs plan)	
	Maternity activity (Vs plan)	
	Two week wait	
	31-day wait for first treatment	
	62-day wait for first treatment	
	Cancer: Faster Diagnostic Standard	
	Cancer: NGH internal metric (*to be explored)	
	6-week diagnostic test target performance	
	Unappointed outpatient follow ups	
	Virtual outpatient appointments	
	RTT over 52 week waits	
	RTT median wait incomplete pathways	
	Size of RTT waiting list	
	Theatre utilisation	
	Composite urgent care bundle - number of measures hit out of 7	
	Bed utilisation	
	Stranded patients (7+ day length of stay)	
	Super stranded patients (21+ day length of stay)	
	Patients with a reason to reside	

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

Set of metrics agreed at November 2021
Boards
Current number of metrics: 89
Definitions agreed: 57

New reporting periods

We continue to face challenges in completing the IGR due to the small time window of validated data being available and then sign off happening. Historically, this has only given contributors a day or so to review data and provide an updated narrative.

We introduced the new timeline this month which improved the supply of data by day 10 but we still have to do further work to get all data submitted by day 8 to provide more time for contributors to add in narrative and allow for sign off.

We will be continue to offer workshops with contributors to ensure the revised timelines and expectations are understood by all in the next few weeks.



Days 1 -8	Days 9 & 10	Day 11	Day 12	Day 13																				
Data submission window open: All contributors to supply data and commentary during this period.	Review period: This will allow data quality review and finalise any outstanding data.	Contributor sign off meeting: Meeting to authorise data for final exec sign off	Executive sign off meeting: Final sign off meeting pre-publication	Final IGR published: Publication of data and reports for committees																				
<p>The current process of data being submitted by day 10 has seen the target delivery date fail on most occasions as day 10 has become day 11, which has then prevented data quality checks and a proper sign off process from being delivered.</p> <p>The new process will see the data submission window drop from day 10 to day between day 1 and day 8. Days 9 and 10 will then be used for data quality review, visualisation development and any final commentary that needs to be added.</p> <p>This will ensure that all data is available at day 10 for review by contributors and executives.</p>		<p>New invites have been issued for contributor and executive sign off meetings to cover the period May – July.</p> <p>During this period the team will develop new processes and mechanism for ongoing automated authorisation process</p>																						
		<table><tr><th>Key Dates</th><th>May</th><th>June</th><th>July</th></tr><tr><td>Days 9 & 10</td><td>13-16</td><td>15-16</td><td>13-14</td></tr><tr><td>Day 11</td><td>17</td><td>17</td><td>15</td></tr><tr><td>Day 12</td><td>18</td><td>20</td><td>18</td></tr><tr><td>Day 13</td><td>19</td><td>21</td><td>19</td></tr></table>			Key Dates	May	June	July	Days 9 & 10	13-16	15-16	13-14	Day 11	17	17	15	Day 12	18	20	18	Day 13	19	21	19
Key Dates	May	June	July																					
Days 9 & 10	13-16	15-16	13-14																					
Day 11	17	17	15																					
Day 12	18	20	18																					
Day 13	19	21	19																					

Next Steps

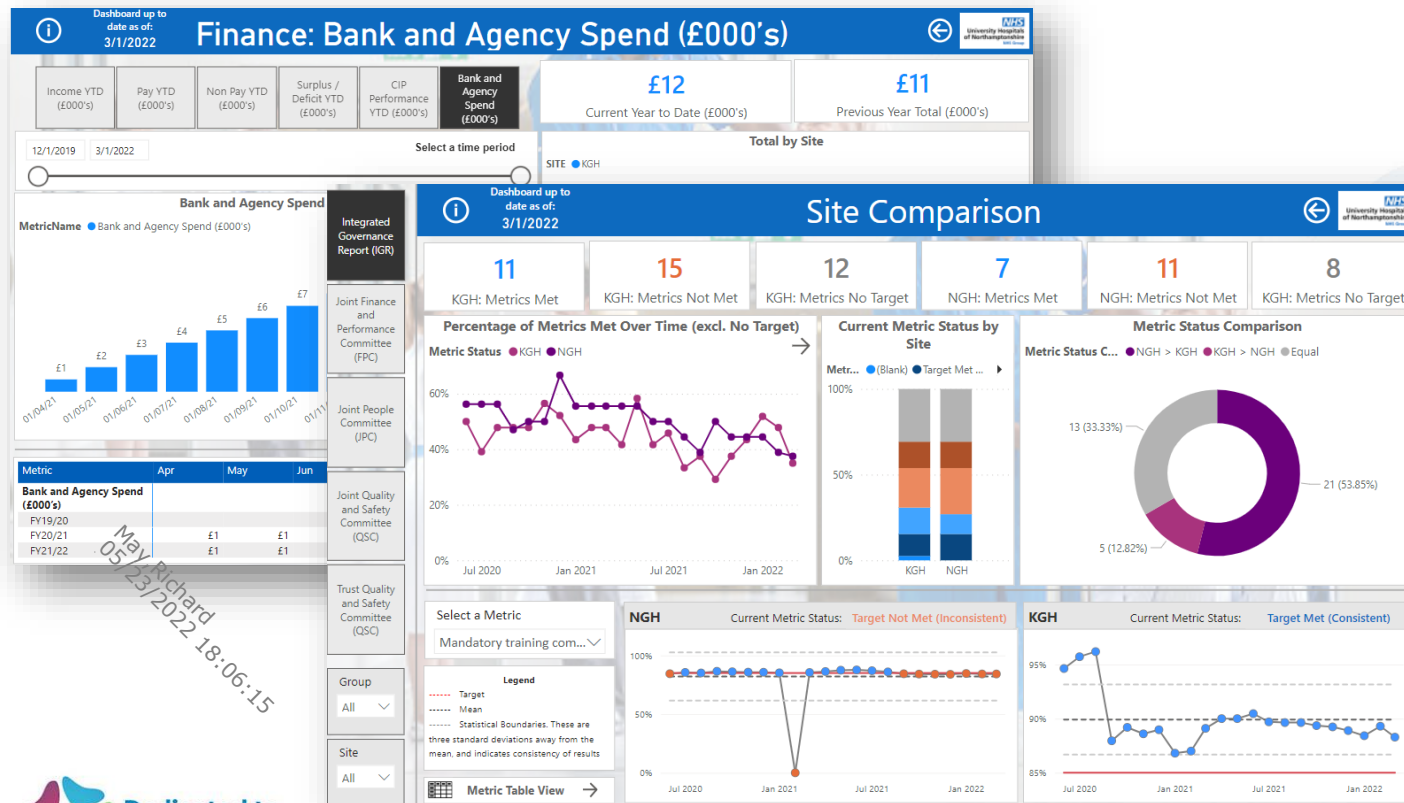
- ▶ Following the submission of the agreed metrics we are now working to embed these into the system this involves:
 - ▶ Communicating the new agreed definitions
 - ▶ Identifying data sources and checking quality
 - ▶ Understanding if we have aligned data to cover 24-month period
 - ▶ Designing the new visual requirements (see Appendix)

- ▶ To support the development, we will:
 - ▶ Undertake a formal project management process to support development
 - ▶ Appoint lead staff member to support development of the IGR dashboards
 - ▶ Undertake governance review to improve processes
 - ▶ Aim to have 85% of IGR metrics included from July with ongoing enhancements thereafter

Appendix

May Richard
05/23/2022 18:06:15

New Visualisation Draft



We are in the process of redesigning the visualisation of the IGR in response to feedback about the current version.

BOARD COMMITTEE SUMMARIES

26 MAY 2022 – AGENDA ITEM 5

Group Clinical Quality, Safety and Performance: 22 April

Trust Quality Governance Committee: 20 May

Trust Finance and Performance Committee: 27 April and 25 May

Group People Committee: 23 May

Group Digital Hospital: 20 May

Collaboration Programme: 11 April and 16 May

Audit: 25 April

Strategic Development: no meetings since last Board

May, Richard
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Group Clinical Quality, Safety and Performance Committee in common Committee Summary to Public Trust Board		Date of committee meeting: 22 April 2022	
Committee Convenor: Andre Ng (NGH Co-Chair)			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Maternity Safety	Identified as a cause for concern at NGH – with mitigations	Noted	On Board Agenda
Integrated Governance Report	The report did not enable the Committee to receive and provide assurance in respect of key performance measures.	Noted	On Board Agenda

May, Richard
05/23/2022 18:06:15

NGH Quality Governance Committee Committee Summary to Public Trust Board		Date of committee meeting: 20 May 2022	
Committee Chair: Andre Ng			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Ockenden (2.5)	The Committee noted that maternity staffing continued to be an issue following the Ockenden update; It was noted that a report would also be taken to Board this month. The Committee heard that there had been an insights visit with HSE and subsequently the team was reviewing all the recommendations that have arisen from the visit; it was noted that one of the most significant recommendations was around Medway IT system.	the Maternity Focus Group are keeping Ockenden and the full report under review..	On Board Agenda
Security Management Update (3.6) <div>May, Richard 05/23/2022 18:06:15</div>	The Director of Estates provided an update on Security Management addressing the two actions from the last meeting around training. It was noted that around 1500 staff had not yet undertaken training and that violence prevention standards that were signed off by HMT should contribute to increased take-up. The Director of Estates commented that The Trust was broadly where it needed to be and in terms of quality over the past 6-9 months there had been significant improvements. That Committee noted that the security management report was an important piece of work with an associated reputational risk for awareness.	-	-
QGC refocus	The QGC had a useful, open and transparent discussion about the content of the agenda with a view to a subsequent review and refocus.	-	-

Finance and Performance Committee Committee Summary to Public Trust Board		Date of committee meetings: 26 April 2022	
Committee Chair: Rachel Parker			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Corporate Risk Register	Committee Chair to raise issues with Director of Integrated Governance	Note	On Board Agenda (BAF)
Estates Compliance and HSE Visit	The Committee indicated strong assurance in respect of the Trust's arrangements and commended the responsible teams and individuals for their work to achieve this position.	Note	N/a
Financial Report	The Committee commended the Month 12 position against estimates	Note	N/a
Integrated Governance Report	The Committee emphasised the need for forward-facing data to enable meaningful projections for key performance trends	Note	N/a

May, Richard
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Finance and Performance Committee Committee Summary to Public Trust Board		Date of committee meetings: 25 May 2022	
Committee Chair: Rachel Parker			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
	TO FOLLOW 25 MAY 2022 MEETING		

May, Richard
05/23/2022 18:06:15

Group People Committee in common Committee Summary to Public Trust Board		Date of Committee meeting: 23 May 2022	
Reporting Committee Co-Chair and NGH Convenor: Denise Kirkham			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
	TO FOLLOW 23 MAY 2022 MEETING		

May Richard
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**Group Digital Hospital Committee in common
Committee Summary to Board of Directors**

Date of Committee meetings: 20 May 2022 (1 of 2)

Committee Chair: Alice Cooper (KGH Non-Executive Director)

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Targeted Investment Fund (TIF) Schemes	The committee received an update on the progress of the schemes where software had been purchased using the recent TIF scheme at the end of the last financial year. It was noted that whilst some of these were progressing immediately, the funding to support implementation of some of the schemes was still to be approved.	-	-
NGH EPR Implementation	The revised timeline for the achievement of the funding for the NGH programme under the new national digital funding programme was presented. The current estimate gave a start date of clinicians being able to start using a new EPR of early 2025. The committee shared their disappointment at the long wait for this project, and challenged the digital team to re-look at both the timetable presented, to see if any gains could be achieved, plus also putting in place a more proactive programme to implement interim solutions for collaboration before this date.	-	-
IGR reporting enhancements	The committee received an update on the progress of the IGR metrics and associated commentary, to supplement/align at a group level, the existing Board and Board committee reporting. It was acknowledged that this project had taken longer than all had anticipated, and that a process of agreeing the next priority metrics with lead executives for each committee was now underway.	-	-
ICS Digital Strategy	The committee was pleased to see the significant progress made on drafting this, and looked forward to seeing a final draft in the coming months.	-	-
Automation Accelerator Business Plan	Following a number of sub-committee meetings over the last month, the committee were pleased to approve the business case for the continuation of the Automation Accelerator (Robotic Process Automation Centre of Excellence based at NGH) in its current structure.	-	-

**Group Digital Hospital Committee in common
Committee Summary to Board of Directors**

Date of Committee meetings: 20 May 2022 (2 of 2)

Committee Chair: Alice Cooper (KGH Non-Executive Director)

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Digital Team Restructure	The committee received a full update on this programme, including feedback from staff at recent forums.	-	-
Remote Patient Monitoring	The committee were informed that digital funding had been allocated to extend the pilot in this area, but that expanding this was a clinically led initiative.	-	-
Northamptonshire Care Record	The committee were updated on the progress of the go-live of this, which disappointingly had still not taken place. This was now estimated at summer 2022.	-	-

May, Richard
05/23/2022 18:06:15

**Collaboration Programme Committee in common
Committee Summary to Trust Board**

Dates of Committee meetings: 11 April and 16 May 2022

Committee Co-Chair and NGH Convenor: Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Clinical Strategy Engagement	The Committee received and noted an update on the engagement that had taken place on the Clinical Strategy.	-	On Board Agenda
Group Digital Strategy	The Committee received and noted an update on the Group Digital Strategy, noting key highlights e.g. increased percentages of virtual outpatient appointments and scanned medical records and challenges in respect of Targeted Investment Fund scheme implementation, resourcing in the Health Intelligence Team and the NGH Electronic Patient Record Programme	-	-
Group Academic Strategy	The committee received an update on progress regarding the Group's Academic Strategy. An overview of the objectives, benefits and risks of the Strategy was provided. The patient recruitment target had been met with over 3000 patients recruited across the Group for research; this was a significant achievement.	-	-
Integrated Care System (ICS) Plan 22-23	The committee reviewed the latest thinking on the key areas of focus for the ICS, and evaluated those which UHN wished to be most closely involved in, and/or lead. These thoughts were to be fed back into the next part of the drafting of the strategy. The committee reviewed the proposed structure and governance for the elective care collaborative and gave feedback including a specific challenge as to the importance of ensuring the new structure really drove behaviour change and new ways of working going forwards.	-	-
Specialist Review of Estates and Facilities Services	The committee reviewed the initial findings of the external review which has been taking place, highlighting general areas to be investigated further for improvements and efficiencies. The committee welcomed the work to date and asked that it progress to the next level of bringing back proposals for work programmes for the Boards' consideration.	-	-
Group Risks	The committee reviewed the group risks, noting comments about the differences between risk appetite and exposure on estates, and the sense that the people strategy risk needed to be updated to reflect the feedback from this year's staff survey, and our initial planned actions.		

Audit Committee Summary to Trust Board		Dates of Committee meeting: 25 April 2022	
Committee Chair: David Moore			
Agenda Item	Description and summary discussion	Decision / Actions	Review Date
Internal Audit recommendations	The Committee requested that the highest priority recommendations be allocated to a responsible Executive Lead and Committee	-	-
Anti-Crime Counter Fraud Reports	The Committee emphasised that all staff had shared responsibility for preventing fraud.	-	-
External Audit Report	The Committee commended strong joint working between external audit and the Trust's finance teams	-	-
BAF and Corporate Risk Register	The Committee identified a number of matters requiring harmonisation between registers and noted that a review was underway	-	On agenda
Approvals	Terms of Reference and authority to approve the Annual Report and Accounts* (recommendation to Board), Annual Self-Certification* (recommendation to Board), Internal Audit Plan 2022/23, Counter Fraud Work Plan 2022-23	Approved / recommended to Board	*On Agenda

May Richard
05/23/2022 18:06:15

Integrated Governance Report

April 2022

Welcome to the [Committee Dashboard](#) for the [University Hospitals of Northampton NHS Group](#).

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

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

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

The dashboard will be made up the following component parts:

[Group Priority Executive Summary Page](#)

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

[Summary Page](#)

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

Variation icons: **Orange** indicates concerning special cause variation requiring action. **Blue** indicates where improvement appears to lie. **Grey** indicates no significant change (common cause variation).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. **Grey** icons tells you that sometimes the target will be met and sometimes missed due to random variation.

[Detailed SPC Chart Page](#)

As above excluding presentation table.

Notes

Select the NGH logo to navigate to the committee dashboard with
NGH values populated



Select the KGH logo to navigate to the committee dashboard with
KGH values populated



Systems & Partnerships

Metrics Associated with Systems & Partnerships Group Priority

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

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

Quality

Metrics Associated with Quality Group Priority

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

Patient

Metrics Associated with Patient Group Priority

% of patients who would recommend

% of patients who would recommend - inpatient

% of patients who would recommend - A&E

% of patients who would recommend - maternity

% of patients who would recommend - outpatients

Patient pulse feedback on communication

Number of complaints

Complaints response performance

Patient safeguarding

People

Metrics Associated with People Group Priority

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

Sustainability

Metrics Associated with Sustainability Group Priority

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

Patient

People

Quality

Sustainability

Systems & Partnerships

Site	Metric	Latest Value	Metric	Comment
NGH	% Patients satisfaction score - Trustwide	86.1%	Complaints:	Complaints performance remains below trajectory. A review of the data has demonstrated that this is attributed to two issues. The first is the quality of the response, which means that comprehensive responses are not received by the Complaints Team to finalise before responding to the complainant. The second is the timelines of these investigations being returned to the Complaints team. A number of initiatives have been put in place to support both the Complaints Team and the Divisions. There has been a month on month improvement in compliance from Dec - 19% to April 67%. A Complaints workshop was held on 13th April 2022 as a learning from feedback session.
KGH	% Patients satisfaction score - Trustwide	87.76%		
NGH	% Patients satisfaction score - inpatients	85%		
KGH	% Patients satisfaction score - inpatients	87.02%		
KGH	% Patients satisfaction score - A&E	70.81%		
NGH	% Patients satisfaction score - A&E	73.9%		
KGH	% Patients satisfaction score - maternity	81.48%		
NGH	% Patients satisfaction score - maternity	92.7%		
NGH	% Patients satisfaction score - outpatients	92.4%		
KGH	% Patients satisfaction score - outpatients	93.95%		
KGH	Number of complaints	0		
NGH	Number of complaints	21		
KGH	Complaints response performance	67%		
NGH	Complaints response performance	87.5%		



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

Group
☐ Select all
☒ Patient
☐ People
☐ Quality
☐ Sustainability
☐ Systems and Partnerships

SITE
☒ Select all
☒ KGH
☒ NGH


Variation
☒ Select all
☒ Improvement (Low)
☒ Common Cause

Clear Filters


Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
KGH	Patient	% Patients satisfaction score - Trustwide	01/04/22	87.76%	95%	80.07%	88.25%	96.44%		
NGH	Patient	% Patients satisfaction score - Trustwide	01/04/22	86.1%	95%	84.5%	88.85%	93.21%		
KGH	Patient	Number of complaints	01/04/22	0	0	5.85	37.1	68.36		
NGH	Patient	Number of complaints	01/04/22	21	0	-4	24.6	53.2		

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Committee Name

Integrated Governance Report (IGR) 

Group

Patient 

Metric

% Patients satisfaction score - Trustwide 

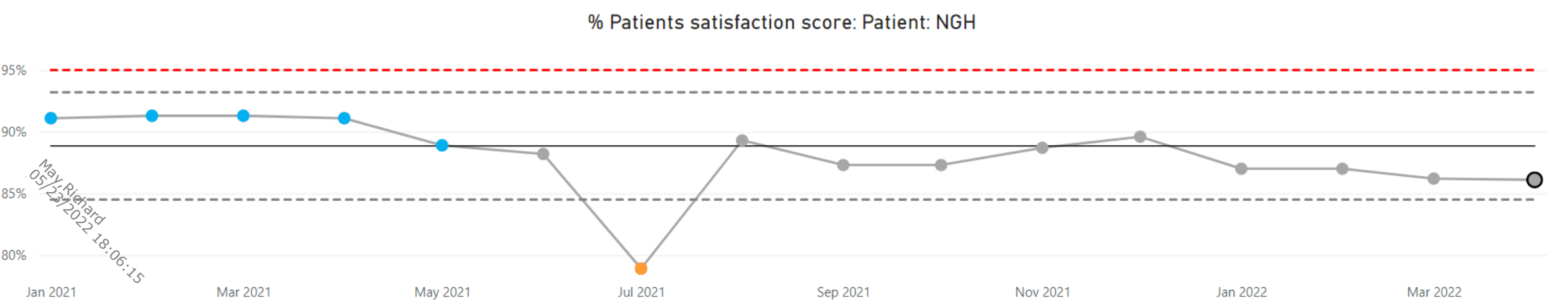
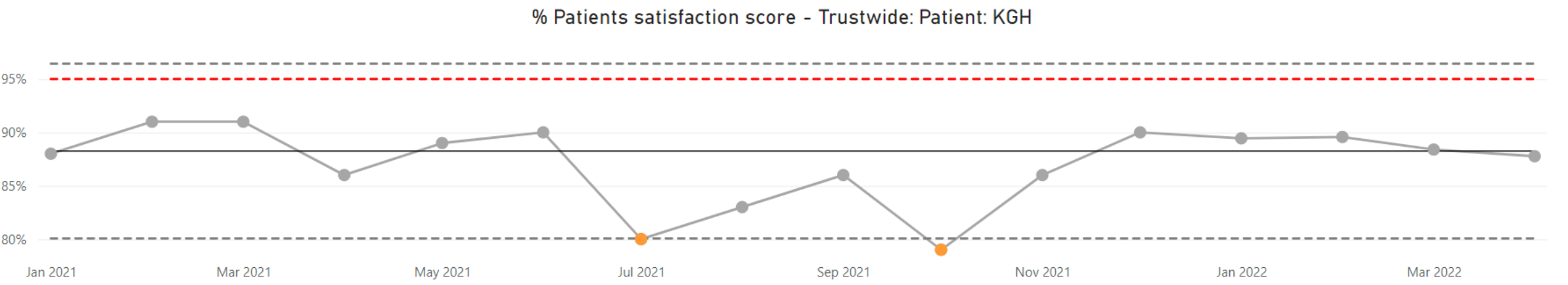
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

Integrated Governance Report (IGR) ▾

Group

Patient ▾

Metric

% Patients satisfaction score - Trustwide ▾

Site

KGH ▾

01/04/22

Latest Date

80.07%

-3σ

Patient_01||KGH

Metric ID

Date

Annotation

87.76%

Value

88.25%

Mean

Apr-20 to Apr-22

Horizontal Axis

95%

Target

96.44%

+3σ

% of patients

Vertical Axis

Variation

Assurance



Legend

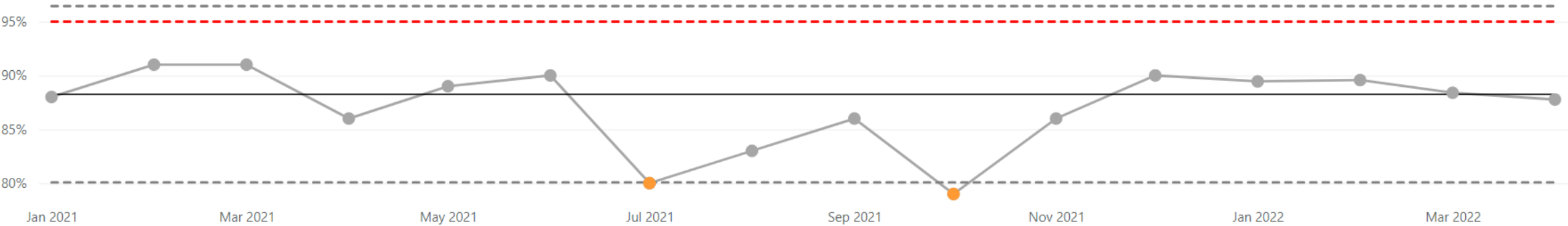
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

% Patients satisfaction score - Trustwide: Patient



Background

What the chart tells us

Issues

Actions

Mitigations

The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.

Committee Name

Integrated Governance Report (IGR) ▾

Group

Patient 🔍 📄 📅 ⋮

Metric

% Patients satisfaction score - Trustwide ▾

Site

NGH ▾

01/04/22
Latest Date
86.1%
Value
95%
Target

84.5%
-3σ
88.85%
Mean
93.21%
+3σ

Patient_01||NGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
% of patients
Vertical Axis

Date
01/04/22
Annotation
Latest data point = April 2022

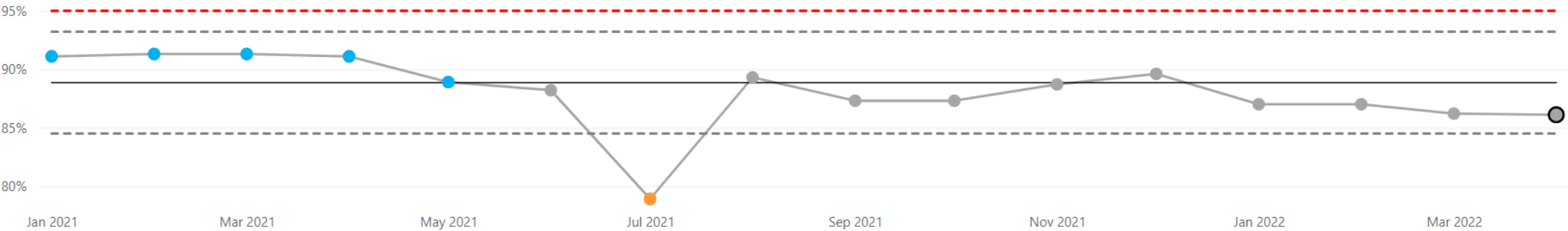


Legend

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

Clear Filters

% Patients satisfaction score: Patient



Background What the chart tells us Issues Actions Mitigations

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Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Patient ▾

Metric

Number of complaints ▾

Clear Filters

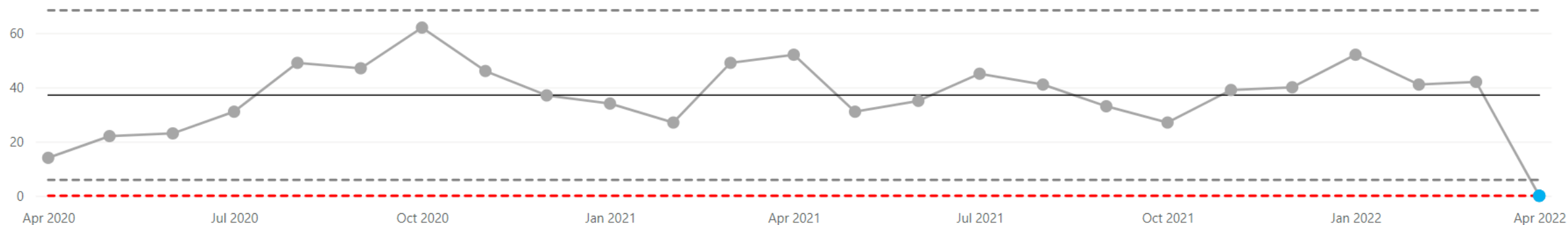
[Legend](#)

Target -----

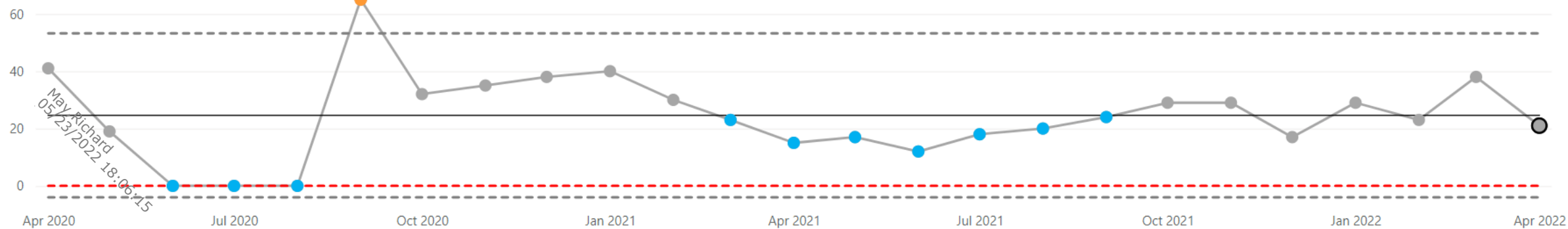
Upper/Lower Process Limit -----

Mean -----

Number of complaints: Patient: KGH



Number of complaints: Patient: NGH



May Richard
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Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Number of complaints

Site

KGH

01/04/22
Latest Date

0
Value

0
Target

5.85
-3σ

37.1
Mean

68.36
+3σ

Patient_07||KGH
Metric ID

Apr-20 to Apr-22
Horizontal Axis

Number of complaints
Vertical Axis

Date Annotation

Variation

Assurance



Legend

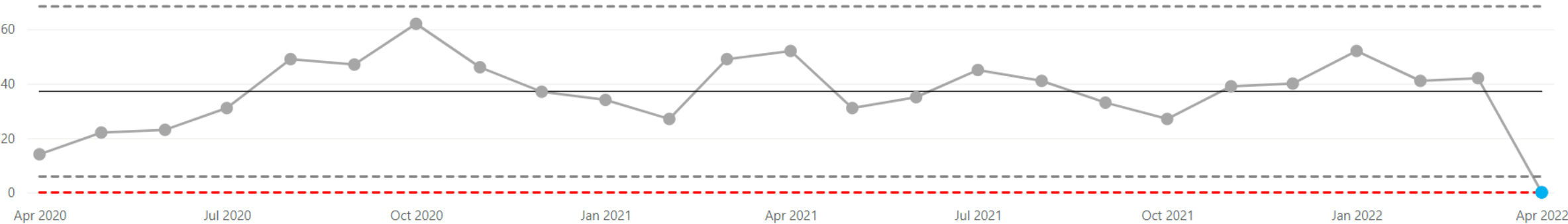
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Number of complaints: Patient



Background

What the chart tells us

Issues

Actions

Mitigations

Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.

Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Number of complaints

Site

NGH

01/04/22

Latest Date

21

Value

0

Target

-4

-3σ

24.6

Mean

53.2

+3σ

Patient_07||NGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Number of complaints

Vertical Axis

Date

01/04/22

Annotation

Latest data point = April 2022

Variation



Assurance



Legend

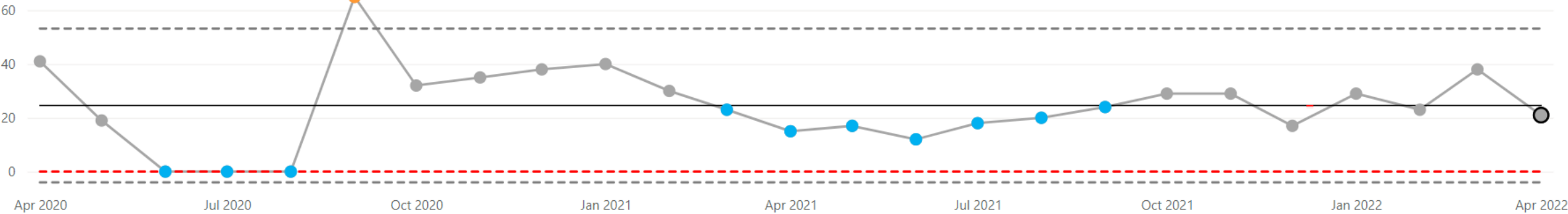
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Number of complaints: Patient



Background

What the chart tells us

Issues

Actions

Mitigations

View Richard
05/23/2022 18:06:15

Patient

People

Quality

Sustainability

Systems & Partnerships

Site	Metric	Latest Value
KGH	Number of volunteers	221
NGH	Number of volunteers	364
NGH	Turnover rate	9.8%
KGH	Turnover rate	11.03%
KGH	Vacancy rate	8.94%
NGH	Vacancy rate	9.41%
KGH	Sickness and absence rate	6.5%
NGH	Sickness and absence rate	6.54%
NGH	Appraisal completion rates	74.2%
KGH	Appraisal completion rates	80.96%
NGH	Mandatory training compliance	84.96%
KGH	Mandatory training compliance	88.58%

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

Group
☐ Select all
☐ Patient
☒ People
☐ Quality
☐ Sustainability
☐ Systems and Partnerships

SITE
☒ Select all
☒ KGH
☒ NGH

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

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
KGH	People	Mandatory training compliance	01/04/22	88.58%	85%	86.66%	89.78%	92.9%		
NGH	People	Mandatory training compliance	01/04/22	84.96%	85%	61.57%	81.95%	102.33%		
NGH	People	Appraisal completion rates	01/04/22	74.2%	85%	51.7%	71.76%	91.83%		
KGH	People	Appraisal completion rates	01/04/22	80.96%	85%	77.58%	81.12%	84.67%		
KGH	People	Sickness and absence rate	01/04/22	6.5%	4%	3.83%	5.59%	7.34%		
NGH	People	Sickness and absence rate	01/04/22	6.54%	3.8%	4.58%	5.67%	6.77%		
NGH	People	Vacancy rate	01/04/22	9.41%	9%	6%	7.69%	9.37%		
KGH	People	Vacancy rate	01/04/22	8.94%	7%	6.68%	9.05%	11.42%		
NGH	People	Turnover rate	01/04/22	9.8%	10%	7.72%	8.13%	8.54%		
KGH	People	Turnover rate	01/04/22	11.03%	11%	9.49%	10.14%	10.8%		

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Committee Name

Integrated Governance Report (IGR) ▼

Group

People ▼

Metric

Mandatory training compliance ▼

Clear Filters

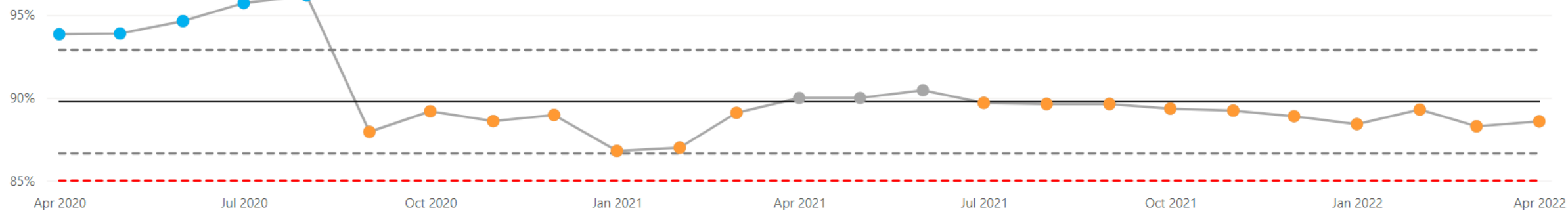
[Legend](#)

Target -----

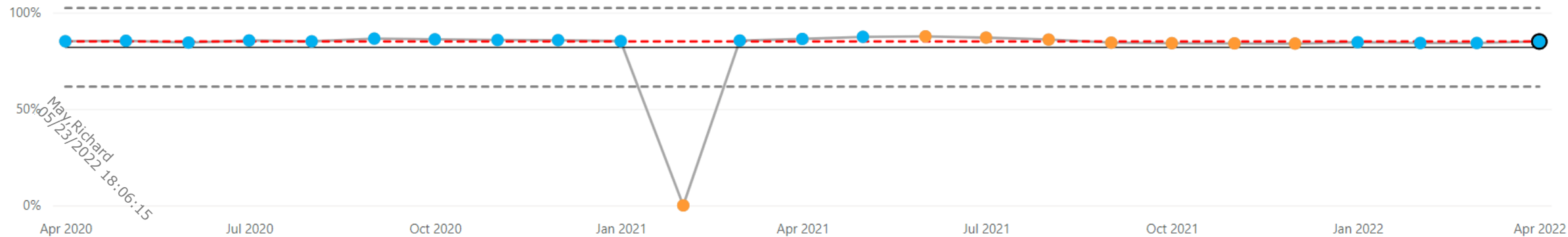
Upper/Lower Process Limit -----

Mean -----

Mandatory training compliance: People: KGH



Mandatory training compliance: People: NGH



May Richard
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Committee Name

All

Group

People

Metric

Mandatory training compliance

Site

KGH

01/04/22

Latest Date

88.58%

Value

85%

Target

86.66%

-3σ

89.78%

Mean

92.9%

+3σ

People_07||KGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Mandatory training complia...

Vertical Axis

Date

Annotation

Variation



Assurance



Legend

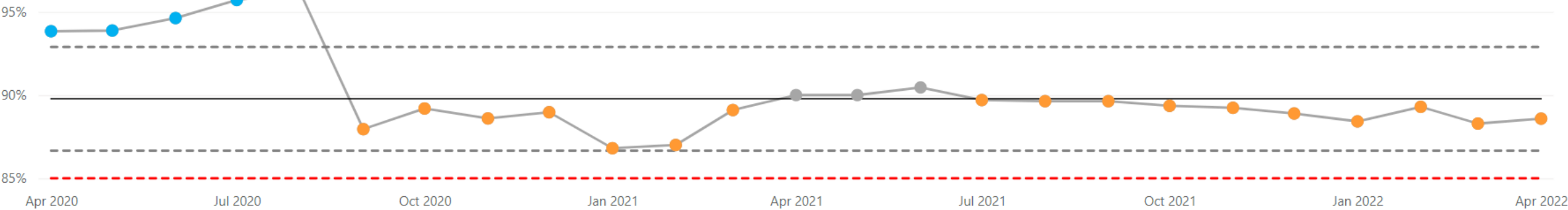
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Mandatory training compliance: People



Background

What the chart tells us

Issues

Actions

Mitigations

% of staff compliant with their mandatory training

Statutory and mandatory training is showing common cause variation. Current performance is 88.58% which is above the Trust target of 85%.

Operational pressures impacted completion rates and the inability to do face to face training has made delivery more challenging.

Additional routes to complete Statutory and Mandatory training have been developed and promoted. Direct reminders to people of outstanding training and their managers are maintained monthly.

Due to the omicron variant surge we have returned to virtual delivery.

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Mandatory training compliance ▾

Site

NGH ▾

01/04/22
Latest Date
84.96%
Value
85%
Target

61.57%
-3σ
81.95%
Mean
102.33%
+3σ

People_07||NGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Mandatory training complia...
Vertical Axis

Date
01/04/22
Annotation
Latest data point = April 2022

Variation



Assurance

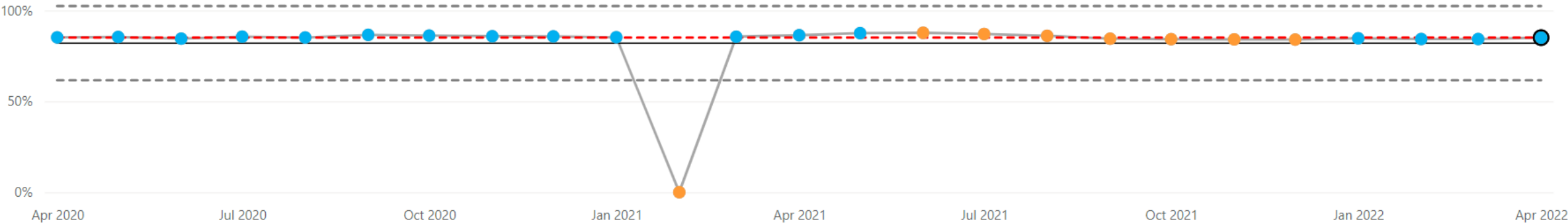


Legend

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

Clear Filters

Mandatory training compliance: People



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▼

Group

People ▼

Metric

Appraisal completion rates ▼

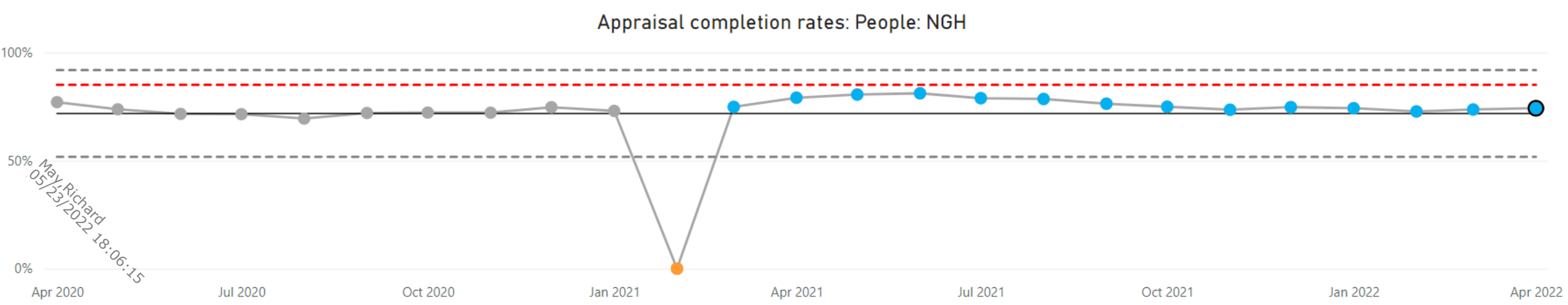
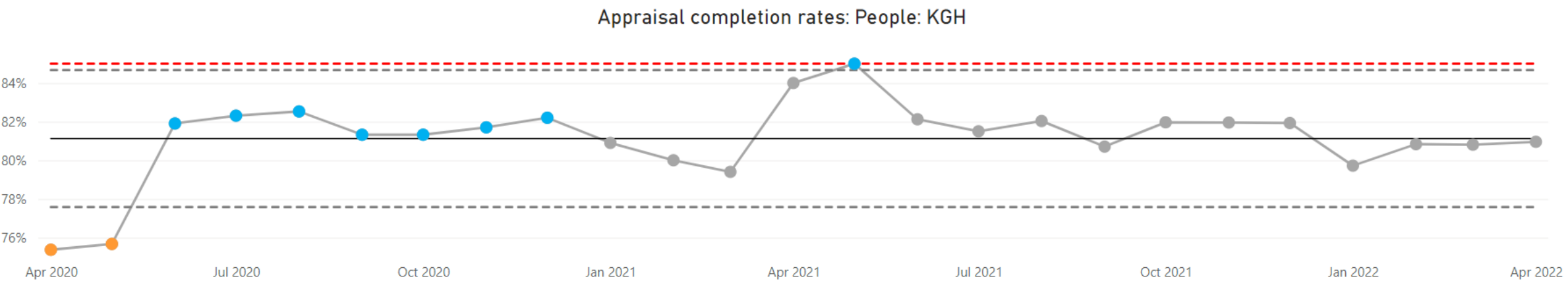
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

All

Group

People

Metric

Appraisal completion rates

Site

KGH

01/04/22

Latest Date

77.58%

-3σ

People_08||KGH

Metric ID

Date Annotation

80.96%

Value

81.12%

Mean

Apr-20 to Apr-22

Horizontal Axis

85%

Target

84.67%

+3σ

Appraisal completion rates %

Vertical Axis

Variation

Assurance



Legend

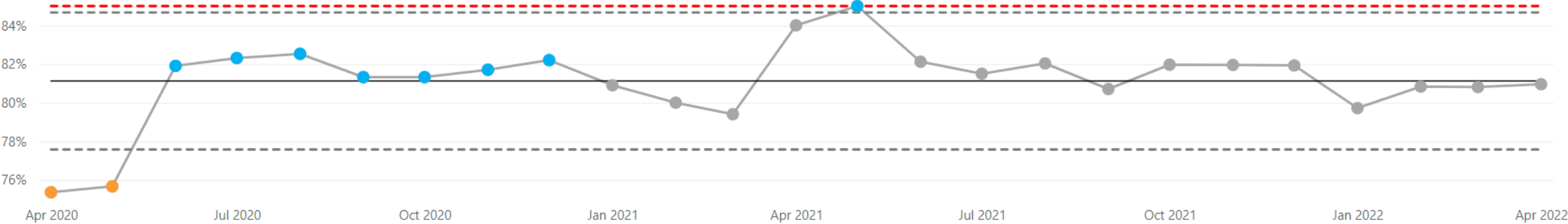
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Appraisal completion rates: People



Background

What the chart tells us

Issues

Actions

Mitigations

% of staff having completed their appraisal

Appraisal is showing common cause variation and at 80.96% is below target of 85%

Operational pressures and absence levels were impacting compliance at the height of the pandemic. Catching up on appraisals is proving challenging as the impact of the pandemic continues to affect staff availability.

Compliance information is shared with managers and divisional leads. Regular reminders and prompts are sent when appraisals are due.

Work is ongoing to create a joint digital appraisal to support completion and return

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Appraisal completion rates ▾

Site

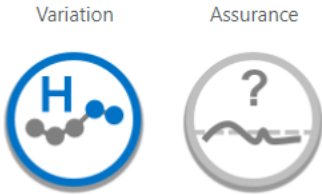
NGH ▾

01/04/22
Latest Date
74.2%
Value
85%
Target

51.7%
-3σ
71.76%
Mean
91.83%
+3σ

People_08||NGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Appraisal completion rates %
Vertical Axis

Date
01/04/22
Annotation
Latest data point = April 2022

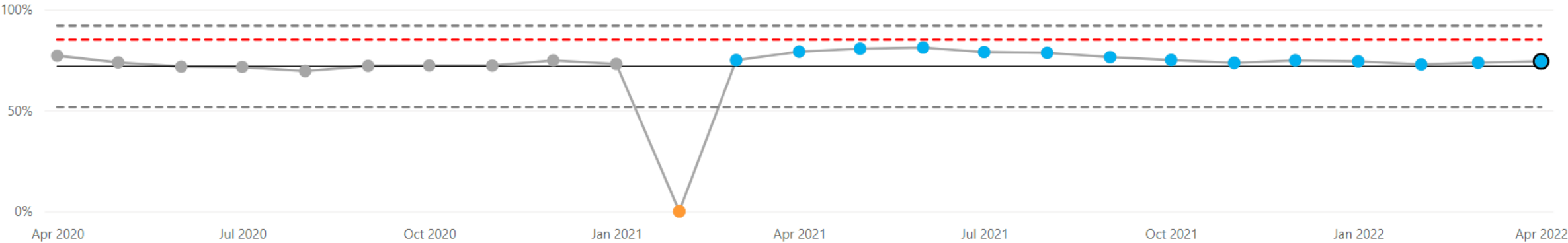


Legend

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

Clear Filters

Appraisal completion rates: People



Background What the chart tells us Issues Actions Mitigations

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Viewed by: Richard
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Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Sickness and absence rate ▾

Clear Filters

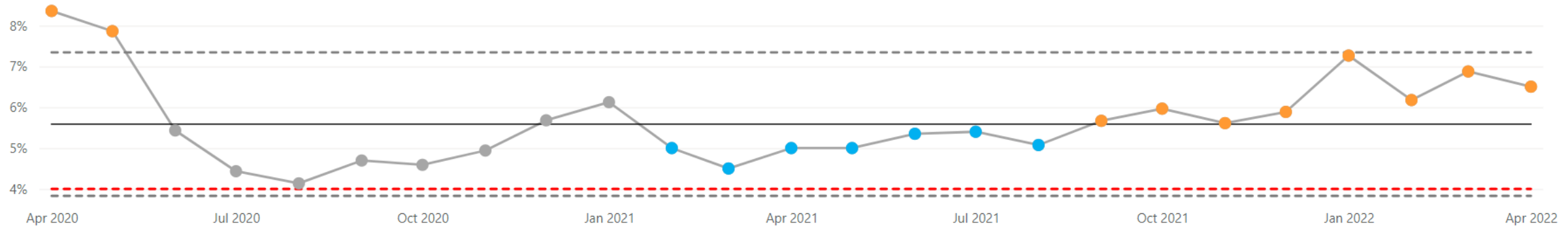
Legend

Target -----

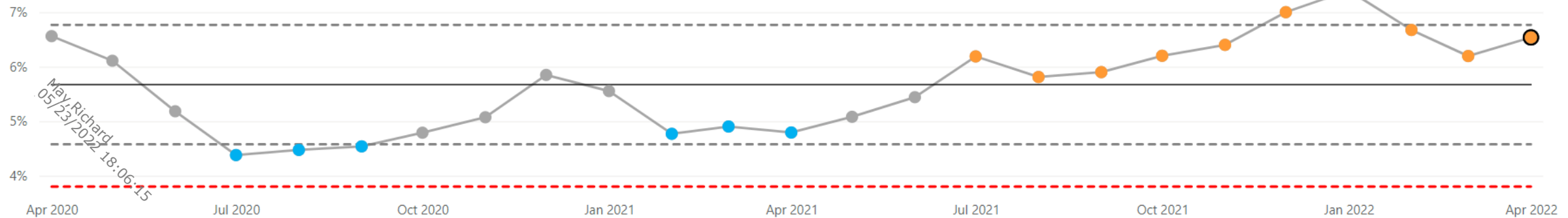
Upper/Lower Process Limit -----

Mean -----

Sickness and absence rate: People: KGH



Sickness and absence rate: People: NGH



Committee Name

All

Group

People

Metric

Sickness and absence rate

Site

KGH

01/04/22
Latest Date

6.5%
Value

4%
Target

3.83%
-3σ

5.59%
Mean

7.34%
+3σ

People_09||KGH
Metric ID

Apr-20 to Apr-22
Horizontal Axis

Sickness and absence rate %
Vertical Axis

Date Annotation

Variation

Assurance



Legend

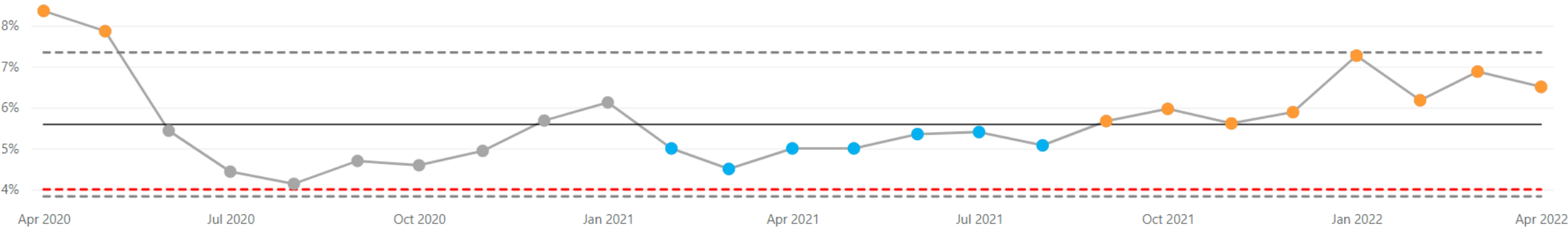
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Sickness and absence rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of staff absent	Sickness absence is showing common cause variation. At 6.5% it is above trust target of 4%	We continue to see high levels of anxiety, stress and depression, following the impact of the pandemic, anxiety about further restrictions and increased pressure on the Trust and individuals/families. Absence has been especially high in January 2022 given the impact of rising COVID-19 infection in the community	The Trust continues to support colleagues on a case by case basis to remain at work e.g. with appropriate support; or to return to work after absence at the earliest opportunity. The ER team support managers with oversight of their team absence and focus on colleagues on an individual basis where needed. We are reviewing the way managers conduct return to works and asking Divisions to remind staff of the correct absence reporting procedures.	Symptomatic PCR testing, Lateral flow testing and Local Test and Trace processes all support attendance management. Psychological support (Employee Assistance Programme, Care Cafe, Open Office and Out of Office outreach service to wards using staff trained in Trauma Risk Management) is in place to support colleagues who may be struggling. Additional support now available from the NHCP Stronger Together Mental Health Hub. Issues have arising with new omicron variant. We have reinstated evening meals to support staff as part of the response to the increasing operation pressures caused by absence,

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Sickness and absence rate

Site

NGH

01/04/22
Latest Date
6.54%
Value
3.8%
Target

4.58%
-3σ
5.67%
Mean
6.77%
+3σ

People_09||NGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Sickness and absence rate %
Vertical Axis

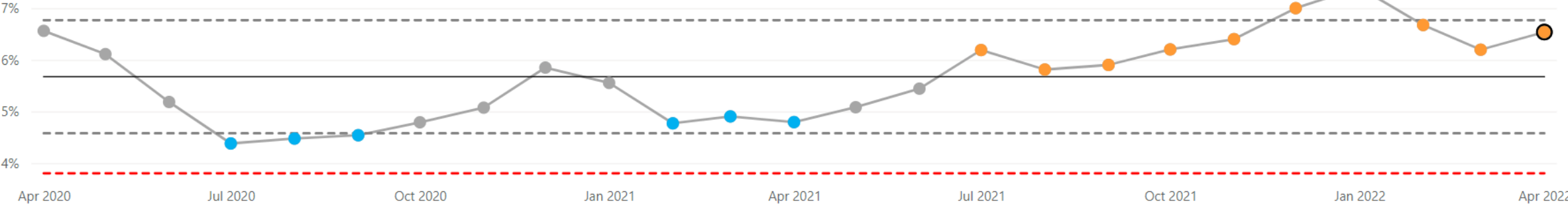
Date
01/04/22
Annotation
Latest data point = April 2022



Clear Filters

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

Sickness and absence rate: People



Background What the chart tells us Issues Actions Mitigations

--	--	--	--	--

05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Vacancy rate ▾

Clear Filters

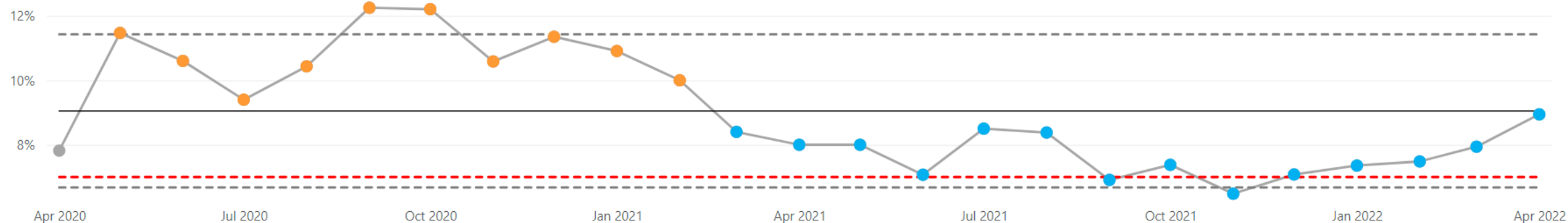
[Legend](#)

Target -----

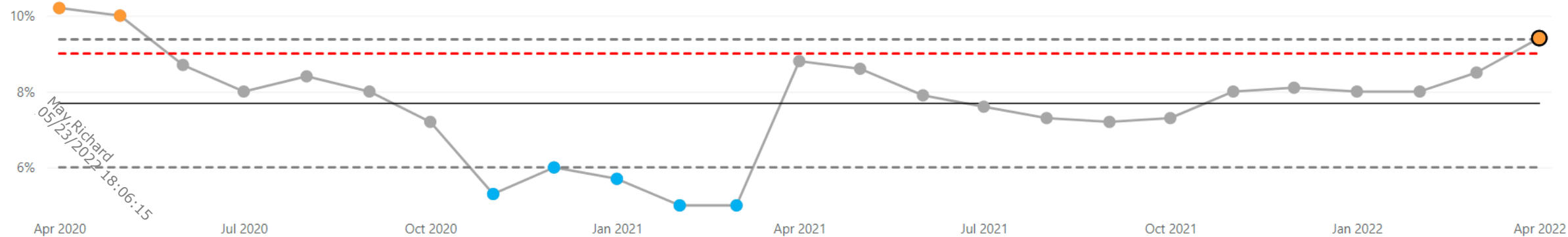
Upper/Lower Process Limit -----

Mean -----

Vacancy rate: People: KGH



Vacancy rate: People: NGH



Committee Name

All

Group

People

Metric

Vacancy rate

Site

KGH

01/04/22
Latest Date
8.94%
Value
7%
Target

6.68%
-3σ
9.05%
Mean
11.42%
+3σ

People_10||KGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Vacancy rate %
Vertical Axis

Date Annotation

Variation



Assurance

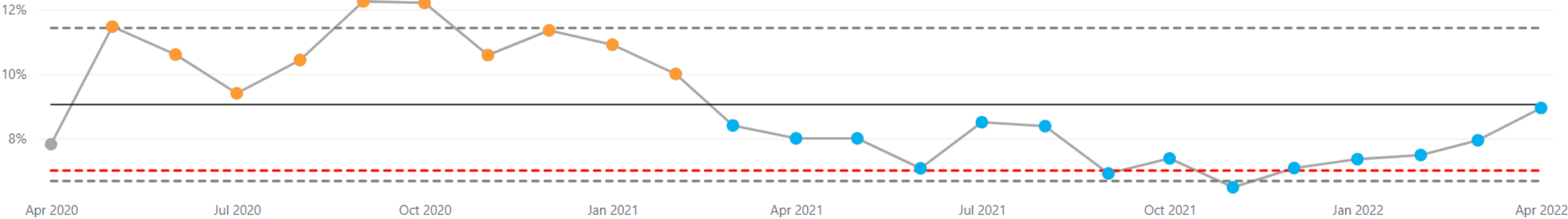


Clear Filters

Legend

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

Vacancy rate: People



Background

What the chart tells us

Issues

Actions

Mitigations

% difference between budgeted establishment and actual establishment

Metric is currently experiencing Special Cause Variation - trend is showing a negative performance below the mean at 8.94% against the Trust target of 7%

The metric is within special cause variation. The international nursing recruitment in 20/21 and the ongoing recruitment in 7 key areas with significant vacancies will support and sustain an improved performance in 22/23

Ongoing targeted campaigns for specific vacancies will be continuing to support an improved performance in 22/23. An increase in turnover following Covid-19 is having an impact on vacancy rates.

The high number of new starters in the organisation is causing pressures as existing staff seek to support and train new starters. Recruitment and Education teams are working closely with Divisional Leadership to ensure the pressures are managed and new starters are welcomed into the Trust and supported in their new roles.

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Vacancy rate ▾

Site

NGH ▾

01/04/22
Latest Date
9.41%
Value
9%
Target

6%
-3σ
7.69%
Mean
9.37%
+3σ

People_10||NGH
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Vacancy rate %
Vertical Axis

Date
01/04/22
Annotation
Latest data point = April 2022

Variation



Assurance

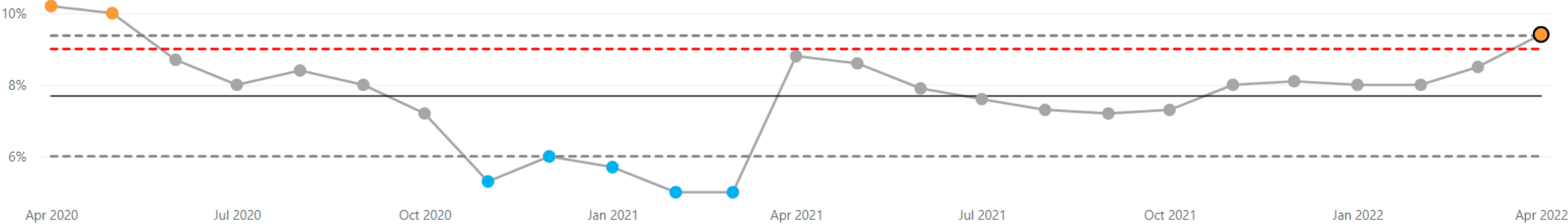


Clear Filters

Legend

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

Vacancy rate: People



Background What the chart tells us Issues Actions Mitigations

--	--	--	--	--

Viewed by Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Turnover rate ▾

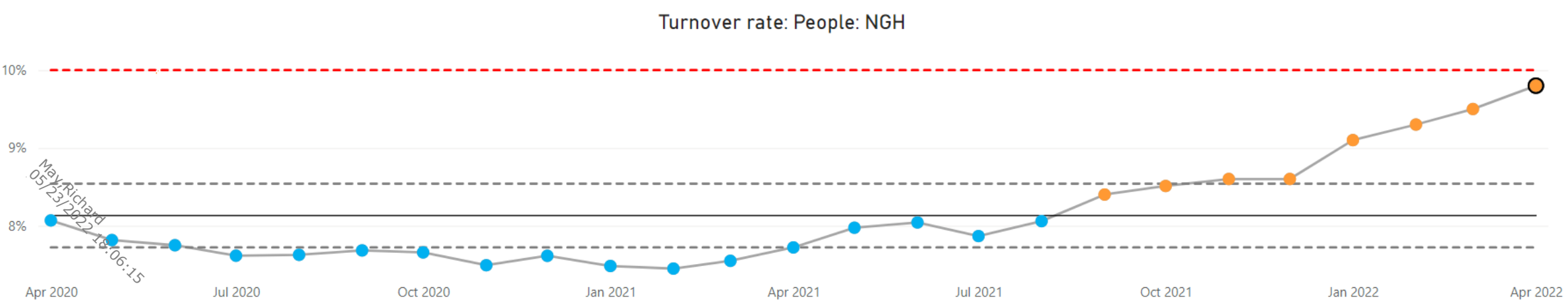
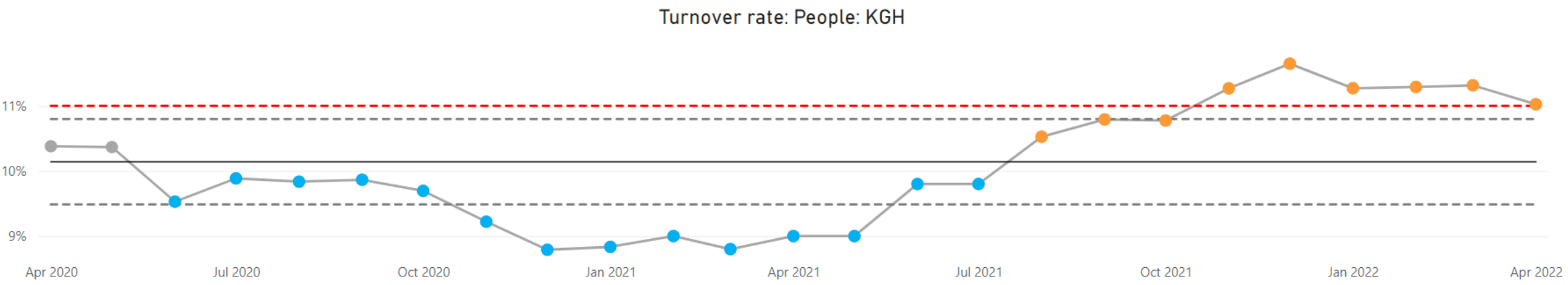
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

All

Group

People

Metric

Turnover rate

Site

KGH

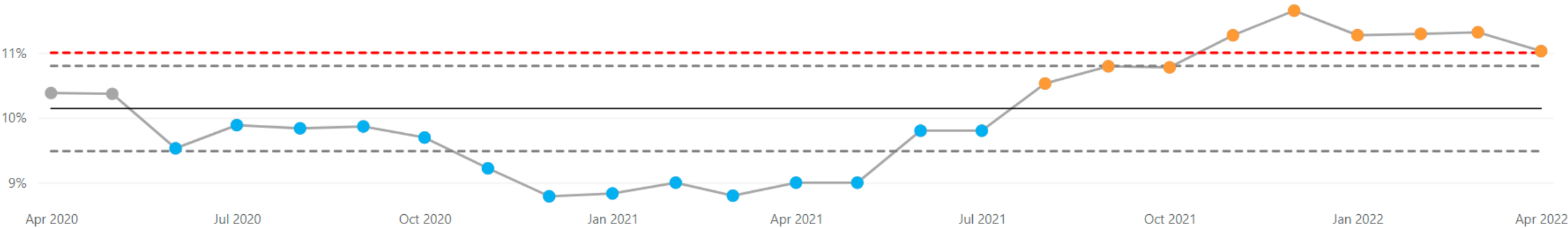
01/04/22	9.49%	People_11 KGH	Date	Annotation
Latest Date	-3σ	Metric ID		
11.03%	10.14%	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
11%	10.8%	Turnover rate %		
Target	+3σ	Vertical Axis		

Clear Filters



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

Turnover rate: People



Background	What the chart tells us	Issues	Actions	Mitigations
% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing Common Cause Variation and are at 11.03% against the Trust target of 11%	Turnover has been increasing since March 2021. The metric is still within common cause variation but is slightly outside of the Trust target. During Covid-19 we saw a reduction in turnover rates. Now that the labour market is returning to normal activity and society is living with Covid-19 people are reviewing their decisions to delay moving roles/retirement.	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 listening events and resulting feedback to formulate actions and a strategy to support this staff group.	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.

Committee Name

Integrated Governance Report (IGR) ▾

Group

People ▾

Metric

Turnover rate ▾

Site

NGH ▾

01/04/22
Latest Date

7.72%
-3σ

People_11||NGH
Metric ID

Date

Annotation

01/04/22 Latest data point = April 2022

9.8%
Value

8.13%
Mean

Apr-20 to Apr-22
Horizontal Axis

10%
Target

8.54%
+3σ

Turnover rate %
Vertical Axis

Variation

Assurance

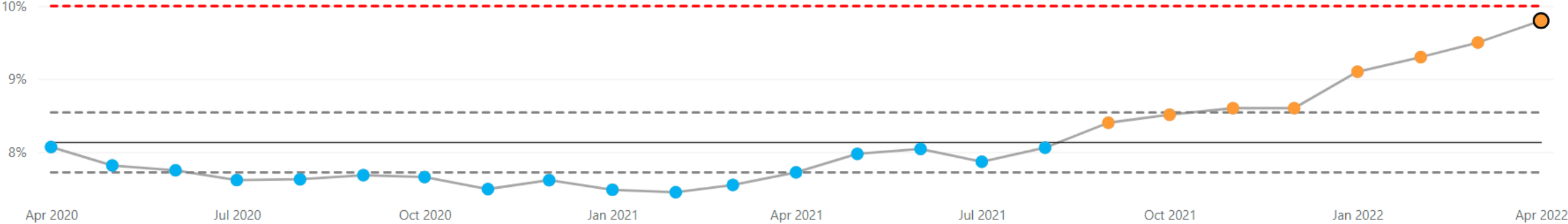


Legend

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

Clear Filters

Turnover rate: People



Background

What the chart tells us

Issues

Actions

Mitigations

View Richard
05/23/2022 18:06:15

Patient

People

Quality

Sustainability

Systems & Partnerships

Site	Metric	Latest Value
KGH	Serious or moderate harms	9
NGH	Serious or moderate harms	54
KGH	Number of medication errors	24
NGH	Number of medication errors	83
KGH	MRSA	0
NGH	MRSA	0
NGH	C Diff	0
KGH	C Diff	3
NGH	SHMI	90.5
KGH	SHMI	115.19
NGH	HSMR	90.9
KGH	HSMR	103
KGH	Never event incidence	0
NGH	Never event incidence	1

Metric	Comment
Falls:	<p>In April there was one reported fall with severe harm, this occurred on Poplar escalation ward. The patient sustained a fractured neck of femur. This has been declared as a Serious Incident and is undergoing investigation.</p> <p>The CQC undertook a return unannounced inspection on 15th and 16th March visiting three medical wards and interviewing staff including Ward Sisters, Matrons and Falls leads. The draft report was received on the 13th April and the Trust responded with minimal changes as part of the factual accuracy process. The final report was published on 6th May 2022. The section 29A Warning Notice has been lifted and the Medicine Core Service returned to a rating of Requires Improvement. This does not affect the Trust overall rating. KGH has recently aligned with NGH reporting methodology excluding near miss falls (patient lowered by staff or self) from all falls reporting.</p> <p>All falls for April 2022 was 2.53 per 1000 bed days which is below the National Average of 5.20.</p>
Infection Prevention & Control	<p>Metrics agreed by KGH/NGH for IPC are:</p> <p>Hospital Acquired Infections - Defined as Patients experiencing a Gram negative hospital acquired infection: E-Coli, Pseudomonas aeruginosa and Klebsiella species = 11 in April</p> <p>COVID-19 % HOPA/HODA = 9.9% in April. Average HOPA/HODA since March 2020 is 13.4%. There is no Nationally set ceiling - therefore no ceiling should be applied</p> <p>COVID-19 ALL inpatient numbers per 1000 bed days = 23.1 in April. There is no Nationally set ceiling - therefore no ceiling should be applied</p> <p>There have been three (3) COVID-19 outbreaks in April:</p> <p>Naseby: declared 01/04/2022</p> <p>DASU: declared 02/04/2022</p> <p>Poplar: declared 18/04/22</p> <p>MRSA Bacteraemia = 0 in April</p> <p>C Diff = 3 in April</p>
Pressure Ulcers:	<p>With the development of the IGR, the defined metric has been agreed as:</p> <p>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).</p> <p>This is a change to previous reporting methodology and therefore advise that the metric will look different to previous IGR reports which reported Category 3 only.</p> <p>KGH has an average reporting number of 0.58 for the time period Dec-19-Mar-22. KGH propose to set the ceiling at 0.58.</p>

May Richard
05/23/2022 18:06:15

Committee Name

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

Group

- ☐ Select all
- ☐ Patient
- ☐ People
- ☒ Quality
- ☐ Sustainability
- ☐ Systems and Partnerships

SITE

- ☒ Select all
- ☒ KGH
- ☒ NGH

Variation

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

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
NGH	Quality	Serious or moderate harms	01/04/22	54	0	-4.02	6.4	16.82		
KGH	Quality	Serious or moderate harms	01/04/22	9	6	0.85	6.93	13.01		
NGH	Quality	Number of medication errors	01/04/22	83	0	-3.73	10.12	23.97		
KGH	Quality	Number of medication errors	01/04/22	24	0	31.11	76.82	122.53		
KGH	Quality	SHMI	01/04/22	115.19	100	102.76	106.45	110.14		
NGH	Quality	SHMI	01/04/22	90.5	100	95.57	97.93	100.3		
NGH	Quality	Never event incidence	01/03/22	1	0	-0.89	0.44	1.77		
KGH	Quality	Never event incidence	01/04/22	0	0	-0.59	0.17	0.93		

May, Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Quality ▾

Metric

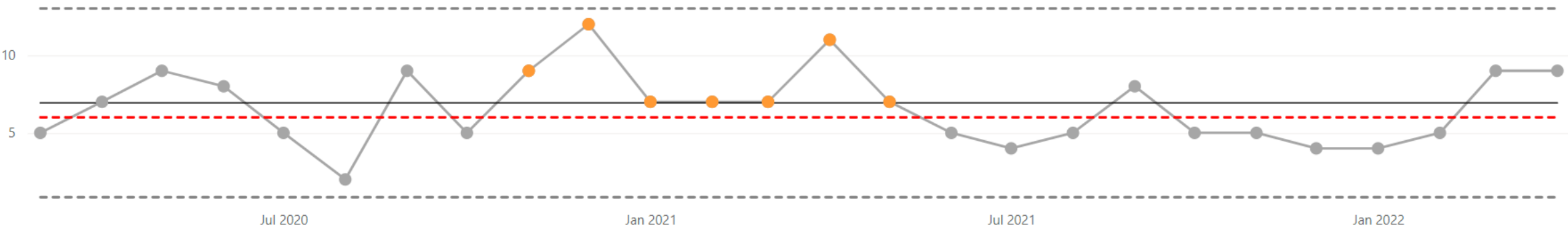
Serious or moderate harms ▾

Clear Filters

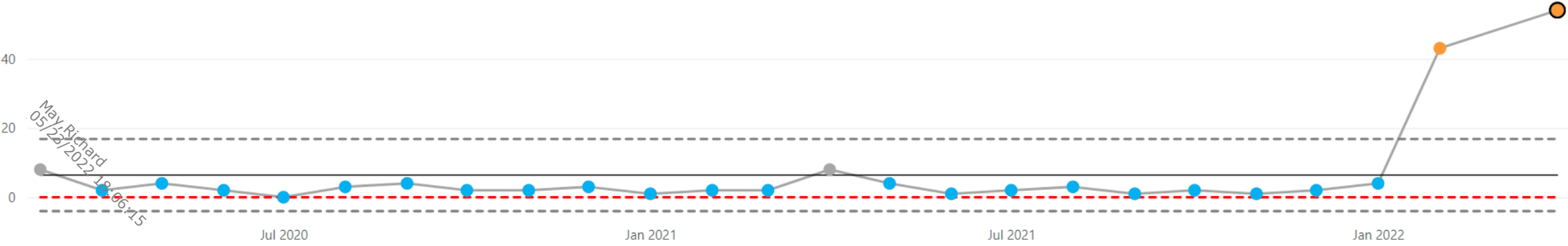
Legend

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

Serious or moderate harms: Quality: KGH



Serious or moderate harms: Quality: NGH



Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Serious or moderate harms

Site

KGH

01/04/22

Latest Date

9

Value

6

Target

0.85

-3σ

6.93

Mean

13.01

+3σ

Quality_02||KGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Serious or moderate harms

Vertical Axis

Date Annotation

Variation



Assurance



Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Serious or moderate harms: Quality



Background

What the chart tells us

Issues

Actions

Mitigations

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 6.

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

For the time period stated, moderate, severe, catastrophic harm or patient death as a result of a patient safety incident equate to 4.43% of all incidents with a patient harm incurred.

Committee Name

Integrated Governance Report (IGR) ▾

Group

Quality ▾

Metric

Serious or moderate harms ▾

Site

NGH ▾

01/04/22

Latest Date

54

Value

0

Target

-4.02

-3σ

6.4

Mean

16.82

+3σ

Quality_02||NGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Serious or moderate harms

Vertical Axis

Date

01/04/22 Latest data point = April 2022

Annotation

Variation



Assurance



Legend

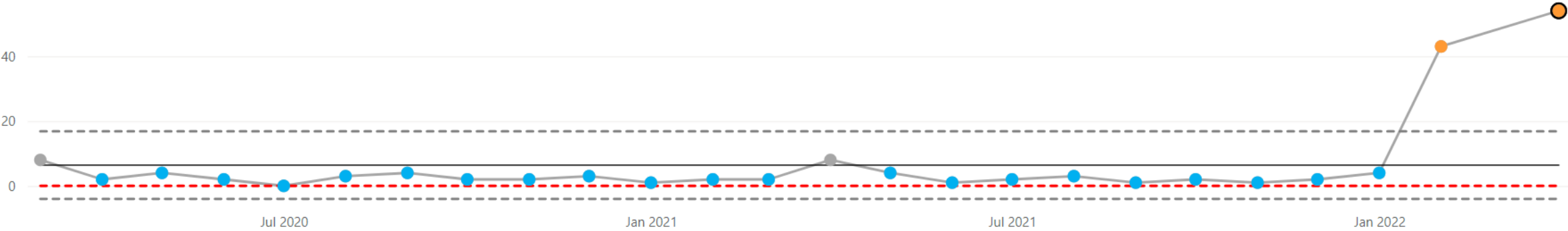
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Serious or moderate harms: Quality



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Quality ▾

Metric

Number of medication errors ▾

Clear Filters

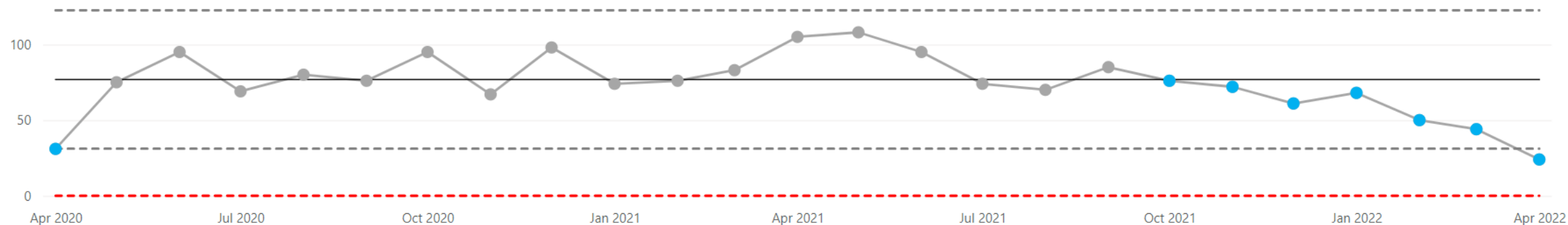
Legend

Target -----

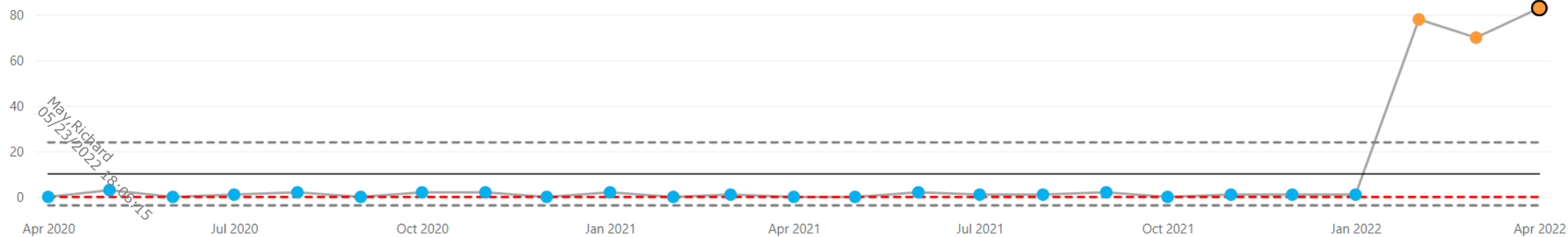
Upper/Lower Process Limit -----

Mean -----

Number of medication errors: Quality: KGH



Number of medication errors: Quality: NGH



May, Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Number of medication errors

Site

KGH

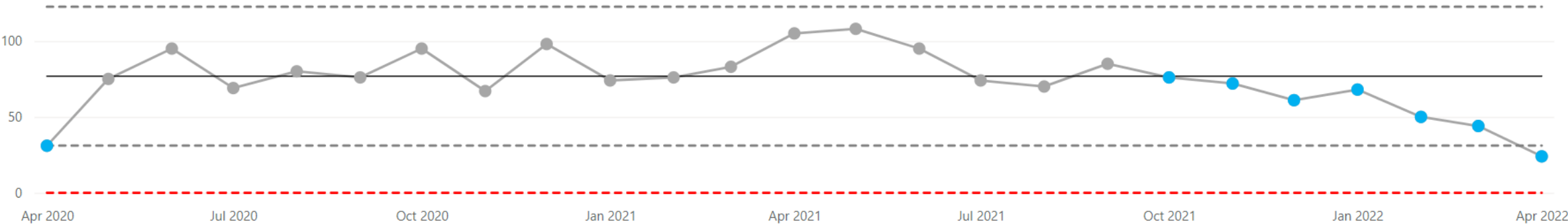
01/04/22	31.11	Quality_07 KGH	Date	Annotation
Latest Date	-3σ	Metric ID		
24	76.82	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
0	122.53	Number of medication errors		
Target	+3σ	Vertical Axis		

Clear Filters



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

Number of medication errors: Quality



Background	What the chart tells us	Issues	Actions	Mitigations
Medication errors irrespective of subclass of incident (prescribing, dispensing, administering) and all levels of harm.				

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Number of medication errors

Site

NGH

01/04/22
Latest Date

83
Value

0
Target

-3.73
-3σ

10.12
Mean

23.97
+3σ

Quality_07||NGH
Metric ID

Apr-20 to Apr-22
Horizontal Axis

Number of medication errors
Vertical Axis

Date

Annotation

01/04/22 Latest data point = April 2022



Clear Filters

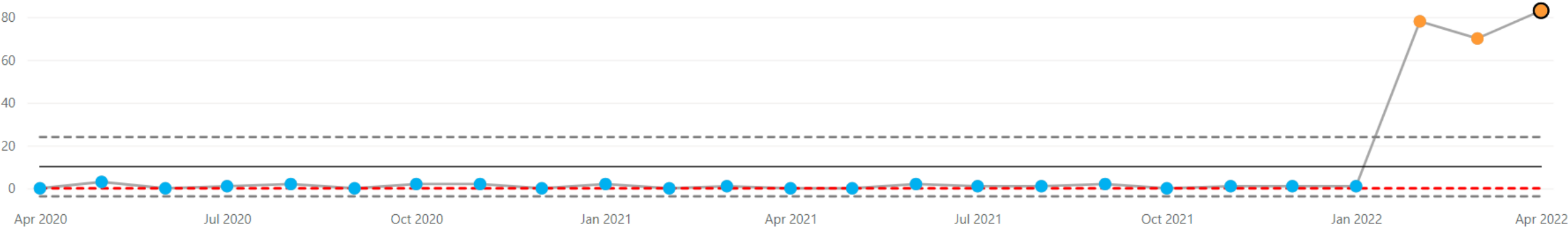
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Number of medication errors: Quality



Background What the chart tells us Issues Actions Mitigations

Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

SHMI

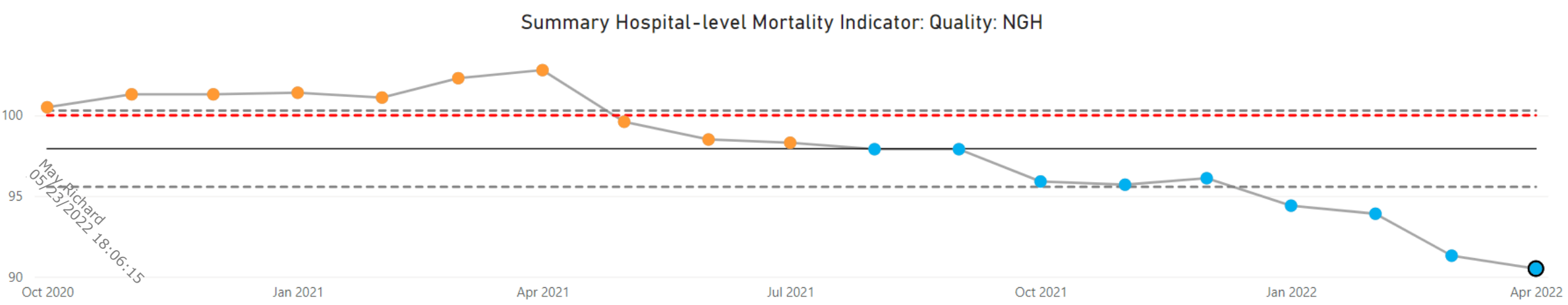
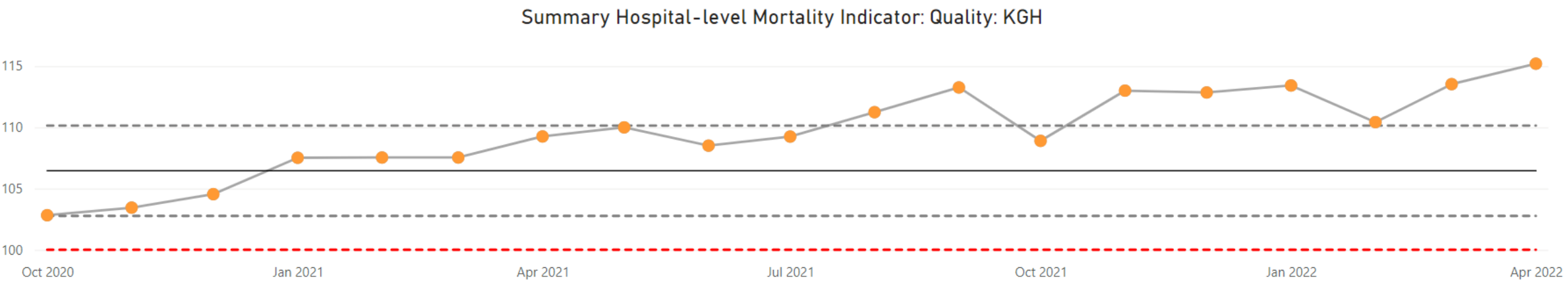
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

Integrated Governance Report (IGR) ▾

Group

Quality ▾

Metric

SHMI ▾

Site

KGH ▾

01/04/22

Latest Date

102.76

-3σ

Quality_12||KGH

Metric ID

Date

Annotation

115.19

Value

106.45

Mean

Apr-20 to Apr-22

Horizontal Axis

100

Target

110.14

+3σ

SHMI

Vertical Axis

Clear Filters

Variation



Assurance



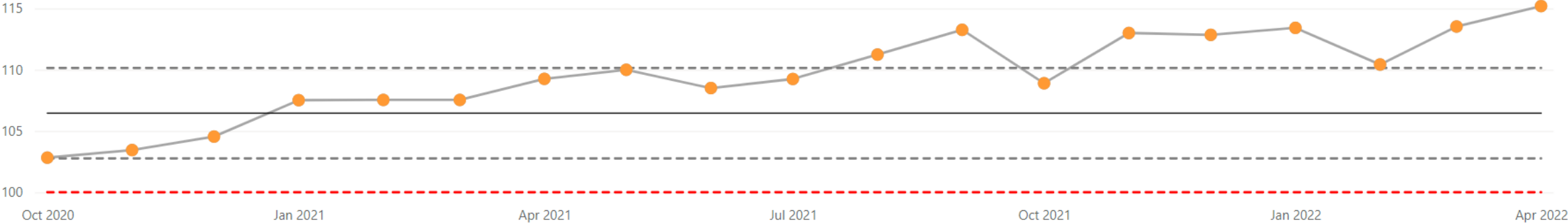
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Summary Hospital-level Mortality Indicator: Quality



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

SHMI

Site

NGH

01/04/22
Latest Date

90.5
Value

100
Target

95.57
-3σ

97.93
Mean

100.3
+3σ

Quality_12||NGH
Metric ID

Apr-20 to Apr-22
Horizontal Axis

SHMI
Vertical Axis

Date

01/04/22 Latest data point = April 2022

Annotation

Variation



Assurance

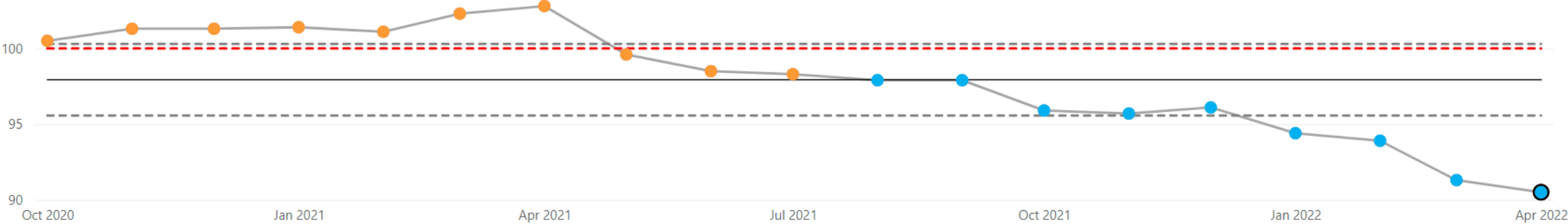


Clear Filters

Legend

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

Summary Hospital-level Mortality Indicator: Quality



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Quality ▾

Metric

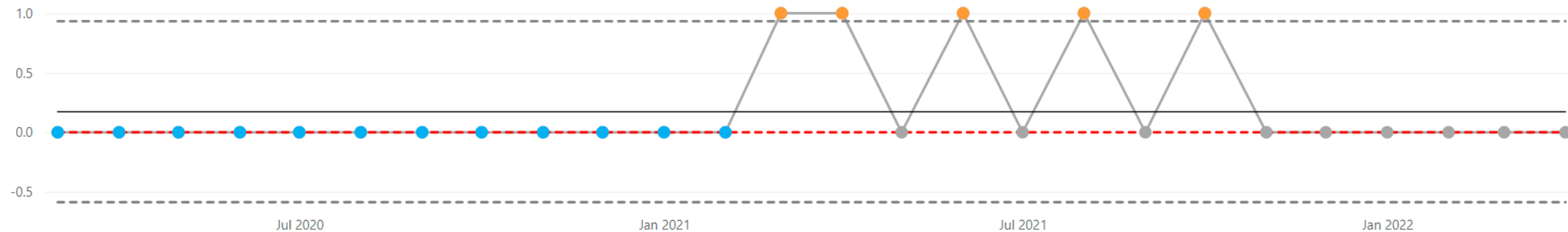
Never event incidence ▾

Clear Filters

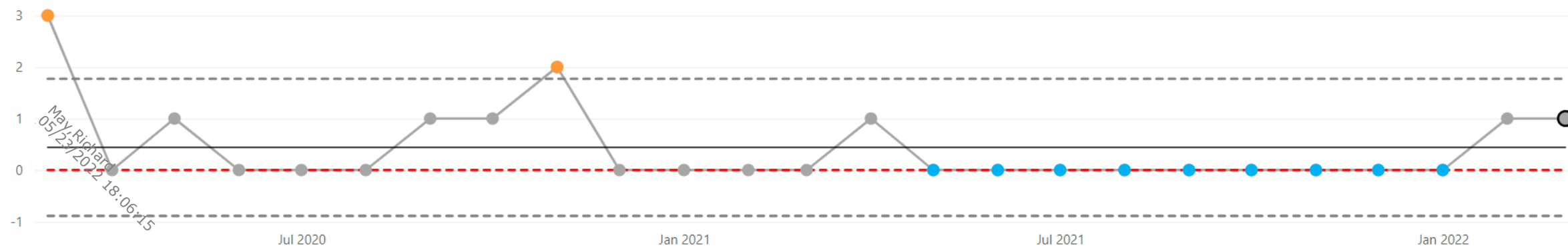
[Legend](#)

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

Never event incidence: Quality: KGH



Never event incidence: Quality: NGH



May 2020
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▼

Group

Quality ▼

Metric

Never event incidence ▼

Site

KGH ▼

01/04/22
Latest Date

-0.59
-3σ

0
Value

0.17
Mean

0
Target

0.93
+3σ

Clear Filters

Quality_18||KGH
Metric ID

Date Annotation

Apr-20 to Apr-22
Horizontal Axis

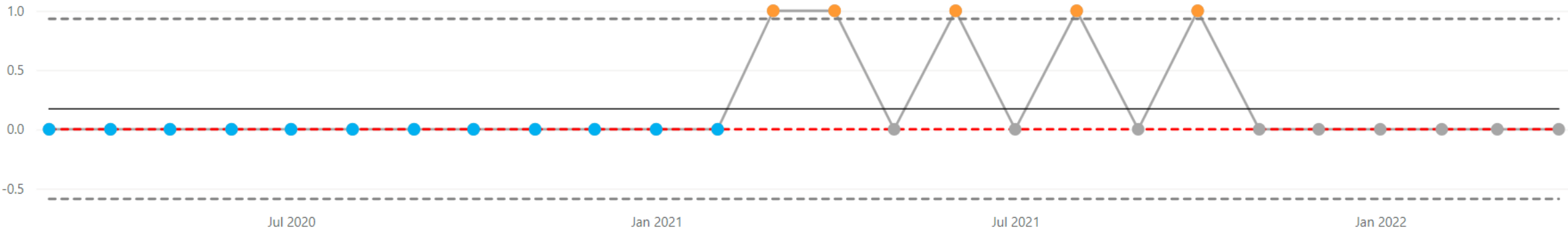
Never event incidence
Vertical Axis



Legend

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

Never event incidence: Quality



Background

What the chart tells us

Issues

Actions

Mitigations

Number of Never Events Reported.
A never event is the "kind of mistake that should never happen" in the field of medical treatment where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by

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

All Never Events are investigated using robust Root Cause Analysis. Learning is shared in the Incident Learning Bulletins, Patient Safety Hot Topics and on the Trust Learning from Investigations page on K-Net.

There has been a Trust wide review to ensure that Air ports are removed where not needed, or are capped off to prevent inadvertant connection. A trust review has been made to review all imaging practices to ensure patients and imaging are linked. An exte

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Never event incidence

Site

NGH

01/03/22
Latest Date
-0.89
-3σ
1
Value
0.44
Mean
0
Target
1.77
+3σ

Clear Filters

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

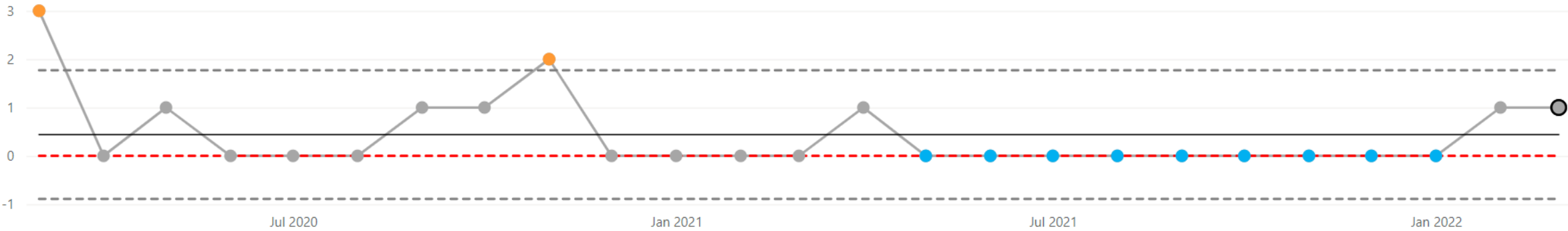
Date
01/03/22
Annotation
Latest data point = March 2022



Legend

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

Never event incidence: Quality



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

Variation: Common cause - no significant change Assurance: Variation indicates inconsistently hitting passing and falling short of the target

Patient

People

Quality

Sustainability

Systems & Partnerships

Site	Metric	Latest Value
KGH	Income YTD (£000's)	27947.1
NGH	Income YTD (£000's)	35150
NGH	Pay YTD (£000's)	-25242
KGH	Pay YTD (£000's)	-20702.67
NGH	Non Pay YTD (£000's)	-9895
KGH	Non Pay YTD (£000's)	-9231
NGH	Bank and Agency Spend (£000's)	-4666
KGH	Bank and Agency Spend (£000's)	-811
KGH	Beds available	515
NGH	Beds available	689.23
KGH	Theatre sessions planned	297
NGH	Theatre sessions planned	2017
NGH	A&E activity activity (& vs plan)	96.62%
KGH	A&E activity activity (& vs plan)	107.6%
NGH	Non-elective activity (& vs plan)	95.12%
KGH	Non-elective activity (& vs plan)	130.7%
NGH	Elective inpatient activity (& vs plan)	76.52%
KGH	Elective inpatient activity (& vs plan)	115.9%
KGH	Outpatients activity (& vs plan)	99.8%
NGH	Outpatients activity (& vs plan)	116.34%

Metric	Comment
Non Pay:-	At the end of April Non-Pay is £0.1m favourable to the Month 1 plan of £10.4m. Primary causes for this underspend are a combination of lower than anticipated spend on Prosthesis & Theatre consumables, as well as delays in expected EDMS/EPR project expenditure.
Income:-	Month 1 has seen a £0.6m underperformance against the £28.6m plan. This is largely due to unachieved ERF targets. The activity position has not yet been verified, and it was deemed prudent to not assume ERF income recovery at this time.
Pay:-	Pay in April is £0.4m favourable to the £21.2m plan. This underspend is attributable to high levels of vacancies across all divisions, partially offset by additional temporary staffing backfill to cover current gaps.
M1 Position:-	The 22-23 annual planned deficit is £29.4m. The Trust saw an adjusted I&E deficit of £3.4m in M1 against a planned deficit of £3.3m, resulting in a £0.1m adverse variance in month. Underspends on Pay & Non-Pay budgets have offset an under achievement on M1 ERF targets.
YTD Position:-	The 22-23 annual planned deficit is £29.4m. The YTD adjusted I&E deficit is £3.4m against a planned deficit of £3.3m, resulting in a £0.1m adverse variance in month. Underspends on Pay & Non-Pay budgets have offset an under achievement on M1 ERF targets.

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

Group
☐ Select all
☐ Patient
☐ People
☐ Quality
☒ Sustainability
☐ Systems and Partnerships

SITE
☒ Select all
☒ KGH
☒ NGH

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

Clear Filters

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
NGH	Sustainability	Bank and Agency Spend (£000's)	01/04/22	-4666		-5803	-4684.97	-3566.94		
KGH	Sustainability	Bank and Agency Spend (£000's)	01/04/22	-811		-1584.87	-1012.99	-441.11		
NGH	Sustainability	A&E activity activity (& vs plan)	01/03/22	96.62%		65.19%	80.62%	96.05%		
KGH	Sustainability	A&E activity activity (& vs plan)	01/04/22	107.6%			102.03%			
NGH	Sustainability	Non-elective activity (& vs plan)	01/03/22	95.12%		70.48%	85.46%	100.44%		
KGH	Sustainability	Non-elective activity (& vs plan)	01/04/22	130.7%			129.88%			
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/03/22	76.52%		37.78%	72.01%	106.24%		
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/04/22	115.9%			103.8%			
NGH	Sustainability	Outpatients activity (& vs plan)	01/03/22	116.34%		75.82%	104.86%	133.9%		
KGH	Sustainability	Outpatients activity (& vs plan)	01/04/22	99.8%		81.26%	142.48%	203.71%		

May Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Bank and Agency Spend (£000's) ▾

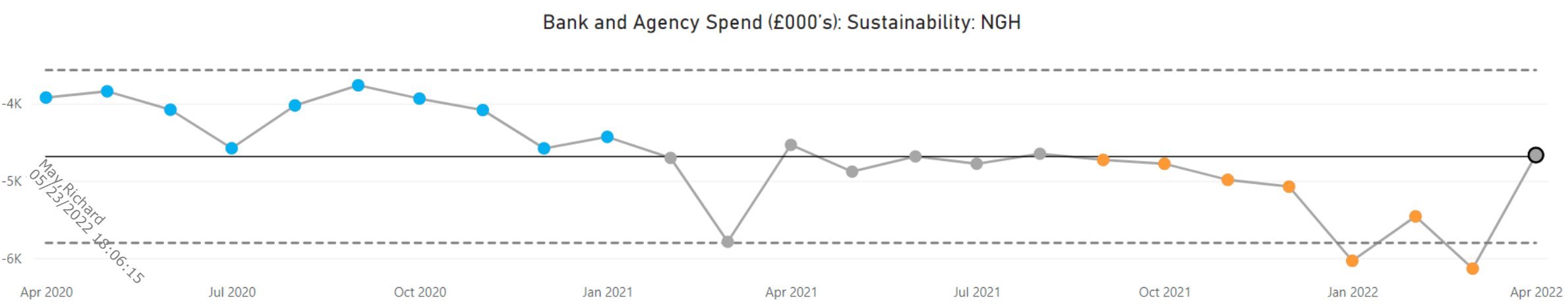
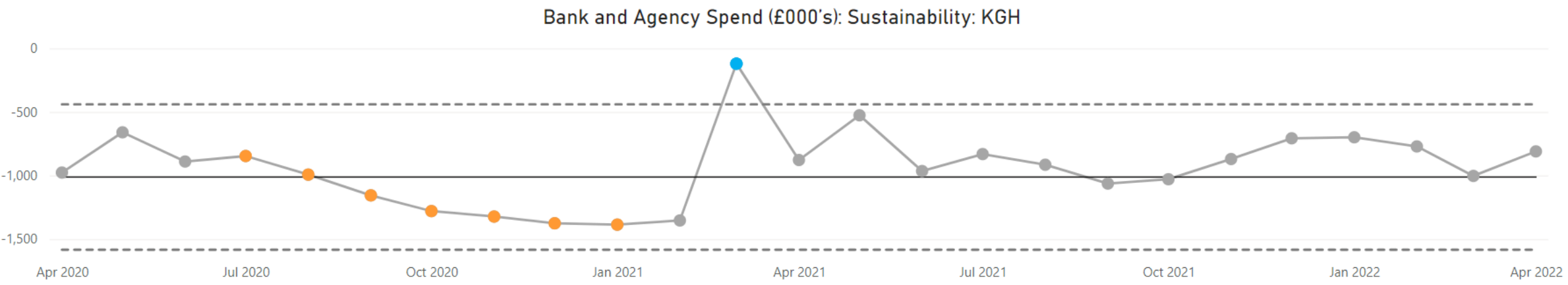
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



May, Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Bank and Agency Spend (£000's)

Site

KGH

01/04/22	-1584.87	Sustainability_06 KGH	Date	Annotation
Latest Date	-3σ	Metric ID		
-811	-1012.99	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
Target	-441.11	Bank and Agency Spend (£0...		
	+3σ	Vertical Axis		

Clear Filters



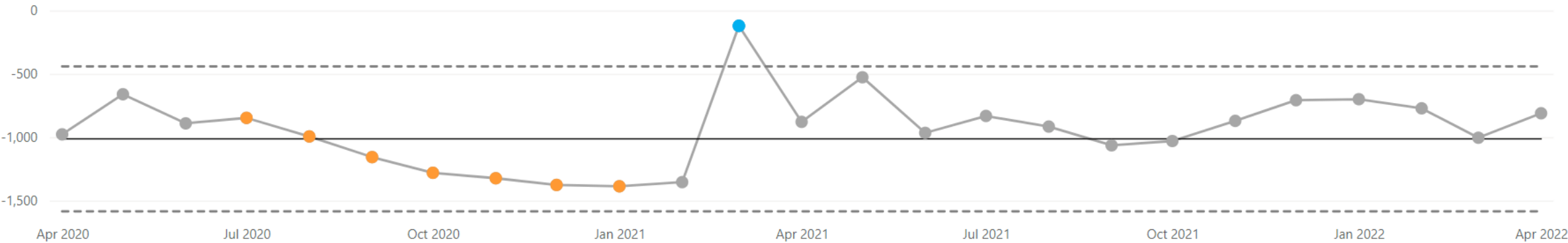
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Bank and Agency Spend (£000's): Sustainability



Background	What the chart tells us	Issues	Actions	Mitigations
22/23 Bank & Agency Costs vs Plan	Agency spend is £0.8m in M1, against a plan of £0.7m, showing an adverse variance of £0.1m. 22-23 Agency ceiling figures are not yet available for the Trust.	Staffing gaps, particularly within Medical Pay will cause an overspend on agency premiums if not closely monitored & recruited to quickly.	Staffing gaps should be monitored closely, with these being highlighted & recruited to as soon as possible. Any temporary cover should also be overseen closely & organised for a fixed time only.	Effective links between workforce & the operational divisions will help to address vacancies quickly & effectively.

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Bank and Agency Spend (£000's) ▾

Site

NGH ▾

01/04/22

Latest Date

-4666

Value

Target

Clear Filters

-5803

-3σ

-4684.97

Mean

-3566.94

+3σ

Sustainability_06||NGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Bank and Agency Spend (£0...

Vertical Axis

Date

01/04/22

Annotation

Latest data point = April 2022

Variation



Assurance



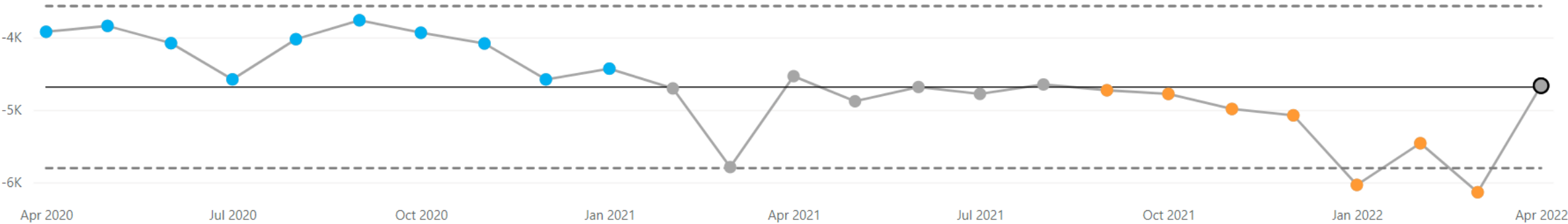
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Bank and Agency Spend (£000's): Sustainability



Background

22/23 Bank & Agency Costs vs Plan and comparison to the NHSE/TA Agency Ceiling of £10.8m

What the chart tells us

Bank & Agency is lower than expectations in Month 1, due to marginally lower COVID costs.

Issues

To continue to be monitored

Actions

To continue to be monitored

Mitigations



Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

A&E activity activity (& vs plan) ▾

Clear Filters

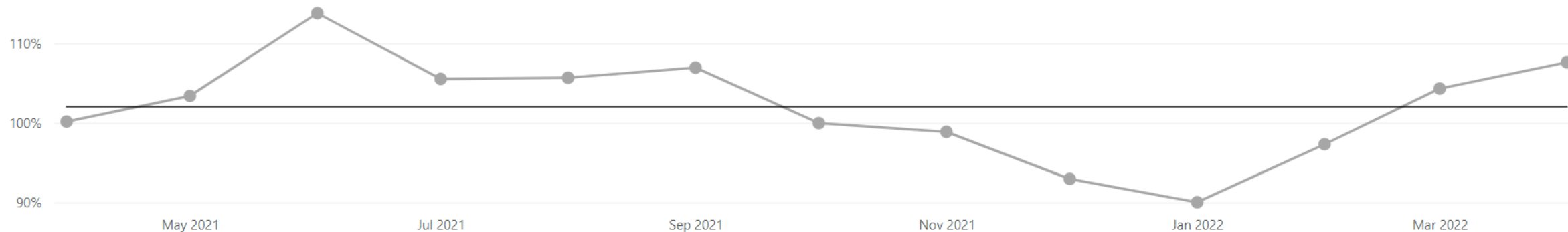
[Legend](#)

Target -----

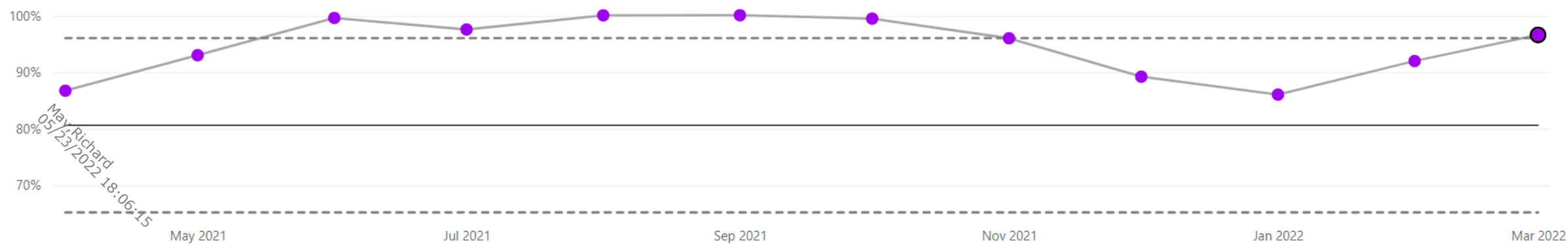
Upper/Lower Process Limit -----

Mean -----

A&E activity (actual vs plan): Sustainability: KGH



A&E activity (actual vs plan): Sustainability: NGH



May Richard
05/23/2022 18:06:15



Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

A&E activity activity (& vs plan)

Site

KGH

01/04/22
Latest Date

107.6%
Value

Target

(Blank)
-3σ

102.03%
Mean

(Blank)
+3σ

Sustainability_11||KGH
Metric ID

Apr-20 to Apr-22
Horizontal Axis

A&E activity activity (& vs pl...
Vertical Axis

Date Annotation

Variation

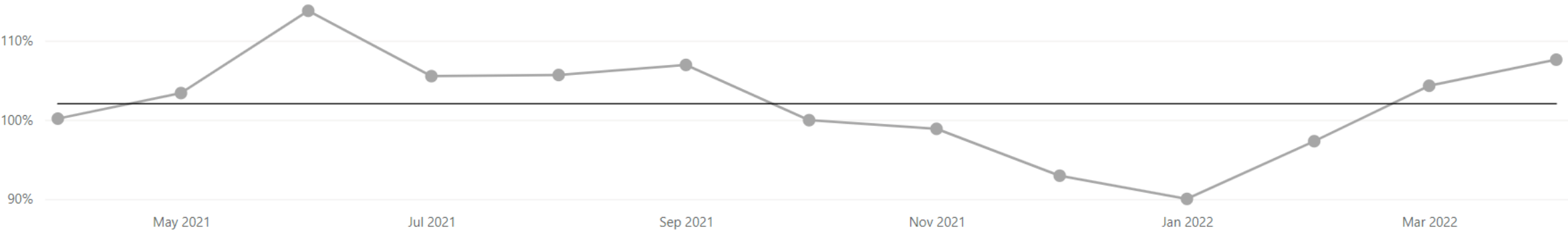
Assurance

Clear Filters

Legend

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

A&E activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

May Richard
05/23/2022 18:06:15

Current activity vs plan reporting is unavailable. Health Informatics Team plan to make available from 31/5/22

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

A&E activity activity (& vs plan) ▾

Site

NGH ▾

01/03/22

Latest Date

65.19%

-3σ

Sustainability_11||NGH

Metric ID

Date

01/03/22 Latest data point = March 2022

Annotation

96.62%

Value

80.62%

Mean

Apr-20 to Apr-22

Horizontal Axis

Target

96.05%

+3σ

A&E activity activity (& vs pl...

Vertical Axis

Variation

Assurance



Legend

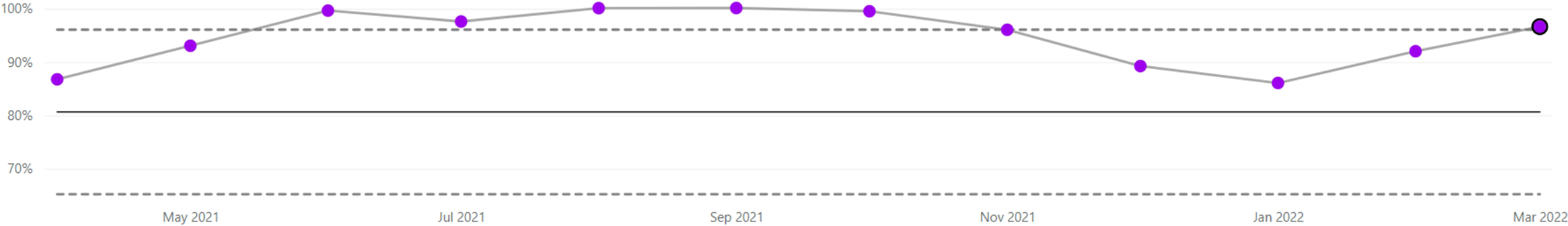
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

A&E activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Non-elective activity (& vs plan) ▾

Clear Filters

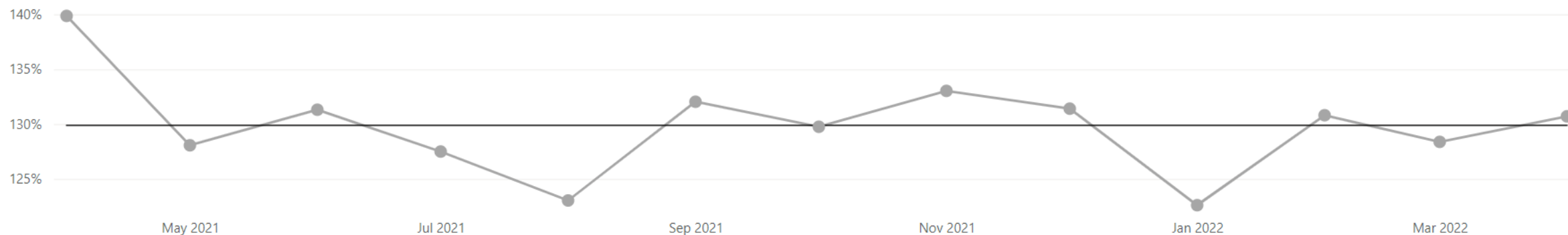
[Legend](#)

Target -----

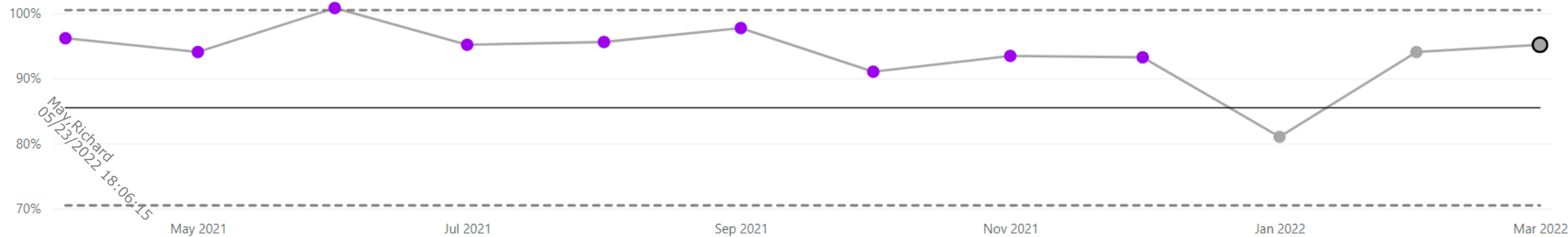
Upper/Lower Process Limit -----

Mean -----

Non-elective activity (actual vs plan): Sustainability: KGH



Non-elective activity (actual vs plan): Sustainability: NGH



Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Non-elective activity (& vs plan) ▾

Site

KGH ▾

01/04/22

Latest Date

(Blank)

-3σ

Sustainability_12||KGH

Metric ID

Date

Annotation

130.7%

Value

129.88%

Mean

Apr-20 to Apr-22

Horizontal Axis

Target

(Blank)

+3σ

A&E activity (actual vs plan)

Vertical Axis

Variation

Assurance

Clear Filters

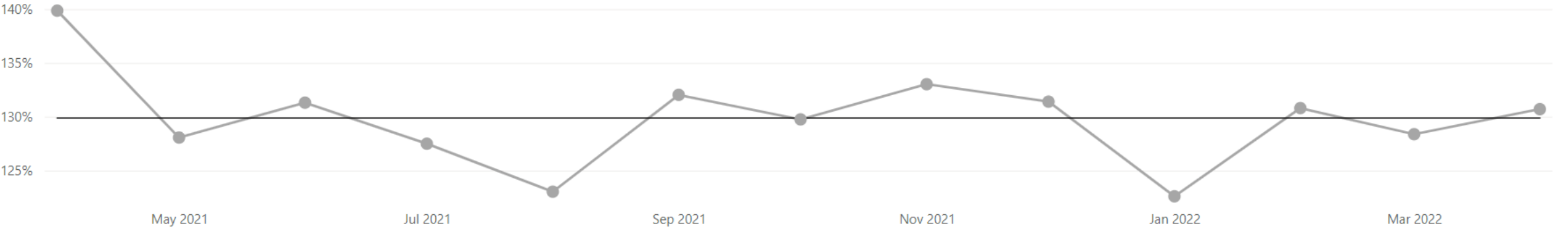
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Non-elective activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

Current activity vs plan reporting is unavailable. Health Informatics Team plan to make available from 31/5/22

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Non-elective activity (& vs plan) ▾

Site

NGH ▾

01/03/22

Latest Date

70.48%

-3σ

Sustainability_12||NGH

Metric ID

Date

01/03/22 Latest data point = March 2022

Annotation

95.12%

Value

85.46%

Mean

Apr-20 to Apr-22

Horizontal Axis

100.44%

+3σ

A&E activity (actual vs plan)

Vertical Axis

Target

Clear Filters

Variation

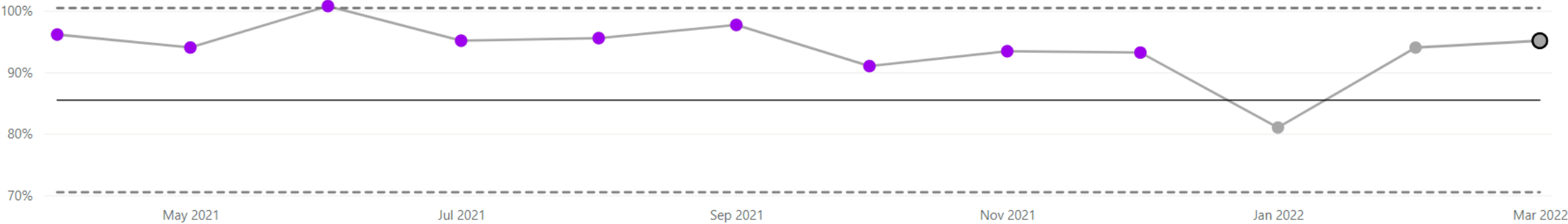
Assurance



Legend

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

Non-elective activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

May Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Elective inpatient activity (& vs plan) ▾

Clear Filters

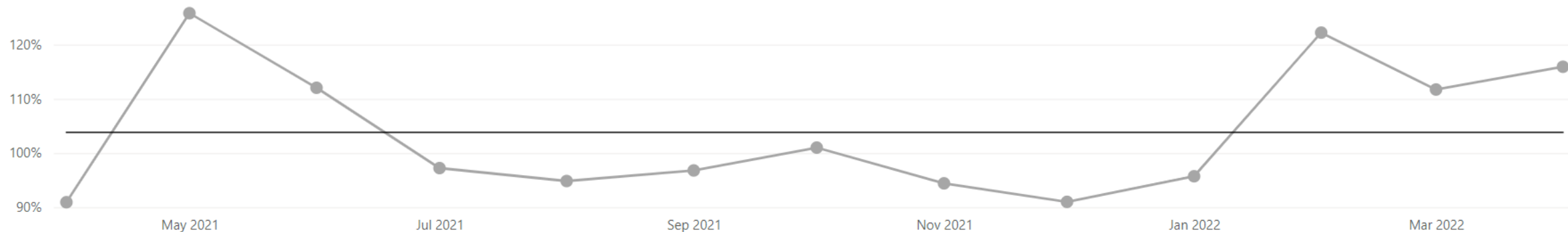
Legend

Target -----

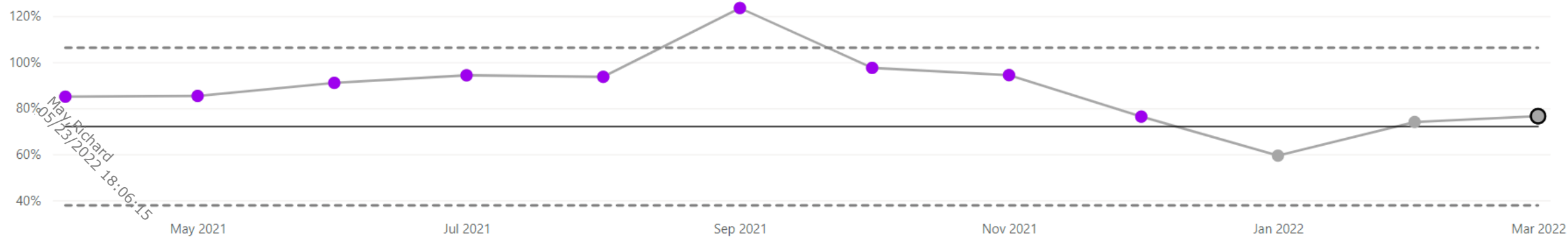
Upper/Lower Process Limit -----

Mean -----

Elective inpatient activity (actual vs plan): Sustainability: KGH



Elective inpatient activity (actual vs plan): Sustainability: NGH



May Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Elective inpatient activity (& vs plan) ▾

Site

KGH ▾

01/04/22

Latest Date

(Blank)

-3σ

Sustainability_13||KGH

Date

Annotation

Metric ID

115.9%

Value

103.8%

Mean

Apr-20 to Apr-22

Horizontal Axis

Target

(Blank)

+3σ

Non-elective activity (actual ...

Vertical Axis

Variation

Assurance

Clear Filters

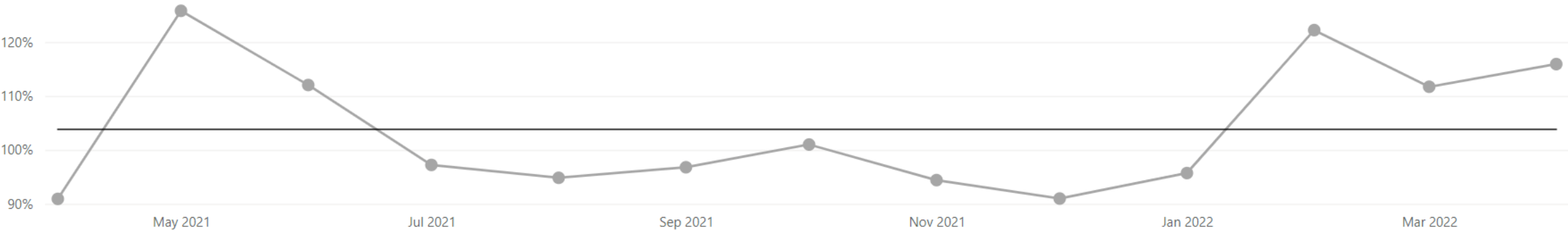
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Elective inpatient activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

Elective inpatient activity actuals v plan

Current activity vs plan reporting is unavailable.

Health Informatics Team plan to make available from 31/5/22

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Elective inpatient activity (& vs plan) ▾

Site

NGH ▾

01/03/22

Latest Date

37.78%

-3σ

Sustainability_13||NGH

Metric ID

Date

01/03/22 Latest data point = March 2022

Annotation

76.52%

Value

72.01%

Mean

Apr-20 to Apr-22

Horizontal Axis

Target

106.24%

+3σ

Non-elective activity (actual ...

Vertical Axis

Variation

Assurance



Legend

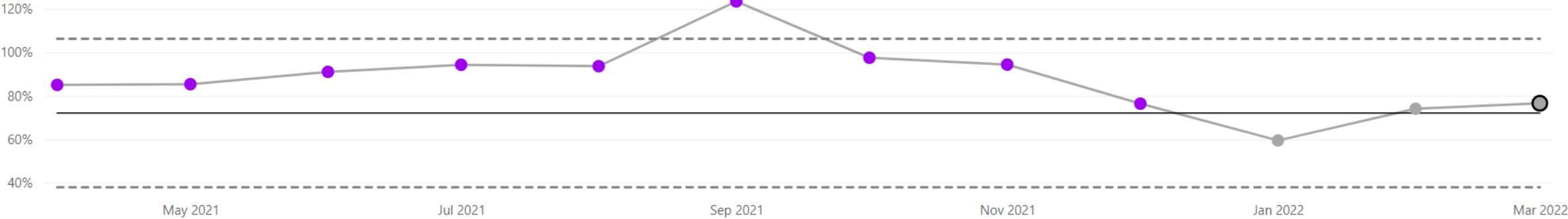
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Elective inpatient activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

View Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Outpatients activity (& vs plan) ▾

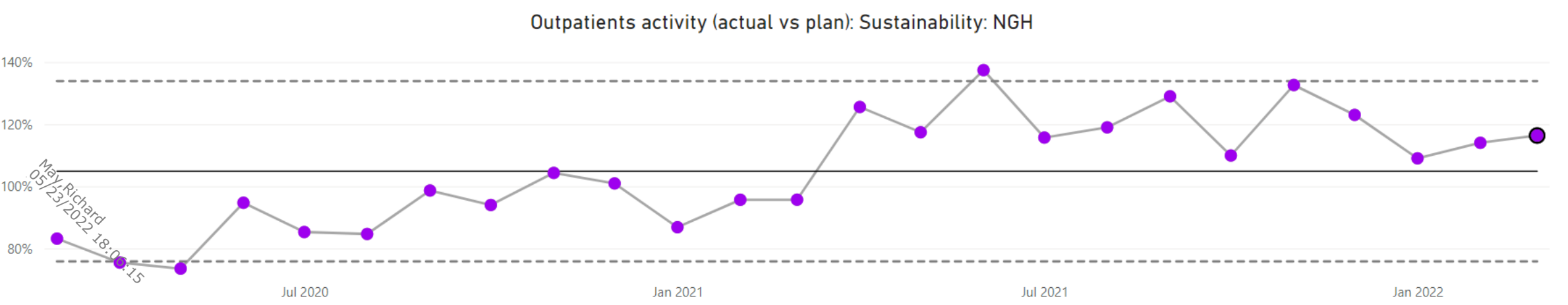
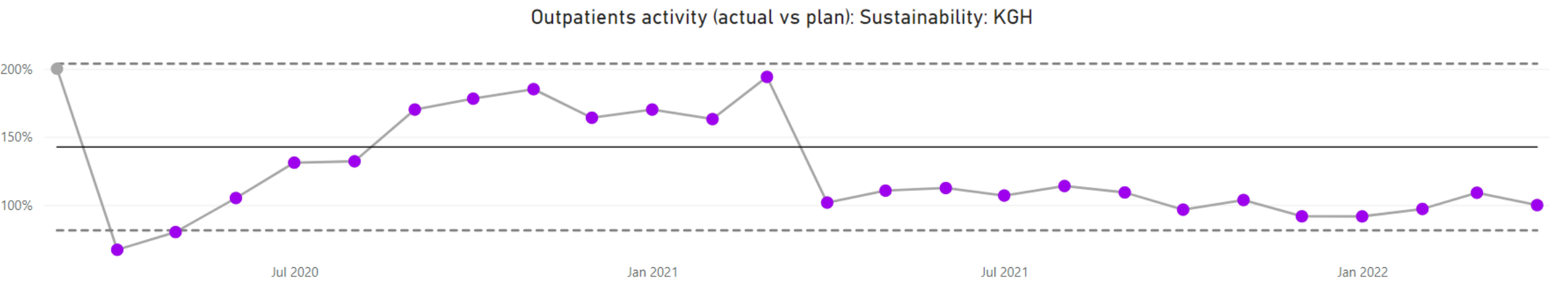
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Outpatients activity (& vs plan) ▾

Site

KGH ▾

01/04/22

Latest Date

81.26%

-3σ

Sustainability_15||KGH

Date

Annotation

Metric ID

99.8%

Value

142.48%

Mean

Apr-20 to Apr-22

Horizontal Axis

Target

203.71%

+3σ

Elective day-case activity (ac...

Vertical Axis

Clear Filters

Variation

Assurance



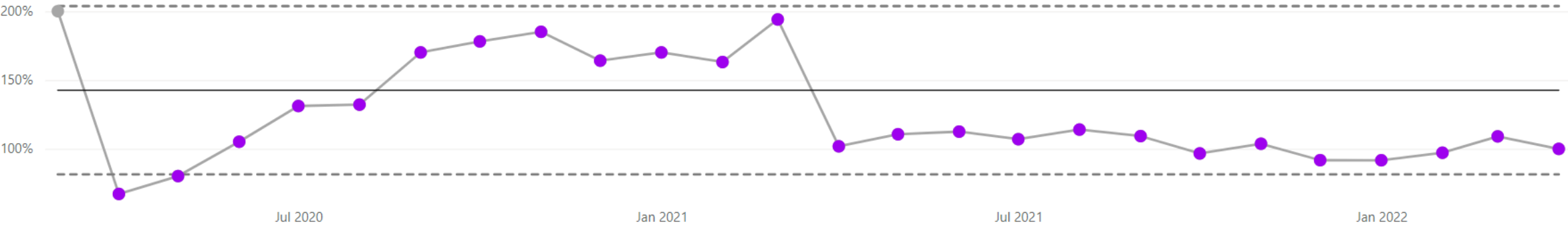
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Outpatients activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

Current activity vs plan reporting is unavailable. Health Informatics Team plan to make available from 31/5/22

Committee Name

Integrated Governance Report (IGR) ▾

Group

Sustainability ▾

Metric

Outpatients activity (& vs plan) ▾

Site

NGH ▾

01/03/22

Latest Date

116.34%

Value

Target

75.82%

-3σ

104.86%

Mean

133.9%

+3σ

Sustainability_15||NGH

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Elective day-case activity (ac...

Vertical Axis

Date

01/03/22

Annotation

Latest data point = March 2022

Variation

Assurance



Legend

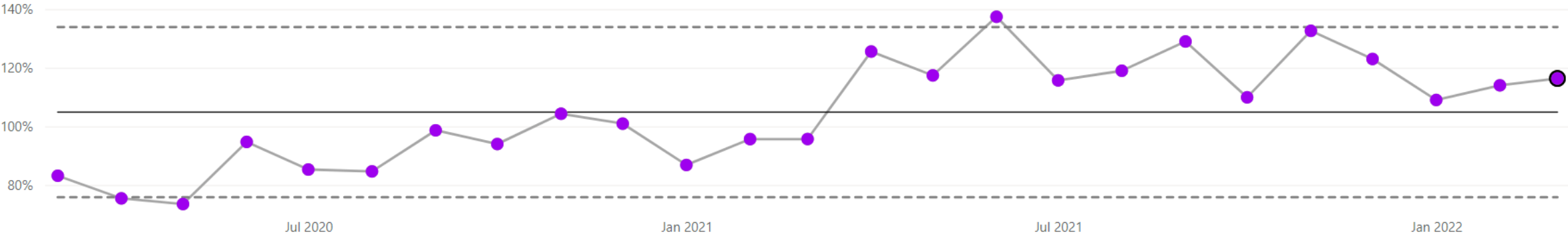
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Outpatients activity (actual vs plan): Sustainability



Background

What the chart tells us

Issues

Actions

Mitigations

Key Richard
05/23/2022 18:06:15

Patient

People

Quality

Sustainability

Systems & Partnerships

Site	Metric	Latest Value	Metric	Comment
KGH	Two week wait	92.7%	Diagnostics :-	<p>Imaging have developed recovery plans and trajectories for the two challenged modalities, MRI and echo. Recovery of performance planned for June and July respectively. Both modalities are behind plan at the end of April, with echo reporting that the plan will be achieved.</p> <p>MRI is over 600 behind the plan at end April, although April's activity and demand are in line with the plan. As such the backlog should be in line with the trajectory. We are assured the departments are offering appointments, after clinical urgency, in time order. We are investigating root cause which is not immediately obvious - it could be unaccounted (in the model) demand streams (e.g planned patients) or higher proportion of urgent requests - both scenarios will indicate that current capacity is not enough to reduce the routine backlog.</p> <p>As we cannot provide assurance on the delivery of the planned recovery trajectory for MRI.</p> <p>Data extracts, submissions to informatics and subsequent analysis have been identified as a significant issue with multiple data analysis saying different results. As such the Head of Access, with informatics, the modality and department lead are undertaking detailed work to establish more robust reporting so that we are clear of the issues and if mitigations are delivering.</p> <p>We are also establishing modality specific PTL mtgs to support deep dives, alongside the overall newly established weekly diagnostic review group</p>
NGH	Two week wait	95.5%		
NGH	31-day wait for first treatment	91.98%		
KGH	31-day wait for first treatment	97.8%		
NGH	62-day wait for first treatment	67.5%		
KGH	62-day wait for first treatment	68%		
NGH	Cancer: Faster Diagnostic Standard	81.57%		
KGH	Cancer: Faster Diagnostic Standard	83.7%		
KGH	6-week diagnostic test target performance	60.7%		
NGH	6-week diagnostic test target performance	91%		
KGH	Unappointed outpatient follow ups	12708	Referral to Treatment (RTT) :-	<p>The RTT PTL over the last year, driven by increasing demand (referrals) and not back to pre-pandemic capacity, has increased from 17,500 to 25,000 patients. A reduction to 21,000 is planned in 22/23 based on the following assumptions:</p> <ul style="list-style-type: none"> • Demand (referrals) are at 20/21 levels (Jan-Oct forecast forward) • Activity increased to plan of 104% of 19/20 levels with corresponding increase in clock stops <p>As at the end of April 2022 there were 42 patients with a wait in excess of 52 weeks. This includes 10 transfers from UHL and 9 patients that on review of the orthodontics service have had their pathways amended and now show as 52 wk+.</p>
NGH	Unappointed outpatient follow ups	14317		
NGH	Virtual outpatient appointments	0.28		
KGH	Virtual outpatient appointments	34.91%		
KGH	RTT over 52 week waits	42	Super stranded (21+ days in hospital) :-	<p>We have completed treatment on 6 transferred patients from UHL, with 10 further transfers with a wait of 104 weeks or more. This will increase as we accept patients in ENT and General Surgery. NHS E/I are asking us to offer mutual aid to other Trusts, in particular Robert James & Agnes Hunt Orthopaedic Hospital (Oswestry) for spinal surgery and Chesterfield for general surgery.</p> <p>This metric has been relatively static since the start of the year with a mean of 87 days and we continue to struggle to reduce the numbers of super stranded patients to our previous levels of 2020-21.</p> <p>Daily review and challenge of all patients over 21 days continues in collaboration with our partners.</p> <p>Additional short term home care provision and brokerage currently being tendered by Adult Social Care to provide capacity to find and provide care. Risks from decommissioning longer term support - non-weight bearing and delirium pathways are not fully mitigated and we are already seeing the impact.</p>
NGH	RTT over 52 week waits	93		
KGH	Size of RTT waiting list	25646		
NGH	Size of RTT waiting list	28186		

Committee Name

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

Group

- ☐ Select all
- ☐ Patient
- ☐ People
- ☐ Quality
- ☐ Sustainability
- ☒ Systems and Partnerships

SITE

- ☒ Select all
- ☒ KGH
- ☒ NGH

Variation

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

Clear Filters

📄 🔍 📱 📧 ...

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
NGH	Systems and Partner...	62-day wait for first treatment	01/03/22	67.5%	85%	47.95%	70.86%	93.77%		
KGH	Systems and Partner...	62-day wait for first treatment	01/03/22	68%	85%	58.91%	76.95%	94.99%		
NGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/03/22	81.57%	75%	65.02%	76.26%	87.5%		
KGH	Systems and Partner...	Cancer: Faster Diagnostic Standard	01/03/22	83.7%	75%		84.3%			
NGH	Systems and Partner...	6-week diagnostic test target performance	01/03/22	91%	99%	58.6%	74.99%	91.38%		
KGH	Systems and Partner...	6-week diagnostic test target performance	01/04/22	60.7%	99%	67.94%	84.13%	100.32%		
KGH	Systems and Partner...	RTT over 52 week waits	01/04/22	42	0	-11.93	10.54	33		
NGH	Systems and Partner...	RTT over 52 week waits	01/04/22	93	0	108.79	297.32	485.85		
KGH	Systems and Partner...	Theatre utilisation	01/04/22	75.98%		64.9%	72.62%	80.33%		
NGH	Systems and Partner...	Theatre utilisation	01/04/22	79%		45.2%	69.8%	94.41%		
NGH	Systems and Partner...	Bed utilisation	01/04/22	82.25%		72.84%	79.42%	86%		
KGH	Systems and Partner...	Bed utilisation	01/04/22	96.46%		83.06%	90.38%	97.7%		
KGH	Systems and Partner...	Stranded patients (7+ day length of stay)	01/04/22	280	0	194.11	243.79	293.48		
NGH	Systems and Partner...	Stranded patients (7+ day length of stay)	01/04/22	321	0	252.14	284.72	317.31		
NGH	Systems and Partner...	Super-Stranded patients (21+ day length of stay)	01/04/22	132	0	82.81	101.32	119.83		
KGH	Systems and Partner...	Super-Stranded patients (21+ day length of stay)	01/04/22	109	0	55.31	87.14	118.96		
NGH	Systems and Partner...	Patients with a reason to reside	01/04/22	70%	95%	38.77%	52.13%	65.49%		
KGH	Systems and Partner...	Patients with a reason to reside	01/04/22	70.25%		62.9%	68.81%	74.73%		

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

62-day wait for first treatment ▾

Clear Filters

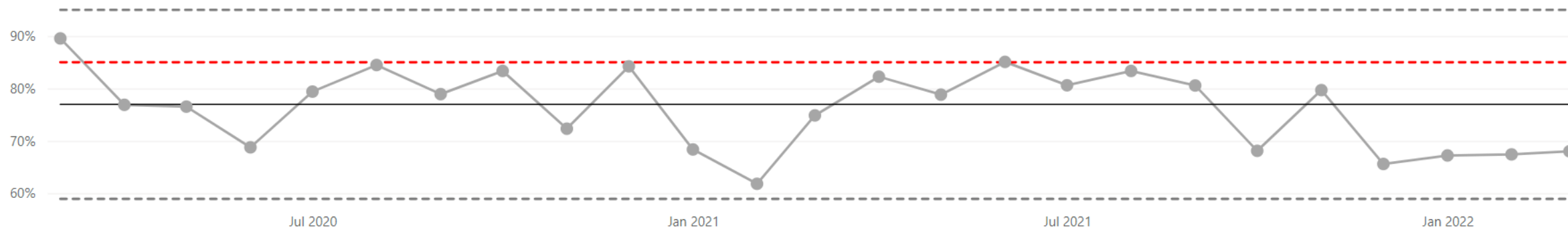
[Legend](#)

Target -----

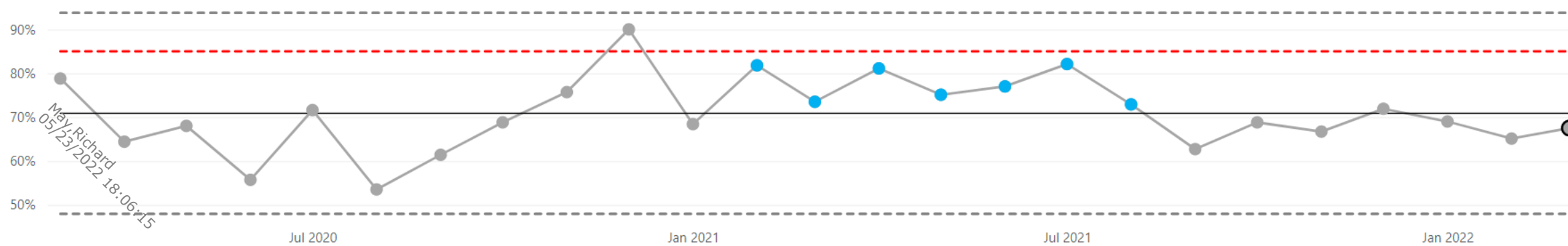
Upper/Lower Process Limit -----

Mean -----

62-day wait for first treatment: Systems and Partnerships: KGH



62-day wait for first treatment: Systems and Partnerships: NGH



Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

62-day wait for first treatment

Site

KGH

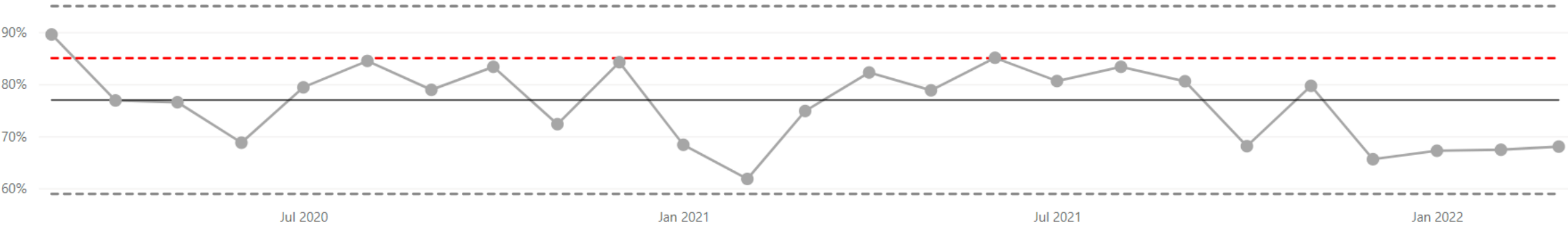
01/03/22	58.91%	Systems_and_Partnerships_0...	Date	Annotation
Latest Date	-3σ	Metric ID		
68%	76.95%	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
85%	94.99%	62-day wait for first treatment		
Target	+3σ	Vertical Axis		

Clear Filters



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

62-day wait for first treatment: Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
% of patients whose treatment initiated within 63 days of urgent referral	The Trust did not meet the national standard of 85% for patient treated within 62 days	Patient initiated delays and complex pathways continue to be seen across all tumour site pathways. There are a number of patients waiting for treatment at tertiary centres for robotic treatment. Patients passed breach date has reduced to 65 patients. East	We continue the weekly Confirm and Challenge meetings which review all patients sitting at 45 days+ in their pathway. This is chaired by the Cancer Management team and Dep COO. HON for cancer continues to contact patients who are delaying pathways in order	Cancer recovery action plan in place and reviewed weekly at Access Board. Surgery have increased PTL meeting to twice weekly. HON for cancer continues to contact patients who are delaying pathways in order to offer reassurance and encourage to attend.

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

62-day wait for first treatment

Site

NGH

01/03/22
Latest Date

47.95%
-3σ

Systems_and_Partnerships_0...
Metric ID

Date

01/03/22

Annotation

Latest data point = March 2022 (2 months in arrears)

67.5%
Value

70.86%
Mean

Apr-20 to Apr-22
Horizontal Axis

85%
Target

93.77%
+3σ

62-day wait for first treatment
Vertical Axis

Variation



Assurance

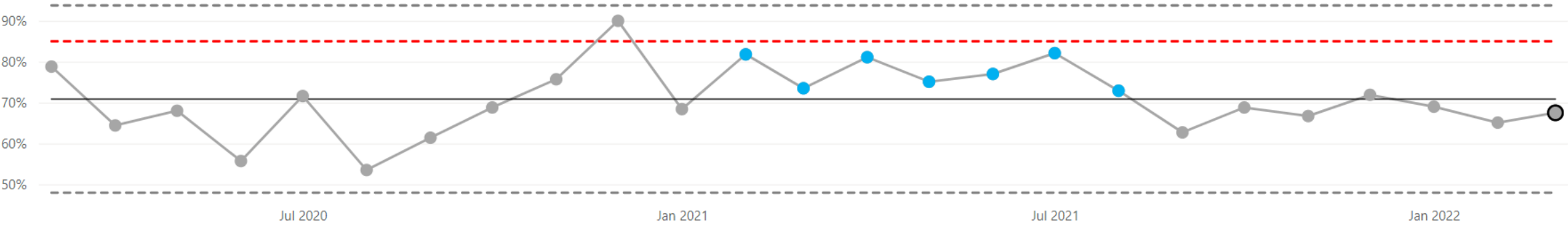


Legend

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

Clear Filters

62-day wait for first treatment: Systems and Partnerships



Background

% of patients whose treatment initiated within 63 days of urgent referral

What the chart tells us

Variation: Common cause - no significant change
Assurance: Variation indicates inconsistently hitting passing and falling short of the target

Issues

The Trust did not meet this standard achieving 67.5%, this was a 2% increase on February, with a 13% increase in treatments but subsequently an increase in breaches too. 36 patients breached, oncology, surgical, outpatient and diagnostic capacity featured in the majority of breaches. 10 of the patients were referred from MKUH and KGH

Actions

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

Mitigations

The delivery of Cancer diagnostics and treatments remain with the Divisions. The Cancer Team continue to focus on holding to account these teams for delivery of sustained improvement plans through the escalation policy and corporate ptl.

Committee Name

Integrated Governance Report (IGR) ▼

Group

Systems and Partnerships ▼

Metric

Cancer: Faster Diagnostic Standard ▼

Clear Filters

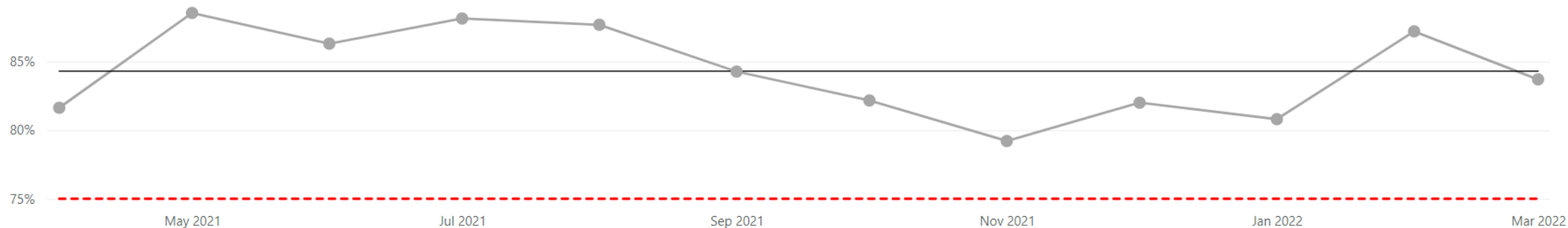
[Legend](#)

Target -----

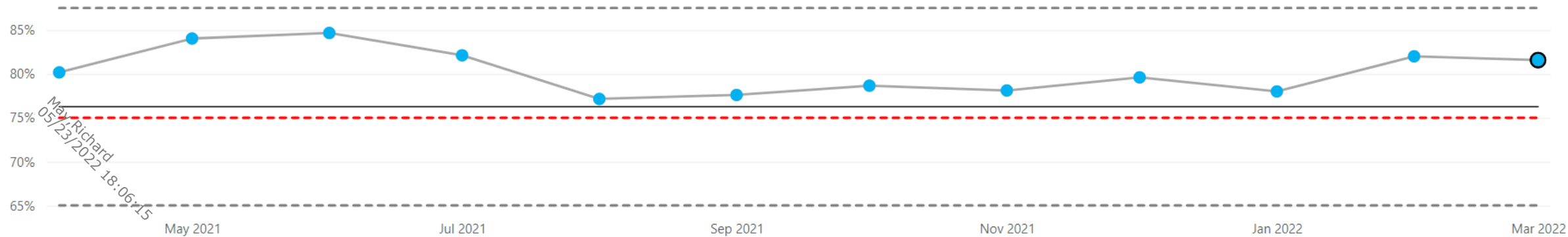
Upper/Lower Process Limit -----

Mean -----

Cancer: Faster Diagnostic Standard: Systems and Partnerships: KGH



Cancer: Faster Diagnostic Standard: Systems and Partnerships: NGH



May Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Cancer: Faster Diagnostic Standard

Site

KGH

01/03/22
Latest Date

(Blank)
-3σ

Systems_and_Partnerships_0...
Metric ID

83.7%
Value

84.3%
Mean

Apr-20 to Apr-22
Horizontal Axis

75%
Target

(Blank)
+3σ

Cancer: Faster Diagnostic St...
Vertical Axis

Variation

Assurance

Clear Filters

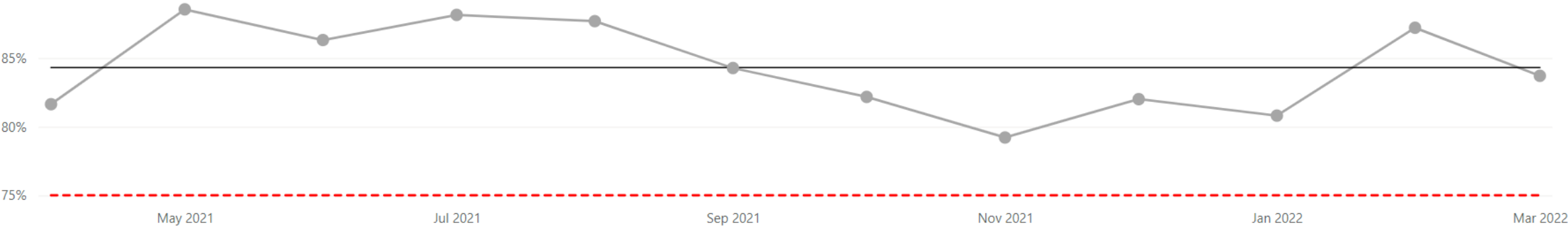
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

% of patients diagnosed in less than 28 days

The Trust achieved the faster diagnosis standard at 80%

No issues

N/A

Haematuria, Breast, Gynaecology and Prostate all have One stop clinics in place

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Cancer: Faster Diagnostic Standard ▾

Site

NGH ▾

01/03/22

Latest Date

65.02%

-3σ

Systems_and_Partnerships_0...

Metric ID

Date

01/03/22

Annotation

Latest data point = March 2022 (2 months in arrears)

81.57%

Value

76.26%

Mean

Apr-20 to Apr-22

Horizontal Axis

75%

Target

87.5%

+3σ

Cancer: Faster Diagnostic St...

Vertical Axis

Variation



Assurance



Legend

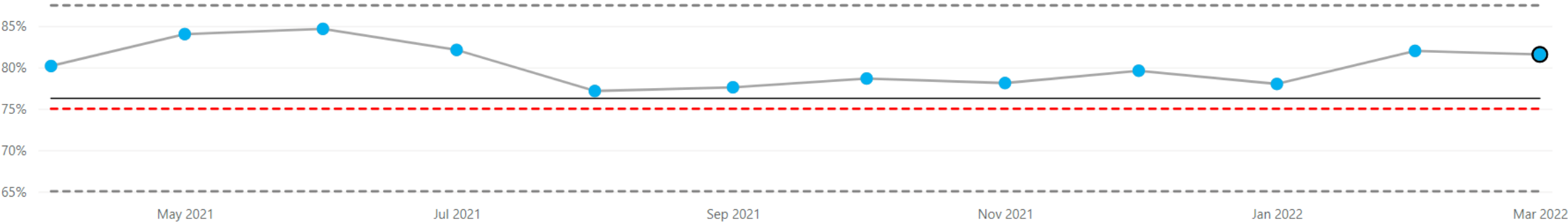
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Background

% of patients diagnosed in less than 28 days

What the chart tells us

Variation: Special cause of improving nature or lower pressure due to (H)igher values Assurance: Variation indicates inconsistently hitting passing and falling short of the target

Issues

The Trust exceeded this standard achieving 81.6%

Actions

Trust stretch target to see patients for first appointment or straight to test in 7 days. Every patient is tracked and micromanaged through every step of their pathway, using the trust escalation policy if key milestones are not met.

Mitigations

Weekly deep dives, site and the corporate ptl meeting oversee all patients on their pathway. Escalations from these meetings alert tumour sites to where they need to flex capacity, this remains a challenge locally and nationally

Committee Name

Integrated Governance Report (IGR) ▼

Group

Systems and Partnerships ▼

Metric

6-week diagnostic test target performance ▼

Clear Filters

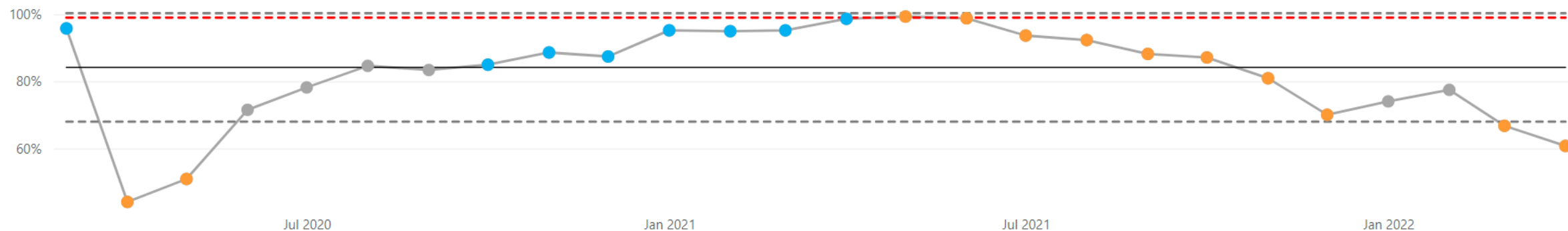
Legend

Target -----

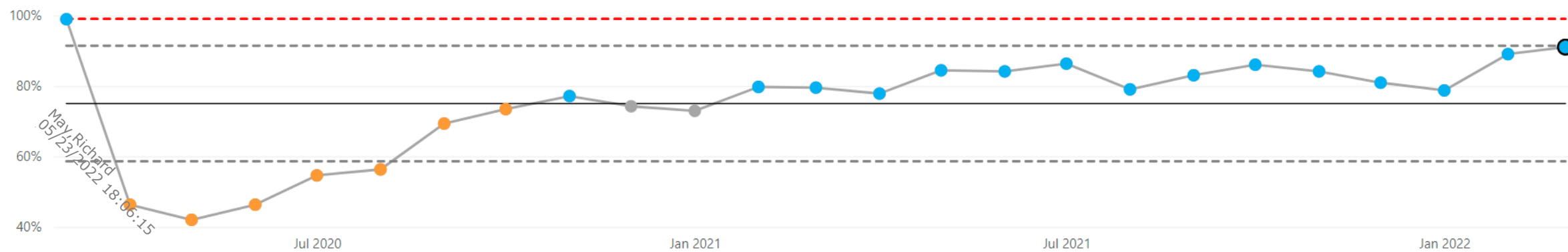
Upper/Lower Process Limit -----

Mean -----

6-week diagnostic test target performance: Systems and Partnerships: KGH



6-week diagnostic test target performance: Systems and Partnerships: NGH



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

6-week diagnostic test target performan... ▾

Site

KGH ▾

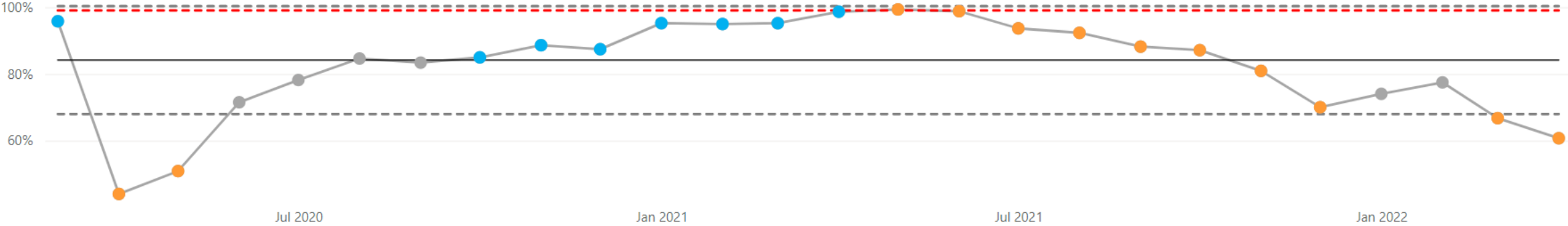
01/04/22	67.94%	Systems_and_Partnerships_0...	Date	Annotation
Latest Date	-3σ	Metric ID		
60.7%	84.13%	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
99%	100.32%	6-week diagnostic test targ...		
Target	+3σ	Vertical Axis		

Clear Filters



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

6-week diagnostic test target performance: Systems and Partnerships



Background	What the chart tells us	Issues	Actions	Mitigations
% of patients not seen within six weeks 05/23/2022 18:06:15	Unvalidated postion for April is 61%.	MRI: despite 94% activity plans taking place the backlog did not decreas as expected. 763 patients are presently booked to be seen in May 466 (61%) of those are presently 6wk+ EchoCardiology; Capacity conti	DM01 Access meeting continue with the modalities to understand weekly pressures and challenges. PTL meetings commenced for MRI and CT to provide assurance of booking processes and escalation of any complex patient pathways o	Recovery plans being overseen by Medicine DD for Imaging modalities. Investigations into the capacity allocation to higher numbers of 2ww and Urgent referrals and how this impacts the ability to work through the backlog.

Committee Name

Integrated Governance Report (IGR) ▼

Group

Systems and Partnerships ▼

Metric

6-week diagnostic test target performan... ▼

Site

NGH ▼

01/03/22

Latest Date

58.6%

-3σ

Systems_and_Partnerships_0...

Date

Annotation

01/03/22

Latest data point = March 2022 (2 months in arrears)

91%

Value

74.99%

Mean

Apr-20 to Apr-22

Horizontal Axis

99%

Target

91.38%

+3σ

6-week diagnostic test targe...

Vertical Axis

Clear Filters

Variation



Assurance



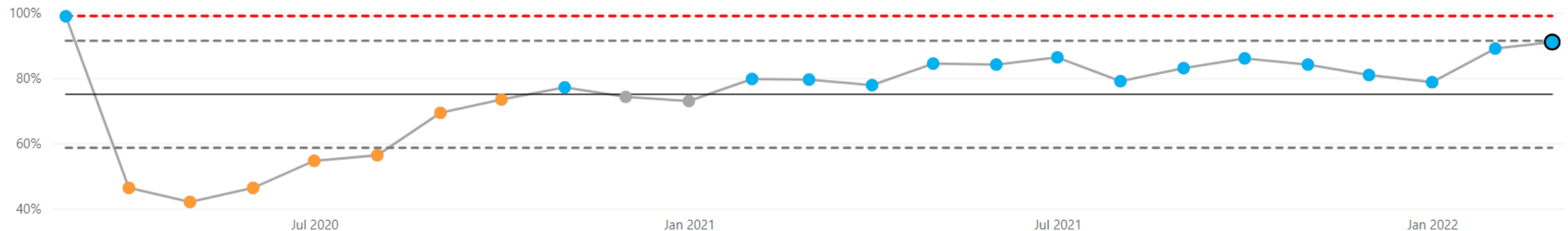
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

6-week diagnostic test target performance: Systems and Partnerships



Background

% of patients not seen within six weeks

What the chart tells us

Variation: Special cause of improving nature or lower pressure due to (H)igher values Assurance: Variation indicates consistently (F)alling short of the target

Issues

- High volume of referrals
- Increased Inpatient, Cancer and Urgent care demand across all modalities continues to impact performance.

Actions

- Increased capacity at Danetre and use of private providers in place to support routine referrals. Additional weekend work is being completed where feasible.
- Additional capacity for MRI being explored. Alliance have offered a second MRI van from June 2022 – to be confirmed.

Mitigations

- Weekly diagnostic PTL on-going.
- Weekly Access Committee in place issues escalated to Deputy COO/COO as required



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

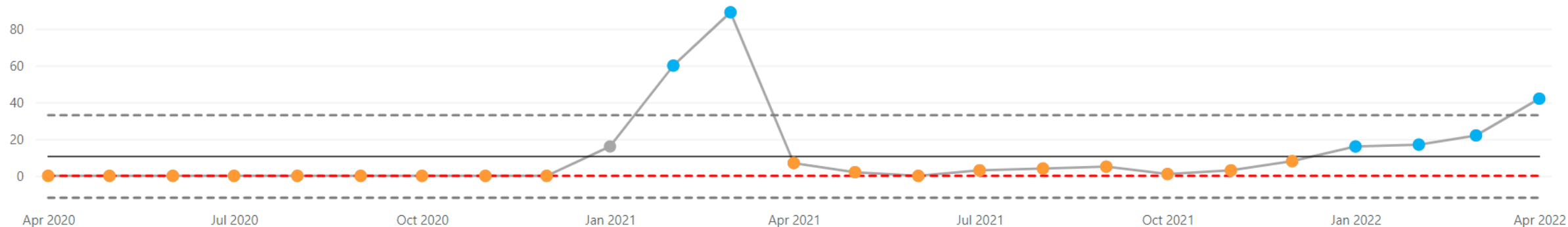
RTT over 52 week waits ▾

Clear Filters

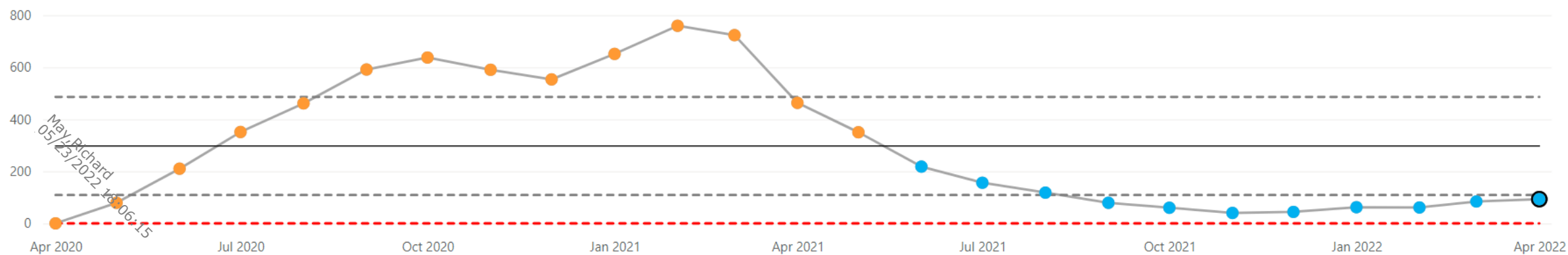
[Legend](#)

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

RTT over 52 week waits: Systems and Partnerships: KGH



RTT over 52 week waits: Systems and Partnerships: NGH



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

RTT over 52 week waits ▾

Site

KGH ▾

01/04/22

Latest Date

42

Value

0

Target

-11.93

-3σ

10.54

Mean

33

+3σ

Systems_and_Partnerships_0...

Metric ID

Apr-20 to Apr-22

Horizontal Axis

RTT over 52 week waits

Vertical Axis

Date

Annotation

Variation



Assurance



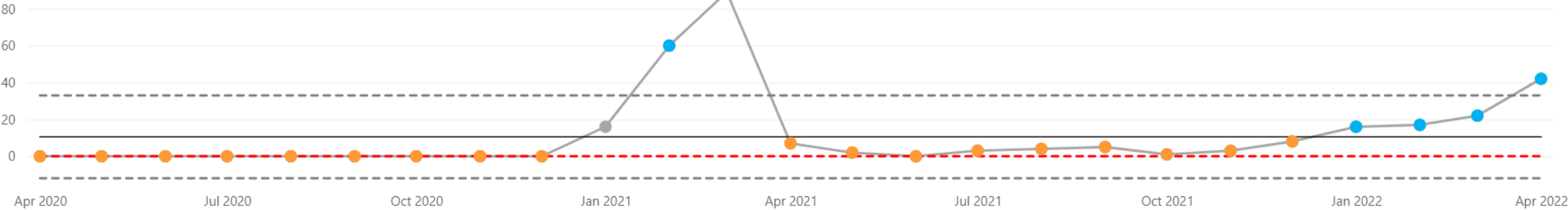
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

RTT over 52 week waits: Systems and Partnerships



Background

No. of patients waiting greater than 52 weeks from referral to treatment (RTT)

What the chart tells us

There has been a decline in the number of patients waiting over 52 weeks for treatment from 53 patients in March to 42 in April. 10 of these are over 104 and are patients who have been transferred from UHL as part of the IPT agreement

Issues

Capacity – elective sessions have increased, although impacted by leave and Easter Holidays
Patient choice – availability limited by holidays and COVID infections
Transfers from Leicester, this will increase as we accept patients in ENT and General Surger

Actions

Consultants will conduct clinical harm reviews on patients who have waited in excess of 52 weeks. Weekly PTL meeting including once specific to admitted pathways are used to monitor patient pathways and ensure next

Mitigations

Divisions were asked to submit plans for recovery with in specialties facing the most difficulties.

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

RTT over 52 week waits

Site

NGH

01/04/22

Latest Date

108.79

-3σ

Systems_and_Partnerships_0...

Metric ID

Date

Annotation

01/04/22

Latest data point = April 2022

93

Value

297.32

Mean

Apr-20 to Apr-22

Horizontal Axis

0

Target

485.85

+3σ

RTT over 52 week waits

Vertical Axis

Clear Filters

Variation



Assurance



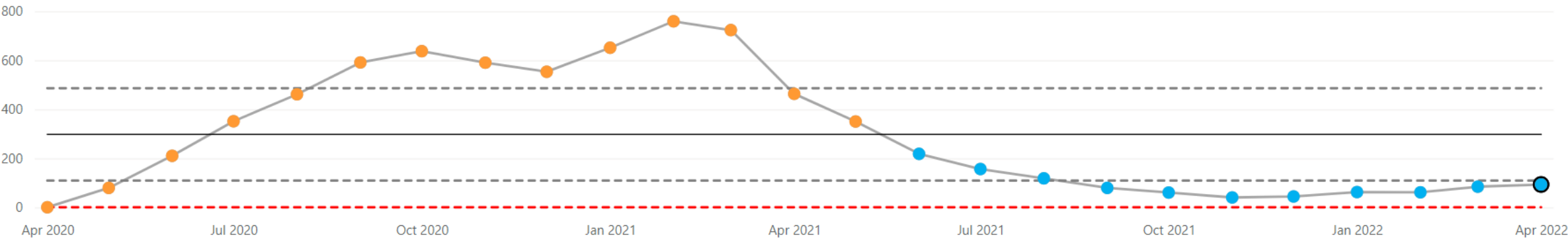
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

RTT over 52 week waits: Systems and Partnerships



Background

No. of patients waiting greater than 52 weeks from referral to treatment (RTT)

What the chart tells us

Issues

- Continued Emergency pressures with Trust and System to date.
- Resultant cancellations and prioritisation of P1's/Cancer's up until February resulted in increased 52+ position.
- Challenged Theatre Staffing resulting in cancellations.
- Issues with running theatre sessions due to staff sickness and staff isolating remain.
- Increased Staff sickness and Isolation due to COVID-19.
- T&O remains challenged specialty

Actions

- Resumed the non-urgent elective care which was reduced due to urgent pressures from February
- Compton Ward

Mitigations

- Weekly PTL - monitoring in place, issues escalated to DCOO and COO as required.
- Trustwide Trajectory in place to clear 52+ backlog by end of June with exception of T&O. Trajectory monitored through weekly Access Committee.
- WLI's and Insourcing being explored by Key specialties however budgetary constraints need to be considered and are a limiting factor.

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Theatre utilisation ▾

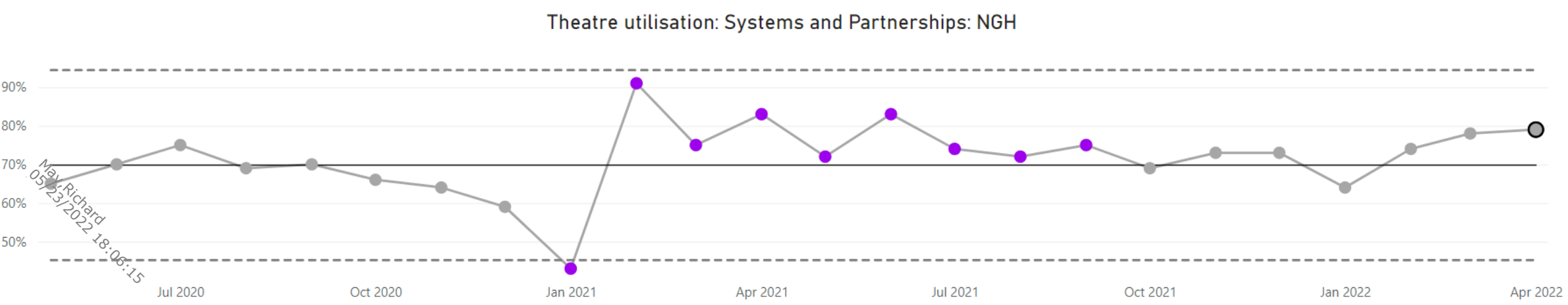
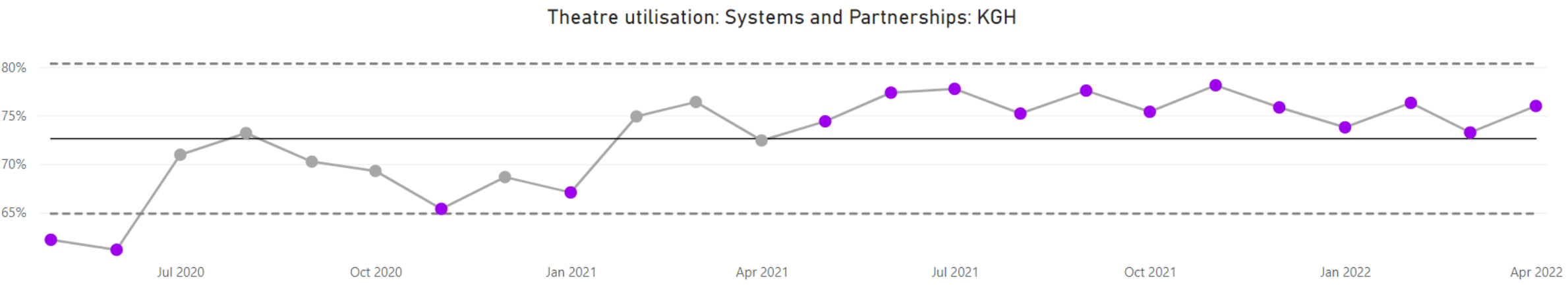
Clear Filters

Legend

Target -----

Upper/Lower Process Limit -----

Mean -----



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Theatre utilisation ▾

Site

KGH ▾

01/04/22

Latest Date

64.9%

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

Annotation

75.98%

Value

72.62%

Mean

Apr-20 to Apr-22

Horizontal Axis

80.33%

+3σ

Theatre utilisation

Vertical Axis

Target

Clear Filters

Variation

Assurance



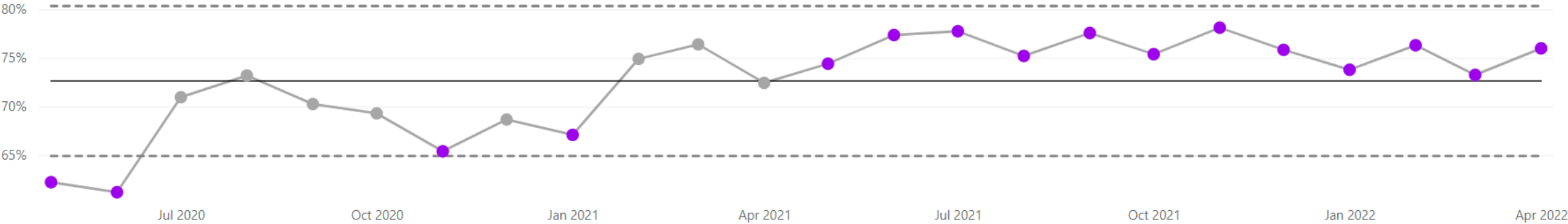
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Theatre utilisation: Systems and Partnerships



Background

Theatre utilisation % against 85% national target

What the chart tells us

Chart shows an under delivery against the national target of 85%

Issues

Due to some late notice sickness by staff and patients, this has led in some cases to a reduction in utilisation %. Continued work underway to maximise scheduled bookings and minimise late starts

Actions

Additional transformation resource joined in April to support the relaunched Theatre Productivity Board. Theatre productivity programme in place with clear workstreams and board. Weekly utilisation meetings take place in addition to 642.

Mitigations

Theatre utilisation is monitored weekly by theatre workstream leads and Surgery division.

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Theatre utilisation ▾

Site

NGH ▾

01/04/22

Latest Date

45.2%

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

01/04/22 Latest data point = April 2022

Annotation

Apr-20 to Apr-22

Horizontal Axis

Theatre utilisation

Vertical Axis

79%

Value

69.8%

Mean

94.41%

+3σ

Target

Clear Filters

Variation

Assurance



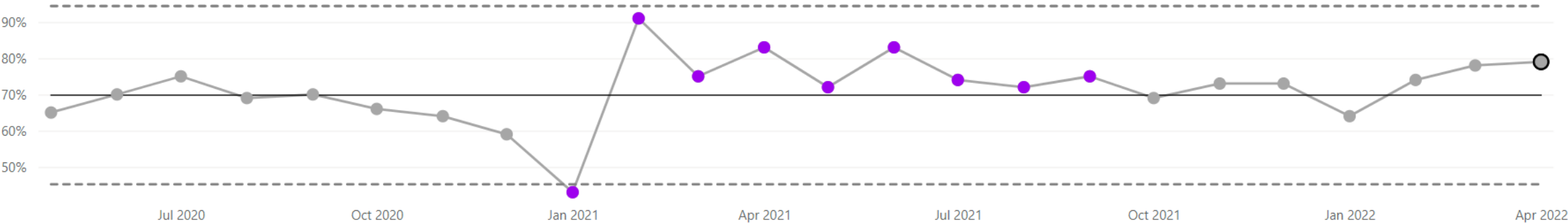
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Theatre utilisation: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

Theatre utilisation %
against 85% national
target

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Bed utilisation ▾

Clear Filters

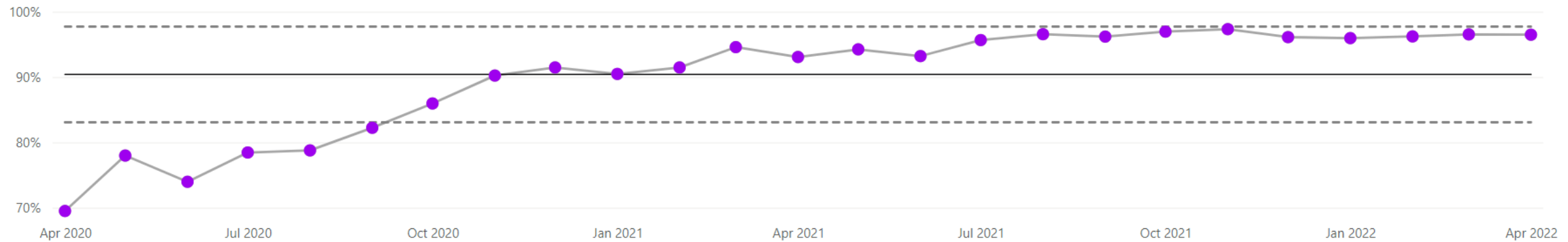
Legend

Target -----

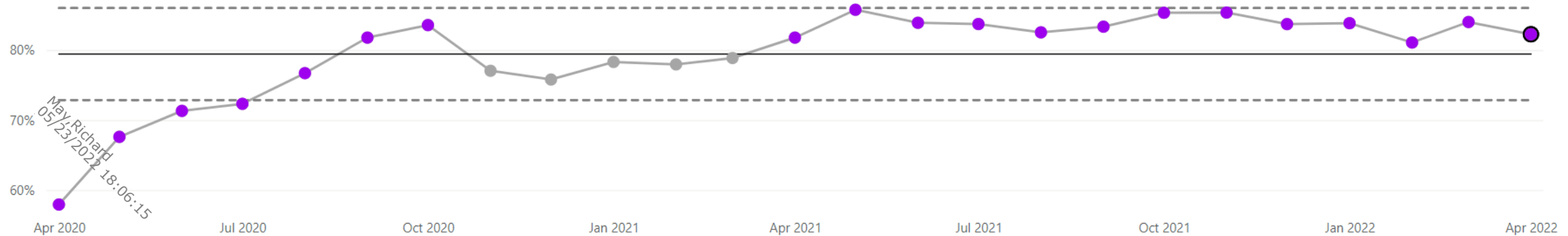
Upper/Lower Process Limit -----

Mean -----

Bed utilisation: Systems and Partnerships: KGH



Bed utilisation: Systems and Partnerships: NGH



May 2022
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Bed utilisation

Site

KGH

01/04/22

Latest Date

83.06%

-3σ

Systems_and_Partnerships_1...

Date

Annotation

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Bed utilisation

Vertical Axis

96.46%

Value

90.38%

Mean

97.7%

+3σ

Target

Clear Filters

Variation

Assurance



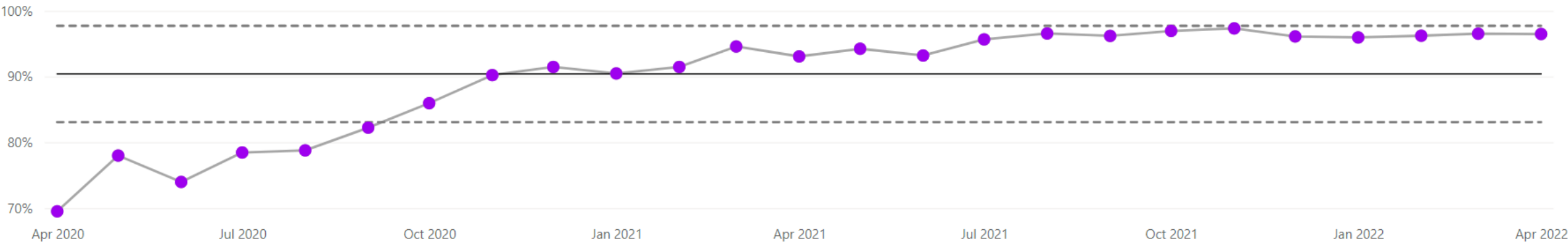
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Bed utilisation: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Bed utilisation

Site

NGH

01/04/22

Latest Date

72.84%

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

Annotation

01/04/22

Latest data point = April 2022

82.25%

Value

79.42%

Mean

Apr-20 to Apr-22

Horizontal Axis

86%

+3σ

Bed utilisation

Vertical Axis

Target

Clear Filters

Variation

Assurance



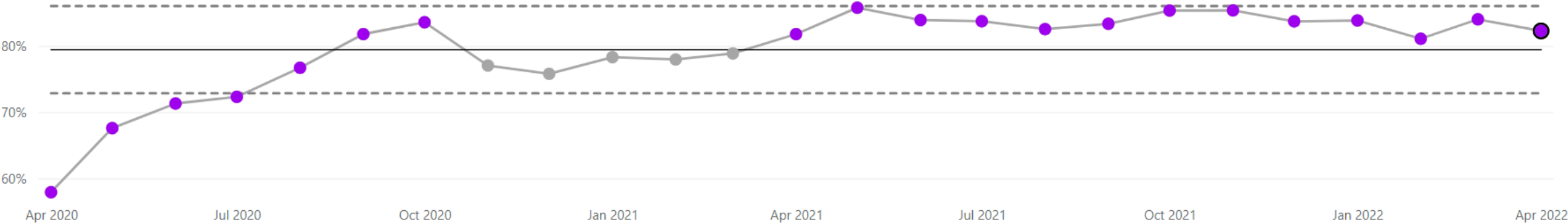
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Bed utilisation: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Stranded patients (7+ day length of stay) ▾

Clear Filters

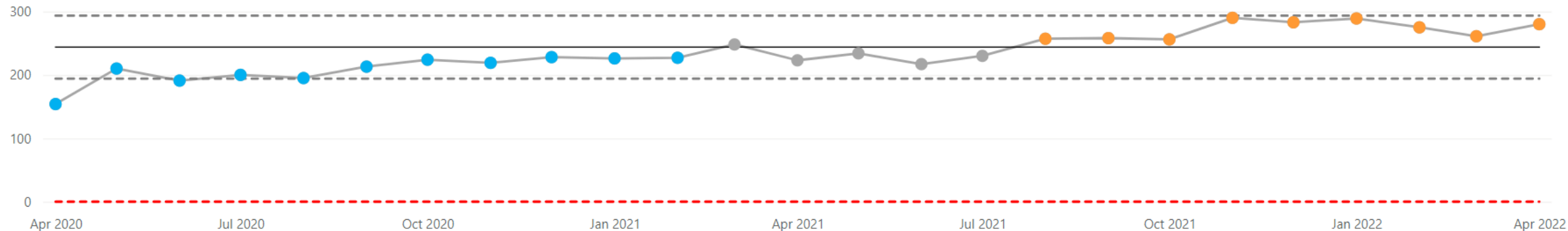
Target -----

Upper/Lower Process Limit -----

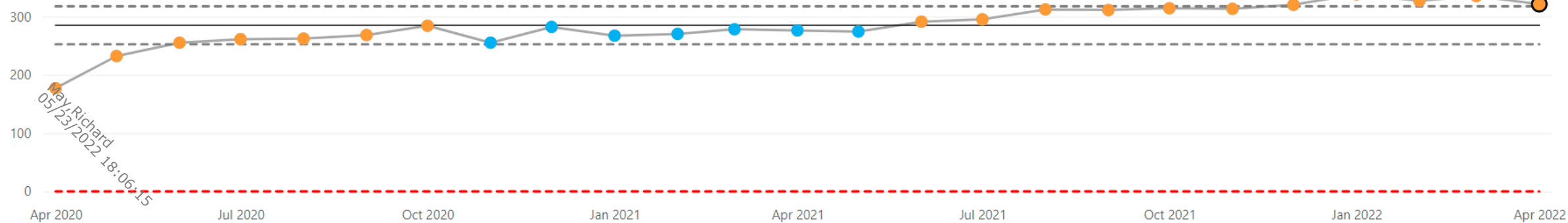
Mean -----

Legend

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



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

May, Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Stranded patients (7+ day length of stay) ▾

Site

KGH ▾

01/04/22

Latest Date

194.11

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

Annotation

280

Value

243.79

Mean

Apr-20 to Apr-22

Horizontal Axis

0

Target

293.48

+3σ

Stranded patients (7+ day le...

Vertical Axis

Clear Filters

Variation

Assurance



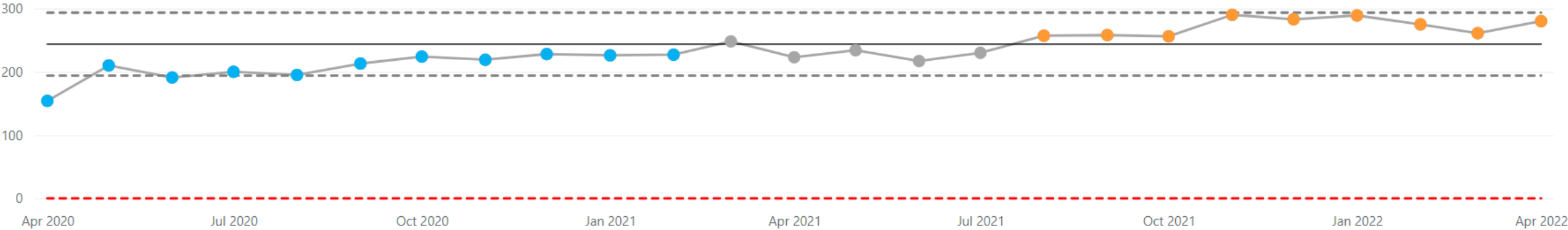
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

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



Background

What the chart tells us

Issues

Actions

Mitigations

Number of patients with
a LoS > 7 days

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Stranded patients (7+ day length of stay)

Site

NGH

01/04/22
Latest Date
321
Value
0
Target

252.14
-3σ
284.72
Mean
317.31
+3σ

Systems_and_Partnerships_1...
Metric ID
Apr-20 to Apr-22
Horizontal Axis
Stranded patients (7+ day le...
Vertical Axis

Date
01/04/22
Annotation
Latest data point = April 2022

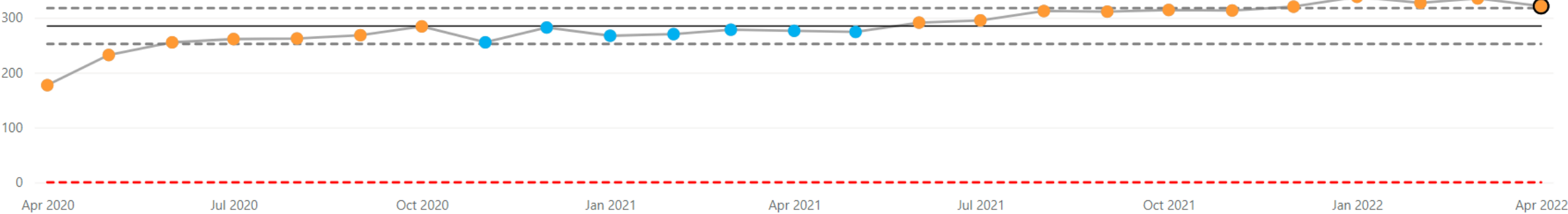


Legend

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

Clear Filters

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



Background	What the chart tells us	Issues	Actions	Mitigations
Number of patients with a LoS > 7 days	april has continued to be challenging in terms of patients greater than 7 days being over 300. multifactorial factors have influenced this not just social and community care delays but also internal and acuity impact on this figure.		25th of April patient flow coordinator commenced with sole focus on ameliorating internal delays and progressing treatment plans with excellent effect (LOS reduction from 9.8 LOS to 7.4 LOS)	

Committee Name

Integrated Governance Report (IGR) ▼

Group

Systems and Partnerships ▼

Metric

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

Clear Filters

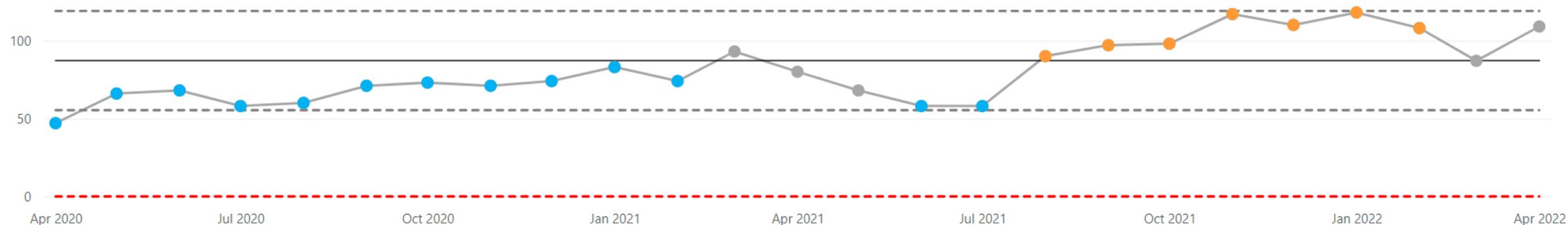
Legend

Target -----

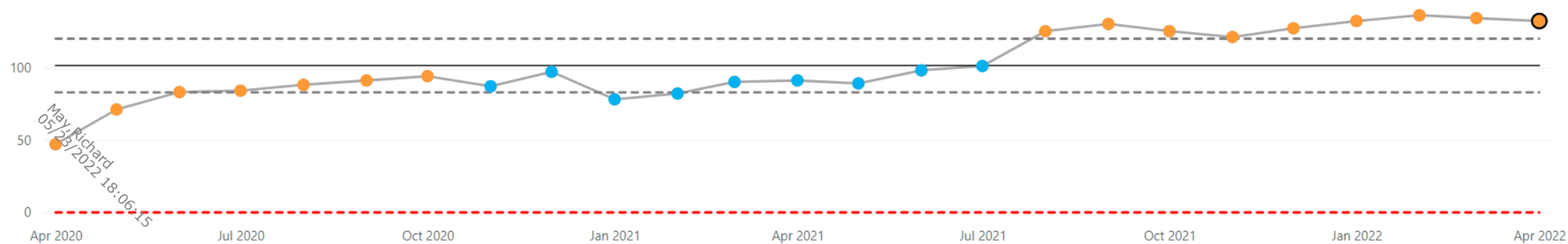
Upper/Lower Process Limit -----

Mean -----

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



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



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

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

Site

KGH ▾

01/04/22

Latest Date

55.31

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

Annotation

109

Value

87.14

Mean

Apr-20 to Apr-22

Horizontal Axis

0

Target

118.96

+3σ

Super-Stranded patients (21...

Vertical Axis

Variation



Assurance



Legend

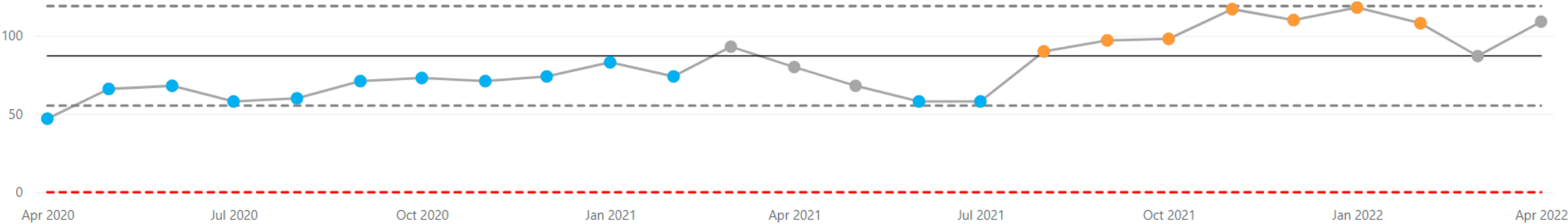
Target -----

Upper/Lower Process Limit -----

Mean -----

Clear Filters

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



Background

What the chart tells us

Issues

Actions

Mitigations

Number of patients with
a LOS > 21 days

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

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

Site

NGH

01/04/22

Latest Date

82.81

-3σ

Systems_and_Partnerships_1...

Metric ID

Date

Annotation

01/04/22

Latest data point = April 2022

132

Value

101.32

Mean

Apr-20 to Apr-22

Horizontal Axis

0

Target

119.83

+3σ

Super-Stranded patients (21...

Vertical Axis

Clear Filters

Variation

Assurance



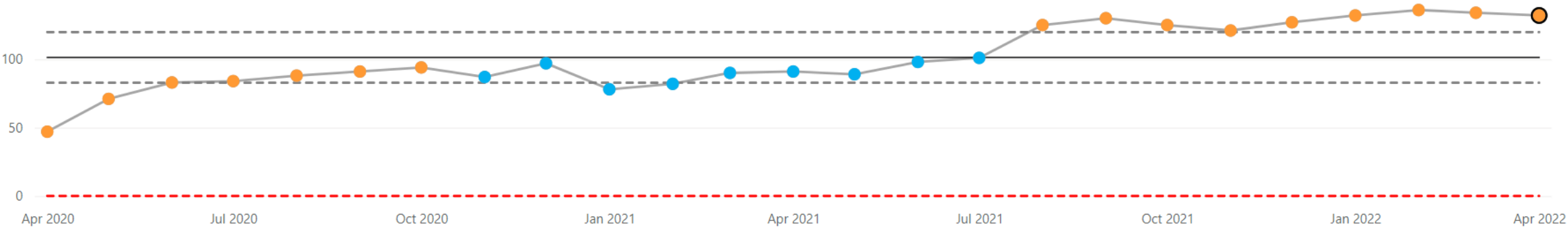
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

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



Background

Number of patients with a LOS of 21 days

What the chart tells us

Issues

this has remained consistently around 125-135 and is once again multifactorial. Severe capacity issues both for patients requiring care in their own homes and residential beds also rehab beds has impacted.

Actions

System is aware of the delay in POC, weekly review of all waiters with system partners occurs, regular re-review of therapy to try and reduce wait list for community rehab is ongoing. PDNA form disbanded and transfer of care form agreed across the system should reduce the need for multiple iterations of information to get patients accepted onto pathways.

Mitigations

Committee Name

Integrated Governance Report (IGR) ▼

Group

Systems and Partnerships ▼

Metric

Patients with a reason to reside ▼

Clear Filters

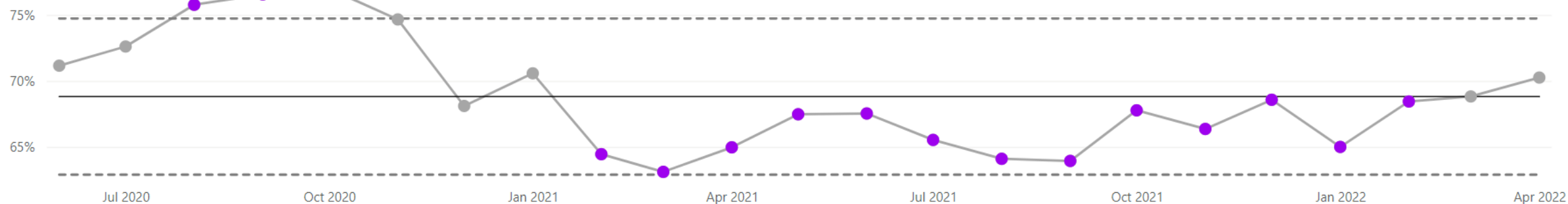
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Target -----

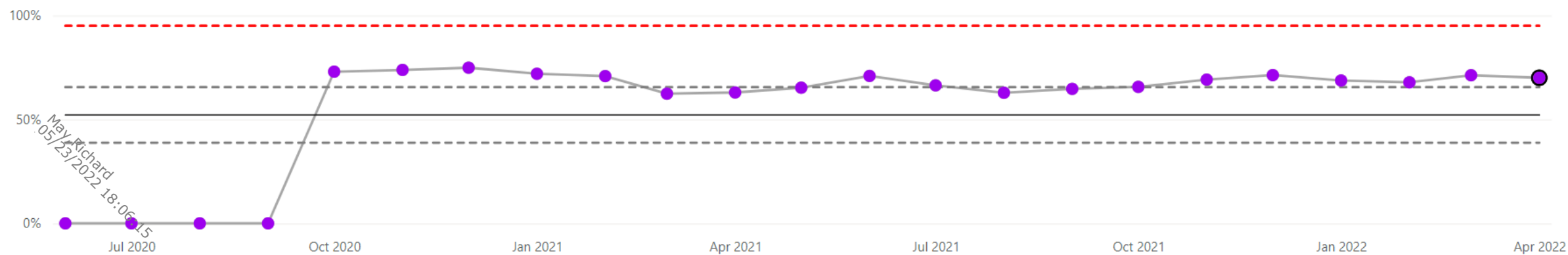
Upper/Lower Process Limit -----

Mean -----

Patients with a reason to reside: Systems and Partnerships: KGH



Patients with a reason to reside: Systems and Partnerships: NGH



Committee Name

Integrated Governance Report (IGR) ▾

Group

Systems and Partnerships ▾

Metric

Patients with a reason to reside ▾

Site

KGH ▾

01/04/22

Latest Date

62.9%

-3σ

Systems_and_Partnerships_1...

Date

Annotation

Metric ID

Apr-20 to Apr-22

Horizontal Axis

Patients with a reason to res...

Vertical Axis

70.25%

Value

68.81%

Mean

74.73%

+3σ

Target

Clear Filters

Variation

Assurance



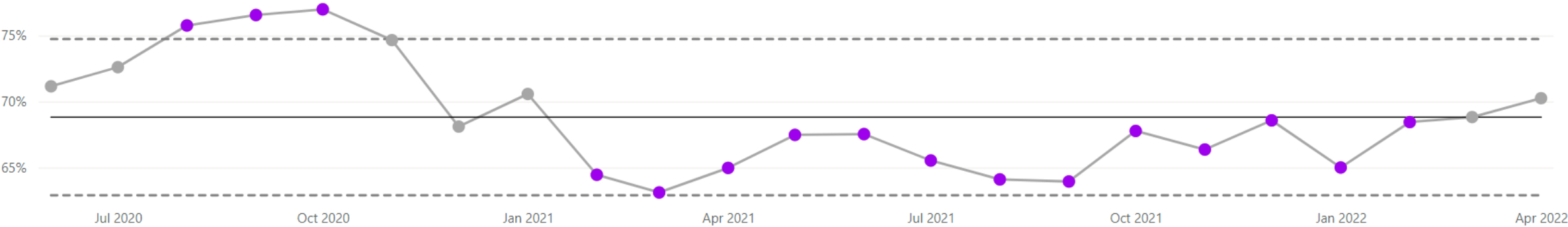
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Patients with a reason to reside: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

Ray Richard
05/23/2022 18:06:15

Committee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Patients with a reason to reside

Site

NGH

01/04/22	38.77%	Systems_and_Partnerships_1...	Date	Annotation
Latest Date	-3σ	Metric ID	01/04/22	Latest data point = April 2022
70%	52.13%	Apr-20 to Apr-22		
Value	Mean	Horizontal Axis		
95%	65.49%	Patients with a reason to res...		
Target	+3σ	Vertical Axis		

Clear Filters

Variation Assurance

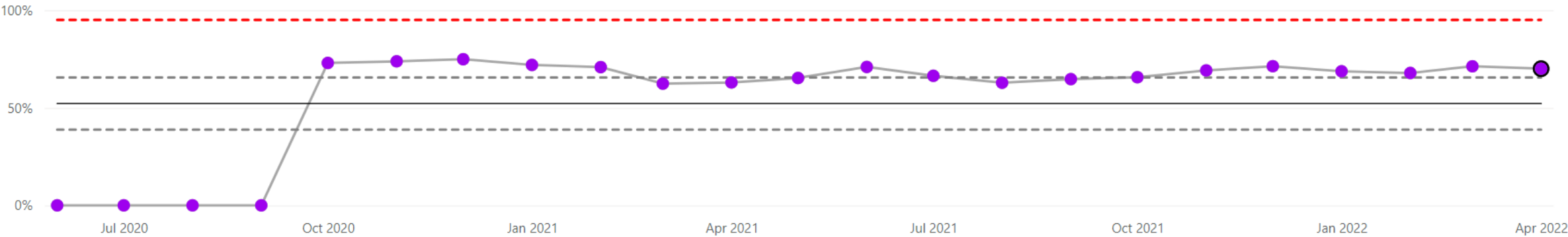
Legend

Target -----

Upper/Lower Process Limit -----

Mean -----

Patients with a reason to reside: Systems and Partnerships



Background

What the chart tells us

Issues

Actions

Mitigations

Cover sheet

Meeting	Board of Directors (Part 1) Meeting in Public
Date	26 th May 2022
Agenda item	6

Title	22/23 Operational Plan
Presenter	Jon Evans Group CFO Karen Spellman Director of Integration and Partnerships
Author	NHCP/ICP System Planning Submission Karen Spellman Director of Integration and Partnerships Jon Evans Group Chief Finance Officer

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> 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
<p>This paper is presented to note:</p> <ul style="list-style-type: none"> The summary of the final NHCP System Operating Plan for 22/23 The summary position for elective recovery, finance and performance and High level risks to plan delivery. <p>The Board is asked to ratify the plan following approval and submission.</p>	<p>The draft submission was considered by the Board of Directors at its March 2022 meeting.</p> <p>The final submission was shared, reviewed and endorsed by the Group Executive Meeting on 20 April and Non-Executive Directors on 26 April. The System plan has been noted and endorsed by the shadow Integrated Care Board (ICB) on 20 April and</p>

May Richard
05/23/2022 16:06:19

Executive Summary

This paper presents the summary of the final Health Care Partnership (NHCP) / ICB system Operational Plan submission made on the 28th April 2022. This is in line with 2022/23 Operational Planning Guidance published by NHS England and Improvement (NHSEI) on 24th December 2021.

The paper covers the NHCP, rather than being Trust specific, as the Trust contributed to an overall system plan rather than agree and submit one as a standalone body.

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

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

The Board is asked to:

1. Note the summary position for elective recovery, finance and performance across the system
2. Note the high level risks to plan delivery, and
3. Ratify the plan following approval and submission

Appendices

The summary plan submission is included in the appendix

Risk and assurance

Risks to plan delivery are included in the appendix

Financial Impact

The appendix details the finance plan submitted.

Legal implications/regulatory requirements

There are no legal/regulatory implications of the proposed course of action

Equality Impact Assessment

The system strategic director for addressing health inequalities has been incorporated into the system elective recovery narrative plan.

2022/23 Planning Summary – Final Submissions 28th April

Position Update

April 2022

Mr Richard
05/23/2022 18:06:15

Executive Summary

The planning round process for 2022/23 was due to be completed on the 28th April 2022 with final submissions made to NHSE/I on this date

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

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

Triangulation between all elements is expected

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

Activity – Key Messages

Elective activity (or weighted financial activity for the purposes of ERF) is currently anticipated to be compliant with the 104% national target. This includes UHN, independent sector and out of county providers where appropriate.

The system is therefore anticipating receipt of the full allocation of ERF. The flows between organisations remain subject to validation as part of activity over the coming days.

Long waits

52 week waits for Northamptonshire patients are projected to continue the downward trajectory already begun, and should be below 100 patients by March 2023.

104 week waits in county and for all providers except UHL should be zero by the end of Q1 as per the national guidance. For UHL this should reach zero by February 2023, however the actual figures used for this projection do not yet include the impact of the assistance now being given by NGH and KGH, and if this contributes to a significant reduction by the end of March, this may be achieved earlier.

Workforce – Key Messages

Workforce growth

- 342 FTE workforce growth planned for 2022/23. This is an increase of 217 FTE from draft submission due to finalising the investments at the acute organisations.
- Growth planned in nursing and midwifery (148 FTE), including Mental Health nursing and international nurse recruitment. Increase of 131 FTE on draft submission due to international recruitment intentions confirmed.
- Reduction in bank and agency FTE across the year (239 FTE). This is an increase of 149 FTE on draft submission.

Mental Health draft submission due 28th April. Separate collection method.

A system workforce planning summit is took place at the start of April, during which the workforce plans were stress tested. The final technical submission now reflects the investments discussed at the summit.

Financial Summary

System Summary

- The national ask remains for all Systems to break even against funding allocations in 22/23.
- Funding allocations for 22/23 contain a material efficiency driven by core efficiency, the movement to fair shares allocation and a reduction in national funding for Covid-19. This equates to 3.9% or £46m for Northamptonshire.
- Allocations have been rebased in 22/23 to recurrently include “System Top Ups” which eradicate historical underlying deficits.
- The system financial plan was briefed to the System Board in March and stood at £75.7m deficit – but was subject to further work as part of the submission for the 28th April.
- Further changes at system level have been agreed and this position has now moved to £49.7m deficit, with a CCG position of breakeven.
- The improvement is driven by a small improvement in the CCG position, a £4.8m improvement in the NHFT position and an £20.4m in the UHN Group position from ERF, treatment of C-19 and cost pressure/investment review.

High Level Risks to Plan Delivery

- Further Covid waves during 2022/23
- International conflict
- National economic challenges
- Significant structural change to the NHS within 2022/23
- Maintaining system financial balance while delivering planned performance
- Recruitment and retention of workforce
- Triangulation of activity and demand assumptions with Unitary Authorities

Matthew Ward
05/09/2022 18:06:15

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	7

Title	Group Clinical Strategy
Presenter	Matt Metcalfe and Rabia Imitiaz – Medical Directors (NGH/KGH) Polly Grimmett, Group Director of Strategy and Strategic Estate
Author	Keith Reynolds, Deputy Director of Strategy

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
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Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
For the Board's approval	<ul style="list-style-type: none"> - November Board approval of the Clinical Ambition - Engagement process from February to April 2022 - Review by the Clinical Senate

Executive Summary
The November Board of Directors approved the Clinical Ambition, which following detailed and thorough work with our staff, identified ways we could improve acute

May 2022
05/23/2022 18:15

services for Northamptonshire over the next 5-7 years, through greater clinical collaboration between the two acute sites and with our partners.

It was agreed that we would undertake further engagement of our ambitions with staff, our partners and the local public and patients in order to test our ideas and develop an agreed Clinical Strategy.

The Medical Directors from both Trusts have led this engagement over many months, which has included sharing the document widely within and outside the two Trusts through:

- Face to face sessions
- Online surveys and dedicated email address to send comments
- University Hospitals of Northamptonshire website with details of the clinical ambition and ways to feedback
- Attendance at partner meetings
- Public sessions

Integrated Care System partners have been included in the engagement and feedback. The ambition and opportunities to comment on it have been shared widely on social and printed media, with the wider public given the opportunity to meet face to face with the Group CEO and Medical Directors.

Detailed feedback has been collated in **Appendix 1** and used to inform the Strategy. This and the feedback has been shared with the Group Clinical Senate prior to the Board who approved its recommendation to this Board.

A more detailed cardiology and elective care strategy is included in the document and these have included a wide range of system partners in their development. Work is underway to develop the next detail of the cancer strategy, taking a full end to end pathway approach for individual tumour sites. Work on fragile services will commence in June and detailed supporting strategies will be developed for each service during the coming 12 months.

This Strategy is presented for organisational approval, and recommendation to Health and Wellbeing Boards meeting in June and July, for final formal approval of the document. With Board approval, the strategy will be shared with our partners and the as we continue our journey towards excellence in healthcare for Northamptonshire.

Appendices

- Group Clinical Strategy
- Clinical strategy engagement report

Risk and assurance

Having a clear direction for clinical services is fundamental to meeting the needs of our local population and delivering the care that they need now and in the future.

Agreeing a strategy will bring opportunities to communicate to our staff and partners in the Integrated Care System, region and nationally how we intend to provide acute care in Northamptonshire in the coming 5-7 years.

May 2015
05/23/2015 16:00:15

The engagement process has been wide, although it is recognised that not all members of the public or service users would have been able to contribute. As a high level document, we will continue to engage s=with specific patient groups and service users as we develop individual service strategies in more detail.

Financial Impact

A high-level financial impact assessment has been included in the Appendix to the Clinical Strategy

Legal implications/regulatory requirements

There may be a legal requirement to engage the public in the future if we consider changes in the way services are delivered to improve care for our patients. We will share the high level strategy with the Health and Wellbeing Boards in Northamptonshire and respond to any specific requests they may have for further engagement with them and the public.

Equality Impact Assessment

As the strategy is at a high level, it is not possible at this stage to conduct an equality impact assessment. These will be completed to assess the impact on the population as we develop each individual detailed service strategy.

May Richard
05/23/2022 18:06:15

Clinical strategy engagement

Appendix 1

May Richard
05/23/2022 18:06:15



Contents

1.	Engagement during the development of our strategy	2
2.	Engagement on the approved Clinical Ambition	3
3.	What have we heard?	5
4.	You said, our response	6
5.	Next Steps	11

Appendices

1.	<i>Breakdown of the engagement to develop a strategy</i>	12
	<i>UNH Website</i>	13
	<i>Social Media</i>	14
	<i>Communications with the wider public</i>	15

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Engagement during the development of our strategy

- ▶ Our clinical ambition has been developed together with our staff, and in particular our senior clinicians.
 - ▶ Development of the clinical ambition in 2021 involved senior clinicians from across the Group in a number of workshops and discussions involving over 200 clinicians

All-staff survey



Through the all-staff survey and discussions with patient engagement leads, an initial set of hypotheses was developed.

These hypotheses were further developed through established clinical forums and extensively tested through 20+ pillar workshops with clinical and non clinical teams

Hypotheses were tested and developed through:

- ✓ Clinical Reference Group
- ✓ NGH Clinical Leads Group
- ✓ KGH Clinical Leads Group
- ✓ Strategic Collaboration Group
- ✓ Joint pillar & specialty discussions
- ✓ UHN Group Clinical Senates

Initial thinking and hypotheses were also tested with PA's Clinical Panel.

- ▶ A Clinical Senate was formed to consider in detail each element of the ambition with member clinicians reflecting the views of themselves and their colleagues. Over 200 attendances at both conferences combined



East and West Midlands Clinical Senate brought a wider breadth of clinical engagement and views

Engagement during the development of our strategy

Clinical Ambition approved at the November 2021 Boards

From March 2022, after taking time out for winter pressures, the document was shared within the Group:

- Multiple Medical Director online meetings to which all staff were invited
- Group internet site:
 - Clinical Ambition
 - Details on how staff, partners and the general public can provide feedback.
 - Summary version of the Clinical Ambition with information on public sessions
 - Online survey; and
 - Dedicated email address

Medical Directors attendance at various partner committees to share the Clinical Ambition and receive feedback:

- Northamptonshire Health Care Partnership Board

NHCP sub-committees

Partner groups:

- NHFT
- Invitations to the Health and Wellbeing Committees

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Engagement during the development of our strategy

► We have spoken to:



600+ internal staff:

- 102 consultants
- 70 nurses
- 56 Clinical Support
- 280 Other



Grade distribution:

- 232 Senior management
- 52 Middle management
- 62 Junior
- 77 Other



ICS Partners, including:

- Northants CCG
- NHFT
- North Northamptonshire UA
- West Northamptonshire UA
- 360 Care Partnership



Members of the public

- Website
 - Survey
 - Social media
 - Public sessions
- A number of groups, including:
- Primary Care
 - Governors

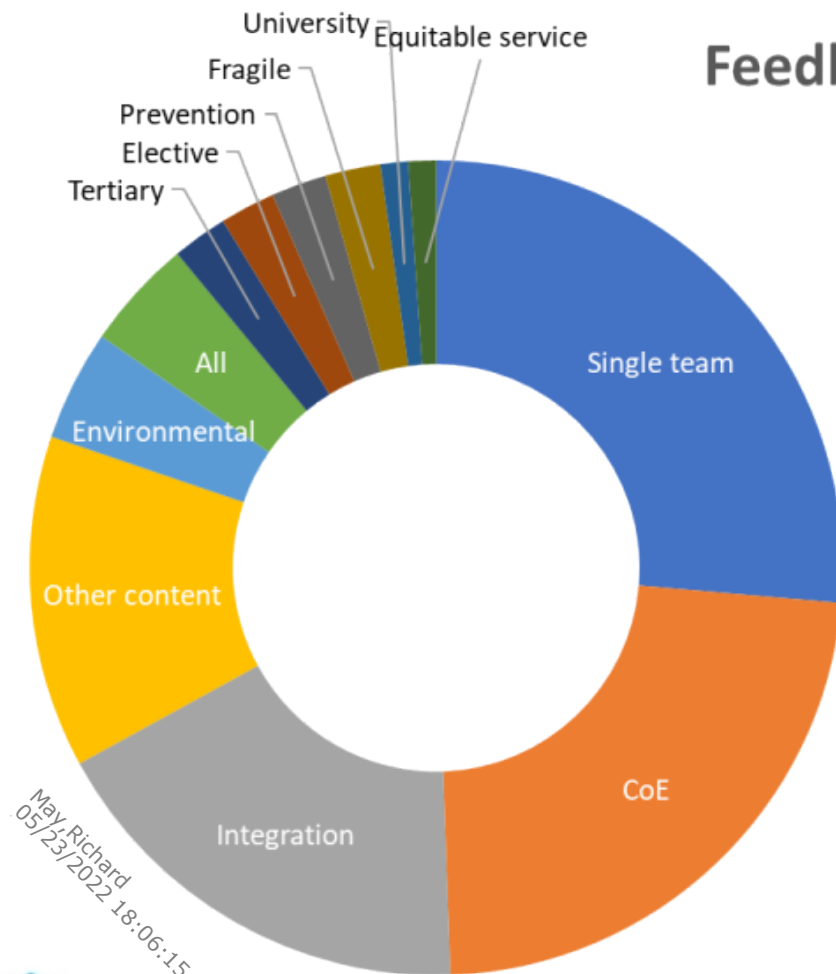
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Detailed breakdown of our engagement is provided in Appendix 1

What have we heard?

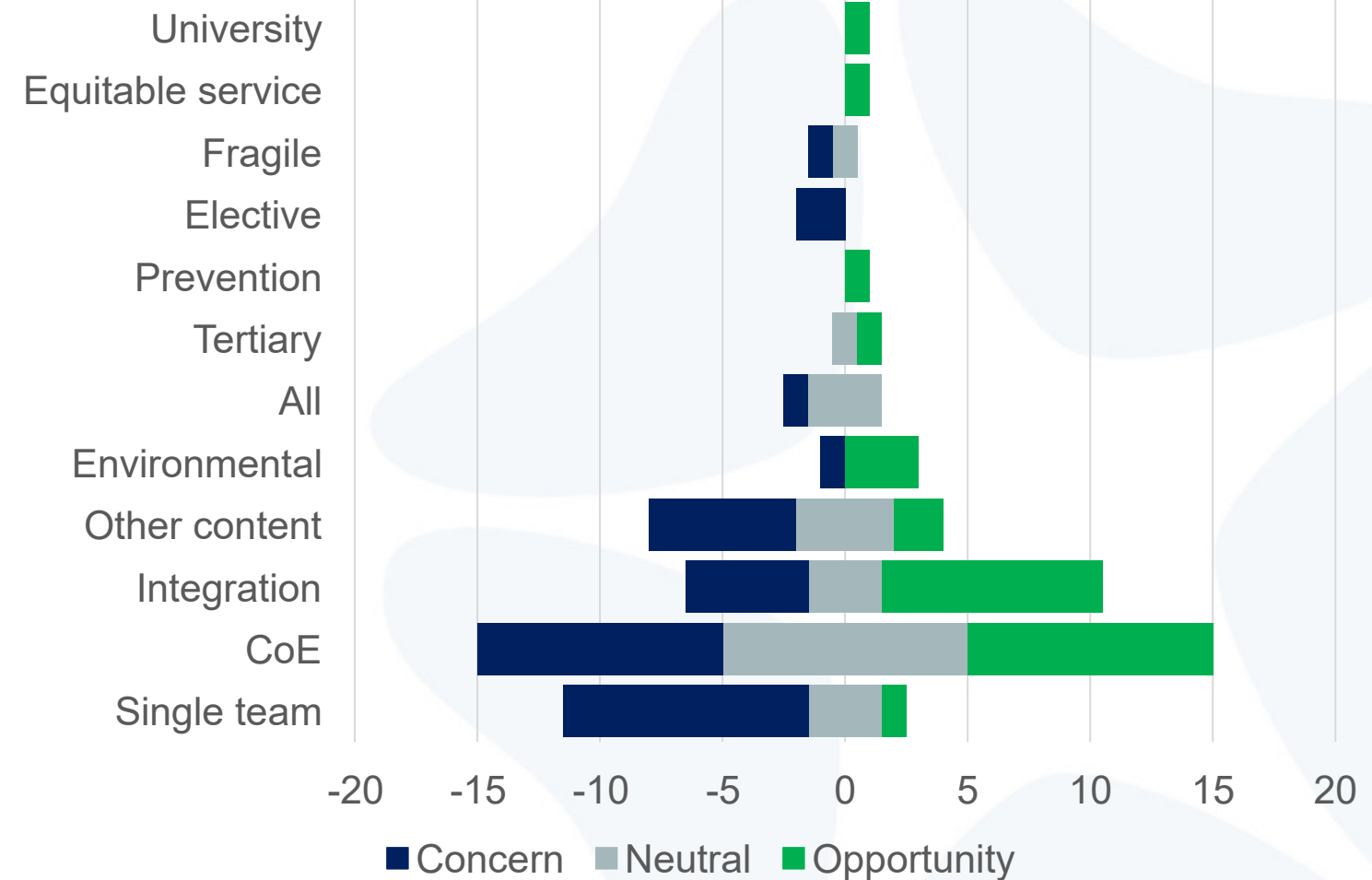
Feedback themes



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Tone of feedback



Centres of Excellence - You said, our response

You said...	Our response...
There is enthusiasm to develop services in other areas than those already outlined in the clinical strategy. These include: renal, respiratory, maternity, plastics, colorectal, paediatrics and tertiary services.	We are keen to support our staff to develop their ideas to improve quality and access for our patients and local people, and we welcome their enthusiasm. We commit to working with staff as part of the development of service strategies over the coming year to expand these ideas. Our planned next steps to do this are set out in the timeline on pages 71 and 72
People want to better understand the plans for robotics and where robots would be located .	We have already invested in robot-assisted technology at Northampton General Hospital. No decisions have yet been made on the location of other robots or timescales, but we expect to locate them in line with the needs of our local population. This will be worked up as part of the development of the services strategies over the coming months and in discussion with staff.
There is some confusion about the Centre of Excellence proposal and what this will actually mean for patients and staff for example would it disadvantage the careers of staff not on the lead site.	We are clear that a centre of excellence will be across both hospitals and that patients will access the same, high quality care wherever they access services. Our centres of excellence will be for all of Northamptonshire rather individual hospitals. We are proposing consolidating some of the more specialist services on a single site where this can be evidenced to be best for patients, but equally, we are also proposing providing many services at both sites or closer to home where possible. More detail and a refined language to explain our ideas more clearly are set out on pages 48 to 51 and 55. It is likely we will move towards single teams delivering care across the centre of excellence where this will deliver improved care and experience for staff and patients, and over the coming months we will work with teams and patients to develop these proposals in more detail and we will only implement changes following wide staff and patient engagement.

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Single team - You said, our response

You said...	Our response...
People are keen to work together across the two organisations within the Group (Kettering General Hospital NHS Trust and Northampton General Hospital NHS Trust) to support the clinical strategy. There were questions about clinical leadership and governance across both hospitals and support such as HR and finance.	We already have a single lead across the Group in many non-clinical areas and we will explore moving towards single teams for each clinical area, taking best practice from across both sites. We have a single Group Quality and Safety Committee and will have further discussions on how we might have more shared governance across the hospitals. We have set out initial timelines for this discussion in section 6. Our Group People Plan, shown on page 61 to 63, also sets out how we will develop our organisations and support people to work together.
There is some concern about access to services and travelling to sites including by public transport, physically accessing services (for example, parking and disability access) and equality of access.	With our partners, our strategy will see many services being delivered closer to home and we will only move services where there are evidenced clear clinical quality benefits. This approach is set out in more detail on page 56. Access to services is very important and a key consideration before any service change is made. We will fully consider the potential impact of any proposed changes to the location of services, including inequality groups, as part of an Integrated Impact Assessment prior to making any changes.
People are enthusiastic about the potential benefits of the clinical strategy in supporting recruitment and retention but concerned about lack of staff in some key areas such as theatres, and the potential impact on staff of possible changes in the location of services .	We recognise that the capacity and capability of our staff underpins successful delivery of our clinical strategy. We believe that the clinical strategy will make our hospitals more enjoyable places to work and that the proposed changes will improve job satisfaction with, for example, more sustainable rotas and better development opportunities. We will continue to work with and engage our staff throughout the development of more detailed speciality clinical strategies and through into implementation. Our Group People Plan sets out more details of our recruitment and retention plans for 2021 to 2024 ,as shown on page 61 to 63.

Integrate with community - You said, our response

You said...	Our response...
People like the focus on prevention and working with partners to prevent ill health and hospital admissions, where possible.	We are working with partners across the whole care pathway to improve health and outcomes for patients, as shown on page 8. The development of the Integrated Care Board (ICB) gives us a real opportunity to integrate services and tackle the causes of ill health, as shown on page 45 and 46.
There is a general welcome for the plans around greater integration of services with lots of ideas about how integration could go further and faster. This includes ideas for further collaboration for cardiology, diabetes and respiratory alongside the wider use of allied healthcare professionals in the community.	We are committed to integrating services where possible, alongside our partners in the Integrated Care System (ICS) as set out on page 45 and 46. As we develop more service strategies, we will work with staff to look for further opportunities for integration, as set out in our implementation plan on page 71 to 77.
Community diagnostic hubs are seen as an opportunity to provide diagnostics closer to home and add vital diagnostic capacity.	We are working hard with system partners to develop a community diagnostic hub in 2022/23, moving diagnostics currently done on the acute site into that setting where appropriate, and improving faster access to diagnostics for our population. We have added some further detail about the plans for community diagnostic hubs in our Diagnostic section from page 143.
Mental health was flagged as an important part of the clinical strategy , especially for children. Our ambition document was quiet on supporting patients with mental health concerns when in our hospital for acute treatments.	Mental health is a priority for the Integrated Care System and we have included it within this clinical strategy on page 46. Supporting those requiring emergency treatments is included on page 131, but is now a thread throughout the document as it is a key part of supporting the holistic needs of all our patients regardless of which service they are accessing. Mental health will be an important focus when we are developing our service strategies.

Environment - You said, our response

You said...	Our response...
People want to focus on sustainability and environmental impact and are keen to understand more detail of the possible impact of the clinical strategy on sustainability and the environment.	There has already been £20m “green” investment in Northamptonshire for schemes such as electric vehicle charging points and solar panels. Both hospital sites have investment agreed in 22/23 to replace old energy infrastructure with new energy centres delivering a significant impact on improving our carbon footprint. This investment is complementary to our proposals for hospital development as part of the New Hospitals Programme, which will be net carbon neutral. Further integration and digitalisation will also have a positive environmental impact as people don’t need to travel so far to access services. More detail on the potential impact of our proposals on sustainability is shown on page 69 of this document, or is available through both Trust Green Plans.

Development

Listening

Learning



University Hospitals
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NHS Group

University status - You said, our response

You said...	Our response...
People highlighted the importance of research and supporting learning and development , with questions about dedicated research space, support for students and the availability of learning and development for all staff.	Supporting research and learning and development is an incredibly important part of our Group strategy, and the Group Academic Strategy shows what we plan to do in this area over the coming years. This is outlined on page 27, 65 and 87. We have already increased academic posts and increased the dedicated research space in buildings.

'Other' - You said, our response...

You said...	Our response...
There are some concerns as to whether the ringfencing of elective capacity is realistic but general positivity about the plans for the elective collaborative .	Our strategy is to put geographical and physical distance between elective and emergency capacity, as set out on page 51 and from 132. The elective collaborative will allow us to work most closely with other providers, including the independent sector, to integrate elective care provision and offer equal access across Northamptonshire. We commit to include patient and public representatives in elective workstreams.
People recognise that digital and IT development will be crucial to delivery of the clinical strategy , for example, having shared access to notes and results. There were several detailed questions about which IT systems would be used and when digital roll-out would happen.	We have a comprehensive digital strategy that sets out our plans for digital implementation, and we know this will be crucial to delivering this clinical strategy. These plans are summarised on page 61 and include plans and timelines for implementing shared access to patient notes and results. We are committed to a single patient administrative system (PAS) across the Group and expect this to be fully implemented by the end of 2023.
Stakeholder engagement and communication in the clinical strategy is key and people are keen to understand how we would communicate and engage with key stakeholders .	We have undertaken an extensive engagement exercise in developing this clinical strategy, as set out on page 19-22 as this response evidences. We will continue to engage and communicate with stakeholders as we develop the next detail of our plans, as shown on page 17,79 and 80. We are always happy to hear about any further groups that we could usefully engage and welcome any groups or individuals contacting us to get involved.
People have questions about the timeline and resources required to implement the clinical strategy , particularly whether clinical leads will have enough dedicated time for successful implementation. Dedicated support will also be required to support team development and cultural change.	We know time and resources will be required to successfully implement the clinical strategy. New Group leadership roles have already been agreed as the way forward with support provided to deliver the cultural and operational changes required. This will be fully agreed in July 22. The development of the Group Clinical Director role provide a single leadership role for each clinical area and these roles will be focussed on service transformation rather than performance reporting.
Theatre capacity is a current concern . There were also questions about whether there will be sufficient bed and theatre capacity in future with a growing population and planned closures of some wards (e.g. Thomas Moore). The New Hospital Programme capital development is seen as a real opportunity to increase capacity within the hospitals.	Theatre capacity is a priority area for the Group and plans are being progressed rapidly to develop our elective capacity. We have shown more detail about these plans on page 67, 67 and from page 112. This clinical strategy will be an important part of our site development plans and will form the basis of our bids for new capital, as outlined on page 66.

Engagement next steps



**University Hospitals
of Northamptonshire**
NHS Group

We remain committed to continuing the strong engagement and co-design that has been at the centre of the development of this document and our journey so far.

June and July:

- Feedback to staff with 'You said, we did' and the approved strategy with next steps:
 - the internet
 - staff briefings
 - regular updates thereafter
- Public and patients with the approved strategy and next steps:
 - UHN website
 - Healthwatch
 - Northamptonshire Carers
 - Invite patients to join groups developing individual strategies
- Partners, share the approved strategy and next steps
 - ICS meeting
 - Invite ICS representatives to support development of individual service strategies
- Statutory Bodies
 - Health and Wellbeing Board
 - Overview and Scrutiny Committees (to follow)



May Richard
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Appendix 1 – Breakdown of the engagement to develop a strategy

May Richard
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UHN website

Website content

- ▶ Summary of the clinical ambition
- ▶ Feedback opportunities including open events, survey and email
- ▶ Clinician videos on need for collaboration
- ▶ Detail on cardiology ambition
- ▶ Links to further information

SWAY Newsletters

- ▶ Comms Team SWAY newsletter on the clinical ambition:
 - ▶ Summary of the ambition
 - ▶ Promote open events
 - ▶ Link to detailed clinical ambition
- ▶ Cardiology SWAY newsletter developed



Analytics

Website

- ▶ 1,767 individual users
- ▶ 85.5 % new visitors to the site and 14.5% returning visitors
- ▶ 3,649 pages viewed with average viewing time of over 2 minutes

Group SWAY newsletters

- ▶ First SWAY 616 views
- ▶ Second SWAY 3,162 views

Social media

- ▶ A series of posts were made on the KGH and NGH Facebook pages to inform staff and the public:
 - ▶ Details of the clinical ambition
 - ▶ How to get involved through survey, email and attending public facing sessions
- ▶ Three events were created on Facebook for public events open to everyone to meet the Group CEO and Medical Directors to share their views on the future direction of the hospitals

Social media analytics

Posts about the clinical ambition

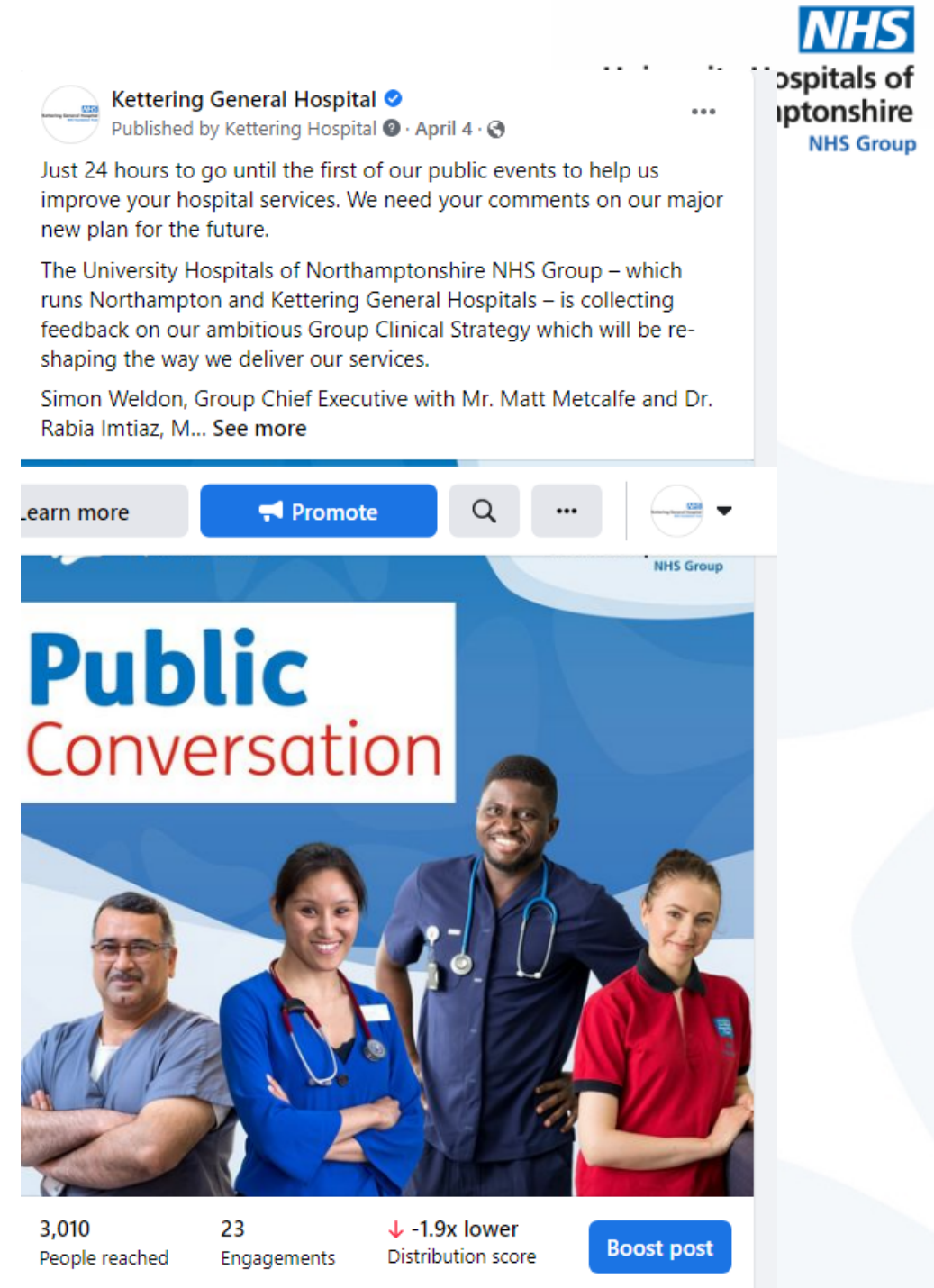
- Reached 13,489 users
- Like and shares 11 users

Events

- Reached 10,216 users
- Likes and shares 87 users



May Richard
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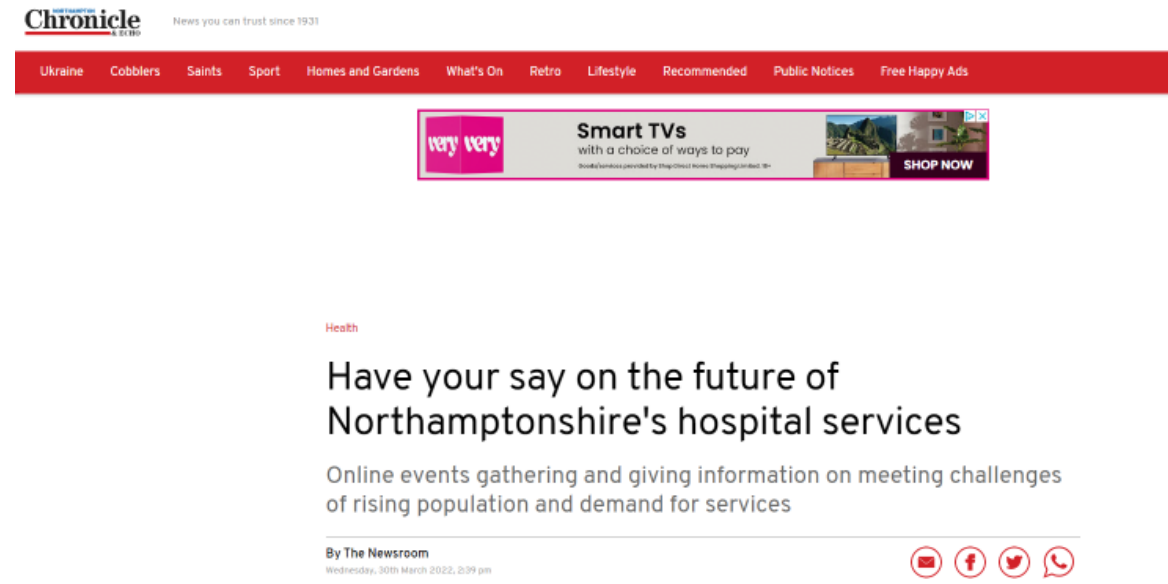
Communication with the wider public

Governors and members

- ▶ 2,403 members notified in a recent hard copy mailing sent last week (as part of an email capture exercise)
- ▶ Over 1,100 members notified in March and April newsletter
- ▶ All governors notified of events on a weekly basis

Media

- ▶ Press releases sent to all local news outlets
- ▶ Press briefing including
 - ▶ Summary clinical ambition
 - ▶ Reasons for the strategy
 - ▶ Invitations to open session and to complete the online survey



Analytics

Printed media

- ▶ Coverage on 30 March in Northampton Chronicle and Kettering Evening News

Open sessions

- ▶ Limited interest and response, 12 members of the public in total

Group Clinical Strategy

May 2022

May, Richard
05/23/2022 18:06:15



Foreword

Our two organisations – Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust – are committed to providing safe, compassionate and clinically-excellent care for local people in Northamptonshire. For our workforce, we strive to offer a supportive culture that empowers teams to learn, develop and innovate in partnership with the wider system.

We face, however, a range of challenges in delivering this commitment, from difficulties in recruiting some specialist staff, to a population growing and ageing above the national average. We recognise that in order to deliver our strategy and respond to the challenges we have, we need close collaboration between our two organisations. Working as a Group, we have far better opportunities to realise benefits for our patients and staff than we could as separate hospital Trusts. By integrating our clinical services to share staff, skills and resources we are well placed to respond to ever increasing service demand. We believe that collaboration, between us and our other local healthcare partners will be an opportunity to improve the quality of our services and reduce variation across our hospitals, whilst finding sustainable ways to manage and tackle staffing shortages. This will mean we can provide local people with the rapid access to the high quality, specialist care that they require, and that our staff are proud to deliver.

This document develops the clinical ambition agreed in November 2021, and builds on our existing collaborations to establish clinical centres of excellence for Northamptonshire, protecting elective capacity so our patients do not experience cancelled operations and longer waiting times, and progresses us towards becoming a hub for research, education and innovation. All our clinical services across the two organisations will work together to share expertise and best practice. They will continue the journey towards single team working, for many of our services across both hospital sites. We will of course continue to deliver local services such as the Emergency Departments and consultant-led maternity services on both hospital sites. Where clinically appropriate, some of our services will be delivered in community settings away from the main hospitals, taking care closer to home and integrating with relevant community and primary care services. For some highly specialist care, where it delivers proven better outcomes for patients, such as heart attacks and specialist cancer surgery, we propose delivering these services on just one of our hospital sites but with equitable access for all patients in the county.

Our strategy has been finalised following engagement with a wide range of staff, patients, health and care partners and our local communities, gathering feedback on our November clinical ambition proposals to strengthen our plans. We look forward to the future as we develop excellent hospital services for the people of Northamptonshire.

Mr Matthew Metcalfe, Medical Director, Northampton General Hospital NHS Trust
Dr Rabia Imtiaz, Acting Medical Director, Kettering General Hospital NHS Foundation Trust



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Executive summary

Our group and our case for change

Our Group

Our Group is made up of two hospital Trusts in Kettering and Northampton. We provide acute services principally for the population of Northamptonshire, and some specialist services for a wider population. We are part of the Northamptonshire Integrated Care System (ICS) where we collaborate with health and care partners to prevent ill-health and deliver more integrated services for patients.

We are already successfully collaborating across our hospital sites in many clinical areas and are proud of our successes in how this has improved clinical quality and patient care. We have also recently become an academic university hospital group and want to build our academic and research reputation, whilst taking the opportunity to re-build our hospitals to support the delivery of high-quality services as part of the National Hospital Programme.

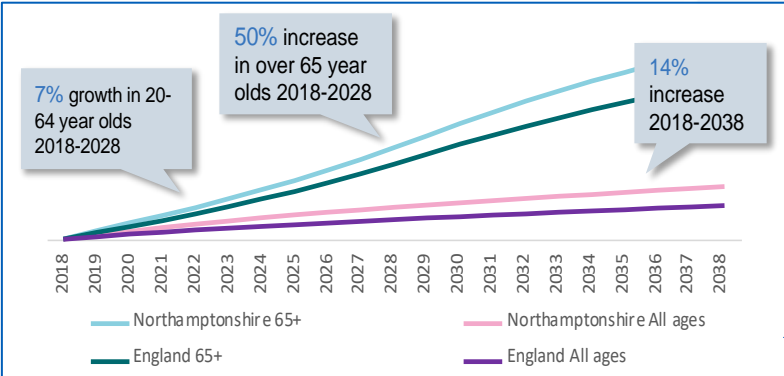
Engagement

We have engaged extensively in developing this strategy with clinicians, patients, the public and partners. We have incorporated this feedback into the strategy including key themes of access, engagement, clinical quality, estates, digital and prevention

Our case for change

Our local population is older than, and growing faster than, the national average so the demand for good quality care and support will increase over the coming years. Some of our local populations have significantly poorer health outcomes and life expectancy than the national average, and many of these people do not get the access to the care they need in a timely way. In some instances, and with some conditions, people are being admitted to hospital when, with the right services, these patients could be managed in their homes and communities without the need for a hospital stay. Some patients are also staying longer in hospital than is medically necessary. It is essential that in all clinical specialties we work well with our health and care partners and our local communities, to address these issues and tackle health inequalities, ensuring everyone has the same level of access to facilities and are supported to live well. Where patients do require hospital care then the pathways and communication between system partners should be seamless and transparent for those patients.

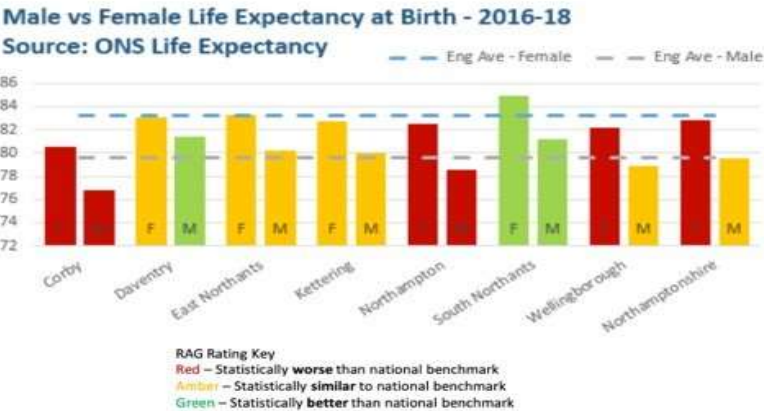
Our population is growing and ageing faster than the national average



Our local area



Life expectancy is lower than the national average in most areas of Northamptonshire



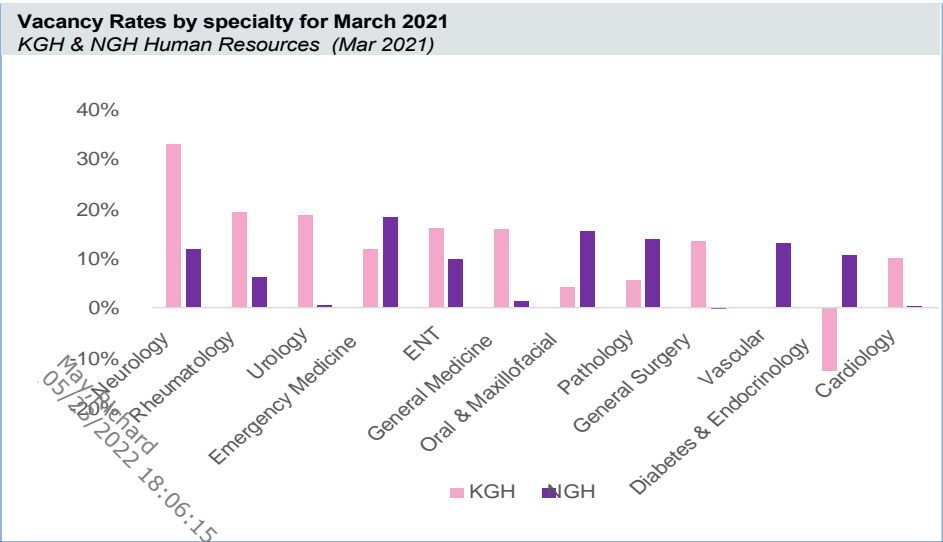
Our case for change (continued)

Our case for change

We have more to do across our Group to consistently deliver clinical best practice and meet national quality guidelines, with some of our services “requiring improvement” or in lower quartile performance when compared to national benchmarks. There is also inequity in access to services and quality between our two hospitals, with patients in some areas for example able to easily access advanced epilepsy or sleep study services, and others don't have the same ease of access purely due to where they live.

In line with other NHS Trusts, we find it difficult to retain and recruit clinical staff to some specialties and there is a national shortage of staff in some areas. Workforce shortages drive a reliance on bank/agency staff which impacts on the quality and cost of our services. Some of our services are fragile, with few consultants and low volumes in some specialties, which leads to unsustainable service delivery for our patients.

Our organisations are struggling to attract and retain clinical staff with significant vacancy rates



We know that we need to change the way we deliver services to improve quality and efficiency. Our financial position, and that of the wider NHS, is under pressure but we know we also need to invest in transformation of services to meet the needs of the future. We also need to tackle pressures on elective waiting lists across the local area, driven by the COVID pandemic.

Both our organisations are rated by the CQC as ‘requires improvement’

CQC Ratings KGH 2020, NGH 2019		
	KGH	NGH
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good
Caring	Good	Good
Responsive	Requires Improvement	Good
Well-led	Good	Requires Improvement

As a significant producer of greenhouse gases and consumer of single use plastic items, one of the significant ways we can contribute to the health of future generations is to deliver our clinical services in ways which cause less harm to the environment, for example by reducing the use of older anaesthetic gases, single use plastic devices and using energy efficient equipment. Increasing the use of digital records and appointments will also reduce reliance on paper and travel to and from hospitals, whilst also improving continuity of care and convenience for patients and their families.

Our proposals for transformation

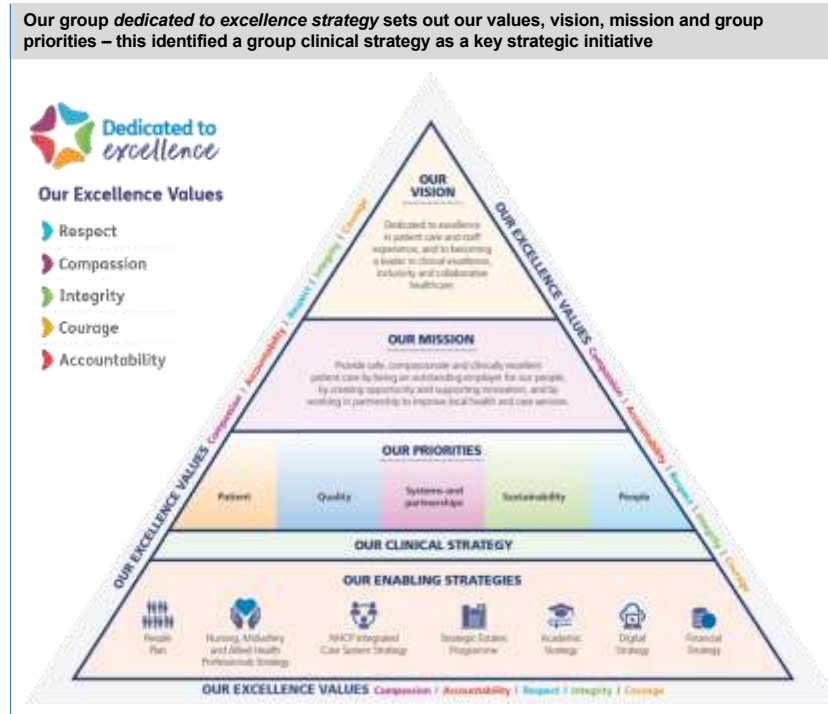
Our proposals for transformation

In 2021, we developed an overall Group strategy which has guided the development of 'Our clinical ambitions', which we consulted widely on to develop this final *Group Clinical Strategy*. Developing this document involved over 600 of our staff in face to face discussion, meetings with our key stakeholders, and four widely publicised public sessions. Our staff, partners and public have been involved in individual discussions, surveys and in open meetings throughout the winter of 2021/22. Our proposals for transforming care set out in detail the feedback we have received on *Our Clinical Ambition* on what we need to do to tackle the challenges we have set out in the 'case for change', and to provide outstanding care for our patients. In all cases this involves improved collaboration across the two hospitals and with our community partners to strengthen services, improve care for patients and improve opportunities for staff. We recognise that we can only deliver this strategy by working closely with patients, carers and our local partners.

We recognise that we are on a journey to excellence. This document sets out our initial priority areas to strengthen and improve, and the key areas where our local population will require care and treatment over the coming years.

Clinical collaboration across the Group and the system however will continue wider than just these areas, and we will engage with partners and wider stakeholders to continually develop and improve services for patients and our staff in all areas.

Our Group strategy



What the Group vision means for the clinical strategy

- The Group will be **known for safe, compassionate and clinically excellent care**: working in partnership as a **system leader** of integrated acute care and a **hub for innovation and research**.
- Integrated services will deliver **consistently exemplar outcomes** for our patients across Northamptonshire, providing timely, seamless care, **minimising disruption to our patients' lives**. Patients will only come in when they need specialist acute services.
- Our staff across the Group will work collaboratively together, and with system partners, to deliver **cutting edge treatments** and produce **high quality research** - enabling the Group to become an outstanding employer able attract and retain leading experts.
- Patients and staff across the county are **proud of their local NHS**.

May Richard
05/23/2022 18:06:15



Our proposals for transformation (continued)

We have identified four core ambitions where we will initially focus. For these four areas we have developed a more detailed clinical strategy to address the specific challenges each area poses, to transform and improve care for patients and provide attractive places for staff to come and work.

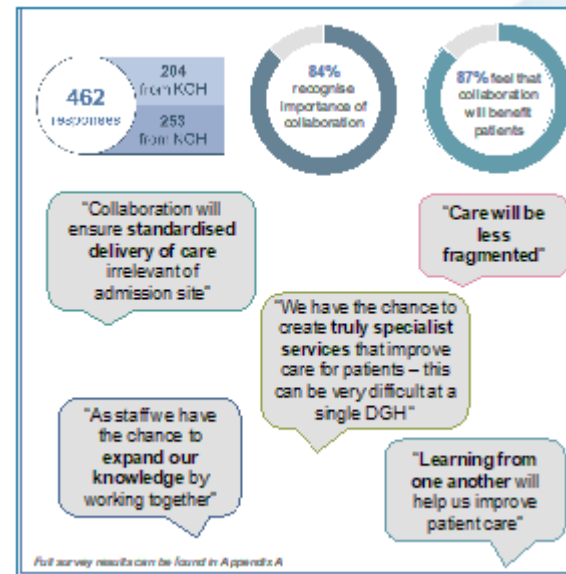
The four core ambitions are:

1. Work with our partners to **prevent ill-health and reduce hospitalisation**, changing the way care is provided along the care pathway
2. Develop **two centres of excellence** in the county, building on our established strengths in each hospital, with cardiology being led by Kettering General Hospital and cancer led by Northampton General Hospital, with consistent access to these services by all patients in the county.
3. **Protect elective beds** to reduce cancelled operations, reduce long waiting times and increase efficiency.
4. **Build on our University Hospital status**, to become a hub for innovation and research, attracting high calibre talent and growing the number of clinical trials our patients can access.

To deliver our ambitions, we will also explore options for the specialties that are currently **unsustainable and fragile** at one or both of our hospitals, to develop more robust services that we can reliably offer patients.

We know we cannot make all of these changes as individual hospitals and will work together and with our system partners to agree and implement our strategy. This will be the beginning of our journey to clinical excellence.

Staff survey results (2021) demonstrate support for collaboration



Our clinical strategy

Our Group vision

Work with health and care partners to prevent ill-health and reduce hospitalisation

Develop Centres of Excellence across all services, starting with cardiology and cancer

Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency

Build on our University Hospital status to become a hub for training, research and innovation

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

We are working with health and care partners to change the way care is delivered along the care pathway

Transformation of services across Northamptonshire

Our clinical services are delivered as part of a much bigger picture across Northamptonshire.

Health and care partners are transforming the way services are delivered in a newly formed Integrated Care System (ICS) called Northamptonshire Health and Care Partnership.

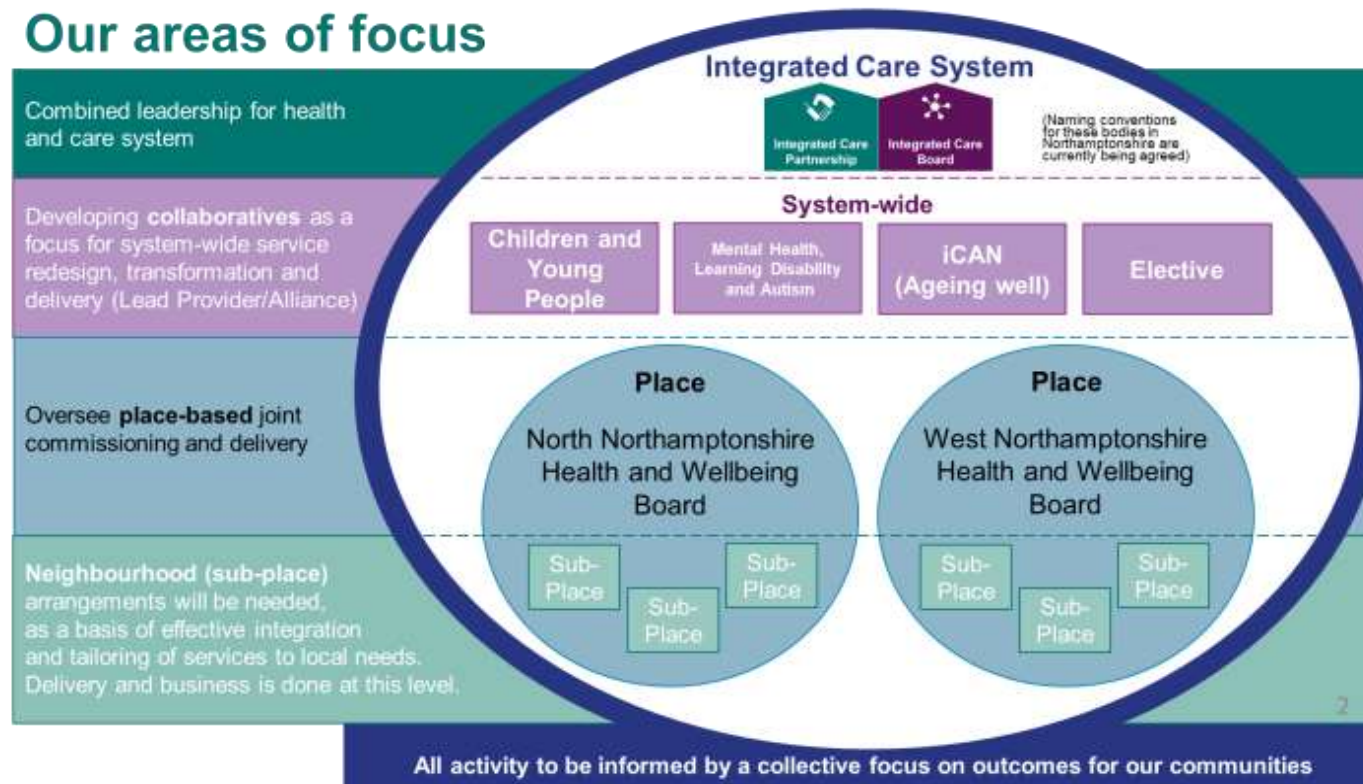
The ICS four priorities are being developed through collaboratives for:

1. Children and young people
2. Mental health
3. Integrated Care Across Northamptonshire (iCAN, ageing well), and
4. Elective care

We will come together at system (ICS) level with local organisations and providers to join up and redesign services to improve outcomes.

There are two 'Places' within the ICS, based on the geography of the two Unitary Authorities. It is at this level that we will deliver integrated care locally by connecting the hospitals with primary care, other health and care services and the voluntary sector. The aim is to deliver more care out of hospital.

Our areas of focus



Our system ambitions will be delivered through collaborative working

Collaboratives are the preferred delivery approach to realise our ambition for outcomes-based services to meet the health and care needs of our population



Elective collaborative

We will work collaboratively with system partners to develop integrated pathways that support the transformation and delivery of more out of hospital care. Patients will access the right clinician in the right place, for example, in community integrated diagnostic hubs, transformed outpatient services supported by a systemwide patient waiting list to support equitable access.

Mental health, learning disability and autism

The Mental Health, Learning Disability and Autism Collaborative ('MHLDA') goal is to reduce health inequality, improve social impacts and enable this population to embrace their chosen life in the community, as an equal contributor to our county.

Across the Group, we will work with partners to support the development of integrated seamless pathways so that people who attend acute hospitals and emergency departments with mental health, learning disability or autism are treated rapidly and receive the aftercare required. In partnership with our mental health colleagues, we will also improve mental health support for inpatients with physical health conditions.

Children and young people

We will develop our out of hospital integrated children's service to support our children, young people and their families to provide the best quality service that will be integrated, holistic, offer choice and enable shared decision-making.

iCAN

The focus will be on improving outcomes for older people in Northamptonshire, through creating alternatives to an Emergency Department in the community, and by reducing admissions and length of stay in hospital. We will do this by working with local communities to help people remain well for longer and provide better self-care support.

In the Group, we will develop our frailty units to provide seamless pathways with community hubs to provide frailty assessment units, prevent hospital admissions and facilitate discharges.

Our Group clinical strategy includes engaging our clinicians in the development and implementation of these redesigned services

We aim to establish a cancer Centre of Excellence for Northamptonshire

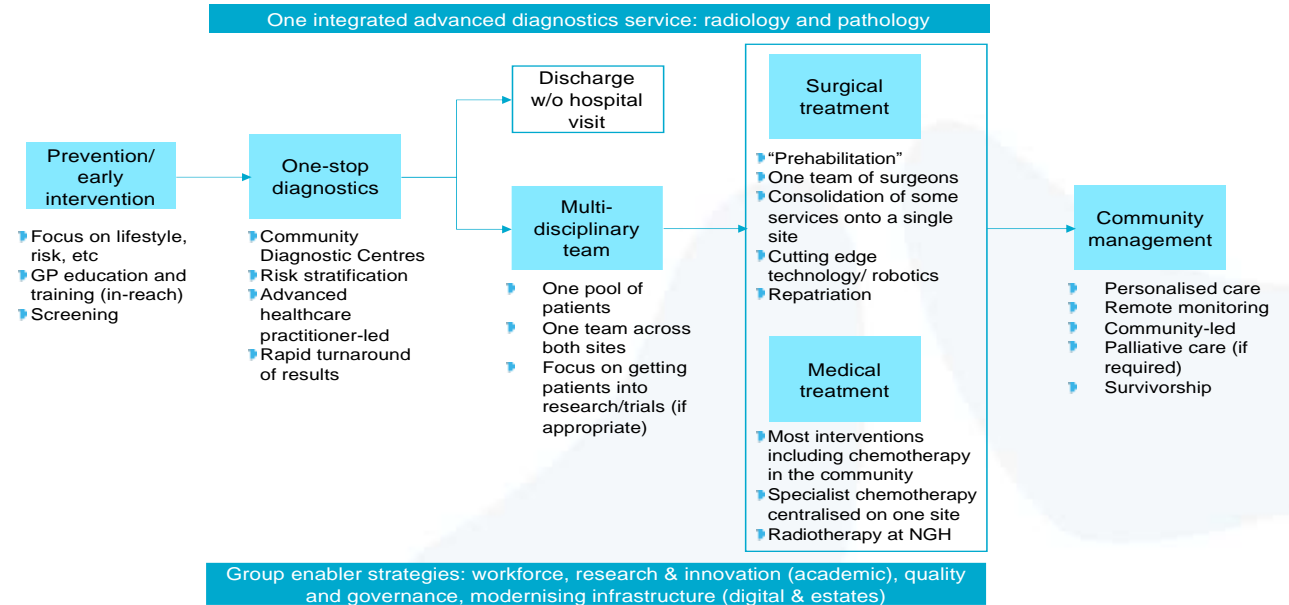
Our cancer Centre of Excellence

The cancer UHN Centre of Excellence will be an **integrated service** that the Group is known for nationally, owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and providing a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility and early diagnosis of cancer care**

Our proposed acute cancer pathway



As a Cancer Centre of Excellence, we commit to...

- ✓ A single cancer team driving the integration of pathways across the acute hospitals and in the community
- ✓ Equal access to excellent screening programmes across Northamptonshire
- ✓ Being in the top 10% nationally for a number of patient experience and outcome metrics, including cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

We aim to establish a cardiology Centre of Excellence for Northamptonshire

Our cardiology Centre of Excellence

The cardiology Centre of Excellence will be an integrated service across the Group which will be known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload**.

The cardiology service will be known for its **extensive research capability, scholarship and academia, attracting and retaining leading experts** in the field.

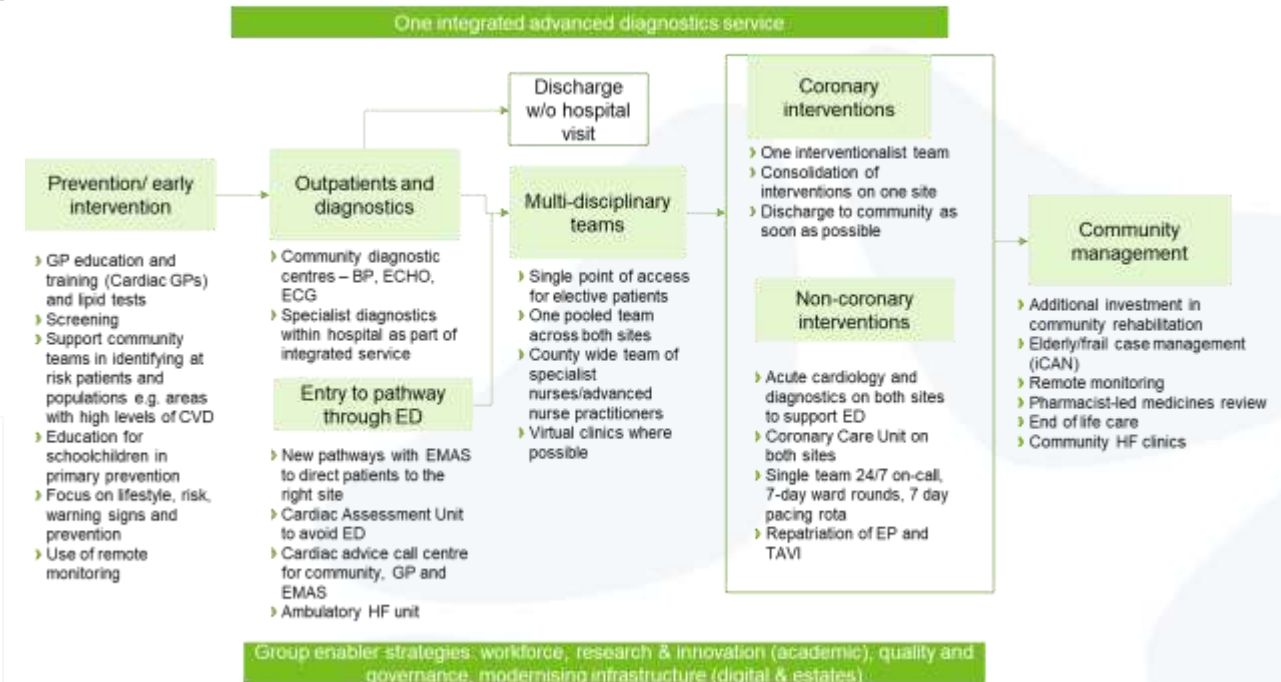
The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

As a Cardiology Centre of Excellence, we will commit to...

- ✓ Delivering national quality standards for PCI and pacing as set out by Getting it Right First Time (GIRFT) BCIS (British Cardiovascular Intervention Society) and the National Institute for Cardiovascular Outcomes Research (NICOR)
- ✓ No duplication of complex procedures across sites, to improve quality and performance
- ✓ Focus on prevention in schools and with families of cardiac patients
- ✓ Work with GPs to treat patients in the community
- ✓ Virtual ward and remote monitoring to bring care closer to home
- ✓ Single cross site studies which will allow for greater population recruitment
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose
- ✓ Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI catchment area



Our proposed cardiology pathway



We will ensure elective patients consistently get timely, equitable access to high quality care and experience

Our elective care strategy

In partnership with the Independent Sector, the Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committing to providing **timely and equitable access to care**, **minimising infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation**, and maximise **day surgery** and **one stop pathways**.

The Group is committed to delivering more care on a **day surgery** pathway at dedicated facilities developed in partnership with the Independent Sector and in Community Diagnostic Centres, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

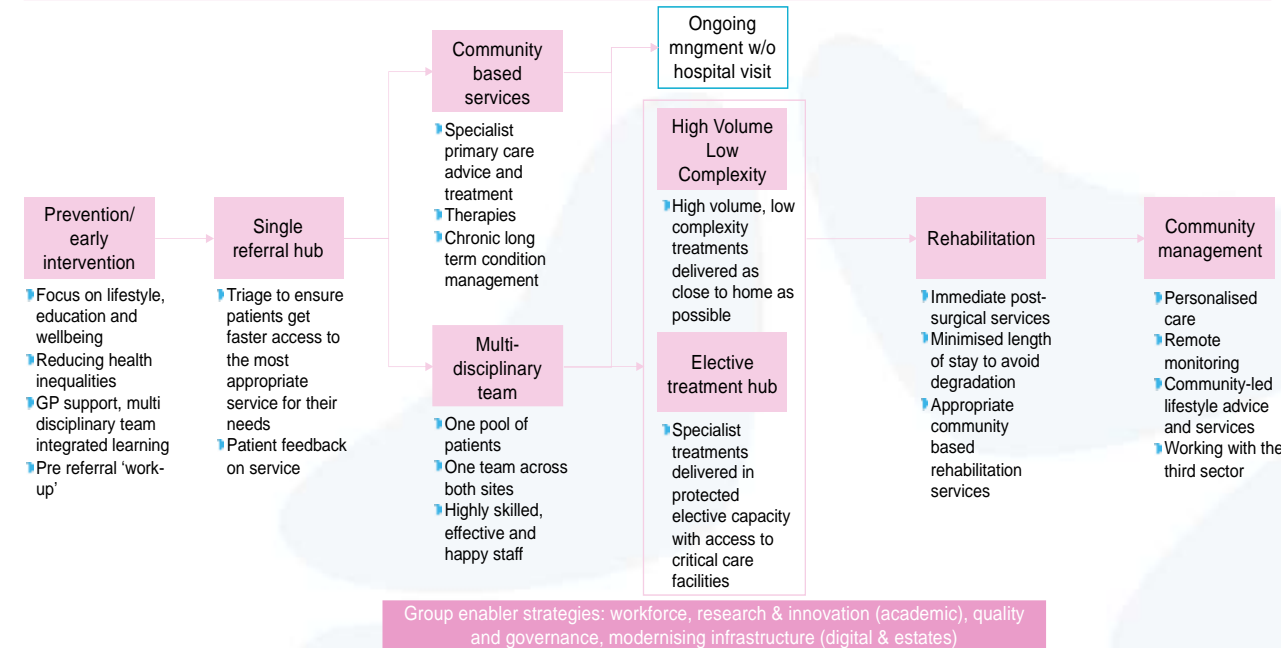
The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities**.

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.



Our proposed elective care pathway

One system-wide waiting list (PTL), delivering equitable access to timely treatment for patients across the county, transparency to all clinicians including GPs to enable patients to be supported to keep well while they wait



As a lead provider for the elective care collaborative in Northamptonshire, we commit to...

- ✓ Single point of access across the ICS to elective care
- ✓ Working to deliver top decile performance in GIRFT and model health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnosis
- ✓ Delivering the same service and experience in the county regardless of provider

We will deliver emergency and integrated care as part of an emergency pathway, with partners

Our strategy for emergency and integrated care services

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

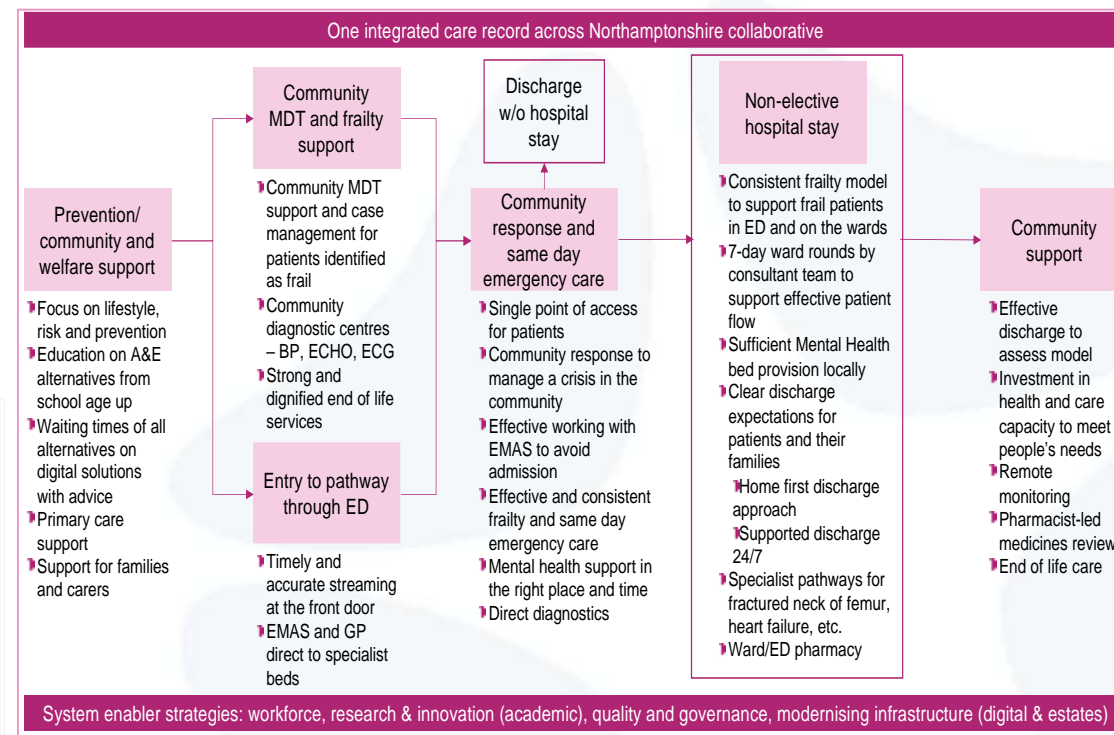
As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to...

- ✓ Develop pathways in partnership with the GP out of hours service, community teams and NHS 111 to direct patients who need emergency care to the right team, first time
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Supporting the expansion of Urgent Treatment Centres for minor injuries and illnesses,
- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

Our proposed emergency pathway



Implementing our proposals will address the issues in our case for change

Case for change	How our plans will address the case for change
1. Meeting the needs of a growing and aging population	<ul style="list-style-type: none"> ✓ Working closely with system partners to deliver seamless care particularly for patients with complex conditions ✓ Closer collaboration for frailty and older people's services
2. Strengthening fragile services	<ul style="list-style-type: none"> ✓ Clinical integration will allow best practice to be shared across the Group ✓ Moving to single teams and/or single site working will allow us to use our staff and equipment as efficiently and effectively as possible ✓ Collaboration will combine the depth and breadth of our collective expertise allowing us to increase specialist service provision
3. Retaining and recruiting talent	<ul style="list-style-type: none"> ✓ Establish the Group as an attractive place to work offering a broad career portfolio to our staff with increased clinical research opportunities and complex service provision ✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working together, we will have the scale to explore and pilot new roles and workforce models
4. Implementing clinical best practice	<ul style="list-style-type: none"> ✓ Develop Centres of Excellence across all our services over time, building on the excellence that already exists, developing our services to become nationally known for excellent outcomes and patient experience. ✓ Increased provision of ringfenced beds on both sites and, in the longer term, aim to establish a dedicated elective unit(s) separate from emergency care
5. Reducing avoidable admissions and length of stay	<ul style="list-style-type: none"> ✓ Working closely with our health and care partners through iCAN, which is focused on improving outcomes for older people in Northamptonshire, will reduce admissions and length of stay in hospital.
6. Reducing elective waiting lists	<ul style="list-style-type: none"> ✓ Improving the quality of our services and increasing provision of specialist care will reduce patients being transferred out of area with corresponding length waiting times ✓ The Group will work to establish community diagnostic hubs which will reduce waiting times for diagnostics ✓ We will work collaboratively to protect our elective capacity, providing timely care, minimising infection rates and reducing length of stay in hospital
7. Improving our financial position	<ul style="list-style-type: none"> ✓ Reducing vacancy rates and staff to reduce expenditure on expensive agency staff ✓ Consolidation and single- team working will allow us to use our resources efficiently ✓ Implementing clinical best practice will reduce duplication and avoid waste

There are several enablers that will need to be in place to deliver this clinical strategy

Enablers

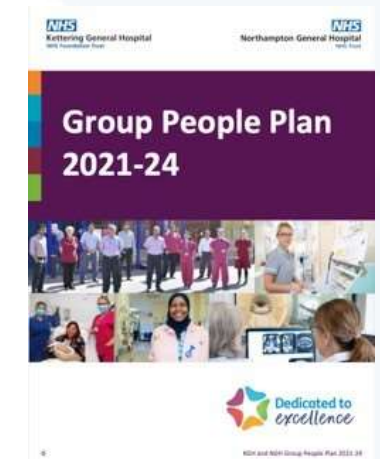
We know there are several enablers that will be critical to delivery of the clinical strategy. Our clinical strategy will be supported by our Group enabler strategies:

- ▶ We have a robust digital plan in place that we will accelerate where possible.
- ▶ We have plans in place to recruit and retain a high quality and motivated workforce. Staff also highlight culture and communication as important if we are to achieve collaboration at pace.
- ▶ We will be supported by our academic strategy.
- ▶ We will have new estate at Kettering and Northampton from which to deliver our services.

Our enablers will be underpinned by a programme of transformation and quality improvement

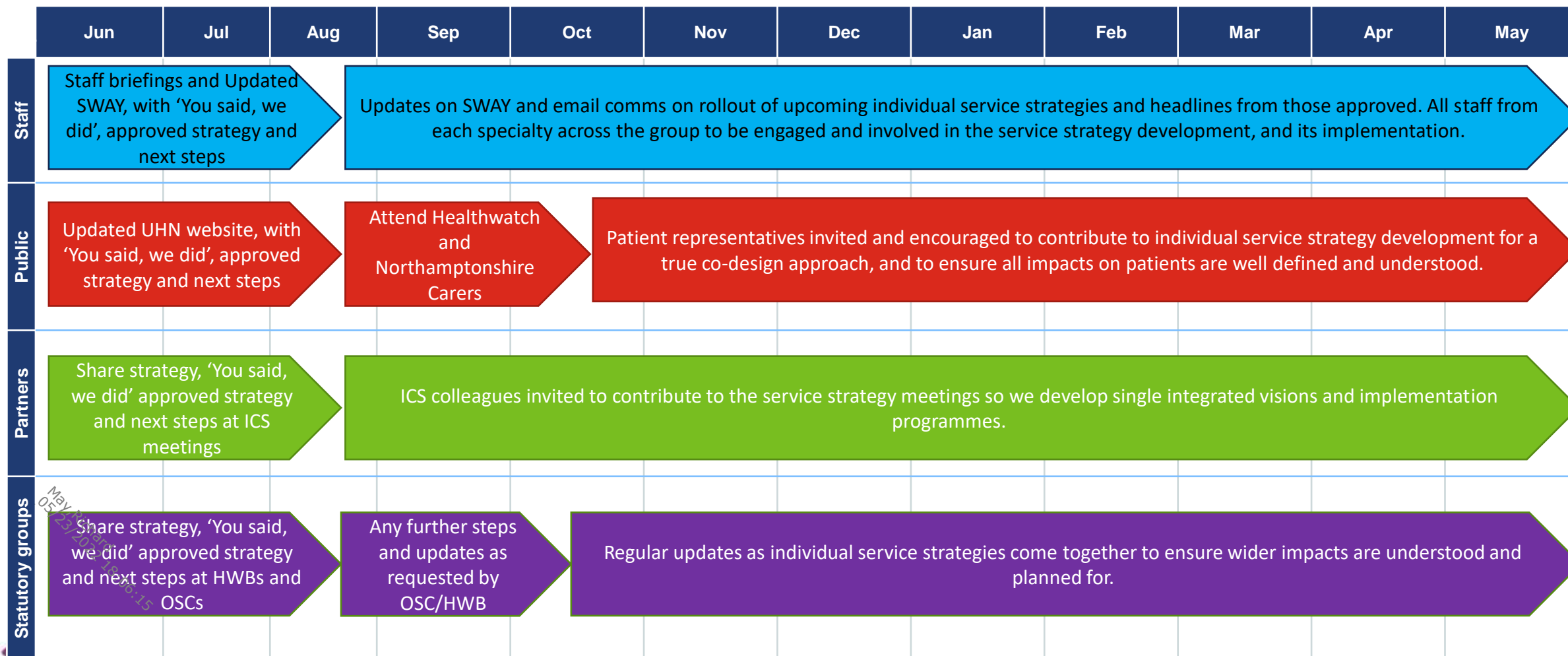


Top three priority enablers as voted for by clinicians (workshops 2021)					
Enablers	Diagnostics	Cancer	Women & Children's	Elective	Emergency
Capital investment in the right facilities	3		3	2	
Digital	1	2	2	1	1
Organisational Development and communications	2	3	2	2	2
Integrated workforce		1	1	1	2
Support structures			3		3
Reporting					



Engagement next steps

As we move forward in further developing the detail around the priority ambitions we have set out in this document, and in working with wider specialties in developing their future operating models, we remain committed to continuing the strong engagement and co-design that has been at the centre of the development of this document and our journey so far.



Engagement in developing our strategy

Our clinical strategy was developed with staff, patients and senior clinicians

Development

Listening

Learning

- Our clinical ambition has been developed together with our staff, patients, and in particular our senior clinicians.
- Development of the clinical ambition in 2021 involved senior clinicians from across the Group in workshops and discussions involving over 200 clinicians.

All-staff survey



Through the all-staff survey and discussions with patient engagement leads, an initial set of hypotheses was developed.

These hypotheses were further developed through established clinical forums and extensively tested through 20+ pillar workshops with clinical and non clinical teams

Hypotheses were tested and developed with:

- ✓ Clinical Reference Group
- ✓ NGH Clinical Leads Group
- ✓ KGH Clinical Leads Group
- ✓ Strategic Collaboration Group
- ✓ Joint pillar & specialty discussions
- ✓ UHN Group Clinical Senates

Initial thinking and hypotheses were also tested with a Clinical Panel.

A Clinical Senate was formed to consider in detail each element of the ambition with member clinicians reflecting the views of themselves and their colleagues. Over 200 attendances at both conferences combined. These have continued on a monthly basis to oversee the development of this document and to listen to all the feedback from the wide engagement, considering what else needed to be added and strengthen in our plans. Moving forward this senate will oversee implementation of the new ways of working.

- East and West Midlands Clinical Senate brought a wider breadth of clinical engagement and views.

We engaged extensively through several different channels

Development

Listening

Learning

► We have spoken to:



600+ internal staff:

- 114 consultants
- 102 nurses
- 84 clinical support
- 300 other



Distribution:

- 232 senior roles
- 52 middle grade/management
- 62 junior
- 77 other



ICS Partners, including:

- Northants CCG
- NHFT
- NNLA
- 360 Care Partnership



Members of the public

- Website
- Survey
- Social media
- Public sessions

A number of groups, including:

- Primary care
- Governors

May Richard
05/23/2022 18:06:15

Feedback on the Clinical Ambition has shaped this Group clinical strategy

Development

Listening

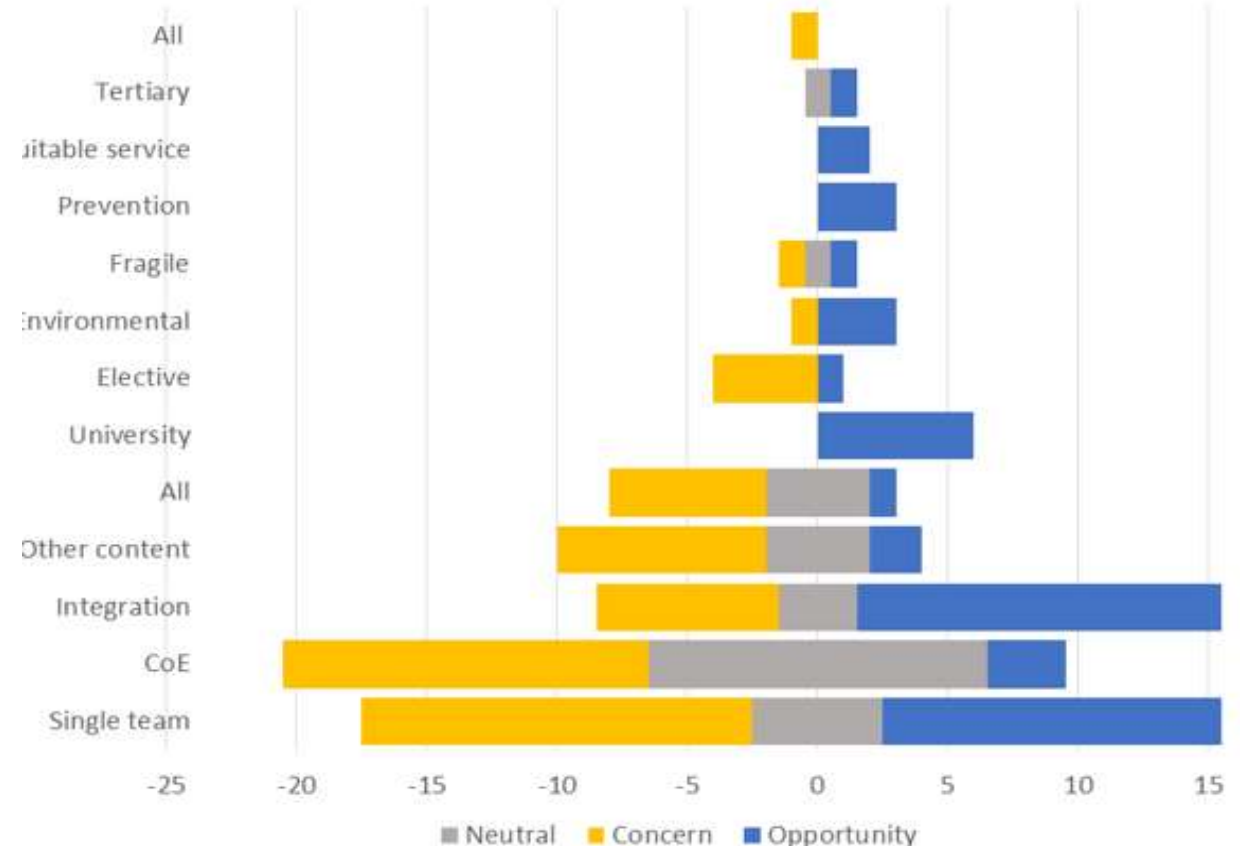
Learning

- Feedback on the Clinical Ambition has shaped the Group Clinical Strategy.
- The conversation centred on how the two hospitals will work together as single teams, including how Centres of Excellence will provide better care for patients while maintaining excellent services on each site and avoiding unnecessary travel for patients.
- The case for change for integrating teams is strongest for specialties facing difficulties in recruitment, and patients will benefit in other specialties where there are opportunities to sub-specialise and bring services into the county which are not feasible with smaller teams.
- The clinical ambition reflects this feedback with an emphasis on centralisation of services only where this brings better outcomes for patients, with the emphasis on keeping services such as outpatient appointments either local or virtual wherever possible to reduce travel time for patients.

Dr Richard
15/23/2022 18:06:15



Tone of comments on Clinical Ambition themes



Feedback on the clinical ambition has informed the strategy

Development

Listening

Learning

The issues raised most frequently during engagement are shown below. A full list is in the separate 'Clinical strategy engagement' report

You said...	Our response...
Will patients and staff have to travel further to access services at the Centres of Excellence?	We plan to keep the majority of routine appointments and treatments close to home. If we co-locate specialist services at the Centres of Excellence, patients will have greater access to services which were previously only available outside Northamptonshire e.g. robotic surgery. Where there is additional travel we will consider different options to ensure that staff and patients are not adversely impacted and can equitably access the services they need.
What will happen to services not at the hub of the Centre of Excellence?	The Centres of Excellence are a Group approach to benefit all patients and staff in the county. Cardiology and cancer services will have focussed development to meet the needs of the population that may be site specific if specialist care, but in general services will be delivered from both sites as part of the same Centre of Excellence.
Won't recruiting and retaining staff on the spoke sites be more challenging?	All staff will benefit from the CoEs if they choose, they can rotate between sites to update skills. Investment in the CoEs will provide new local development opportunities e.g. electrophysiology in cardiology to attract more staff into the county.
The buildings on both sites don't always reflect a CoE	The KGH HIP programme and site development plan for NGH will include development of Centres of Excellence
How will governance work for single teams but in two Trusts?	The strategy describes how Group Clinical Leadership will work including a site taking the lead responsibility for developing and implementing collaborative working and improved care for patients
There is a high dependency on IT for shared records and systems to deliver the strategy	The Group digital strategy describes how electronic records are being expanded on a Group-wide basis to ensure patients can be cared for between the sites, and with GPs and the community
Does past competition between care providers pose challenges to delivering truly collaborative working?	Healthcare staff want what is best for patients including joining up care between providers. Teams implementing the strategy will be supported where required by Organisational Development expertise
We need to look after the mental as well as physical health needs of our patients	The strategy now refers to how we will work jointly with colleagues in mental health, aligning the Group clinical strategy with the system mental health strategy
There is a lack of focus on delivering environmentally sustainable clinical services	There is a new section in the strategy focused on improving the environment for our local residents and the wider population



Our Group

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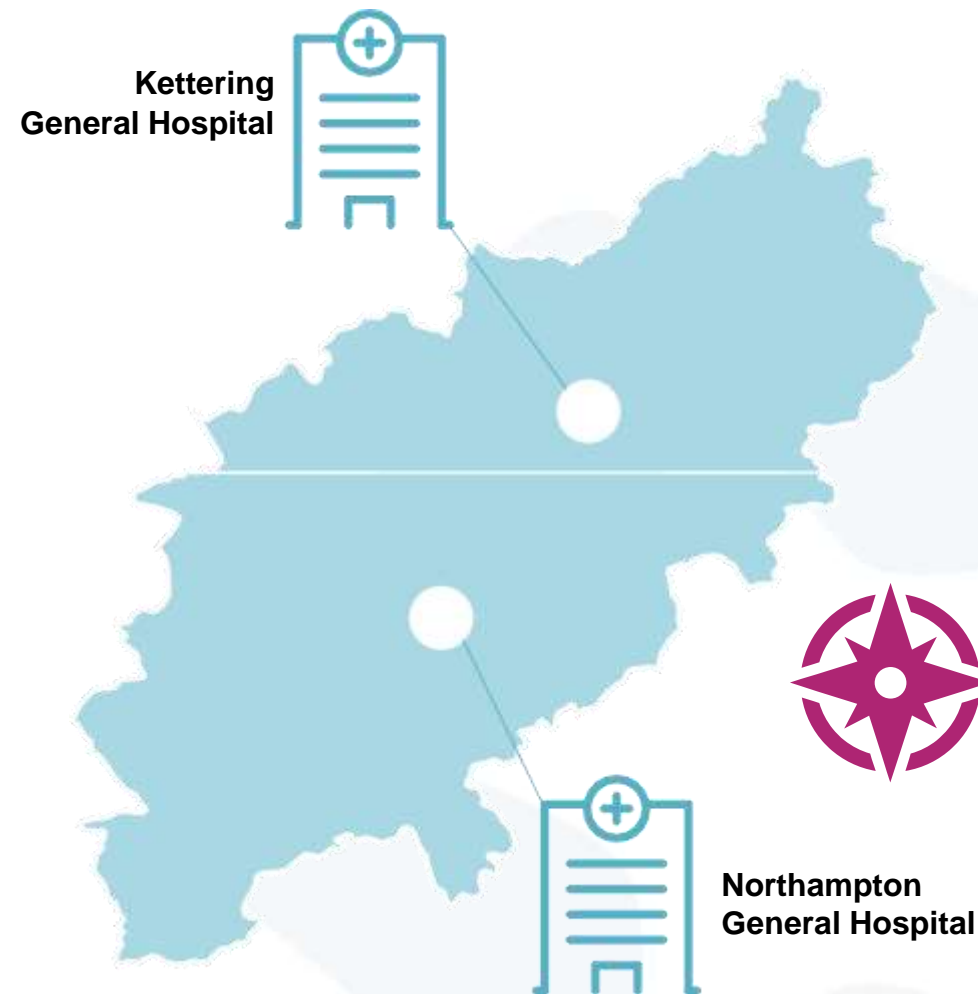
Our Group is made up of two hospital Trusts in Kettering and Northampton

Our group is made up of Kettering General Hospital (KGH) NHS Foundation Trust and Northampton General Hospital (NGH) NHS Trust, and was formed in 2020.

We deliver acute services from two main sites: Kettering General Hospital and Northampton General Hospital. We also provide care at a number of satellite locations including in Corby, Wellingborough, Irthlingborough, Daventry and GP facilities.

Both our hospitals are acute hospitals providing 24-hour emergency care. We offer a full range of district general hospital care as well as some specialist services: KGH provides emergency cardiac care for the county and NGH provides stroke and some specialist cancer and care for the county. In total we have approximately 1,400 beds with over 600 at KGH and nearly 800 at NGH.

We serve a population of approximately 900,000 people across the county and employ over 9,000 staff, making us one of the largest employers in Northamptonshire.



We are part of the Northamptonshire Integrated Care System (ICS) where we collaborate with partners

Integrating care is a strategic priority at both a regional and national level given the recognised benefits to quality of care and patient experience.

NHS Long Term Plan and move to ICSs

The NHS Long Term Plan (LTP) sets out how integration of care across organisational boundaries is critical to overcoming the challenges health and care systems are facing.

With the move to ICSs, system partners will be required to work together to deliver 'triple integration' of primary and specialist care, physical and mental health services and health with social care. There will be increased support for integration between trusts to embed cultures of compassion, inclusion and collaboration across the NHS.

The *Integration and Innovation* white paper released in February 2021 accelerates the shift to ICSs by setting out the government's legislative proposals. These proposals intend to remove the barriers to integration including transactional bureaucracy, and ensure systems are more accountable and responsive to their populations.

Northamptonshire Health and Care Partnership

The Northamptonshire Health and Care Partnership (NHCP) is clear that working together and differently will help 'empower people to choose well, stay well and live well'.

As we move to establish our ICS NHS Body and ICS Health and Care Partnership in July 2022, system partners continue to develop plans for greater collaboration and integration across Northamptonshire in line with the White Paper: *Integration and Innovation; working together to improve health and social care for all*.

As part of our leadership within the ICS system, we will ensure we:

- ▶ Have a purpose and ambition that is closely aligned to the purpose and ambition of the ICS
- ▶ Enable clinical collaboration both across the Group and with services locally, integrating services at place level
- ▶ Are a strong leader in the system, providing collective leadership in all discussions and decisions regarding local clinical collaboration across the ICS
- ▶ Build relationships with wider providers across and outside our own ICS
- ▶ In line with the national and regional strategic direction, we recognise the importance of collaboration both within the group and with the wider system in order to deliver outstanding patient care.

There is an opportunity for our Group to be a key system leader, leading and delivering integrated services in the ICS, taking an active role to work with our system partners in both preventative and proactive care.

Our two Trusts are already collaborating in many clinical areas and are proud of our recent successes

We are already implementing Group-enabling strategies, and many of our clinical teams are already collaborating - but given the fragility of some of our services and the scale of the challenges we face - we know we need to go further, faster.

Many of our clinical teams are already collaborating, which we know is delivering benefits for our patients and our staff

Specialties which already collaborate include:

- ▶ Cancer
- ▶ Maternity & neonates
- ▶ Pathology
- ▶ Imaging
- ▶ Cardiology
- ▶ Head & neck
- ▶ Stroke
- ▶ Renal
- ▶ Nuclear medicine

Collaboration in head and neck services and cardiology has dramatically improved the patient experience

Patients on a ward at KGH on a Friday, transferred via ambulance to NGH and back on a Monday. No sharing of care records and disjointed care.

Single team working across both sites delivering seamless care and equitable access for patients.



Collaboration in cardiology has allowed the establishment of a heart attack centre for the county

Patients can access:

24/7 cardiac
outreach
nurse service

7 day a week PCI
service for patients
with minor heart
attacks

7 day a week
Consultant led
service

Specialist service
for complex pacing
devices and
cardiac imaging

As a result, patients no longer have to travel to other specialist centres for life-saving treatment. This service means that patients have a reduced length of stay in hospital and improved rates of recovery from a heart attack.

Respondents to the all-staff survey (2021) spoke with pride about current clinical collaboration

'We already work together to share care of our patients, a **group clinical strategy** will ensure we are even more joined up and able to deliver even better care'

'The collaboration we're doing on **head & neck services** is something to be proud of. The drive for our Head & Neck clinical lead to develop an integrated service is something we need to replicate'

'Our county wide **stroke service** I feel has been hugely successful – this should be mirrored in other departments'

Full survey results can be found in Appendix A

We have recently become an academic university hospital and want to build our academic and research reputation

Our ambition to achieve international recognition as an academic centre that promotes and delivers better health service, provision and health outcomes to our patients

The Academic Strategy sets out how we will:

- ▶ Attract, retain and develop the country's top talent. Putting our staff and patients at the heart of its development by improving the training and development we offer
- ▶ Enable us to work more effectively with our health and care partners to collectively improve access, quality and consistency across local patient pathways and services
- ▶ Establish robust estates and digital infrastructure to support innovative clinical education and research
- ▶ Foster a culture of inclusivity and learning, with strong leadership championing the strategy
- ▶ Increase the number of patients included in clinical trials and success of funding from research networks, grant giving bodies and commercial sources



Our vision for the Academic Strategy is to **improve patient care through excellence in education and research**. We will achieve our vision by delivering the following eight objectives:

- ▶ Partnering with University of Leicester to become a University Teaching Hospital Group
- ▶ Foster a culture of learning, research and innovation with strong leadership championing the strategy
- ▶ Provide a multi-professional clinical academic programme and improved training and development offer for staff
- ▶ Increase opportunities and resources for innovation and research to be incorporated at the core of our work and clinical practice
- ▶ Increase the number of research posts in the Group including Associate Professorships, research clinicians and nurses
- ▶ Build academic, research and digital infrastructure to support and grow innovative clinical education and an increased research portfolio
- ▶ Increase success of research funding from research networks, grant giving bodies and commercial sources, and support sponsorship of those wanting to undertake their own research where this supports the clinical strategy
- ▶ Develop closer alignment with all our University partners
- ▶ Develop and promote the academic brand

We also have an opportunity to re-build our hospitals to support the delivery of high-quality services

Our current estate

Both hospitals have an aging estate that does not provide the experience we would like for our patients or for our staff. Our clinical services are not able to always be co-located next to each other meaning staff and patients sometimes have to travel across our hospital sites. In some cases patients are cared for in cramped environments with limited natural light or privacy and dignity. For our staff, they often have to work in less efficient ways to treat patients effectively and keep patients safe.

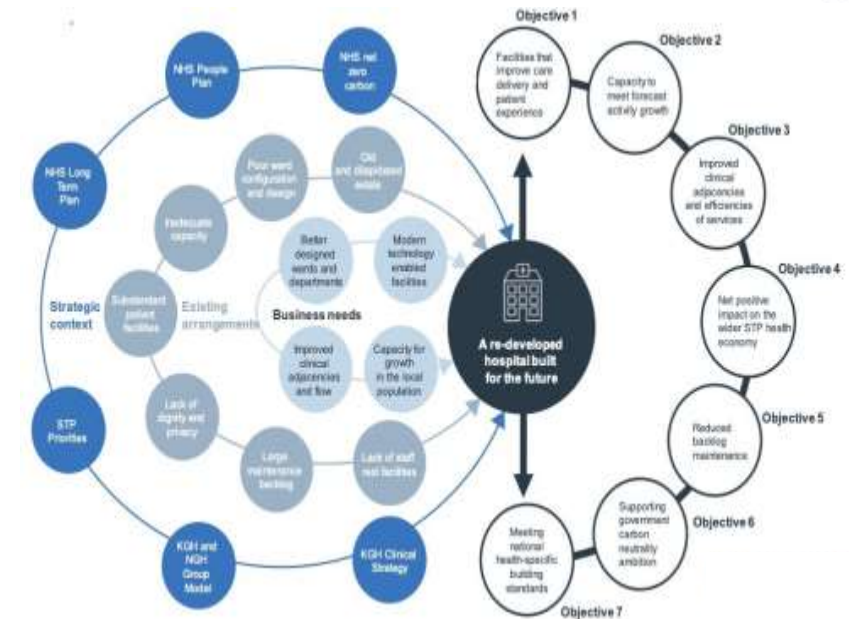
Our Estates Strategy

We will need to find ways to improve the current estate we have, and a Group Estate Strategy will follow to deliver the Group clinical strategy:

- **Kettering Hospital** submitted a Strategic Outline Case in January 2021 for a large re-build of the hospital incorporating a new ED and new wards, theatres, critical care and day services. This scheme is part of the national New Hospitals Programme and is on track to deliver by 2030.
- **Northampton General Hospital will** open a new state-of-the-art critical care unit by summer 2022 following earlier developments of a designated children's emergency department and new main entrance in 2021. We are preparing a full site development plan which will be informed by the clinical strategy and which will set the blueprint for future bids for funding on the site.



Our plans for KGH



Our new main entrance at Northampton Hospital



Our case for change

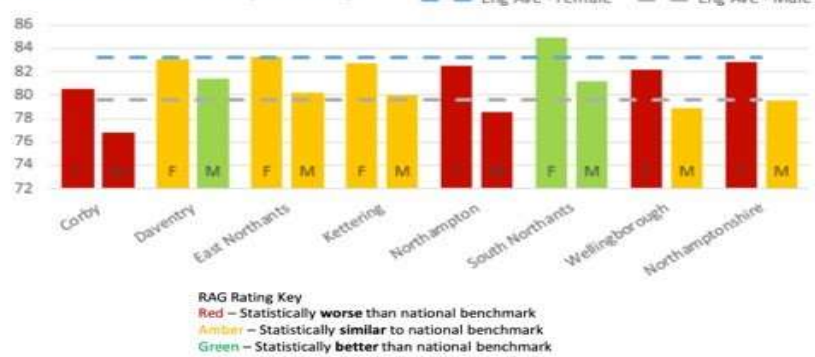


Our local population is older than the national average with poor outcomes in some areas

Life expectancy is lower than the national average in most areas of Northamptonshire

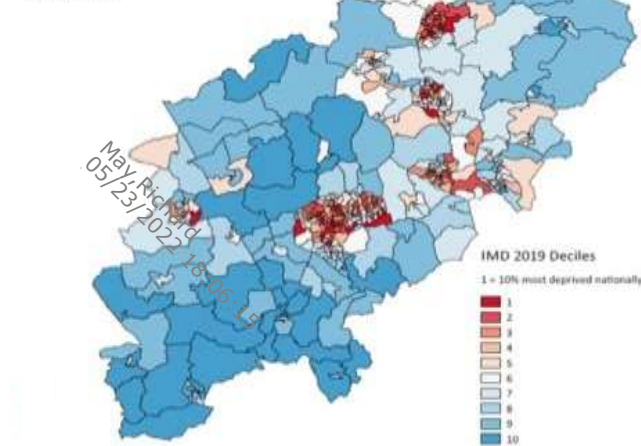
Male vs Female Life Expectancy at Birth - 2016-18

Source: ONS Life Expectancy



There are some areas of deprivation in Northamptonshire

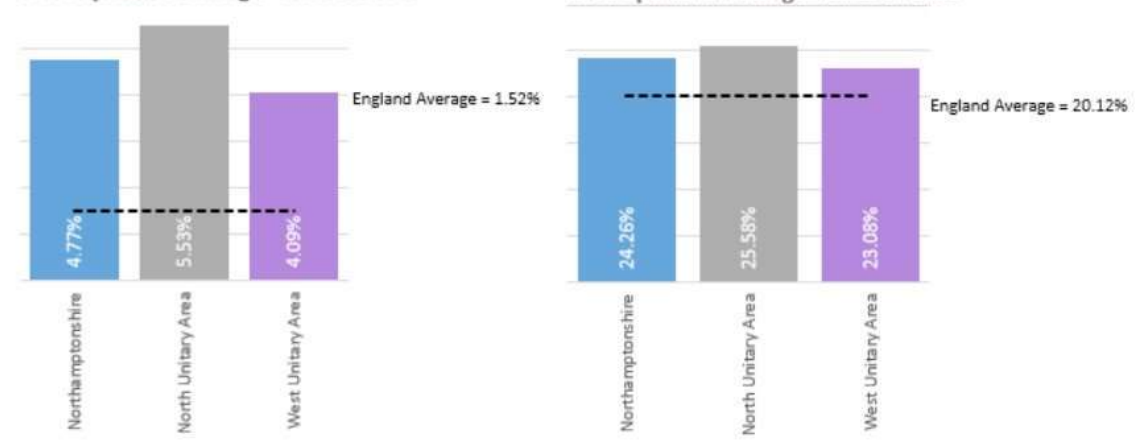
Index of Multiple Deprivation (2019) Health Deprivation and Disability Domain: National Decile, Northamptonshire
Source: ONS








The old and young population are increasing faster than the national average

0-19 Population Change - 2019 to 2029

65+ Population Change - 2019 to 2029



There are poor outcomes in some areas. Across Northamptonshire, 90% of adult disease can be attributed to just 10 risk factors

Health & Wellbeing in Northamptonshire JSNA Feb 2020		
	59 deaths from COPD per 100,000	Worse than England avg.
	10% - adults with long-term mental health problems	Worse than England avg.
	68% adults overweight or obese	Worse than England avg.
	46 deaths from cardiovascular disease considered preventable per 100,000	Similar to England avg.
	80 deaths from cancer considered preventable per 100,000	Similar to England avg.

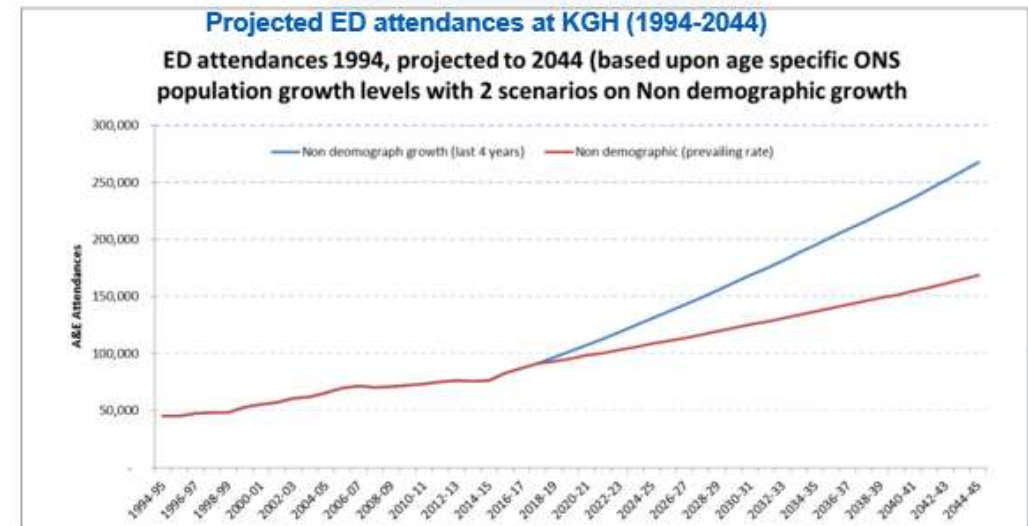
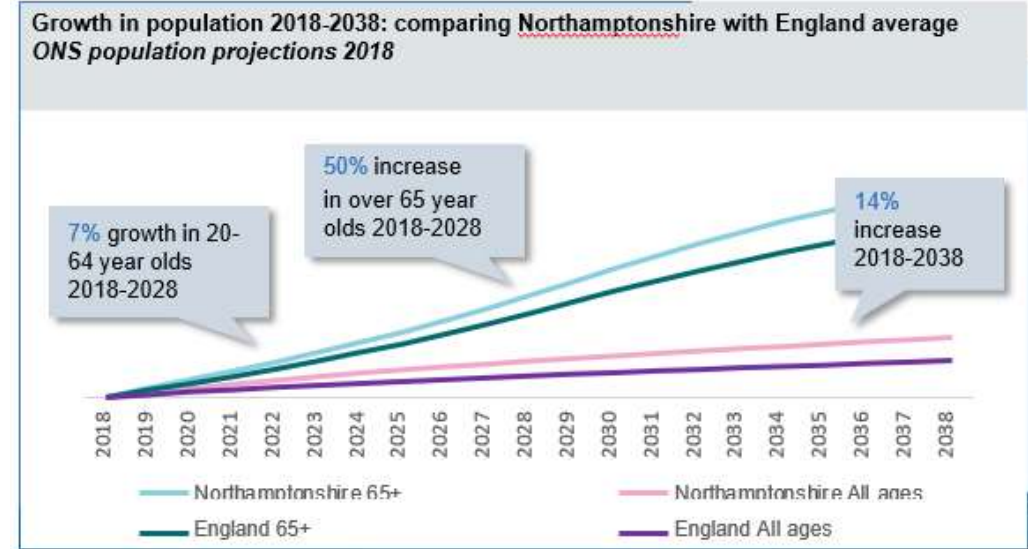
The local population is growing and aging and will need more care; we also need to address health inequalities

Our population is growing and ageing faster than the national average, increasing the demands on our clinical teams. The Northamptonshire population is projected to increase by 14% between 2018 and 2038. This includes a 50% increase in people aged over 65 (and we already have the highest percentage of over 65s in the country). An ageing population will increase the proportion of our patients with frailty and complex comorbidities.

In North Northamptonshire, a government-backed plan could also see 33,000 new homes built, primarily likely to be for young families, increasing demand for maternity and paediatric services.

The Northamptonshire Health Care Partnership (NHCP) has identified the growing population and increasing disease prevalence linked to unhealthy lifestyles as key drivers for change across the system.

We will work with our system partners to ensure our healthcare services are ready to meet the future needs of our population.



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People are being admitted to hospital when it could be avoided and are staying longer in hospital than they should

Our 2018 CQC local system review found patient experience for people aged 65+ was varied and sometimes unsatisfactory.

Compared to our peers, in Northamptonshire we:

- ▶ admit almost 9% more people aged 65+ a day to hospital (8 out of 90 daily admissions)
- ▶ have 12% more stranded patients:113 out of 900 on average, one in three patients in acute beds and one in two in community beds no longer need to be there
- ▶ are twice as likely to admit patients from the community and three times as likely from care homes.

Someone who needs care for a variety of conditions could be receiving services from five or six different organisations with very little coordination between them, which is confusing, wastes resources, and leaves no one taking overall responsibility for the individual's care. It also puts them at higher risk of an emergency department attendance or admission when things go wrong.

This is not what people want. It does not achieve the best outcomes for them. It is not the quality of care our organisations want for our residents. And with rising demand for health and care services in Northamptonshire and the Group had an an underlying deficit of £87m in 2020/21 which directly impacts on our ability to invest in staff and resources to drive up outcomes, and in our ability to transform pathways for patients.

Indeed, if we do not act now, in four years financial demand will have increased so much that we will not be able to support our population.



We have more to do to implement clinical best practice as many of our services “require improvement”

Overall, we have been rated as “Requires Improvement” by the CQC and our clinical strategy underpins our efforts to improve this rating.

Specific areas that have been highlighted for improvement include urgent and emergency care, surgery and services for children and young people at KGH, maternity services at NGH, and medical care (including older peoples care) at both KGH and NGH.

Workforce challenges are one of the key issues raised by CQC.

The national cancer patient survey highlighted timeliness of diagnostic tests and access to clinical networks as issues



Both our organisations are rated by the CQC as ‘requires improvement’

CQC Ratings KGH 2021 NGH 2019		
	KGH	NGH
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good
Caring	Good	Good Good
Responsive	Requires Improvement	
Well-led	Good	Requires Improvement

Complaints remain high for NGH ED and at KGH for ophthalmology, urology and paediatrics



We are below national median in our friends and family scores




Friends & Family Test Scores NHS England (For February 2022)			
Friends & Family Test (FFT) Scores KGH & NGH Inpatient Services are below the national median			
For Feb 2022	KGH	NGH	National Median
A & E	77%	74%	77%
Inpatient	88%	92%	94%
Outpatients	92%	93%	93%

In 2020, Northampton General Hospital were the best in the East Midlands Cancer Alliance peers patient survey question "Overall how would you rate your care?", Kettering General Hospitals were rated lowest

Sources: KGH & NGH Annual Patient Experience and Complaints Report 20120-21. Friends and Family Test Scores for the Month of February 2022, NHS England. NHS Digital Table 9c. East Midlands Cancer Alliance Patient Survey Question 61 in 2019 & 2020

We also need to follow the national direction of travel and national quality guidelines

We have identified a number of key national strategies and guidelines that have been considered in developing our clinical ambitions

Diagnostics: Recovery and Renewal 2020	Royal College of Surgeons: Future of Surgery	NHS Long Term Plan recommendations
 <ul style="list-style-type: none"> Split of emergency and elective Community diagnostic hubs to provide highly productive elective diagnostic centres Increase in advanced practitioner radiographer and assistant practitioner roles to address staff shortages. 	 <ul style="list-style-type: none"> Increase in preventative surgery Increase in day-case surgery with focus on preoperative and follow up care undertaken using telemedicine and digital platforms. 	
Royal College of Physicians: Outpatients the Future	GIRFT Recommendations	
 <ul style="list-style-type: none"> Move to flexible, one-stop-shops, see-and-treat clinics and patient-initiated-follow-ups. Services should optimise the staff skill mix rather than always relying on consultant-led care 	<p>Including but not limited to:</p> <ul style="list-style-type: none"> GIRFT elective recovery programme: standardised pathways at system level and establishing fast track surgical hubs while 85% of all elective surgery should be on a day surgery pathway. GIRFT radiology 2020: hot/ cold splits of activity, staff working at the top of their license, robust clinical pathways supported by clinical decision making tools. GIRFT cardiology 2021; introducing 7-day on-call, 7-day pacing services and extended access to diagnostics 	<ul style="list-style-type: none"> Cancer: by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% to 75% of cancer patients. W&C: Children's mental health services are expected to grow to deliver integrated mental and physical health care. Where possible care will be delivered closer to home for children and their families. Elective: supports separation of urgent from planned services. Sets the ambition for the NHS to avoid up to a third of outpatient appointments. Emergency: every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care 12 hrs a day, 7 days a week. Need for appropriate triage and location for urgent mental health services. Diagnostics: networks to improve access to more complex tests and enable rapid transfer of clinical images Discharge to assess for all patients all of the time.

There is inequity in access and quality between our two hospitals

There is variation in the quality of access and quality between our hospitals. For some specialties there are significant differences in the time it takes for patients to receive treatment following a referral; for other specialties there is a variation in how long patients on average spend in hospital once they're admitted; and some specialist treatments are simply not accessible to some patients.

The pandemic nationally has exacerbated health inequalities in populations, with many patients with underlying or deteriorating health even less likely to access the care they need in the right way. We will implement tools to analyse how effective our services are at reaching those of greatest need, and make changes to ensure we eliminate health inequality of access to our services.

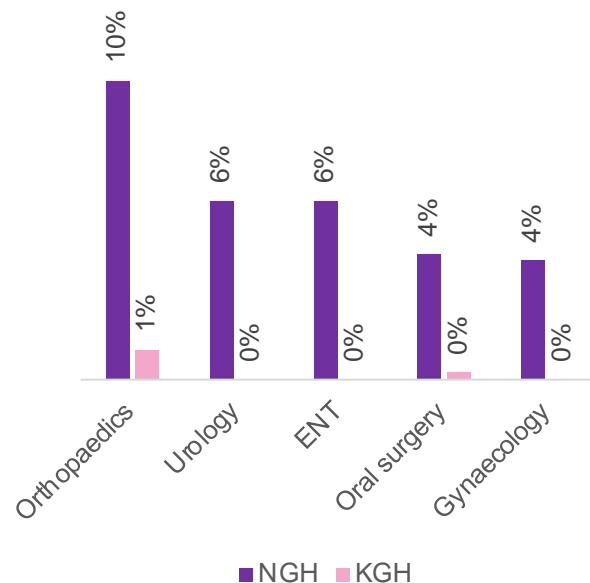
The Northamptonshire Health Care Partnership has set an ambition to ensure everyone has access to the best care wherever they live in the county. We are committed to delivering against this.

Our survey of staff identified reducing variation in quality variation across our hospitals as a top priority.



For some specialties there are significant differences in % of patients waiting over 52 weeks for planned care

RTT 52 week wait against national target of 0% for specialties with > 4% point difference
NHS England, RTT Waiting Times (Mar 2021)



...and in others the length of stay varies by over half a day between the trusts

Average rolling length of stay (2019/20) for specialties with a 0.5 day difference
NHS Digital, Hospital Episode Statistics



Survey respondents identified that one of the biggest opportunities for collaboration was to begin to reduce the **clinical quality variation** across sites.

We find it difficult to retain and recruit to some specialties with a national shortage of staff in some areas

There is a national picture of staff shortages and healthcare providers are increasingly collaborating to address this. The Health Foundation predicts that by 2031 there will be a 375,000 FTE gap between staff in post and future demand. This modelling has not taken account of the pandemic impact which may worsen staffing shortages. The Kings Fund acknowledge that staffing shortages were already widespread before the pandemic hit leading to excessive workload and high levels of stress for staff in post.

We have identified areas where national workforce shortages particularly impact on our services:

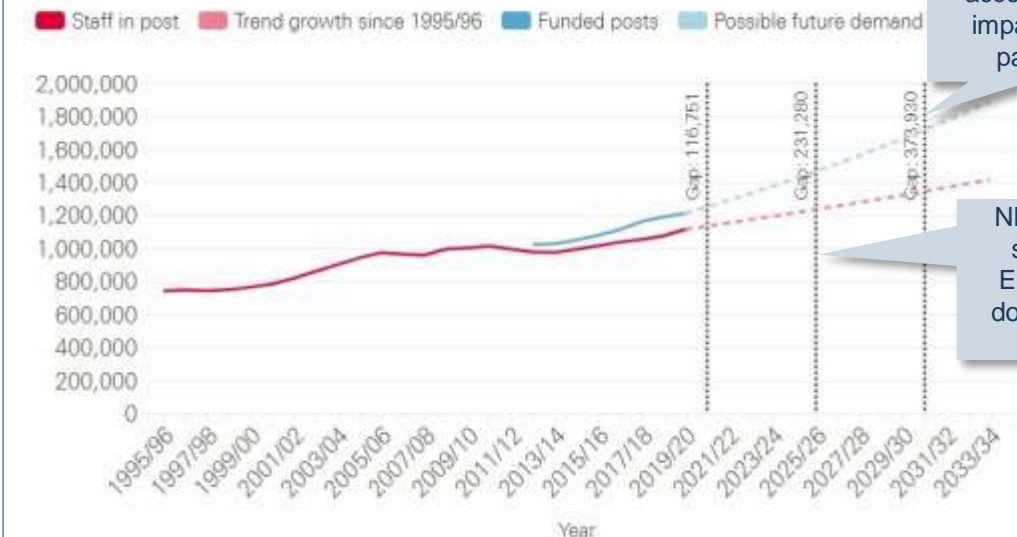
- Interventional and breast radiology
- Emergency care; all medical grades
- Microbiology and blood sciences
- Specialist cardiology nurses
- Physiotherapists and occupational therapists
- Cardiologists
- Respiratory consultants
- Theatre staffing
- Cancer nursing specialists
- Fetal medicine (at KGH)

The close location of tertiary centres also mean that staff have other attractive employment options.



The Health Foundation (2020) 'Going into COVID-19, the health and social care workforce faced concerning shortages'

Potential future shortfall in workforce supply in the NHS in England



Potential gap of 374,000 FTE staff by 2031-32, which does not account for any impacts of the pandemic

NHS workforce shortages in England set to double in next 5 yrs

“Before the pandemic, **staffing shortages were endemic**, chronic excessive workloads commonplace and levels of stress, absenteeism and turnover worryingly high”

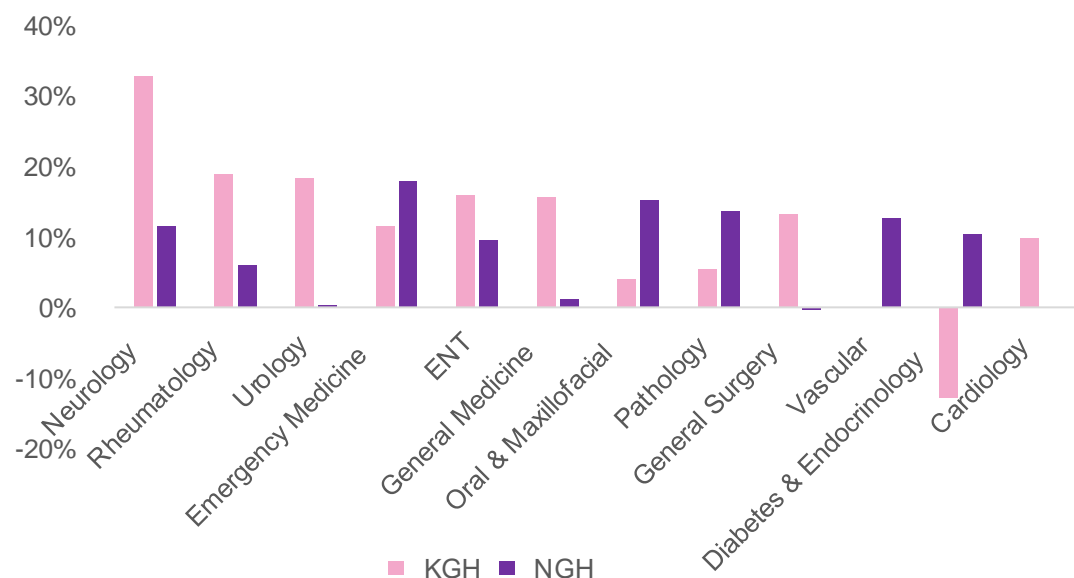
Kings Fund (2021) A plan for the NHS and Social Care

Workforce shortages drive a reliance on bank/agency staff which impacts on quality (and cost) of services

In common with the wider NHS, our organisations are struggling to attract and retain clinical staff with significant vacancy rates

Vacancy Rates by specialty for March 2021

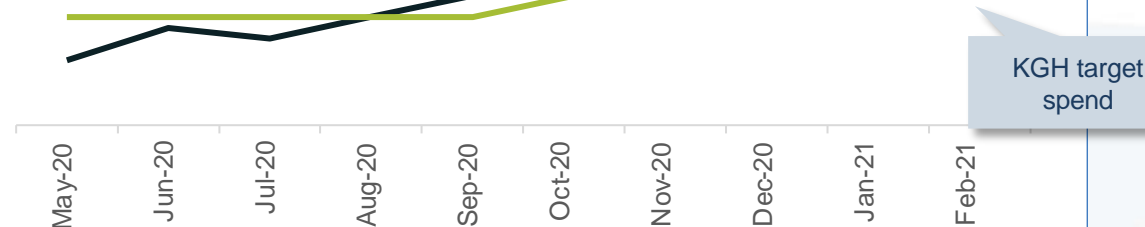
KGH & NGH Human Resources (Mar 2021)



There is a heavy reliance on agency and substantive staff overtime which creates a significant financial pressure.

Agency spend in £m – (Dec-20 is equivalent to 7% of pay expenditure)

KGH Board Report March 2021



“Temporary staff require a level of orientation and supervision that substantive staff – already under pressure – may find difficult to provide. When the proportion of temporary staff becomes too great, this **impacts the quality of care** provided”

Royal College of Nursing (2017) Safe and Effective Staffing

The model hospital data places NGH approximately **10% below** their peer median in terms of overall substantive WTE medical staff. KGH is **12% below** their peer median by this measure.

“**Staff shortages** identified as the most important factor in determining chronic excessive workload – **a key contributor to staff burn out**”

Health and Social Care Committee (2021) Workforce Burnout

Existing structures are potential barriers to effective collaborative work

- ▶ While there are already examples of good collaboration between the two Trusts there is background of competition rather than collaboration in the NHS which has led to culturally different approaches
- ▶ We are working towards making it easier for teams to work across sites, for example we now have an MoU in place to allow staff to work across sites should they choose to
- ▶ We have in place a programme of HR policy harmonisation so that we have one set of HR policies, and will be looking at our mandatory training alignment in 2022/23
- ▶ However, there are still significant examples of separate arrangements for some of the fundamentally important aspects of joint working. We will address some practical arrangements, examples being; different work patterns and a different to approach to on call arrangements

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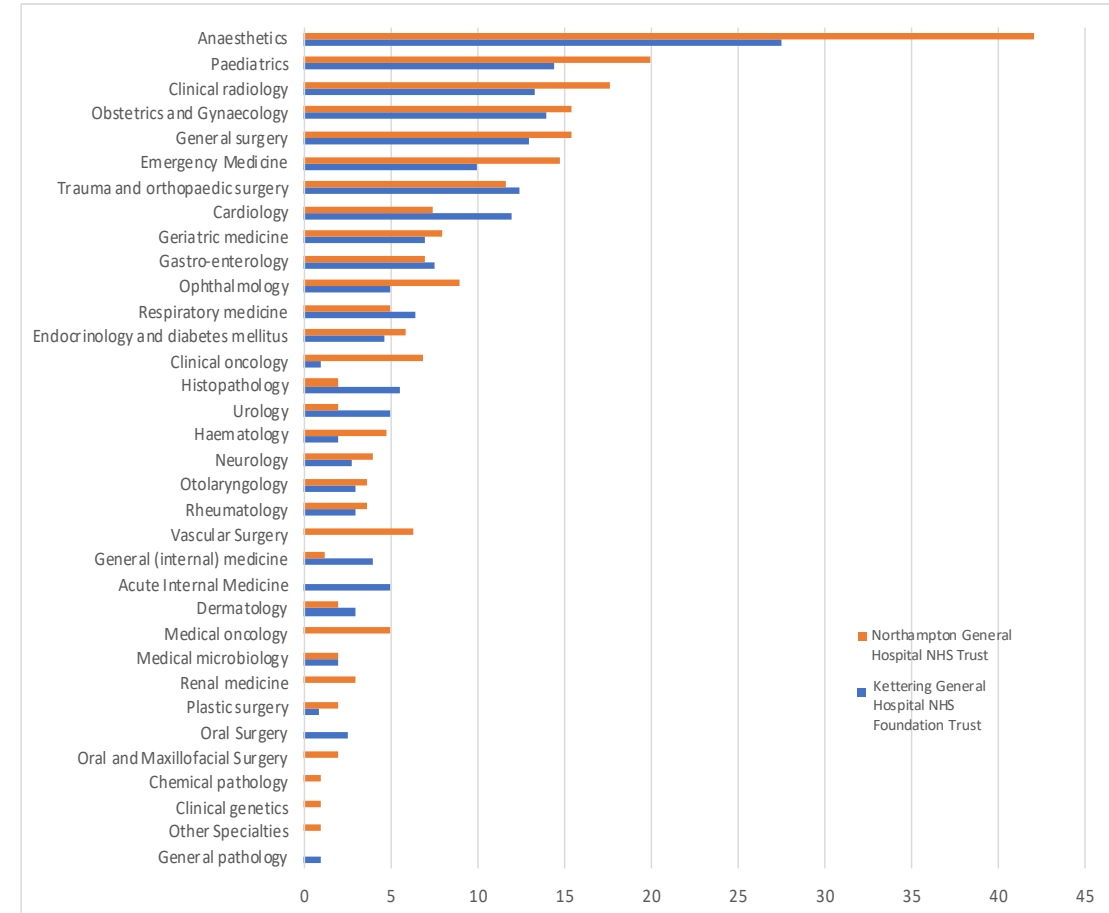
Some of our services are fragile with few consultants in some specialties, and/or small volumes of patients

We have few consultants in some specialties and there are insufficient levels of activity:

- ▶ **Neurology:** significant pathway improvement opportunities at both sites (driven by workforce challenges)
- ▶ **Geriatric medicine:** the volume of work in this specialty is one that is not only likely to continue to grow significantly, but will also increasingly require specialist skills that interconnect with all other specialisms of care. Nationally there are not enough geriatricians to support this service in the future which results in general adult physicians needing to cover.
- ▶ **Surgery:** concerns about workforce sustainability of smaller specialist services including plastics, head and neck, hand surgery and spine surgery
- ▶ **Plastics:** fragile service with inpatients already seen at University Hospitals Leicester
- ▶ **Gastroenterology:** activity at NGH is in smallest quartile nationally with high costs and poor waiting list performance
- ▶ **Microbiology:** workforce shortages at NGH leading to unsustainability
- ▶ **Renal:** workforce shortages at KGH requiring a Group approach
- ▶ **Haematology:** workforce shortages for a high demand service

These services are not currently resilient or able to adapt to changing conditions. There are challenges to delivering high quality services efficiently and effectively, and our ability to attract staff in these areas

Number of WTE consultants, by specialty, by site



Source: NHS Workforce statistics, May 2021 (excludes Associate Specialists and Staff Grades)

We need to change the way we deliver services to improve quality and efficiency against a difficult financial position

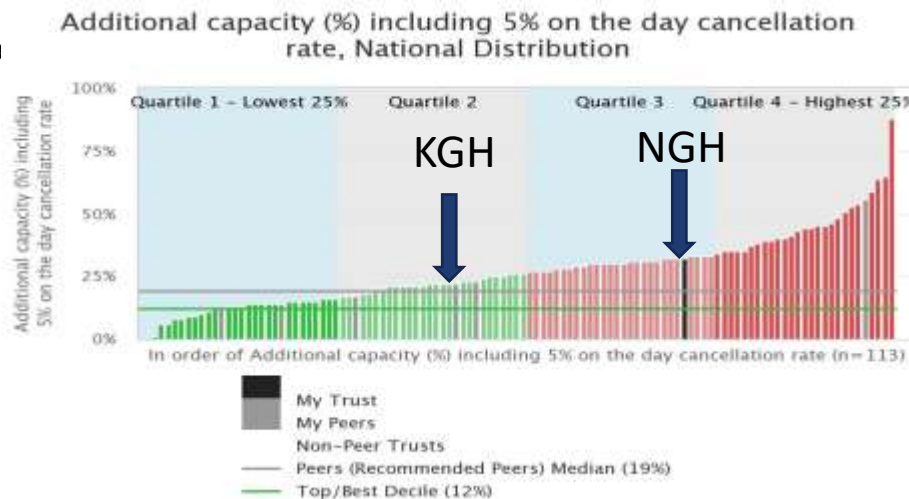
Although the Northamptonshire Health System broke even in 2021/22, this was in part due to one off funding e.g. to fund recovery of the waiting list and manage Covid. In 2020/21 there was an underlying deficit of £87m across the Group, and the financial position in 2022/23 across the group and the System remains very challenging. This directly impacts on our ability to invest in staff and resources to drive up outcomes, and in our ability to transform pathways for patients.

Many services, often those with low clinical output and workforce challenges, are comparatively expensive to run when compared to other Trusts.

Opportunities have been identified through the Getting it Right First Time (GIRFT) programme:

- ▶ re-admission rates are high in many specialties
- ▶ there are opportunities to improve daycase rates
- ▶ there are high lengths of stay for general surgery and orthopaedics
- ▶ GIRFT have identified opportunities for efficiencies in orthopaedics, ENT and breast surgery

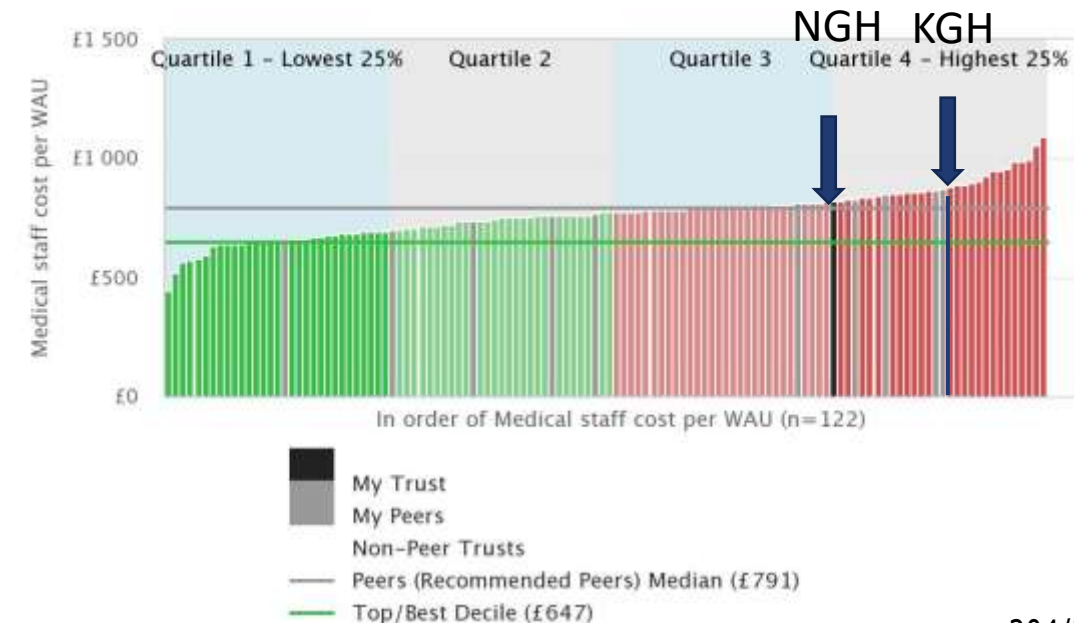
GIRFT also recommended the



Model hospital data (2020) shows that, compared to peers:

- Kettering General Hospital has comparably high medical staff costs
- Kettering General Hospital has higher nursing staff costs
- Northampton General Hospital has comparably high medical staff costs
- Northampton General Hospital has similar to average nursing staff costs

Medical staff cost per WAU, National Distribution



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Our proposals for transformation

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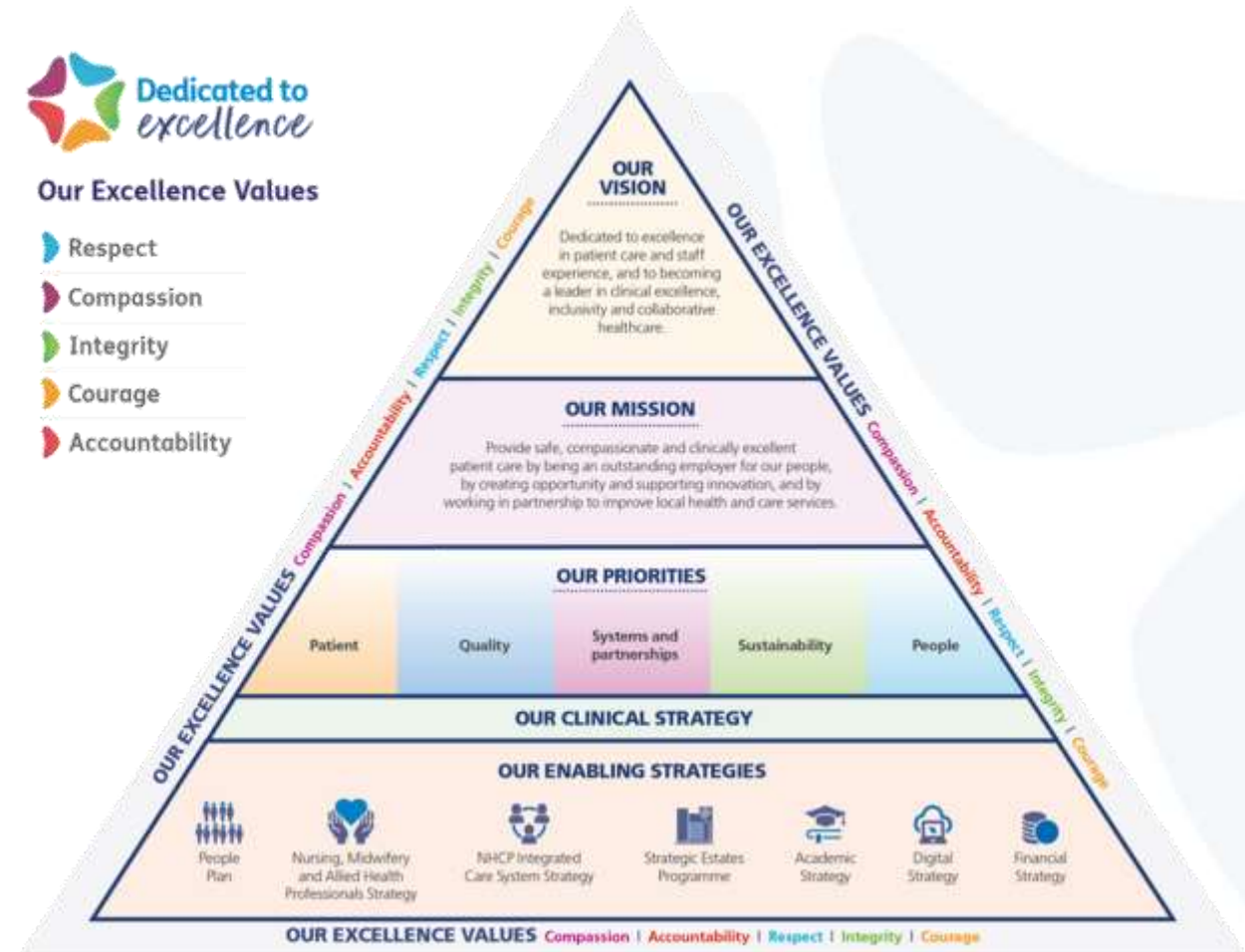
We have developed a Group strategy which is guiding the development of our clinical strategy

In January 2021, Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust boards approved our Group strategy. This sets out our shared vision, mission and values, all 'dedicated to excellence'.

The Group strategy also outlines the Group priorities and programmes of work required to deliver against these.

One of these programmes of work or 'strategic initiatives' was to **develop a Group clinical strategy and clinical collaboration**.

Our Group *dedicated to excellence* strategy sets out our values, vision, mission and group priorities – this identified a Group clinical strategy as a key strategic initiative



Our Strategic Initiatives



People Plan



Clinical Strategy and Clinical Collaboration



Nursing, Midwifery and Allied Health Professional Strategy



NHCP Integrated Care System Strategy



Strategic Estates Programme



Academic Strategy



Digital Strategy



Financial Strategy

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We have explored what our Group vision means for the clinical strategy

OUR GROUP VISION STATEMENT

Dedicated to outstanding patient care and staff experience by becoming a university hospital group and a leader in clinical excellence, inclusivity and collaborative healthcare.

OUR GROUP MISSION STATEMENT

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

What the Group vision means for the clinical strategy

- The Group will be **known for safe, compassionate and clinically excellent care**: working in partnership as a **system leader** of integrated acute care and a **hub for innovation and research**.
- Integrated services will deliver **consistently exemplar outcomes** for our patients across Northamptonshire, providing timely, seamless care, **minimising disruption to our patients' lives**. Patients will only come in when they need specialist acute services.
- Our staff across the Group will work collaboratively, and with system partners, to deliver **cutting edge treatments** and produce **high quality research**, enabling the Group to become an outstanding employer able attract and retain leading experts.
- Patients and staff across the county are **proud of their local NHS**.

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We have developed clinical ambitions and proposals that will transform care for patients

To achieve our Group vision, we propose that our clinical collaboration focus on four core ambitions:

1. Work with our partners to **prevent ill-health and reduce hospitalisation**, changing the way care is provided along the care pathway.
2. Develop **two centres of excellence** in the county, building on our established strengths in each hospital. Each centre of excellence will be across both hospitals and patients will have the same, high quality care wherever they access services. Our centres of excellence will be for everyone in Northamptonshire, and cardiology will be led by Kettering General Hospital with cancer led by Northampton General Hospital.
3. **Protect elective beds** to reduce cancelled operations, reduce long waiting times and increase efficiency.
4. **Build on our University Hospital status**, to become a hub for innovation, training and research, attracting high calibre talent and growing the number of clinical trials our patients can access.

To deliver our ambitions, we propose solutions for the specialties that are currently **unsustainable and fragile** at one or both of our hospitals, to develop more robust services that we can reliably offer patients. We know we cannot make these all of changes as individual hospitals, and we will work together and with our system partners to agree and implement our strategies.

Our clinical ambitions



We are working with health and care partners to change the way care is delivered along the care pathway

Transformation of services across Northamptonshire

Our clinical services are delivered as part of a much bigger picture across Northamptonshire.

Health and care partners are transforming the way services are delivered in a newly formed Integrated Care System (ICS) called Northamptonshire Health and Care Partnership.

The ICS four priorities are being developed through collaboratives for:

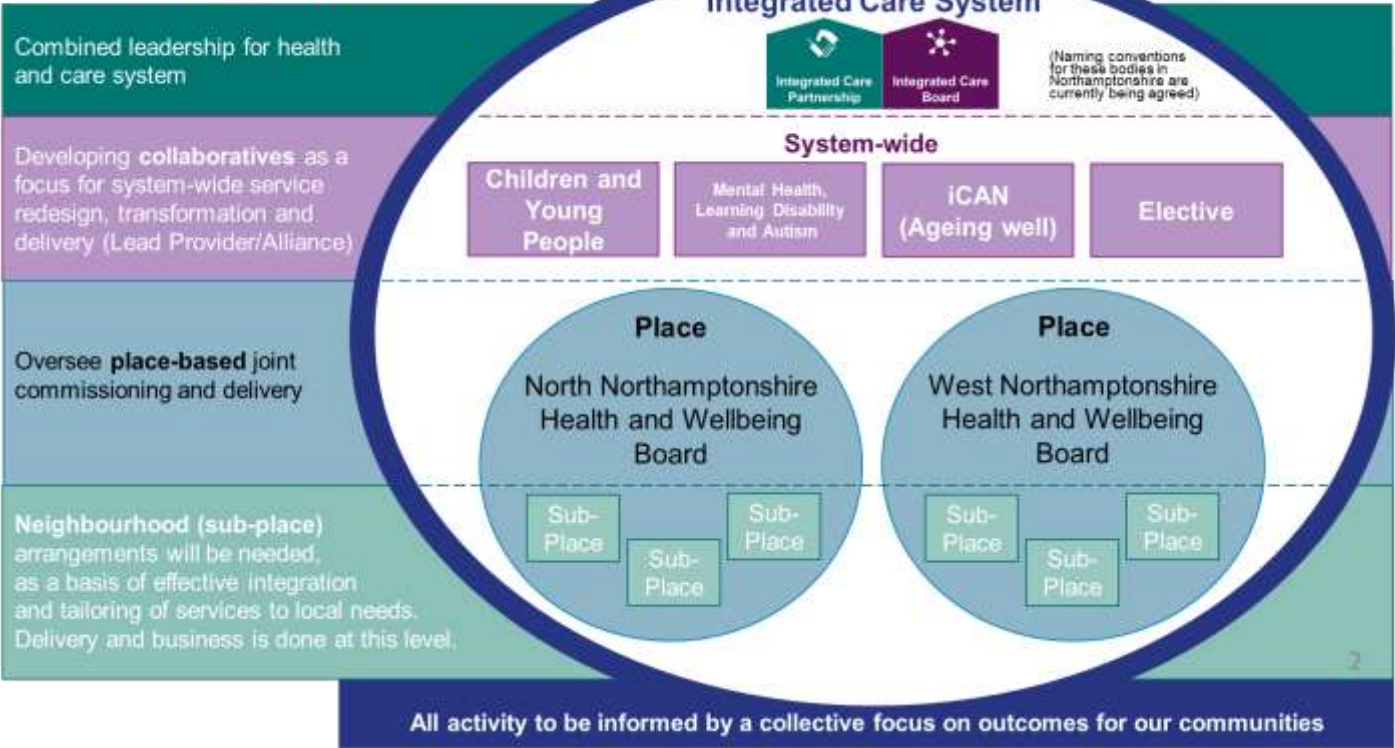
- 1. Children and young people
- 2. Mental health
- 3. Integrated Care Across Northamptonshire (iCAN, ageing well), and
- 4. Elective care

We will come together at system (ICS) level with local organisations and providers to join up and redesign services to improve outcomes.

There are two 'Places' within the ICS, based on the geography of the two Unitary Authorities. It is at this level that we will deliver integrated care locally by connecting the hospitals with primary care, other health and care services and the voluntary sector. The aim is to deliver more care out of hospital.

In the Group, we will develop our frailty units to provide seamless pathways across the community to prevent hospital admissions and facilitate early discharge.

Our areas of focus



Our system ambitions will be delivered through collaborative working

Collaboratives are the preferred delivery approach to realise our ambition for outcomes-based services to meet the health and care needs of our population



Elective collaborative

We will work collaboratively with system partners to develop integrated pathways that support the transformation and delivery of more out of hospital care. Patients will access the right clinician in the right place, for example, in community integrated diagnostic hubs, transformed outpatient services and a system patient list to provide equitable access

Mental health, learning disability and autism

The Mental Health, Learning Disability and Autism Collaborative ('MHLDA') goal is to reduce health inequality, improve social impacts and enable this population to embrace their chosen life in the community, as an equal contributor to our county.

Across the Group, we will work with partners to support the development of integrated seamless pathways so that people who attend acute hospitals and emergency departments with mental health, learning disability or autism are treated rapidly and receive the aftercare required. In partnership with our mental health colleagues, we will also improve mental health support for inpatients with physical health conditions.

Children and young people

We will develop our out of hospital integrated children's service to support our children, young people and their families to provide the best quality service that will be integrated, holistic, offer choice and enable shared decision-making.

iCAN

The focus will be on improving outcomes for older people in Northamptonshire through alternatives in the community to the Emergency Department and by reducing admissions and length of stay in hospital. We will do this by working with local communities to help people remain well for longer and provide better self-care support.

In the Group, we will develop our frailty units to provide seamless pathways with community hubs to provide frailty assessment units, prevent hospital admissions and facilitate discharges.

Our Group clinical strategy is to engage our clinicians in the development and implementation of these redesigned services for the benefit of patients

We will develop centres of excellence, starting with cardiology and cancer

We will develop Centres of Excellence across all our services over time, building on the excellence that already exists with the first Centres of Excellence in cancer and cardiology. This is an opportunity to expand and develop our services to become nationally known for excellent outcomes and patient experience.

Our **Cancer Centre of Excellence** will provide a fully integrated system wide service ensuring equity of care across Northamptonshire. Our cancer centre of excellence will be across both hospitals and patients will have the same, high quality care wherever they access services. Our cancer centre of excellence will be for everyone in Northamptonshire and we propose consolidating some specialist cancer surgery at Northampton General Hospital, to improve outcomes and quality. We will broaden the complexity of our case load to offer patients highly specialised treatments including precision medicine, the next generation of robotic surgery and artificial intelligence assisted diagnostics.

We will offer a single point of access for patients from anywhere in Northamptonshire and work closely with health and care partners to prevent cancer and identify cancer earlier, including the development of one-stop diagnostics centres.

Our **cardiology Centre of Excellence** will be across both hospitals and patients will have the same, high quality care wherever they access services. It will focus the delivery of some of our more specialist services at Kettering General Hospital with a single team (with a single clinical leadership) providing high quality care across both sites. We will build and grow specialist services such as electrophysiology provision, offering exemplary outcomes to everyone in Northamptonshire.

We will consolidate catheter labs on one site, with pathways for acute coronary syndrome integrated with our partners in the East Midlands Ambulance Service (EMAS) and primary care to ensure patients receive the right treatment at the right time in the right location, with a treat and return model. There will be greater emphasis on prevention by working with patients and their families to make lifestyle adjustments to reduce the risk of coronary heart disease and heart attack. Fundamental to this will be shared care records which will facilitate seamless care between sites.



Our clinical ambitions

Our Group vision

Work with health and care partners to prevent ill-health and reduce hospitalisation

Develop Centres of Excellence across all services, starting with cardiology and cancer

Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency

Build on our University Hospital status to become a hub for training, research and innovation

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

Our Centres for Excellence will deliver our key principles for excellent care

- ▶ **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- ▶ **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- ▶ **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- ▶ **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- ▶ **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- ▶ **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- ▶ **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- ▶ **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- ▶ **Best use of available resources:** so that we can provide the best service we can with the resources that we have

We aim to establish a cancer Centre of Excellence for Northamptonshire

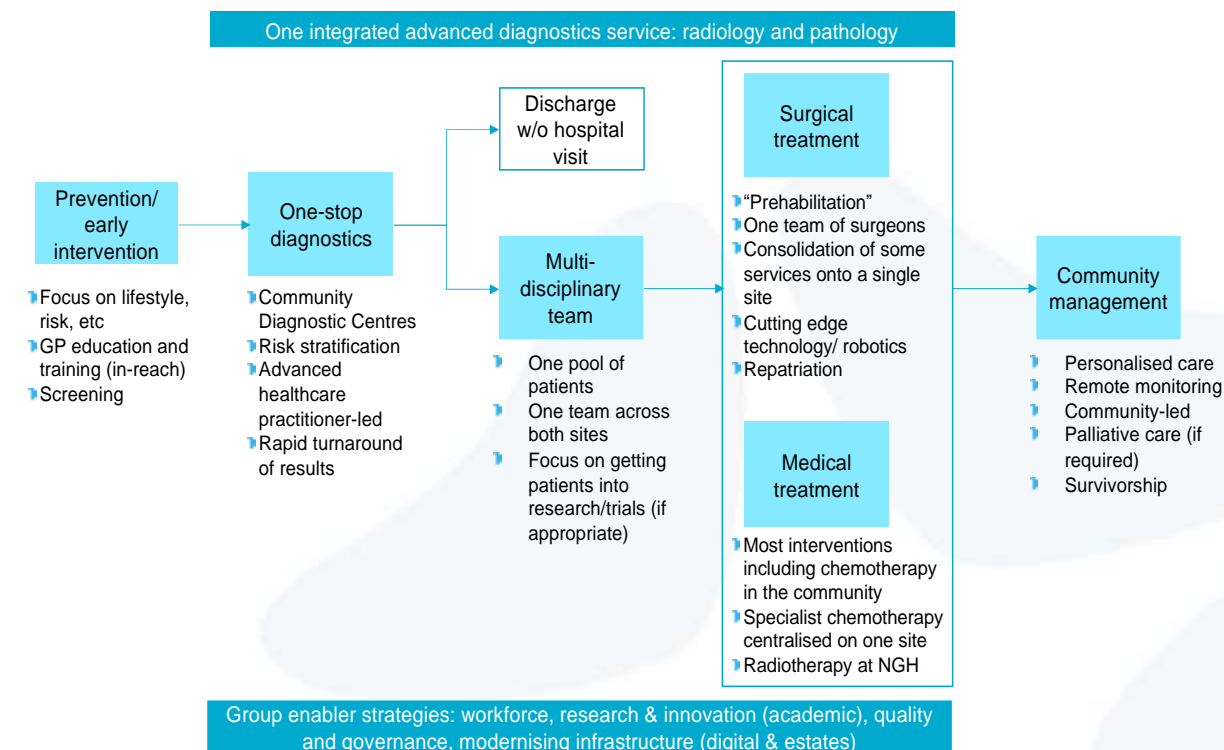
Our cancer Centre of Excellence

The cancer UHN Centre of Excellence will be an **integrated service** that the Group is known for nationally, owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and provide a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility and early diagnosis of cancer care**

Our proposed acute cancer pathway



As a Cancer Centre of Excellence, we commit to...

- ✓ A single cancer team driving the integration of pathways across the acute hospitals and in the community
- ✓ Equal access to screening programmes across Northamptonshire
- ✓ top 10% nationally for a number of patient experience and outcome metrics, including cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

We aim to establish a cardiology Centre of Excellence for Northamptonshire

Our cardiology Centre of Excellence

The cardiology Centre of Excellence will be an integrated service across the Group which will be known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload**.

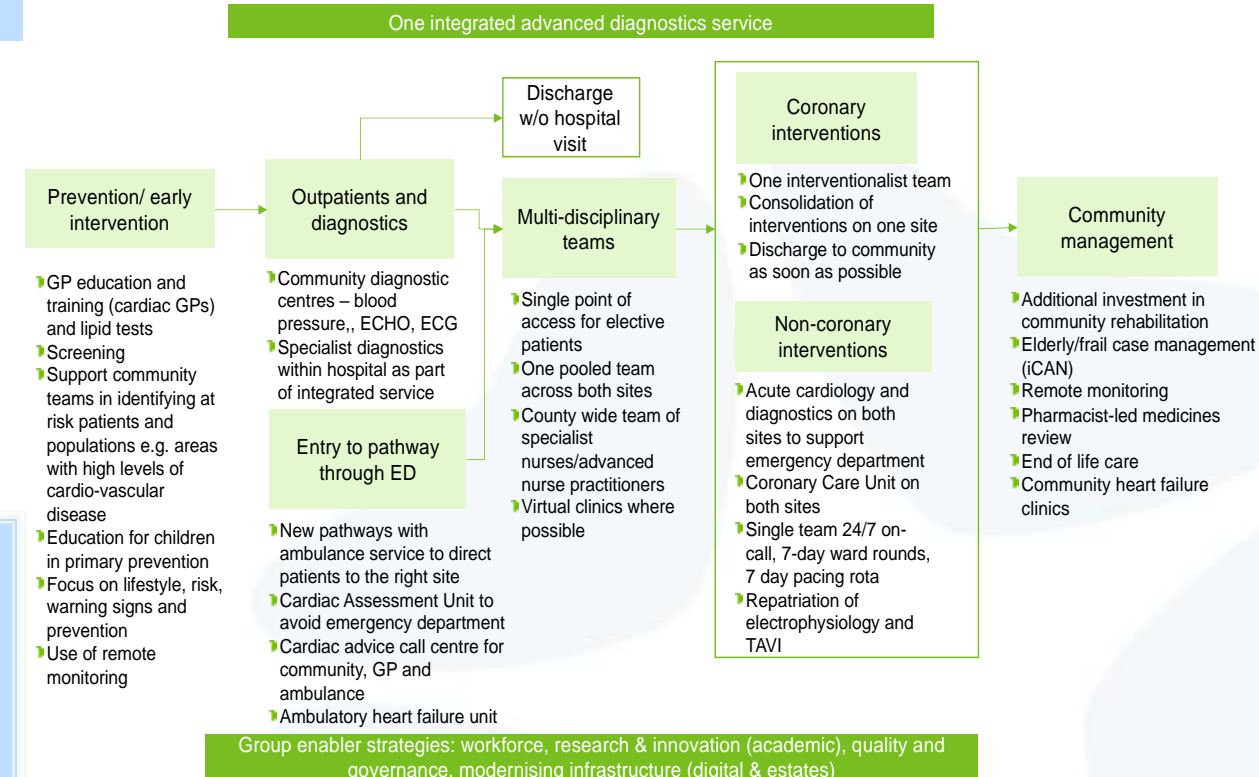
The cardiology service will be known for its **extensive research capability, scholarship and academia, attracting and retaining leading experts** in the field.

The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

As a Cardiology Centre of Excellence, we will commit to...

- ✓ Delivering national quality standards for PCI and pacing as set out by Getting it Right First Time (GIRFT) BCIS (British Cardiovascular Intervention Society) and the National Institute for Cardiovascular Outcomes Research (NICOR)
- ✓ No duplication of complex procedures across sites, to improve quality and performance
- ✓ Focus on prevention in schools and with families of cardiac patients
- ✓ Work with GPs to treat patients in the community
- ✓ Virtual ward and remote monitoring to bring care closer to home
- ✓ Single cross site studies which will allow for greater population recruitment
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose
- ✓ Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI catchment area

Our proposed cardiology pathway



Our ambition is to ensure elective patients consistently get timely equitable access to high quality care and experience

Our elective care strategy

In partnership with the Independent Sector, the Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committed to providing **timely and equitable access to care**, minimising **infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation**, and maximise **day surgery** and **one stop pathways**.

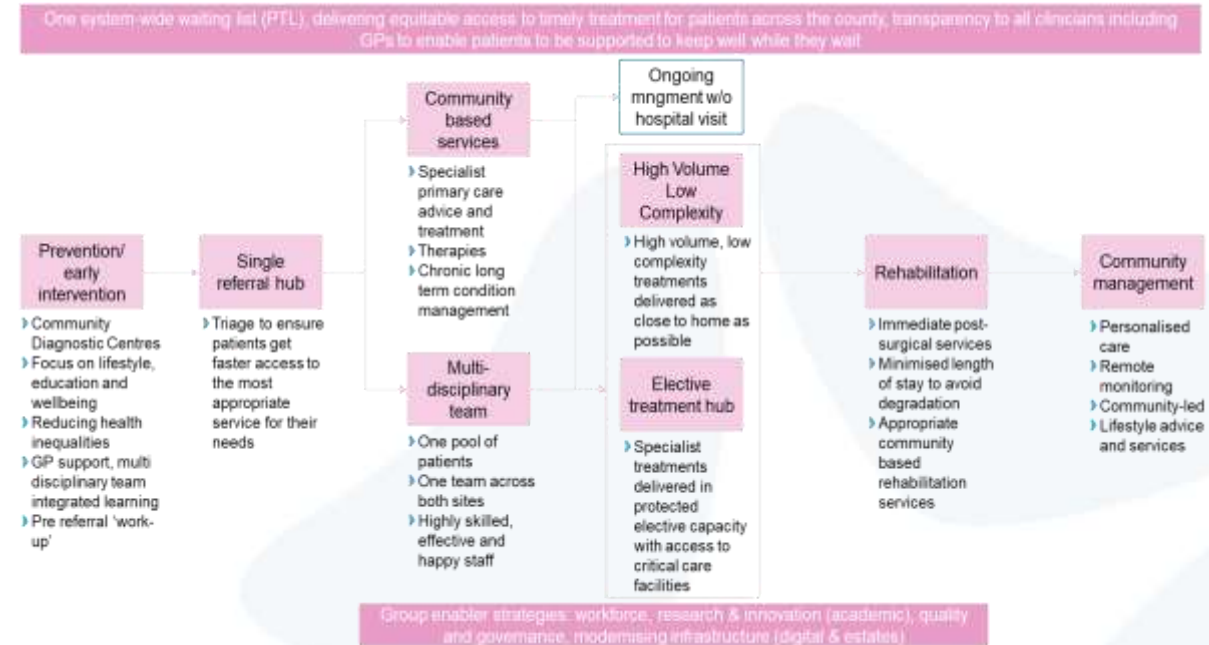
The Group is committed to delivering more care on a **day surgery** pathway at dedicated facilities developed in partnership with the Independent Sector and in Community Diagnostic Centres, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities**.

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.



Our proposed elective care pathway



As a lead provider for the Elective Care Collaborative in Northamptonshire, we commit to...

- ✓ Single point of access across the ICS to elective care
- ✓ Working to deliver top decile performance in GIRFT and model health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnosis
- ✓ Delivering the same service and experience in the county regardless of provider

Our strategy to improve integrated care pathways over the next few years

Our strategy for emergency and integrated care services

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

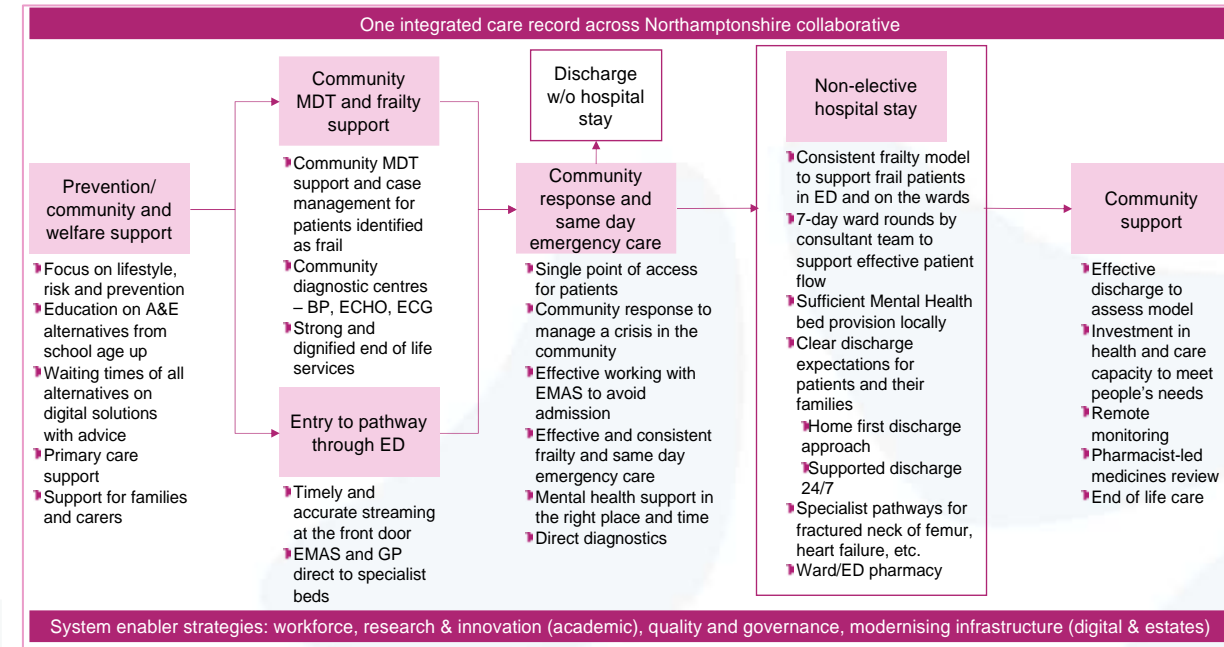
As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to...

- ✓ Develop pathways in partnership with the GP out of hours service, community teams and NHS 111 to direct patients who need emergency care to the right team, first time
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Expansion of Urgent Treatment Centres for minor injuries and illnesses,
- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

Our proposed emergency pathway



We will build on our University Hospital status, becoming a hub for innovation and research, attracting high calibre talent

Our ambition is to build on our University Hospital status and create a culture of innovation across our Group. Our teams will be supported to expand clinical research so that we can offer our patients access to cutting edge treatments.

As set out in our *Group Academic Strategy*, we are committed to learning and developing our services so we can provide the best possible care for our patients.

We will be ambitious in our plans in order to attract and retain high calibre, motivated and innovative staff who are best placed to deliver excellent patient outcomes.

Whilst all our services will be supported to increase their research activity, we will strive to **significantly expand research in our two centres of excellence: cancer and cardiology**

We will ensure that staff who are involved in the Centres of Excellence have equal access to training and education, so that all patients and staff benefit from these centres. This for example will include staff in training rotating between the sites so that they have access to both general and specialist training opportunities.



Our clinical ambitions

Our Group vision

Work with health and care partners to prevent ill-health and reduce hospitalisation

Develop Centres of Excellence across all services, starting with cardiology and cancer

Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency

Build on our University Hospital status to become a hub for training, research and innovation

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

To deliver these ambitions, we will increasingly collaborate across the hospitals, starting with our most fragile services

We will strengthen our collaboration with wider partners

Due to national policy, some specialties already work in wider clinical networks on a regional basis. Pathology and radiology are examples. We will initially strengthen collaboration across the Group which will then lead to a stronger position within Regional networks and enable greater investment and opportunity from the networks into the county.

Many of our patients need to travel to Leicester, Coventry or other specialist centres for specialist treatments, but these vary depending on which hospital the consultant works at. We will work consistently as a Group to establish single pathways to these centres and improve the seamless journeys of our patients into these tertiary centres.

In some specialties, we will immediately go further and establish single teams, some of whom we propose will operate from a single site.

We will move faster to single leadership and teams in some services

This is because of a number of reasons including:

1. It is a fragile specialty which due to workforce constraints or low activity volume, is unsustainable in its current form
2. There is significant variation in quality across sites with opportunity to collectively improve care through working collaboratively
3. There is existing collaboration with proven benefits to patients which clinical teams wish to strengthen

Where in the best clinical interests of patients, services may be consolidated on a single site, and where clinically safe, they will be delivered as close to patient's homes as possible and away from acute hospital sites

There are different models of collaboration

Single team service

A single team operating across both sites

Networked service

Services on both sites adopting a single way of working and model of care

Single site service

A single team operating predominantly from one site

Over time, all services will move to single team

We know we could not make these changes as individual hospitals

We believe that **working together** will help us better overcome the challenges we face and unlock greater opportunities for improving patient care and staff experience.

We have the opportunity to **combine our expertise and experience to provide outstanding patient care** at the right place and in the right time.

We are already a University Hospital Group and have the ambition to attract high calibre clinicians to join our teams delivering cutting edge clinical research and treatment for our patients. This will improve access to best practice care in Northamptonshire, and mean more patients can receive treatment in county, nearer to their homes.

Collaboration will reduce the current inequity in care and access to hospital services across Northamptonshire

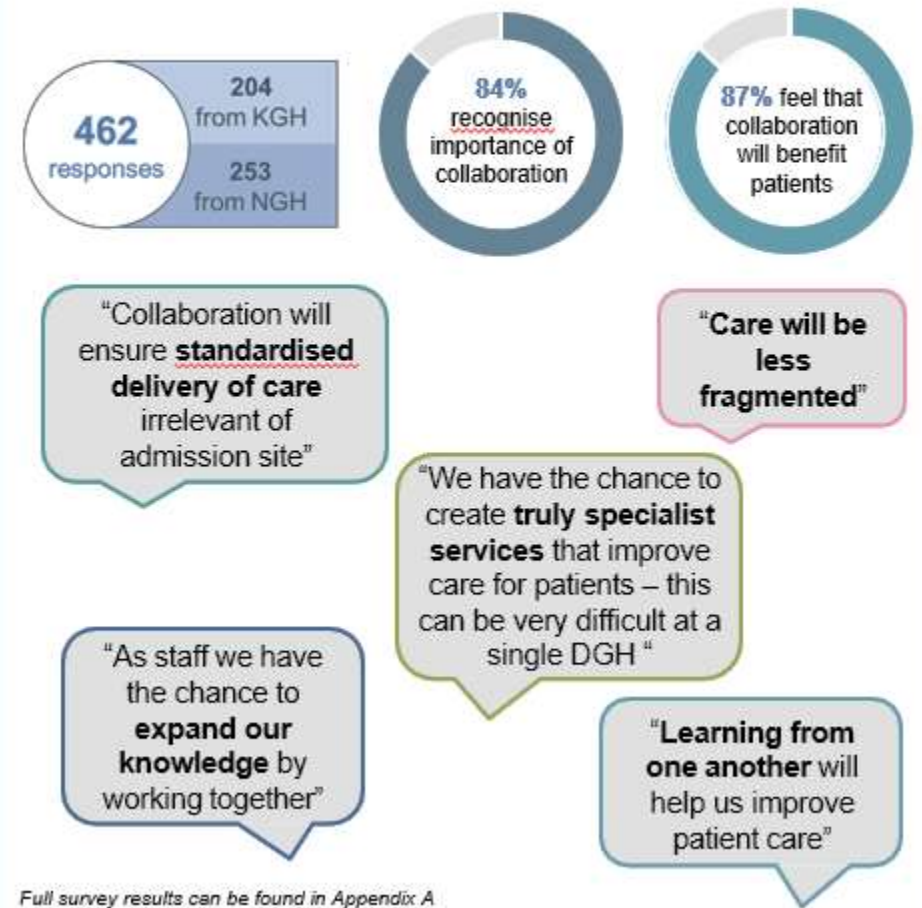
We are committed to **working with our system partners** to transform care across our county with a focus on prevention and proactive services.

When people become ill we will ensure they can quickly access the care and support they need in **the right place at the right time**.

We will harness the **latest digital technologies** to deliver care in the most appropriate and convenient location for our patients.



All-staff survey results (2021) demonstrate support for collaboration and understanding of how this will deliver our dedicated to excellence vision and mission



We will ensure that people will be able to access services, with many services provided closer to home

We will provide services as close to home as possible. We will work with our partners to promote good health and to reduce the need for people to attend hospital. Where people do need health care, we will work to provide as many of our services as possible closer to home. For example, we already have plans to deliver virtual outpatient appointments and chemotherapy at home and diagnostics in community diagnostic hubs. Most people who do need to visit hospital will continue to access services where they are currently.

We may propose moving or consolidating some services where there are strong clinical quality reasons for doing so. There are some part of this clinical strategy which propose moving or consolidating some more specialised services. These proposals for consolidation has been made by clinicians because of the evidence that this improves quality and outcomes for patients. This includes the proposals for the development of an elective care hub and proposals to consolidate cardiac surgery at a single site. Changes to the location of services will only be considered where:

- there is **a scarce resource at one site** or another that leads to unreliable service provision for patients now or in the future
- there is **clinical evidence** that co-locating clinicians and services drives up patient care and outcomes
- co-locating services brings **significantly greater operational and financial efficiency** to be re-directed into improving services for patients

We have already committed to maintaining **full emergency departments and maternity services at both Kettering and Northampton** hospitals, and the associated services required to deliver these effectively.

We will thoroughly assess the potential impact of any changes on access and travel, including any potential impact on inequalities and staff. Any possible impact on patients of moving services will be assessed by how the change:

- **improves care outcomes**, and service reliability for them
- **reduces health inequalities** and disease prevalence across Northamptonshire
- **affects travel times** as related to convenience and in ensuring **equitable access** to excellent services to all patients

Before moving any services, we will commission analysis to understand the potential impact of any changes on access to services, for example, for people (including staff) travelling by car or public transport or requirements for parking spaces. As part of this we will also look at the potential impact on deprived communities and people with protected characteristics such as the Black, Asian and Minority Ethnic (BAME) population and disabled people. People from inequality groups will benefit from the improvements in quality from consolidating services but we will make sure we understand any potential negative impacts such as on the cost of travelling by public transport or increased travel times. We will make sure that we engage with communities to fully understand any issues and develop a mitigation plan before we make changes.

Implementing our proposals will address the issues in our case for change

<i>Case for change</i>	<i>How our proposals address the case for change</i>
1. Meeting the needs of a growing and aging population	<ul style="list-style-type: none"> ✓ Working closely with system partners to deliver seamless care particularly for patients with complex conditions ✓ Closer collaboration for frailty and older people's services
2. Strengthening fragile services	<ul style="list-style-type: none"> ✓ Clinical integration will allow best practice to be shared across the Group ✓ Moving to single teams and/or single site working will allow us to use our staff and equipment as efficiently and effectively as possible ✓ Collaboration will combine the depth and breadth of our collective expertise allowing us to increase specialist service provision
3. Retaining and recruiting talent	<ul style="list-style-type: none"> ✓ Establish the Group as an attractive place to work offering a broad career portfolio to our staff with increased clinical research opportunities and complex service provision ✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working together, we will have the scale to explore and pilot new roles and workforce models
4. Implementing clinical best practice	<ul style="list-style-type: none"> ✓ Develop Centres of Excellence across all our services over time, building on the excellence that already exists, developing our services to become nationally known for excellent outcomes and patient experience. ✓ Increase provision of ringfenced beds on both sites and, in the longer term, aim to establish a dedicated elective unit(s) separate from emergency care
5. Reducing avoidable admissions and length of stay	<ul style="list-style-type: none"> ✓ Work closely with our health and care partners through iCAN, which is focused on improving outcomes for older people in Northamptonshire and reducing admissions and length of stay in hospital.
6. Reducing elective waiting lists	<ul style="list-style-type: none"> ✓ Improving the quality of our services and increasing provision of specialist care will reduce patients being transferred out of area with corresponding length waiting times ✓ The Group will work to establish a community diagnostic hub which should reduce waiting times for diagnostics ✓ We will work collaboratively to protect our elective capacity, providing timely care, minimising infection rates and reducing length of stay in hospital
7. Improving our financial position	<ul style="list-style-type: none"> ✓ Reducing vacancy rates and staff turnover will reduce expenditure on expensive agency staff ✓ Consolidation and single- team working will allow us to use our resources efficiently ✓ Implementing clinical best practice will reduce duplication and avoid waste

Enablers

May Richard
05/23/2022 18:06:15



We know there are a number of enablers which are critical to delivery of the clinical strategy

Clinicians were asked to select the top three enablers that would be crucial for them to deliver the clinical ambitions. These discussions, in addition to the all-staff survey results, were used to create a heat map.

Whilst all six of the enablers were deemed critical, it was felt that organisational development and communication, digital and integrated workforce were the three highest priority ones.

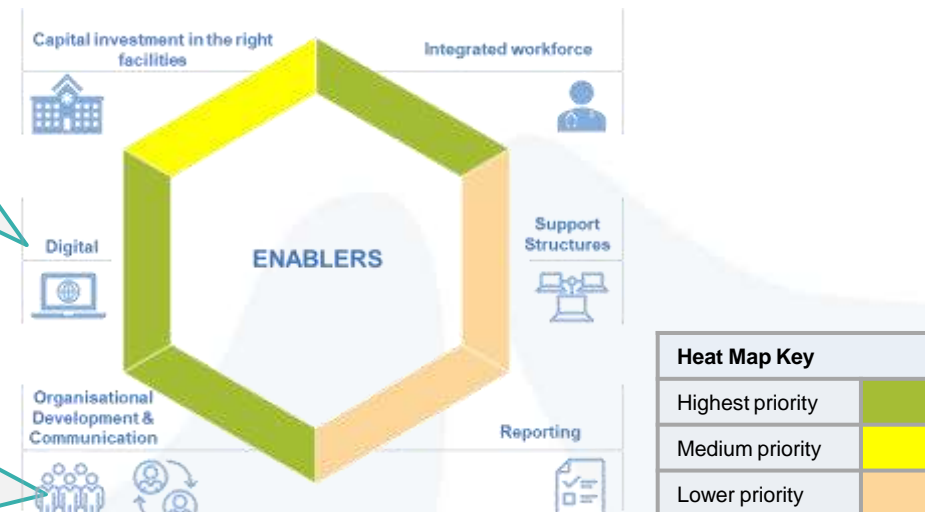
All-staff survey results 2021
The top 3 themes from the qualitative feedback (in order of prevalence) were:

1. **Culture** – need to remove the ‘us vs them’ mentality
2. **Communication about the change** – need regular honest communications to overcome fear of change
3. **Digital** – need shared systems to allow easy communication and seamless patient care

We have done an initial assessment of the potential financial impact of our proposals, which is shown in Appendix A

Integrated digital systems were consistently seen as a key enabler by clinicians along with the structures to allow integrated teams across sites

Culture and communication were perceived by survey respondents as the biggest barriers to collaboration



Top three priority enablers as voted for by clinicians (workshops 2021)

Enablers	Diagnostics	Cancer	Women & Children's	Elective	Emergency
Capital investment in the right facilities	3		3	2	
Digital	1	2	2	1	1
Organisational Development and communications	2	3	2	2	2
Integrated workforce		1	1	1	2
Support structures			3		3
Reporting					

Our clinical strategy will be supported by changes in digital, workforce, research and education and estates

- ▶ We need the right facilities to accommodate **consolidation of services** (clinical and back office)
- ▶ We need to address our **critical infrastructure risks** to provide a fit-for-purpose care setting
 - ▶ We need to expand our **community facilities** to deliver care outside the acute setting, where appropriate
- ▶ We need robust **data sharing** to allow easy comparison of care across the system
- ▶ At a system level we need a **shared care record** and **integrated care systems** so our staff and patients can move seamlessly between sites
 - ▶ We need integrated digital systems to enable collaboration e.g. joint MS Teams, joint address books
- ▶ We need to ensure we have a system- wide **culture of clinical collaboration**
- ▶ We need to provide **change management support** to our teams
- ▶ We need to continue **engaging with our staff and patients** throughout implementation of the strategy
- ▶ We need comprehensive leadership development programme to grow a pipeline of group and system leaders
 - ▶ We need to market our Group to raise our organisational profile

Capital investment in the right facilities



Digital



Organisational Development & Communication



Integrated workforce



Support Structures



Reporting



ENABLERS

Heat Map Key	
High priority	
Medium priority	
Lower priority	

- ▶ We need **structures and policies** in place that enable cross-site working
- ▶ We need to deliver **shared training** and development opportunities, bringing in system partners where appropriate
- ▶ We need to begin **shared workforce planning** to ensure we have the capacity to deliver our group ambitions
- ▶ We need to carry out a Group **skill-mix review** –esp. opportunities for new Group roles or system-wide roles
- ▶ We need shared **clinical governance** to oversee implementation of clinical integration
- ▶ Over time we need to **integrate our back office** structures and systems (HR, IT, Finance)
- ▶ We need a shared **reporting process and metrics** to allow like for like comparison and to highlight future collaboration opportunities
- ▶ We need to establish a **shared quality improvement process** to tackle unwarranted variation

We have a robust digital plan in place that we will accelerate where possible

We aspire to be the most Digital Hospital Group in England by July 2023. Of particular relevance to the Clinical Strategy are our commitments to:

- ▶ Have a **Group Electronic Patient Record** so that our two hospitals can share the same record, viewable from any location on any device
- ▶ Implement **single sign-on** across all sites for our staff
- ▶ **Implement the Northamptonshire Care Record** (NCR), fully supporting the digital strategy for the Northamptonshire Integrated Care System (ICS)
- ▶ Work together and with partners to **enable digital care for patients** across the Northamptonshire Health Economy in a joined-up and integrated care system
- ▶ **Hold virtual appointments** for our patients where safe and appropriate.
- ▶ **Virtually monitor our patients' condition**
- ▶ **Join our records up** so our patients have access to their records across the health system
- ▶ Develop **dashboards that are intuitive and staff can use** to revolutionise decision- making
- ▶ Develop **universal NHS.net and Office 365 accounts** across all sites for our staff

6 | Our five promises for our staff and patients

Our patients, their families and carers

We will:

- ✓ Join our patient records up so our patients have access to their health record across the whole health system
- ✓ Put our patients in control of their care, making it easy for our patients to receive care in a way that works for them
- ✓ Invest in technology that helps us to monitor our patients' condition wherever they are, meaning our patients can be cared for at home
- ✓ Make sure our systems are simple for our patients to use and provide support if people are struggling
- ✓ Protect our patients' data and information

Our staff

We will:

- ✓ Work with our staff to understand how digital solutions can be designed to improve care and make our workplace a better place to work
- ✓ Reduce the number of different systems and log-ons our staff need to use to do their jobs
- ✓ Make sure our staff have the appropriate kit and software
- ✓ Make sure our NHS.net and Office365 accounts are joined up across the Group so our staff can work together more effectively
- ✓ Provide amazing training and support to our staff

7 | Our themes within the Digital strategy

Empowering our patients, their families and carers

Supporting our staff

Doing the basics to have a solid foundation to build on

Delivering clinically-led solutions

Providing insight to support decision making

Working with our health and care partners

Connecting our systems

Collaborating for a Shared Purpose



We have a robust Group People Plan in place to support the development of our workforce

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 to not only 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 in 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 the staff survey feedback we have received.

Collaborative working will require courage from all our staff including leaders, to bring together services in ways which will benefit our patients. This will require new Group roles, starting with Clinical Directors, who will be supported in developing joint ways of working across our sites.



Our People pledges

Health & 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 Partnering

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

People Development

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

People Processes

Colleagues will be able to access systems to enhance their work experience and flexibility, with training on either site recognised across the Group

Organisational Development & Inclusion

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

Volunteering

We aspire to have the largest volunteer base within the Group across the NHS with volunteers that are representative of the population of Northamptonshire providing opportunities for our community.

We already have plans in place to recruit and retain a high quality and motivated workforce

Our Group strategic priority

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

Our ambition

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

Commitments

- ▶ Dedicated car parking and travel plan reviews across both sites
- ▶ Access to psychological support internally and within the county
- ▶ Physical places on site to work out, rest and relax, with refreshments
- ▶ Staff inclusion networks, leading to change and support increasing diversity in senior roles and development opportunities
- ▶ Increased International Recruitment to support current vacancies
- ▶ Development programmes which are consistent and enhance your career
- ▶ A resolution of a contractual query within 48 hours
- ▶ Having the largest number of volunteers in the NHS supporting across varied roles
- ▶ A shared temporary staffing service with access to additional experiences
- ▶ Consistent policies across both Trusts



Ignite our Voice strategy

- ▶ Enhance staff development, diversity and inclusivity through our innovative Leadership programmes and fellowships
- ▶ Nurses, Midwives and AHPs will be supported to lead on research in clinical academic pathways
- ▶ Nurses, Midwives and AHPs have received training, coaching and support to lead Quality Improvement focussed on reducing harm and enhancing patient experience
- ▶ We will ensure all clinical areas will have progressed towards achieving the highest level of attainment in our respective accreditation programmes and develop a multi-professional approach



Staff also highlight culture and communication as important if we are to achieve collaboration at pace

Addressing our culture and ensuring we communicate regularly with our teams came out as key priorities to address from our all-staff survey

Key themes

- **Culture:** needing to remove the 'us vs them' mentality
- **Communication:** need for regular open communication with staff and patients

...we need to address the concerns of our staff through a comprehensive communications and change management process

All-staff survey results (2021) – culture and communication identified as the key barriers to collaboration currently

'An **us and them** culture'

'There's a **competitive edge** to collaboration'

'Staff working on the shop floor not being consulted – **we need to be part of the development**'

'Need to understand if this will lead to **job losses**'

'**Culture** – one hospital told it is not good enough, the other perceived as snooty and superior'

'We need to remove the '**we are better than you**' attitude'

'Need an **open dialogue**'

'**History of competition** between the two trusts – this is a chance to develop a partnership and feeling of togetherness'

'We currently have two separate identities – **needs to be one identity**'

'This vision can only work with the **staff on board**'

'Staff are anxious about **travel times and job losses** – need more listening to Trust employees'

We have recently become an academic university hospital and want to build our academic and research reputation

Our ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

The Academic Strategy sets out how we will:

- ▶ Attract, retain and develop the country's top talent. Putting our staff and patients at the heart of its development by improving the training and development we offer
- ▶ Enable us to work more effectively with our health and care partners to collectively improve access, quality and consistency across local patient pathways and services
- ▶ Establish robust estates and digital infrastructure to support innovative clinical education and research
- ▶ Foster a culture of inclusivity and learning, with strong leadership championing the strategy
- ▶ Increase the number of patients included in clinical trials and success of funding from research networks, grant giving bodies and commercial sources



We are already creating new academic posts, including Associate Professorships and plan to develop more. Our vision for the Academic Strategy is to **improve patient care through excellence in education and research**. We will achieve our vision by delivering the following eight objectives:

- ▶ Partnering with University of Leicester to become a University Teaching Hospital Group
- ▶ Foster a culture of learning, research and innovation with strong leadership championing the strategy
- ▶ Provide a multi-professional clinical academic programme and improved training and development offer for staff
- ▶ Increase opportunities and resources for innovation and research to be incorporated at the core of our work and clinical practice
- ▶ Build academic, research and digital infrastructure to support and grow innovative clinical education and an increased research portfolio
- ▶ Increase success of research funding from research networks, grant giving bodies and commercial sources
- ▶ Develop closer alignment with all our University partners
- ▶ Develop and promote the academic brand

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We also have an opportunity to re-build our hospitals to support the delivery of high-quality services

Our current estate

Both hospitals have an aging estate that does not provide the experience we would like for our patients or for our staff. Our clinical services are not able to always be co-located next to each other meaning staff and patients sometimes have to travel across our hospital sites. In some cases patients are cared for in cramped environments with limited natural light or privacy and dignity. For our staff, they often have to work in less efficient ways to treat patients effectively and keep patients safe.

Our Estates Strategy

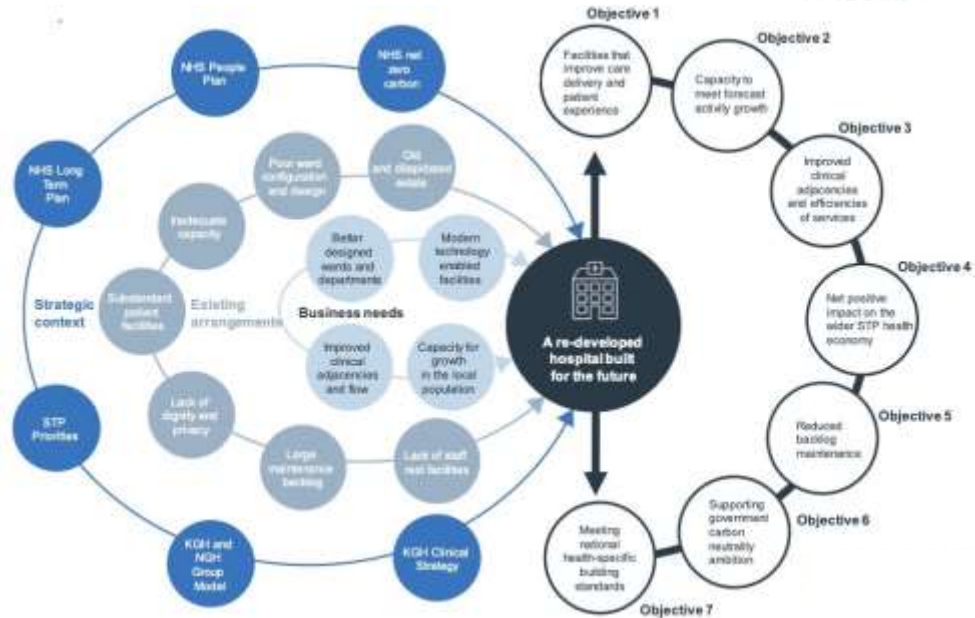
We will need to find ways to improve the current estate we have, and a Group Estate Strategy will follow to deliver the Group clinical strategy:

- Kettering Hospital** submitted a Strategic Outline Case in January 2021 for a large re-build of the hospital incorporating a new ED and new wards, theatres, critical care and day services. This scheme is part of the national New Hospitals Programme and is on track to deliver by 2030.
- Northampton General Hospital will** open a new state-of-the-art critical care unit by summer 2022 following earlier developments of a designated children's emergency department and new main entrance in 2021. We are preparing a full site development plan which will be informed by the clinical strategy and which will set the blueprint for future bids for funding on the site.

During 2022/23, we will set out the estate implications of this clinical strategy and develop a Group Estate Strategy to support delivery.



Our plans for KGH



Our new main entrance at Northampton Hospital



Bed and theatre capacity and demand

Bed capacity and demand

Independent modelling of capacity and demand demonstrated that the existing provision of adult inpatient beds on each site (488 KGH, 600 NGH) is less than the modelled baseline requirement (497 KGH, 615 NGH) to achieve a 92% occupancy rate, meaning there is a current shortfall of 10-15 beds on each site.

Demographic pressure of around 2% per year is forecast based on population projections, equivalent to 10-15 adult inpatient beds per hospital per year or 400 beds by 2037/38.

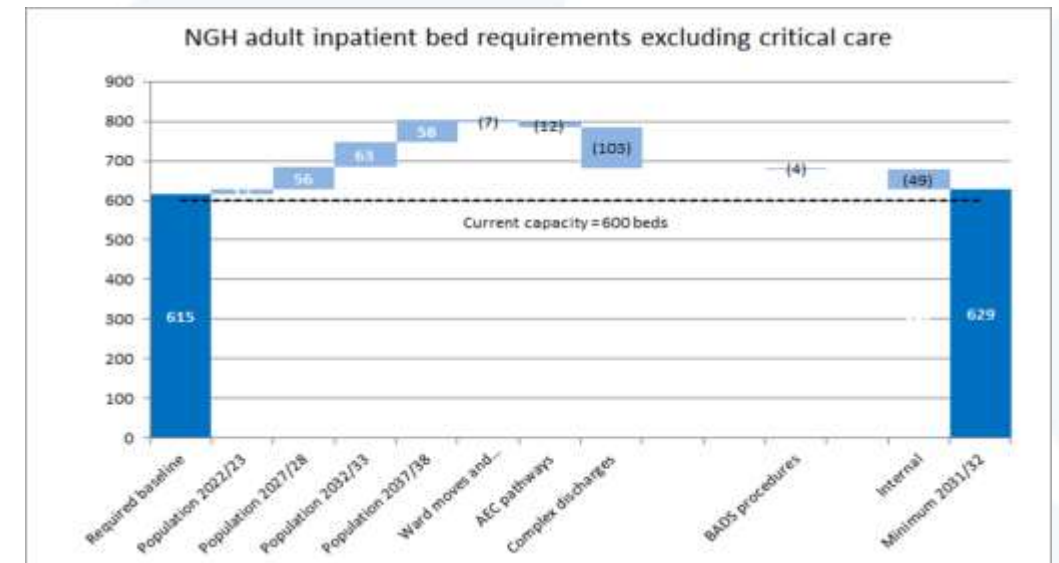
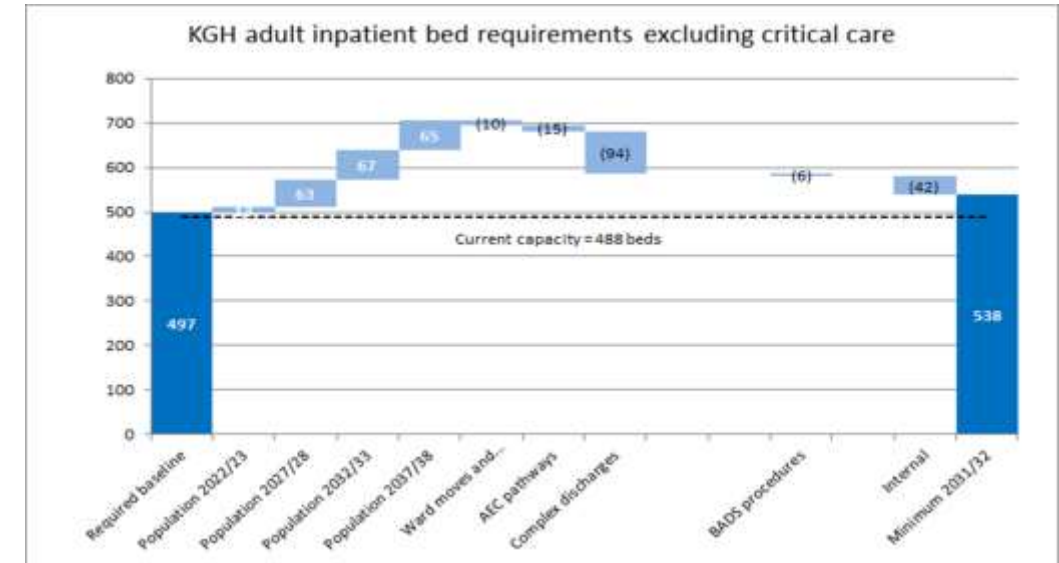
We will address through hospital and system wide opportunities to reduce the time our patients spend in hospital.

In hospital opportunities include:

- 27 beds relating to ambulatory emergency care pathways
- 10 beds relating to elective surgery
- 12 beds as a result of reconfiguring the existing acute bed base
- Benchmarking Length of Stay between NGH and KGH (meet the best of either site) would release 150 beds

System wide opportunities include:

- 45 beds relating to mental health needs
- 12 beds relating to end of life care needs
- 22 beds relating to delayed care home transfer
- 54 beds relating to other frail/elderly need



Bed and theatre capacity and demand

Theatre capacity and demand

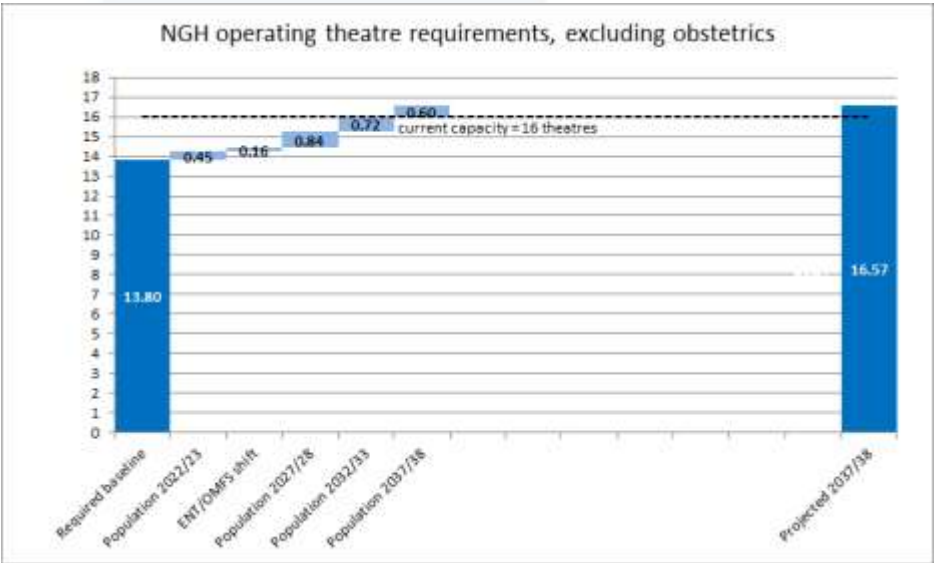
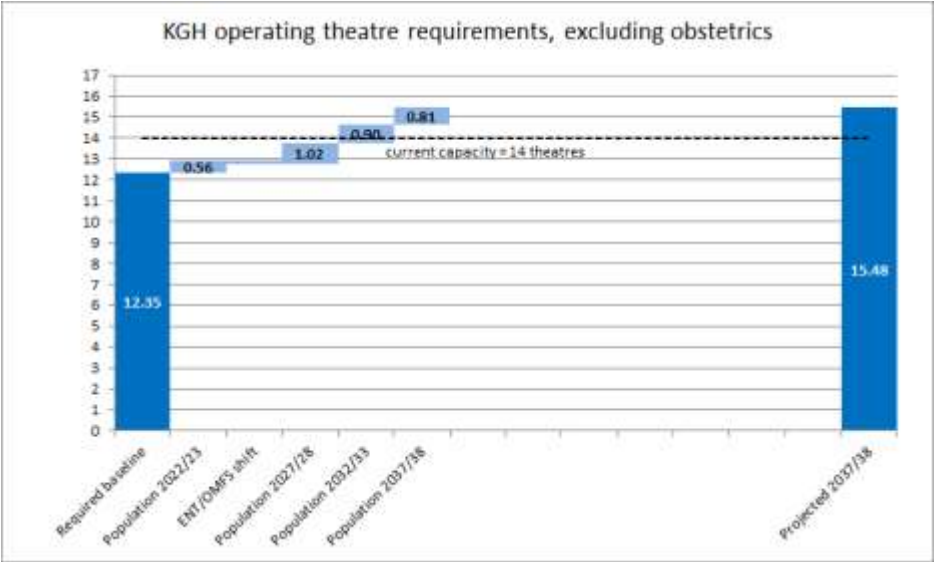
There are currently 14 operating theatres at KGH and 16 at NGH, including emergency and trauma, excluding obstetrics.

The modelled requirement to accommodate 2022/23 recurrent demand is 12.74 theatres at KGH and 14.41 at NGH.

Over the 15-year planning horizon there is a modelled requirement for 2 emergency theatres and 1.5 trauma theatres on each site. The requirement for planned surgery is:

- 119 half-day sessions per week at KGH
 - 133 half-day sessions per week at NGH
- which assuming 5 days x 2 sessions for planned surgery would require 16 theatres in total at KGH and 17 at NGH.

Extended operating days and/or core weekend sessions would reduce the theatre requirement.



The Group Transformation and Quality Improvement team will drive forward these strategic priorities

Executive leadership of Group priorities and Strategic Initiatives

- Large strategic programmes aligned to Group vision, mission, values and priorities
- Executive-led change and championing transformation and quality and service improvement

Transformation delivery

- Identification of root causes and design of programmes
- Supporting delivery of change, transformation and quality improvements
- Delivery of Group priority programmes
- Delivery of Strategic Initiatives (where identified by execs)
- Supporting divisions to deliver quality and service improvement

Centre Dedicated to Excellence

- Empowering, supporting, and building capability and confidence for front-line staff to deliver continuous and quality improvement

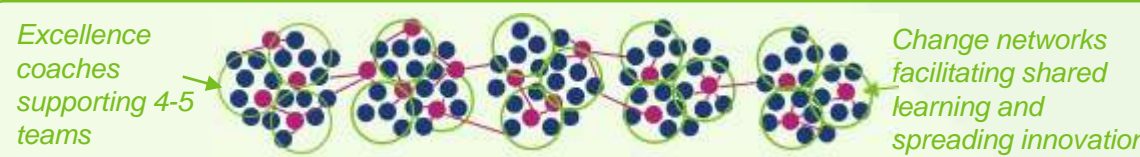


Key annual improvement priorities identified through Integrated Business planning, supporting quality and service improvement

3-4 large-scale change programmes running simultaneously, focused on the Group priorities

Divisional Transformation business partners supporting the delivery of quality and service improvement

Larger projects identified by front-line staff supported by transformation delivery



All staffed trained in improvement and change techniques

Centre Dedicated to Excellence training academy

Strategic Portfolio Office

- Tracking overall delivery of the portfolio and the impact on key metrics, including quality metrics
- Managing the Group portfolio aligned to the Group strategy and the Group priorities, with flexibility to change as necessary
- Ensuring programmes strive to improve quality and experience of care
- Providing expertise and targeted support to programmes where needed, accelerating delivery
- Managing the impact of change and celebrating successes

Our clinical strategy aligns and supports our environmental and sustainability ambitions

The Lancet¹ reported that climate change was the biggest threat and the biggest opportunity for human health of the 21st century – threatening to undo 50 years of positive public health achievements. Our clinical strategy aims to deliver safe care now and for the future by taking an environmentally responsible approach to the delivery of patient care. As a Group, we will achieve net zero carbon by 2040. Whilst there are general measures we will take across the Group to tackle the climate crisis, there are some specific actions related to direct patient care we will take as part of this strategy:

- ▶ Reduce the impact of patient and staff travel to sites through increased use of one stop clinics and virtual (video) appointments and “my Pre-Op” before elective procedures
- ▶ Provide environmental information to clinicians who prescribe inhalers and Entonox
- ▶ Adopt a net zero approach to any development of new or major refurbishment of buildings
- ▶ Reduce reliance on single use plastic, nitrous oxide and desflurane
- ▶ Reduce waste of high environmental impact medicines
- ▶ Expand digital record keeping to reduce paper use and travel, while improving continuity of care for our patients
- ▶ As part of our university hospital status, act as a test bed for sustainable care solutions from Academic Health Science Networks (AHSNs) and the universities

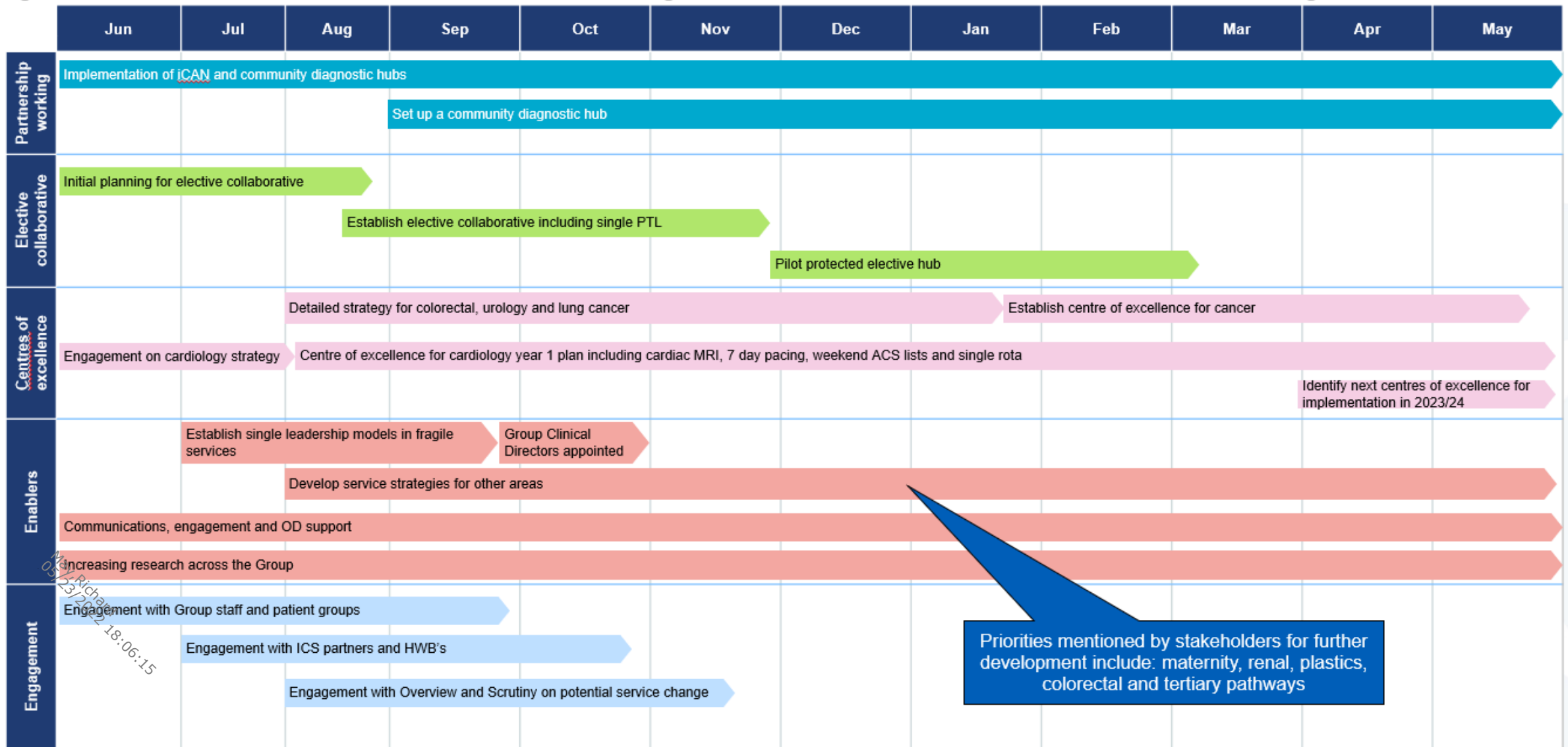
Source: Lancet countdown report, October 2021



Roadmap to implementation

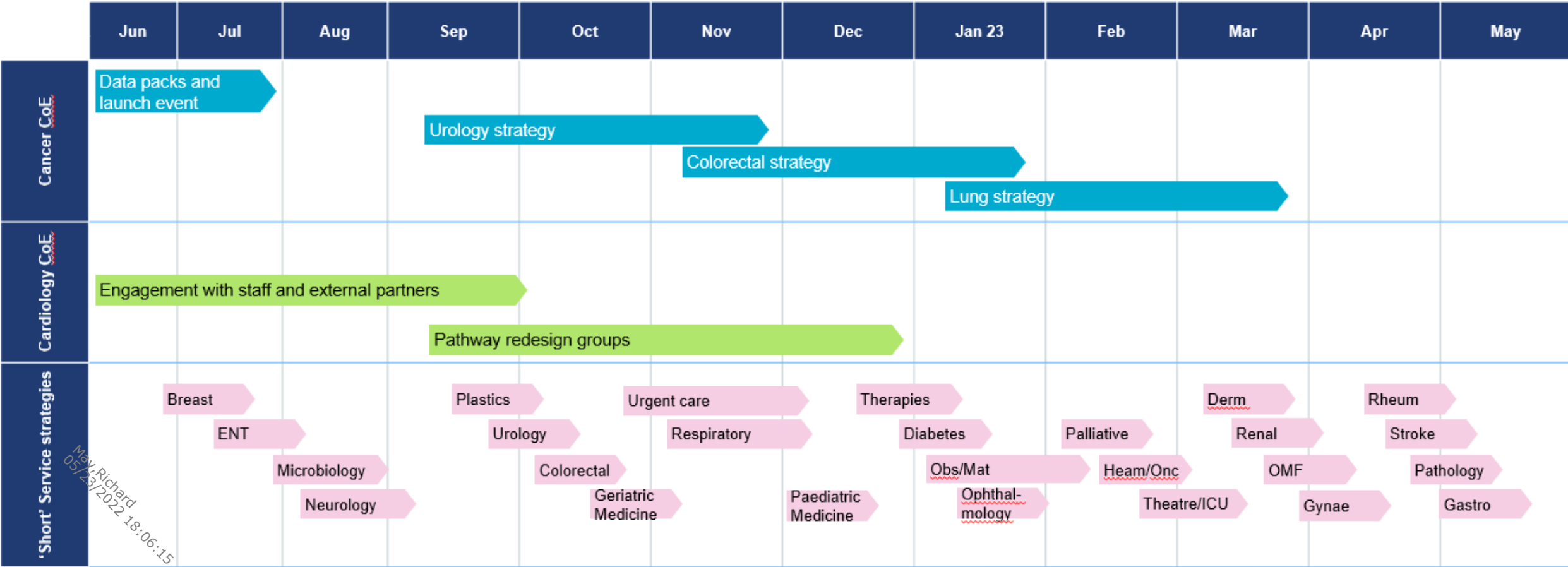


Over the coming year, we will focus on developing clinical service strategies and start to implement changes



A priority is to develop supporting clinical service strategies

Throughout 22/23, as we work with staff and patients to develop the next level of detail on our Centres of Excellence and Fragile Services, and we roll-out high level service strategies for all our services, we will develop a detailed roadmap of the work required over the next 3-5years. This will ensure we can align the strategies with the enabling works in particular of what the estate plans need to look like to support implementation.

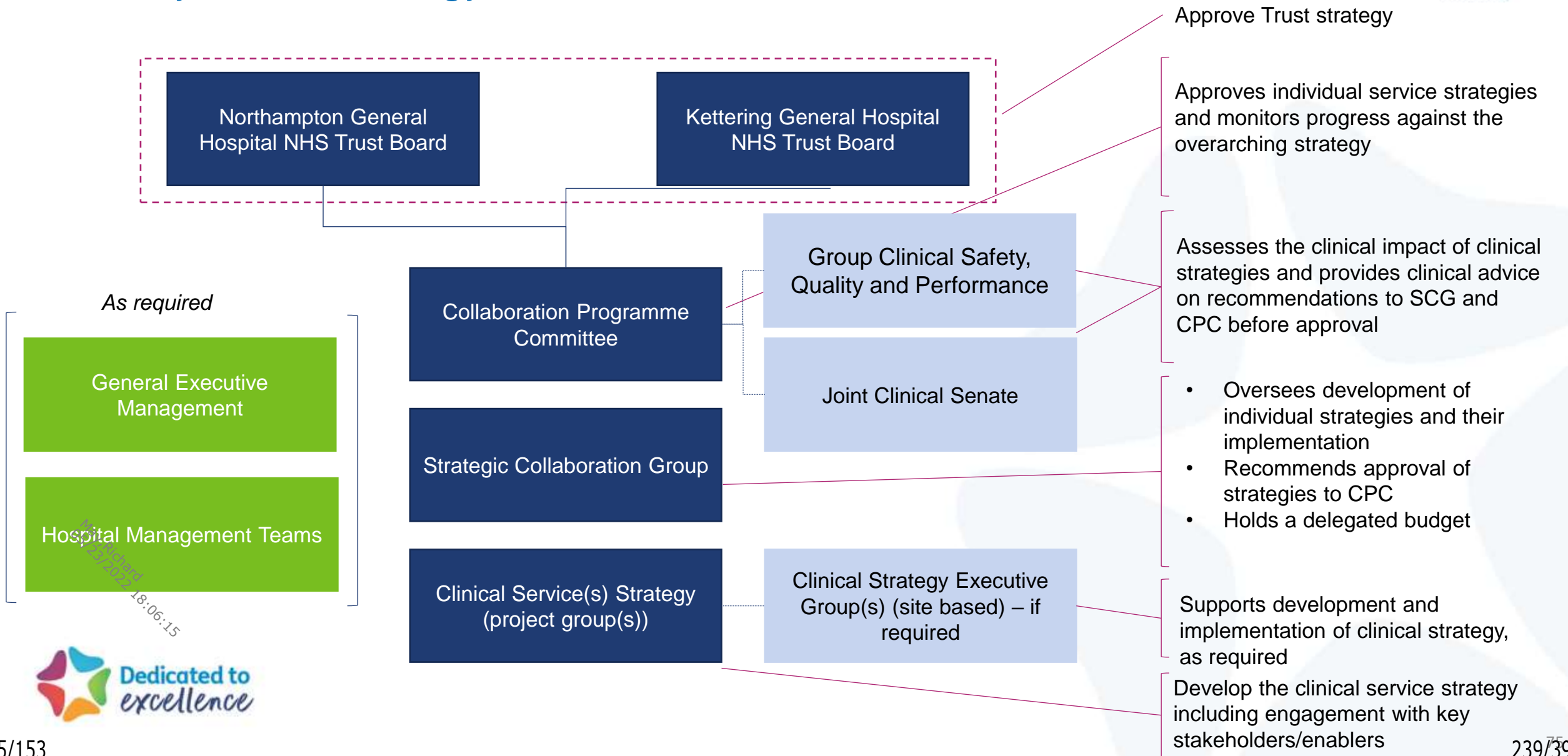


Over the next few months, we will develop a more detailed service strategy for each clinical service

Section:	Content:
SWOT analysis	<ul style="list-style-type: none">• A few key bullet points of the strengths, weaknesses, opportunities, and threats to the service
Vision	<ul style="list-style-type: none">• High level statement stating the aims of the service with supporting Target Operating Model
Aims	<ul style="list-style-type: none">• Point by point statement of the outcomes required to deliver the vision
Objectives	<ul style="list-style-type: none">• Year by year objectives to deliver the strategic aims• Key measurables for each stage• Enablers to deliver the strategy
Interdependencies	<ul style="list-style-type: none">• Support required from other services including clinical and non-clinical e.g. digital, workforce, OD, transformation

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We have developed a robust governance structure to support delivery of the strategy



We have identified resources to support delivery of the clinical strategy

- ▶ Collaboration strategy development and implementation requires support to the clinicians and operational teams.
- ▶ The early adopters highlighted the need for organisational development, transformation, strategy, finance, workforce and project management alongside communications, patient engagement and analytical support
- ▶ Collaboration cannot be an add on to current operational and clinical roles.
- ▶ No additional resources are required within people, finance and digital as they have recently been restructured to support delivery of their strategies. Operational teams will be involved in the development of the strategies and responsible for implementation.
- ▶ Around 25-30% of teams will require support to fully develop their strategies which equates to 2 WTE organisational development (OD) leads dedicated to the process in 2022/23.
- ▶ We have already started delivering a specific training programme for our clinical leads, as they will require additional and specific leadership skills to bring teams together, agree and develop strategies and implement change. Clinical teams will also need project support and protected clinical time to develop the service strategies.
- ▶ We have also agreed to invest in the following implementation 0.5 WTE project resource for each service in 2022/23 to support development of the service strategies.

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We have identified priority programme risks and mitigations in delivering this clinical strategy

Type	Risk	Mitigation
Strategic	Delays to strategy development and implementation due to requirements for additional OD	OD and training plan in place. On-going support to GCDs as required
Strategic	Capital funding to support proposals not available/unaffordable	Initial financial review undertaken. More detailed finance modelling in 2022/23
Strategic	Delays in implementing other Group strategies (e.g. People Plan, Digital Strategy) impact on dependencies in the clinical strategy	Dependencies have been mapped. On-going liaison to understand impact of any delays
Operational	Patient confusion around location of services during implementation of strategy	Communications and engagement plan developed
Operational	Difficulties in recruiting and retaining staff whilst strategy is being developed and implemented	On-going staff engagement. Move to Group contracts
Programme	Operational pressures mean that clinical staff are unable to engage in the programme	Additional resources identified and protected clinical time
Programme	Requirements for consultation result in implementation delays	Early engagement with Health Overview and Scrutiny
Programme	Lack of resources to support service delivery and/or implementation	Additional resources agreed



Next Steps

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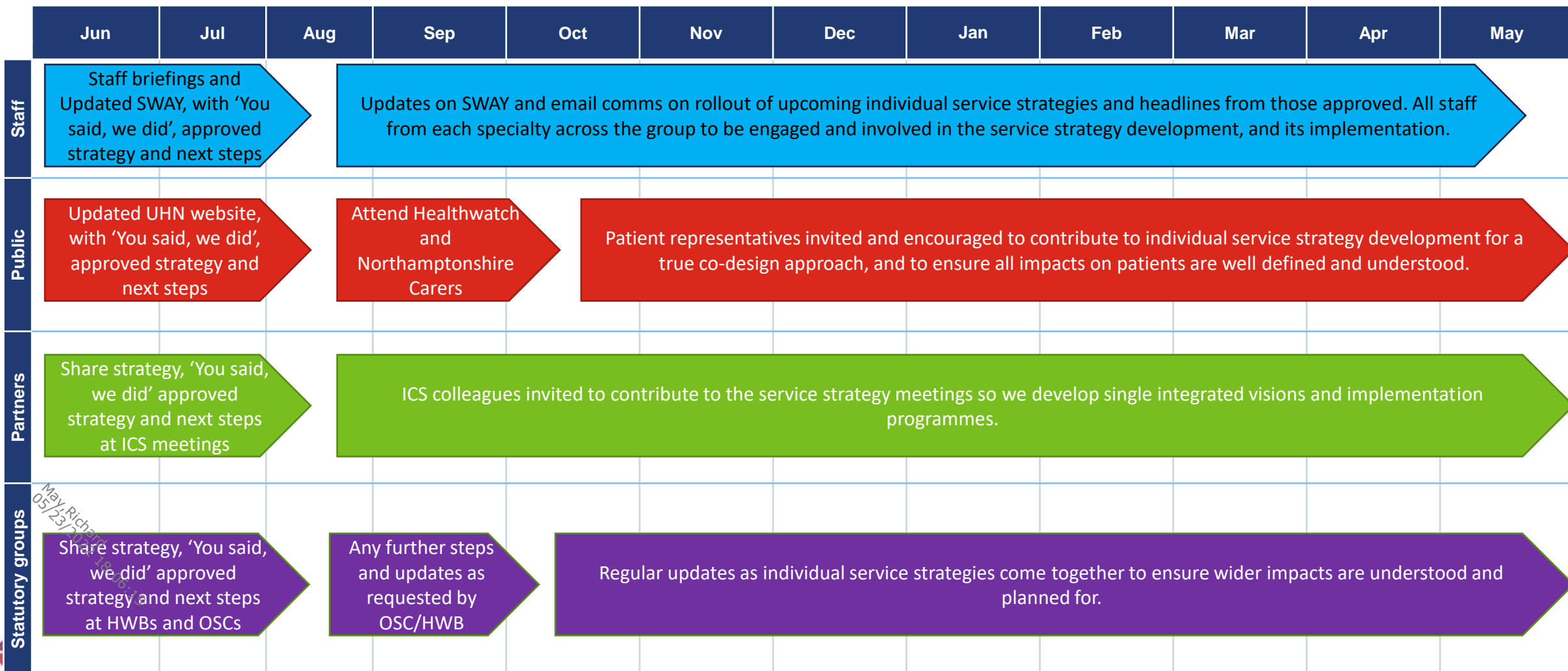
Our plans for communicating and implementing the strategy



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Engagement Next steps

As we move forward in further developing the detail around the priority ambitions we have set out in this document, and in working with wider specialties in developing their future operating models, we remain committed to continuing the strong engagement and co-design that has been at the centre of the development of this document and our journey so far.



May/ Richard
05/23/2024 10:07

Centre of Excellence: Cancer

Mary Richard
05/23/2022 18:06:15



Cancer services are currently provided on both sites, with several specialist services provided outside of county

Cancer care is currently provided at both hospital sites, with some specialist services on a single site

Cancer Services @ KGH

- ▶ Diagnostics
- ▶ Oncology (medical)
- ▶ Haematology (malignant and non-malignant)
- ▶ Chemotherapy (NGH-based oncologists)
- ▶ Immunotherapy
- ▶ Systemic Anti Cancer Treatments (SACT)
- ▶ Supportive treatment e.g. blood transfusions
- ▶ Breast screening
- ▶ Surgical cancer treatment
- ▶ Total Lung Health checks
- ▶ Bowel cancer screening unit

KGH currently provide the Bowel Cancer Screening Service for Leicestershire, Northamptonshire and Rutland area

Cancer Services @ NGH

- ▶ Diagnostics
- ▶ Oncology (medical)
- ▶ Haematology (malignant and non-malignant)
- ▶ Chemotherapy
- ▶ Immunotherapy
- ▶ Systemic Anti Cancer Treatments (SACT)
- ▶ Supportive treatment e.g. blood transfusions
- ▶ Breast screening
- ▶ Surgical cancer treatment (inc. all head and neck)
- ▶ Direct emergency admissions for patients undergoing chemo treatment

NGH provides radiotherapy, chemotherapy and brachytherapy for KGH, NGH and MKUH

- ▶ Northamptonshire Breast Service working across KGH and NGH with a single rota and pooled clinical capacity to deliver one stop clinics
- ▶ Surgery is provided by two completely separate teams, chemotherapy is a single team working across two sites
- ▶ Some specialist services provided at Leicester (pelvic, lung, upper GI), Oxford (brain), Nottingham (sarcoma)

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Local and national strategies set the strategic context for our proposals for cancer services

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- ▶ **NHS Long Term Plan:** sets the ambition that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% to 75% of cancer patients. The NHS will also continue pioneering precision medicine such as CAR-T cancer therapies.
- ▶ **Health and Care white paper:** supports greater integration across local health and care organisations through the establishment of integrated care systems
- ▶ **Diagnostics: Recovery and Renewal 2020:** recommends implementation of rapid diagnostic centres (RDCs) to offer a single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer.

GROUP/ REGIONAL

- ▶ **East Midlands Cancer Alliance:** evidence suggests access to and provision of robotic surgery provides a number of benefits and can offer safer surgical procedure and smooth recovery for patients. Supporting partners to scope demand and benefits for robotic surgery across the region.
- ▶ **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24:** ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- ▶ **Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- ▶ **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- ▶ **The KGH Clinical Strategy 2020:** against a background of great performance historically, KGH are delivering against more stringent cancer targets. Strategy to address these includes a delivery plan for radiology services and overall increase in hospital capacity.
- ▶ **The NGH Strategy 2019-24:** acknowledges the challenges with meeting national cancer targets and sets the ambition to deliver high quality and timely cancer pathways. NGH want to deliver cutting edge cancer care by introducing robotic surgical techniques for cancer surgery and improving patient experience with the build of Maggie's centre.

Our case for change shows that there are several issues that we must address

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for cancer services.

There is growing demand for services

- ▶ Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 year olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1].

Patients are not always satisfied with our service

- ▶ National Cancer Survey 2020 – ‘Overall how would you rate your care?’ KGH was below the national average whereas NGH was average.
- ▶ Patients are moved between teams and information is transferred, meaning care is not seamless

We can become a centre for academic excellence

- ▶ According to the National Cancer Survey 2018 – only 16% of patients at KGH and 20% of patients at NGH were invited to participate in cancer research following their diagnosis (national average is 30%)
- ▶ Increasing research trials across the group will help us to attract and retain staff.



We need to invest in new technology and ways of working

- ▶ Opportunity for the Group to improve care and patient outcomes by focusing on specialist areas e.g. robotic surgery
- ▶ Opportunity to improve patient experience by sharing best practice and adopting new models such as PIFU

Further integration with community partners should improve outcomes

- ▶ Need to provide timely accessible care for patients across the county (at home/ in community) which requires greater integration with system partners
- ▶ Integration could improve front of pathway e.g. diagnostics in community and back of pathway e.g. supported discharge and community monitoring

Delivery of emergency care has a continuing impact on planned care

- ▶ Need to consider the delivery of hot and cold sites, to ensure planned care can continue despite pressures on emergency care
- ▶ Operating as two teams restricts our opportunity to move patients between sites

We have difficulty recruiting and retaining staff

- ▶ High staffing vacancies for oncology and haematology & poor retention of staff
- ▶ Recruitment challenges for medical staff leading to poor levels of timely access to advice and treatment at KGH
- ▶ Challenge recruiting cancer nurse specialists [3]
- ▶ Challenges in junior doctor satisfaction and support and training

We have insufficient volume of activity in some services

- ▶ As individual hospitals, we have insufficient activity to deliver the most specialist services
- ▶ Lower throughput can have an impact on outcomes and staff retention

Sources: [1] [ONS Population Projections 2018-2028](#) [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20 [4] National Cancer Survey Results by Trust

We have an ambition to develop a cancer Centre of Excellence for Northamptonshire

Our ambition for a cancer Centre of Excellence

The cancer Centre of Excellence will be an **integrated service** that the Group is known for nationally owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and providing a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility of cancer care**

As a Cancer Centre of Excellence, we commit to...

- ✓ Achieving top 10%* nationally for a number of patient experience and outcome metrics, including Cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

The cancer Centre for Excellence will deliver our key principles for excellent care

- › **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- › **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- › **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- › **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- › **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- › **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- › **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- › **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- › **Best use of available resources:** so that we can provide the best service we can with the resources that we have

To deliver the cancer Centre of Excellence, we will pursue four themes, underpinned by three enablers

Themes

Research and innovation	Treatment and care	Modernising infrastructure	Sustainability
<ul style="list-style-type: none"> Access to clinical trials Preventing cancers Detecting cancers Pathways Digital 	<ul style="list-style-type: none"> Integrated care models Risk stratified pathways Collective expertise Repatriation of activity Use of genomics to improve diagnostics and treatment plans 	<ul style="list-style-type: none"> Redevelopment Co-location Investing in clinical capacity/ green sites Diagnostics Genomic medicine Information Digital technology 	<ul style="list-style-type: none"> Operational flexibility Stage migration Prevention/ screening/ cessation

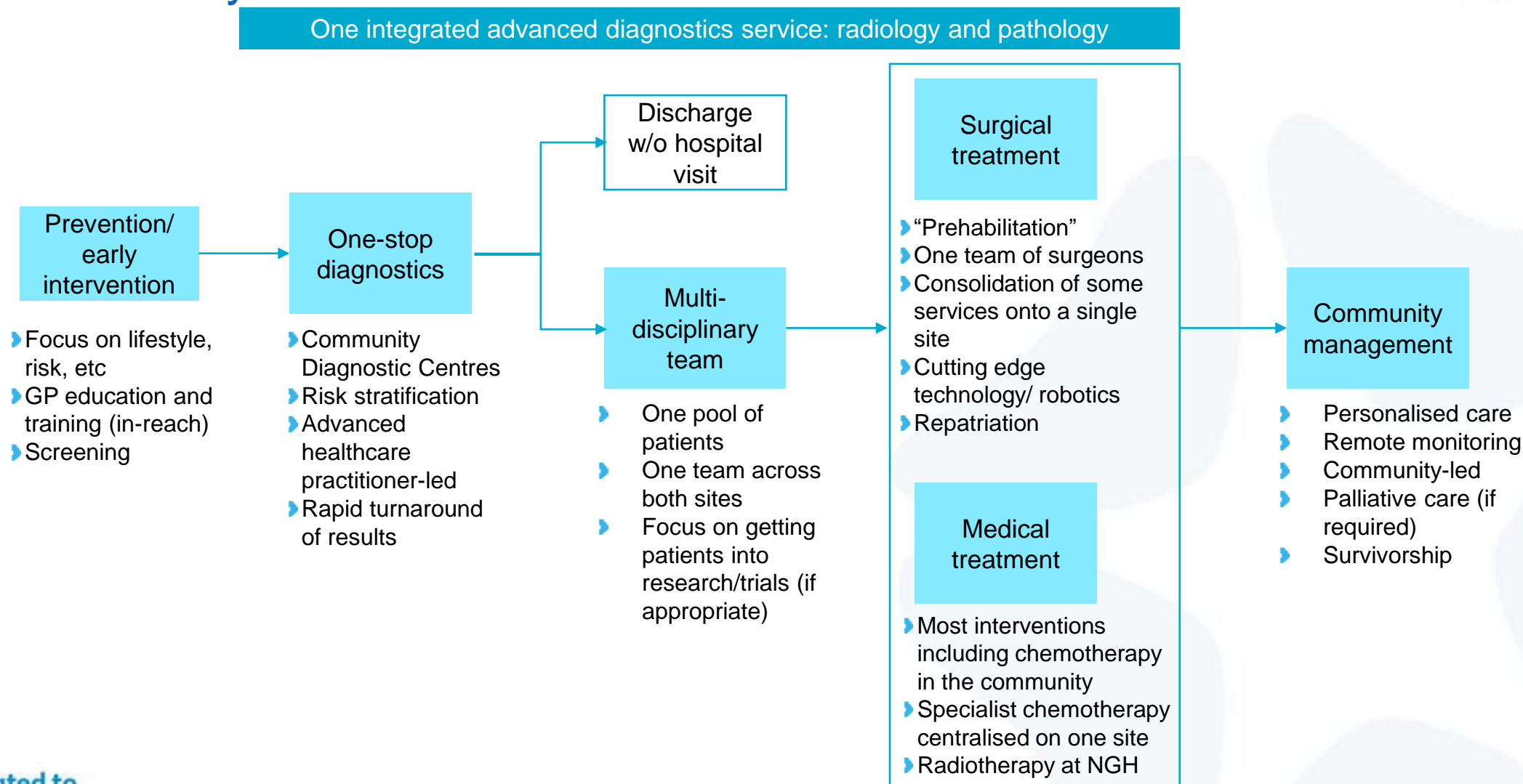
- Enablers

Workforce: education and training, expert workforce for future, new roles and technology, recruitment

Quality and governance: patient safety and experience, regulation, safety innovation, system leadership

Efficiency and transformation: early risk assessment, enhance referral communication, enhance triage

These themes will improve care along the whole cancer pathway over the next 3-5 years



Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

There are key enablers required to support the successful implementation of the cancer proposals over 3-5 years



Workforce

- › Skills mix review
- › Organisational/team development
- › Single teams working together to deliver equitable access, reduce clinical variation and drive improved patient outcomes



Research and innovation (academic)

- › New academic post in cancer
- › Successful delivery of our new NIHR Biomedical Research Centre
- › Establishing Cancer research board to develop academic, research and commercial collaborations.



Quality and governance

- › Single system leadership
- › Synchronised governance
- › Agreed common pathways



Modernising infrastructure (estates & digital)

- › Investment in technology/robotics
- › Development of community diagnostic hubs
- › Single patient record

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Our proposals mean some changes to how and where we provide cancer services

Our proposals mean some changes to how and where we provide cancer services for local people in Northamptonshire over the next five years with the aim of improving clinical outcomes of treatment

Cancer Services @ KGH	Cancer Services @ NGH
<ul style="list-style-type: none">› Diagnostics› Oncology (medical)› Haematology (malignant and non-malignant)› Chemotherapy (NGH-based oncologists)› Immunotherapy› Systemic Anti Cancer Treatments (SACT)› Supportive treatment e.g. blood transfusions› Breast screening› Total Lung Health checks› Bowel cancer screening unit <p>KGH currently provide the Bowel Cancer Screening Service for Leicestershire, Northamptonshire, and Rutland area</p>	<ul style="list-style-type: none">› Diagnostics› Oncology (medical)› Haematology (malignant and non-malignant)› Chemotherapy› Immunotherapy› Systemic Anti Cancer Treatments (SACT)› Supportive treatment e.g. blood transfusions› Breast screening› Robotic cancer treatment› Specialised cancer services› Direct emergency admissions for patients undergoing chemo treatment <p>NGH provides radiotherapy, chemotherapy and brachytherapy for KGH, NGH and MKUH</p>
<ul style="list-style-type: none">› Single point of access for patients› One clinical team for Northamptonshire operating across all sites.› Outpatients, Diagnostics, Surgical operations and other treatments available on both sites and in communities where possible, with some consolidation of specialist surgical care on the NGH site where this improves patient care.› Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations	

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- › Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations

May Richard
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Clinical Strategy: Investment in a surgical robot

- We have introduced a minimally invasive Robotic Assisted Surgical (RAS) service for patients with cancer - the first RAS in the county
- Our patients were limited to open or laparoscopic surgery within their local area or travel outside the county, with longer waiting times
- This new treatment benefits hundreds of local patients and supports our ambition to be a centre of excellence for patients with cancer
- RAS benefits patients and the hospitals as it reduces length of stay, increases surgical dexterity and improves outcomes
- Access to these treatments locally enables equity of access for patients across Northamptonshire

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In the first year, we will take some initial steps to deliver our proposals (1/3)

Area	Changes	How we will know we succeeded	Benefit
Focused development	<ul style="list-style-type: none"> Focus on three priority tumour sites: <ul style="list-style-type: none"> Urology Lung Colorectal 	<ul style="list-style-type: none"> Cancer service strategies for these three tumour sites 	<ul style="list-style-type: none"> Faster access to diagnostics resulting in better outcomes for patients
Multi-disciplinary teams	<ul style="list-style-type: none"> Joint clinics (pool of patients) for all pathways 	<ul style="list-style-type: none"> Single PTL Merged operations team Similar waiting times for both sites 	<ul style="list-style-type: none"> Equity of access for patients More efficient use of resources
Treatment (surgical):	<ul style="list-style-type: none"> Consolidate breast surgery on one site Consolidate head & neck surgery on one site Commence mastalgia pathway to reduce pressure on breast cancer pathway 	<ul style="list-style-type: none"> All breast surgery coded to single site All head and neck surgery coded to single site 	<ul style="list-style-type: none"> Improved outcomes as teams undertake a greater volume of procedures and more attractive to recruit
Treatment (medical)	<ul style="list-style-type: none"> MDT delivery of chemotherapy (single team) Pilot a community chemotherapy clinic 	<ul style="list-style-type: none"> Proportion of chemotherapy delivered outside of hospital in "green" site 	<ul style="list-style-type: none"> Sick patients do not have to travel to hospital for treatment Reduced risk of infection

In the first year, we will take some initial steps to deliver our proposals (2/3)

Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	<ul style="list-style-type: none"> Expansion of Total Lung Checks to whole county and therefore equal access 	<ul style="list-style-type: none"> Total Lung Checks rolled out across county 	<ul style="list-style-type: none"> Prevention of lung cancer
One-stop diagnostics	<ul style="list-style-type: none"> One-stop diagnostic operational at one community diagnostic hub (CDH) 	<ul style="list-style-type: none"> Consistently meet faster diagnosis standards for all patients 	<ul style="list-style-type: none"> Faster access to diagnostics resulting in better outcomes for patients
Multi-disciplinary teams	<ul style="list-style-type: none"> Joint clinics (pool of patients) for all pathways 	<ul style="list-style-type: none"> Single PTL Merged operations team Similar waiting times for both sites 	<ul style="list-style-type: none"> Equity of access for patients More efficient use of resources
Treatment (surgical):	<ul style="list-style-type: none"> Consolidate breast surgery on one site Consolidate head & neck surgery on one site Commence mastalgia pathway to reduce pressure on breast cancer pathway 	<ul style="list-style-type: none"> All breast surgery coded to single site All head and neck surgery coded to single site 	<ul style="list-style-type: none"> Improved outcomes as teams undertake a greater volume of procedures and more attractive to recruit
Treatment (medical):	<ul style="list-style-type: none"> MDT delivery of chemotherapy (single team) Pilot a community chemotherapy clinic 	<ul style="list-style-type: none"> Proportion of chemotherapy delivered outside of hospital in "green" site 	<ul style="list-style-type: none"> Sick patients do not have to travel to hospital for treatment Reduced risk of infection

In the first year, we will take some initial steps to deliver our proposals (3/3)

Area	Changes	How we will know we succeeded	Benefit
Workforce	<ul style="list-style-type: none"> ▶ Undertake skills mix/roles review 	<ul style="list-style-type: none"> ▶ New roles for nurses/AHPs in place at both sites 	<ul style="list-style-type: none"> ▶ More attractive place for staff to work and therefore improved recruitment and retention
Research and innovation (academic)	<ul style="list-style-type: none"> ▶ Cancer academic post in place ▶ Single research team and academic appointments for cancer 	<ul style="list-style-type: none"> ▶ At least 22% of patients at both sites to be invited to take part in cancer research 	<ul style="list-style-type: none"> ▶ More attractive place to work – improve recruitment and retention ▶ Support the development of new treatment and technologies ▶ Improve access to new treatment and technologies for patients
Quality and governance	<ul style="list-style-type: none"> ▶ Align governance across both sites ▶ Develop an end of life strategy with system partners 	<ul style="list-style-type: none"> ▶ Merged overarching cancer board ▶ Joint harm reviews (with CCG) ▶ Single MDT leadership for an additional tumour site (gynae) 	<ul style="list-style-type: none"> ▶ Safer services from joint learning ▶ More joined up care for patients
Modernising infrastructure (estates and digital)	<ul style="list-style-type: none"> • Extend use of Robot Assisted Surgery (RAS) 	<ul style="list-style-type: none"> • Robotic platform at NGH fully established with Group surgeons trained 	<ul style="list-style-type: none"> ▶ Robotic surgery available for local people in Northamptonshire

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Centre of Excellence: Cardiology

May Richard
05/23/2022 18:06:15



Cardiology services are currently provided on both sites, with PPCI and a coronary care unit at KGH

High quality cardiology services will be provided for everyone in Northamptonshire. Some services will be provided at both hospital sites, with some specialist services at Kettering General Hospital

Cardiology services @ KGH

- › Acute cardiology
- › Rapid access chest pain unit
- › Cardiac rehabilitation services
- › Coronary care unit
- › Cardio-respiratory diagnostics
- › Cardiovascular MRI
- › Adult congenital heart disease (ACHD) clinics
- › Kettering Cardiac Centre
 - › Pre-assessment clinics
 - › Outpatients and diagnostics
 - › Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM)
 - › 24 hour Primary Percutaneous Coronary Intervention (PPCI) emergency service (Northamptonshire and surrounding areas)

Services requiring co-location with acute cardiology

- › *Emergency Department – mostly unselective*

Cardiology services @ NGH

- › Acute cardiology
- › Rapid access chest pain clinic
- › Cardiac rehabilitation services
- › Myocardial perfusion scintigraphy (MPS)
- › Adult congenital heart disease (ACHD) clinics
- › Northampton Heart Centre
 - › Pre-assessment clinics
 - › Outpatients and diagnostics
 - › Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM)
- › Cardiothoracic surgical clinic (visiting surgeons from Oxford)

Services requiring co-location with acute cardiology

- › *Emergency Department – mostly unselective*
- › *Vascular surgery*

Local and national strategies set the strategic context for our proposals for Group cardiology

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

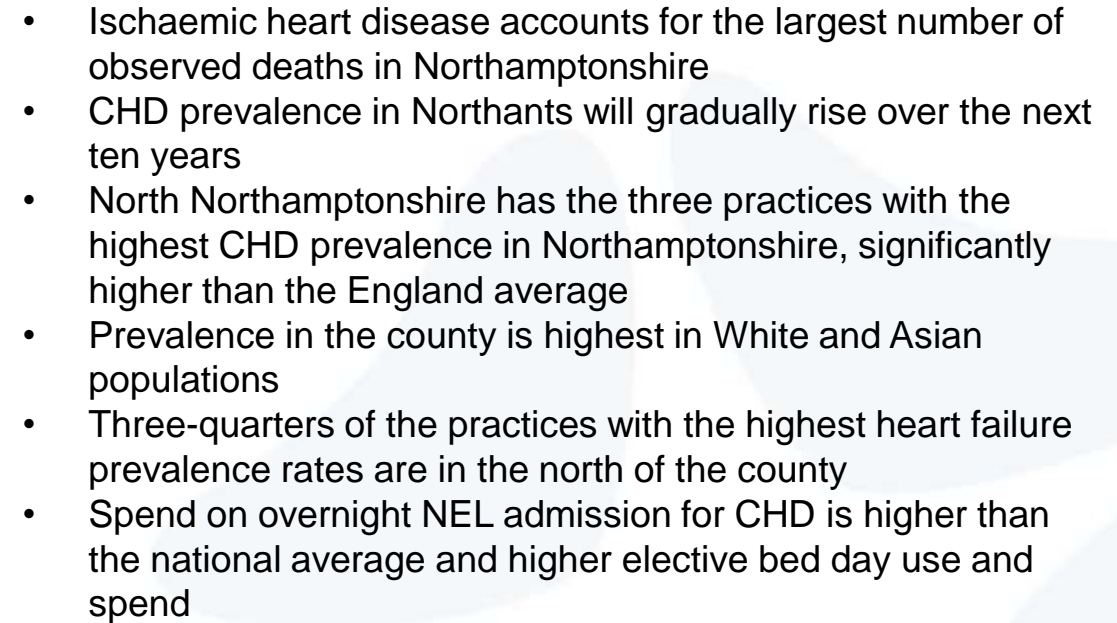
- ▶ **NHS Long Term Plan:** identifies cardiovascular disease (CVD) as the single biggest area where the NHS can save lives over the next decade. CVD is largely preventable through lifestyle changes and there is a need to increase early detection and treatment of CVD. People with heart failure and heart valve disease will be better supported by multi-disciplinary teams within primary care networks.
- ▶ **Getting it right first time (GIRFT) Cardiology report (2021):** clinical cardiology networks should be established shaped by function and need rather than geography and all hospitals should be able to provide extended access to diagnostics, 24/7 on-call rotas for consultant cardiologists with 7-day ward rounds are recommended for acute medical admissions and a 7-day pacing (cardiac rhythm management (CRM)) service, there should be an emphasis on multidisciplinary teams within hospitals and across cardiology networks and digital transformation will be key to transform outpatient care and improve communication..
- ▶ **The Future of Cardiology, British Cardiovascular Society (2020):** cardiology services should be delivered on the basis of networks or systems of care that are fully and seamlessly integrated from community to tertiary care. As default, diagnostics should be delivered in an integrated community diagnostic hub run by secondary care in partnership with primary care. Virtual consultation should become the norm in both primary and secondary care.

GROUP

- ▶ **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24:** ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- ▶ **Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- ▶ **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- ▶ **The NGH Clinical Strategy 2020:** ambition to create a single cardiology service to improve care and outcomes for patients across Northamptonshire. Focus on raising clinical standards to a consistently high level across the county and expand the service to treat more patients. Integrate service with system partners to deliver proactive and preventative care.
- ▶ **The NGH Clinical Service Reviews:** Ambition to create and deliver a single countywide integrated cardiology service agreed by clinical and operational stakeholders. The service will consistently deliver excellence in quality of care and patient experience. Pooled resources will improve waiting times and reduce readmission rates and bed days for heart failure patients through enhanced discharge to community services.



Cardiology: The case for change

GIRFT requires:

- 24/7 on call cardiologist for each site receiving acute medical admissions
- 24/7 emergency temporary pacing and 7/7 permanent pacing
- All PPCI have 24/7 PCI operators
- All PCI within 72 hours of diagnosis
- Rehab for all HF patients
- 24/7 emergency echo



Cardiology GIRFT report

May Richard
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We have developed a vision for a cardiology Centre of Excellence for Northamptonshire

The cardiology Centre of Excellence will be an integrated service with the Group known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload**.

The cardiology service will be known for its **extensive research capability, scholarship and academia, attracting and retaining leading experts** in the field.

The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

As a Cardiology Centre of Excellence, we will...

Provide safe, effective cardiology care for everyone in Northamptonshire across both KGH and NGH sites through:

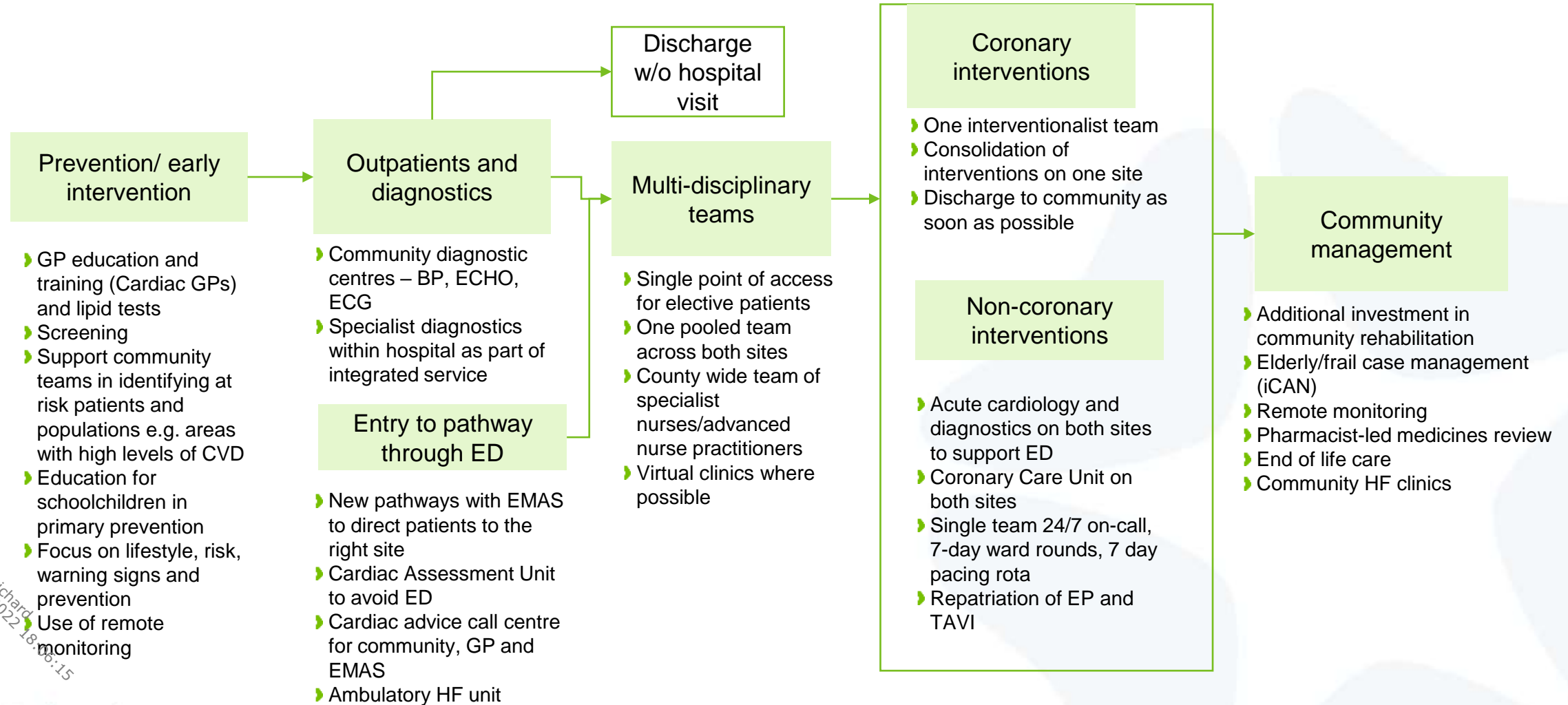
1. Continuity of care and communication between teams using a single patient record between KGH and NGH, and then with all county health providers
2. Consolidation of interventional procedures and pacing on one site with a resilient transport system to deliver national quality standards for PCI and pacing for every patient in Northamptonshire
3. Acute cardiac admissions unit and Ambulatory Heart Unit and Heart Failure Unit to stream patients to the most appropriate place for their care
4. New services in the county to bring care closer to home including electrophysiology and Transcatheter Aortic Valve Insertion
5. An integrated advanced diagnostic team to support early intervention to improve quality and performance
6. Care closer to home with integrated with community nursing, with remote monitoring of patients and treatment in 'virtual wards'
7. Single cross site studies which will allow for greater population recruitment into clinical research
8. Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI **catchment area**

The cardiology Centre for Excellence will deliver our key principles for excellent care

- › **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- › **As close to home as possible:** so that people don't come into hospital in the first place, and when they do, they are discharged safely as early as possible
- › **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- › **Focus on prevention and early detection:** by working with voluntary and charitable groups to educate people so they don't become ill and don't progress to more severe illness
- › **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- › **Attract and retain high quality staff:** so that we can provide the highest quality service for patients with consistent terms and conditions across the Group
- › **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- › **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- › **Best use of available resources:** so that we can provide the best service we can with the resources that we have

Improve care along the cardiology pathways over the next 3-5 years

One integrated advanced diagnostics service



Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

Our proposals mean some changes to how and where we provide cardiac services

- › Single point of access for patients
- › One site service with outreach provided on the second site. Single team operating across both sites providing the same high quality care to all patients.
- › Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations.

Potential cardiology services @ KGH

- › 24/7 general acute cardiology
- › Rapid access chest pain unit
- › Cardiac rehabilitation services
- › Coronary care unit (with cardiovascular admissions unit)
- › Cardio-respiratory diagnostics (including cardiac-MRI)
- › Cardiac Centre (for Northamptonshire)
 - › Pre-assessment clinics
 - › Outpatients and diagnostics
 - › Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM) inc. cath labs
 - › 24 hour Primary Percutaneous Coronary Intervention (PPCI) emergency service (Northamptonshire and surrounding areas)

Specialist services

- › Chronic Total Occlusion (CTO)
- › Electro physiology spoke repatriate from UHL initially provided at NGH pending estates development at KGH

Services requiring co-location with acute cardiology

- › Emergency Department – mostly unselective

Potential cardiology services @ NGH

- › 24/7 general acute cardiology
- › Rapid access chest pain clinic
- › Cardiac rehabilitation services
- › Coronary care unit
- › Cardiac outreach from KGH
 - › Pre-assessment clinics
 - › Outpatients and diagnostics (inc. ECHO*)
 - › PCI – eventually all move to KGH
- › Cardiothoracic surgical clinic (visiting surgeons from Oxford)
- › Electro physiology and TAVI proposal to develop new County service

Services requiring co-location with acute cardiology

- › Emergency Department – mostly unselective
- › Vascular surgery and interventional renal – Ideally co-located along with interventional radiology for TAVI

**Community
diagnostic
hubs** – (blood
pressure,
ECHO, ECG)

Integration with system partners to deliver community heart failure pathways and cardiac rehab

- › One site – to be decided. Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM) inc. cath labs

There are key enablers required to support the successful implementation of the proposals over 3-5 years

Workforce



- › Organisational/team development
- › New appointments to work across both organisations automatically to facilitate cross-site working
- › Alignment of workforce conditions, including parity of pay between sites, ensuring we are able to retain staff
- › Establish team of county wide specialist nurses/advanced nurse practitioners therefore upskill to deliver cardiac assessments
- › Training rotations across the sites
- › Provide career path and progression for all advanced healthcare practitioners (AHPs)
- › Further develop international recruitment programme for middle grade and hospital specialists in cardiology

Research and innovation (academic)



- › Expand patients involved with trials (e.g. C-MRI)
- › In-house training of staff with University (e.g. physiologists) – cardiac physiology school



Quality and governance

- › Establish safe and effective way of transferring patients between sites
- › Establish joint multidisciplinary team, morbidity and mortality conferences (M&Ms) and joint quality committees
- › New EMAS pathways and interhospital transport
- › Establish cardiology network
- › Single team/governance, Joined MDT and M&Ms
- › More patient information leaflets/links

Modernising infrastructure (digital & estates)



- › Inpatients being given FU appt on discharge (if required)
- › Intra-hospital transport
- › Cardiovascular assessment space and wards co-located with CCU and cath labs
- › Protected five cath labs with foundations for a sixth
- › Diagnostic images available between sites
- › Single patient record between sites and primary care
- › Patient centric wards – phone charger, food and drink for families

In the first two years, we will take some initial steps to deliver our proposals (1/2)

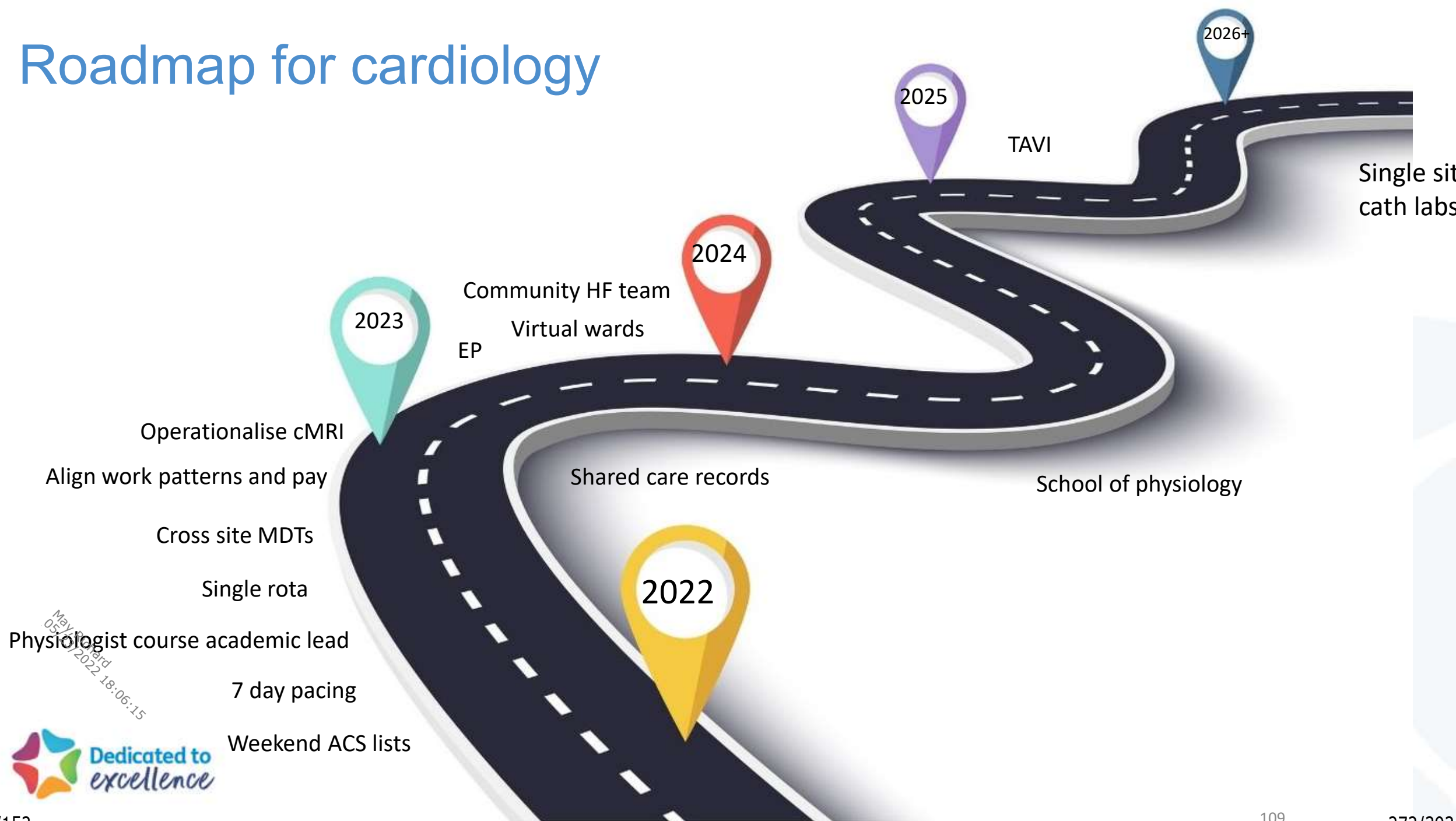
Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	<ul style="list-style-type: none"> › Sign off vision and work programme › Appoint dedicated consultant to lead 	<ul style="list-style-type: none"> › Work programme being successfully implemented 	<ul style="list-style-type: none"> › Prevention of cardio-vascular disease › Equity of access to services for patients across Northamptonshire
Community monitoring	<ul style="list-style-type: none"> › Fund, recruit and train community heart failure nurses 	<ul style="list-style-type: none"> › Heart failure team established 	<ul style="list-style-type: none"> › Convenience for patients › Earlier identification of issues
Outpatients and diagnostics	<ul style="list-style-type: none"> › Site specific pool of patients/single point of access for each site › Identify pathways and workforce for community diagnostics centre 	<ul style="list-style-type: none"> › Merged operational diagnostic team › Equitable waiting times for both sites 	<ul style="list-style-type: none"> › Faster access to diagnostics resulting in better outcomes for patients › Equity of access for patients
Multi-disciplinary teams	<ul style="list-style-type: none"> › Cross site MDTs › Extended advanced healthcare practitioner (AHP) roles defined 	<ul style="list-style-type: none"> › Established MDTs › Procedures to be undertaken by AHPs identified 	<ul style="list-style-type: none"> › More efficient use of resources › Improved recruitment and retention – reduced vacancy levels and bank and agency spend
Coronary interventions	<ul style="list-style-type: none"> › Describe proposals to consolidate PCI on a single site › Establish joint on call rota for PPCI › Deliver a seven day cardiac pacing service › Deliver 5-day TOE cover across sites › Appoint Group electrophysiologist to support repatriation of electrophysiology in year 2 › Weekend ACS lists 	<ul style="list-style-type: none"> › Clinicians on-call from both sites for PPCI › Electrophysiologist appointed 	<ul style="list-style-type: none"> › Meet the NSTEMI 72-hour target to improve patient outcomes › Reduced intensity of workload for consultants › Deliver consistent service for all local people › Provide more services closer to local communities
Non-coronary interventions	<ul style="list-style-type: none"> › Develop medical physics specialty technical support 	<ul style="list-style-type: none"> › Technical support outsourced 	<ul style="list-style-type: none"> › Better use of resources

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In the first two years, we will take some initial steps to deliver our proposals (2/2)

Area	Changes	How we will know we succeeded	Benefit
Workforce	<ul style="list-style-type: none"> Align working and pay rates between KGH and NGH Develop cross site working Resolve cross-contracting between hospitals Team support to develop future working relationships 	<ul style="list-style-type: none"> Pay rates and working conditions aligned for all staff Good cross site relationships with joint MDTs 	<ul style="list-style-type: none"> More flexible working, increased rota resilience and greater provision of training and research opportunities Joint recruitment reduce cost
Education, research & Innovation	<ul style="list-style-type: none"> Plan to establish physiologist academic course Appoint academic lead 	<ul style="list-style-type: none"> Lead physiologist approved and appointed 	<ul style="list-style-type: none"> Access to highly trained staff and novel equipment/approaches Improved recruitment and retention, reduced vacancy rates
Quality and governance	<ul style="list-style-type: none"> Nominate lead clinicians for Midlands cardiology network workstreams Single team/governance structure 	<ul style="list-style-type: none"> Clinical leads for network workstreams in place Governance in place Joint audit 	<ul style="list-style-type: none"> Better outcomes and more joined-up care for patients
Modernising infrastructure (digital & estates)	<ul style="list-style-type: none"> Develop proposals to establish cath labs at single site Operationalise dedicated cardiac MRI Implement system to allow instant viewable access to scans on both sites 	<ul style="list-style-type: none"> Proposals for establishing cath labs at single site agreed Scans instantly viewable across sites 	<ul style="list-style-type: none"> Quicker access to dedicated diagnostic equipment Quicker access to scans / no need to re-scan

Roadmap for cardiology



Fragile services

May Richard
05/23/2022 18:06:15



Our ambition is to make fragile service sustainable for patients in Northants

Some of our services are fragile, with few consultants and low volumes in some specialties, which leads to unsustainable service delivery for our patients

- ▶ We will develop individual service strategies for all our services, starting with those which are the most fragile.
- ▶ The future ways of working will reflect the various options to make the service clinically sustainable and reflect the underlying reasons for them being fragile in the first place.
- ▶ We can will match capacity with the needs of our patients without placing unreasonable demands on our staff.

Examples of the approach we will take:

- ▶ Microbiology, bringing together the two teams to provide equitable access across the Group
- ▶ Neurology, working with tertiary providers to deliver care closer to home and access for all patients across the county
- ▶ Plastics, work in partnership with neighbouring Trusts to create a network of clinicians who can support each other and provide a resilient service

Protecting our elective pathway

May Richard
05/23/2022 18:06:15



A full range of elective services for adults are currently provided on both sites

The elective pathway provided for each specialty by each site, includes outpatient appointments either face to face or virtually, diagnostic services, pre-operative assessment, outpatient treatments, day case examinations and treatment, surgery and inpatient stays.

Elective Services available @ KGH & NGH

- General surgery
- Head & neck
- ENT
- T&O
- Urology
- Pain services
- Endoscopy
- Audiology
- Gastroenterology
- Ophthalmology
- Breast
- Vascular services
- Plastics
- Colorectal
- Gynaecology

Most inpatient elective services require co-location with critical care facilities

Some sub-speciality procedures are only undertaken on one site or another. For example T&O spinal surgery only takes place at KGH.

Both organisations work closely with the two Independent sector providers in the county, with some NHS services and procedures being undertaken in collaboration between the NHS and the independent sector to maximise the use of available capacity.

NGH
Main Michael
01535 512334
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Provide the regional specialist vascular surgery services
Some services are also provided from Danetre Hospital in Daventry

KGH

Provide a range of outpatient and diagnostic tests in satellite locations closer to patients' homes:

- Corby Health complex and GP surgery
- Nene Park in Irthlingborough
- Isebrook Hospital in Wellingborough
- Kettering town centre

Local and national strategies set the strategic context for our proposals for Group elective care

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations.

NATIONAL

- **NHS Long Term Plan:** supports separation of urgent from planned services. Sets the ambition that redesigned hospital support should help the NHS avoid up to a third of outpatient appointments, saving patients 30 million trips to hospital.
- **Royal College of Surgeons - Future of Surgery:** anticipates an increase in preventative surgery that will increasingly focus on quality of life. Day-case surgery will continue to increase with more importance placed on preoperative and follow up care which will be undertaken using telemedicine and digital platforms.
- **Royal College of Physicians:** recommend move away from routine first and follow up care to flexible, one-stop-shops, see-and-treat clinics and patient-initiated-follow-ups. Services should optimise the staff skill mix rather than always relying on consultant-led care. The ultimate objective should be reducing the number of steps in a patient's pathway.
- **GIRFT Elective Recovery High Volume Low Complexity (HVLC) Programme:** standardised procedure level pathway at system level and establishing fast track surgical hubs. 85% of all elective surgery should be on a day surgery pathway in dedicated facilities away from unplanned care.
- **Recovering from the pandemic:** Nationally it is reported that there are currently over £5m people waiting for treatment, with approximately 80% of those waiting for a diagnosis, and over 384k waiting over a year. There are an unknown number who have also yet to come forward for treatment. Recovering this position and treating these patients is one of the four key priorities for the NHS in 2021/22, but we must use innovative ways and digital technologies to do this in the most effective ways.

GROUP

- **NGH/KGH Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24:** ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish.
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients
- **Northamptonshire Health and Care Partnership:** develop musculoskeletal hub

LOCAL

- **The KGH Clinical Strategy 2020:** ambition to deliver seven day services and opportunity to collaborate with NGH to provide county-wide services and provide access to a larger, more sustainable workforce with greater flexibility. Expected to improve access to a wider range of services for patients.
- **The NGH Strategy 2019-24:** sets an ambition is to build dedicated elective centre with KGH that is easily accessible for all patients.



NHS
University Hospitals of
Northamptonshire
NHS Group

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Our current waits for treatments are low, but we must act now to ensure we continue to meet the needs of our patients

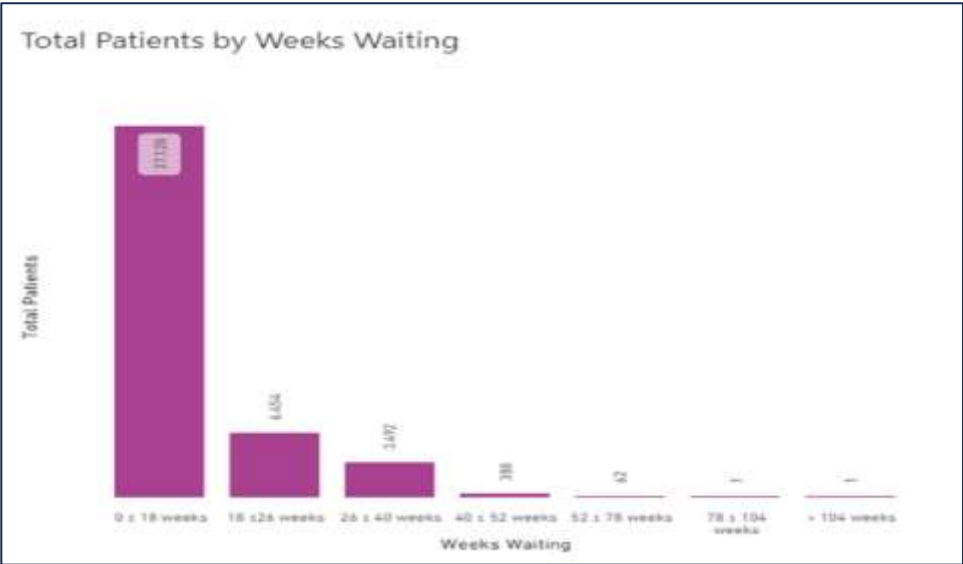
Nationally and regionally elective waiting times have grown significantly as a result of the COVID pandemic. This was due to:

- staff being redeployed to respond to the pandemic
- increased infection control and social distancing standards resulting in a drop in efficiency of those patients who can be treated in the same amount of clinical time
- many patients' clinical priority did not warrant urgent treatment during the pandemic

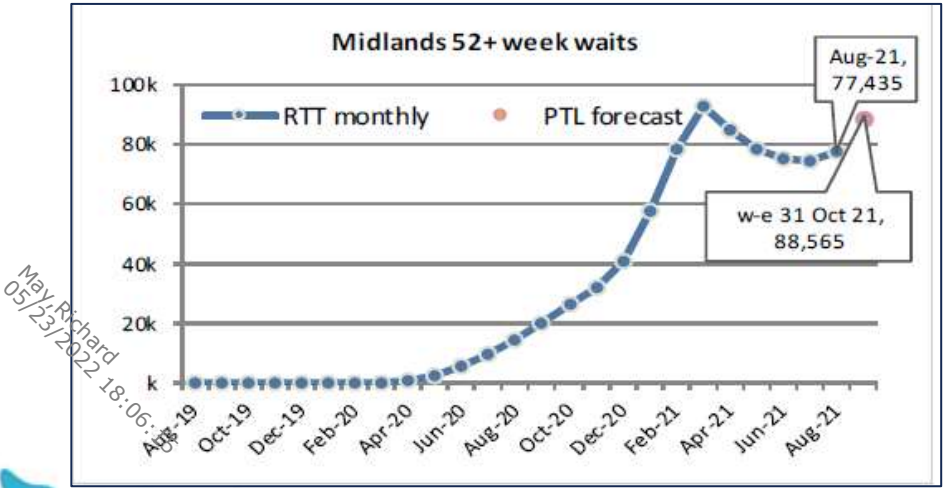
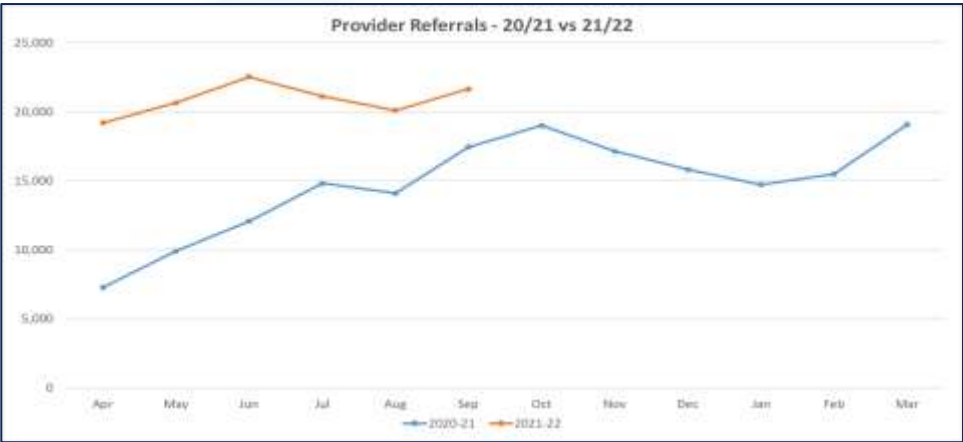
However demand is significantly increasing and many patients may yet come forward, so we need to work with our primary care colleagues to implement innovative ways of keeping patients well in their communities, managing conditions effectively through joint models of care to ensure those that do need to access acute hospital services and get to the right clinician at the right time with no undue delay.

There are significant numbers of people waiting over 52 weeks in the Midlands

Patients waiting for elective treatments in Northamptonshire, currently have some of the lowest waiting times in the UK



Referrals are growing leading to increasing pressures on waiting lists



Our case for change shows that there are several issues that we must address

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for elective services.

There is growing demand for our services

- Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 yr olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1].
- Referrals for elective treatment have increased since pre-pandemic levels.

There is an opportunity to deliver care differently

- The delivery of many outpatient appointments has been virtual in the past 18 months. Whilst it is clinically appropriate that some of these return to face to face, we should, where possible, embed these new ways of working as more convenient for our patients.
- Innovative use of emerging technology should be capitalised such as remote monitoring or new theatre techniques.
- Care as close to home and 'health on the high street' should be a strategy we follow where possible.



There is not equitable access to elective surgery across Northamptonshire

- Health inequalities of those accessing our services and getting treating according to underlying health need, is not fully understood but is likely to not be equitable.
- Non-elective activity redirects focus away from elective cases, and disrupts theatre lists.
- Elective activity is cancelled due to bed pressures leading to poorer patient experience and poorer outcomes. Cancellations also impact of the efficiency and productivity of the services.

There are opportunities to streamline pathways

- Opportunity for pathway standardisation to reduce unwarranted clinical variation
- Integrated working with system partners to increase provision of care closer to home
- Streamlined pathways to minimise disruption to patients' lives

We have difficulty recruiting and retaining our staff

- National workforce challenges with theatre staffing are also echoed locally. Both Trusts are unable to fully staff all their theatre capacity.
- Opportunity to adopt new workforce models, in line with the AHP strategy
- Opportunities to improve training and research offerings through collaboration (in line with academic strategy)

We can improve efficiency and quality by implementing GIRFT recommendations

- Opportunities identified in many areas:
 - theatre efficiencies, start times and turnaround times
 - day case rates in ENT, general surgery, breast and orthopaedics
 - Length of stay in general surgery and urology

Sources: [1] [ONS Population Projections 2018-2028](#) [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC.org.uk [5] [NGH Board of Directors report, Jan 2021](#) [6] [KGH Board of Directors report, Jan 2021](#) [7] Model Hospital

The rationale for changing elective pathways is clear

The rationale for changing elective pathways is clear. If we do not change, we will see:

- Further increases in waiting times for elective care with an increased risk of deterioration with emergency attendances and longer recovery
- Pathways that are not joined up and people don't experience the right care, in the right place at the right time
- Growth in primary care will not grow at the same pace of our population needs, and we will lose the opportunity to do things differently through neighbourhoods and integrated community teams

Currently



£196 million combined elective spend across partners



90 over 65s admitted daily - this is **8** more people each day than peers



900 stranded patients - we have an average of **113** stranded patients more than our peers



5% a year plus increase each year in demand for Emergency Department care



£36m shortfall in funding in 2020-21



If we do nothing, in four years time...



A new hospital would be needed to meet expected demand for 25,000 additional elective operations



150 extra GPs to deal with 500,000 more patient contacts



10,000 more admissions a year into hospital



£120k (£90m a year) more a day spent supporting discharge staffing and short term support



2,500 more requests for social care support

Our ambition is to ensure our elective patients consistently get timely equitable access to high quality care and experience

The Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committed to providing **timely and equitable access to care, minimising infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation**, and maximise **day surgery** and **one stop** pathways.

The Group is committed to delivering more care on a **day surgery** pathway, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities**.

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.

As a Lead Provider for the Elective Care Collaborative in Northamptonshire, we commit to...

- ✓ Working to deliver top decile performance in GIRFT and Model Health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: Zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnostics.
- ✓ Delivering the same service and experience in the county regardless of provider.

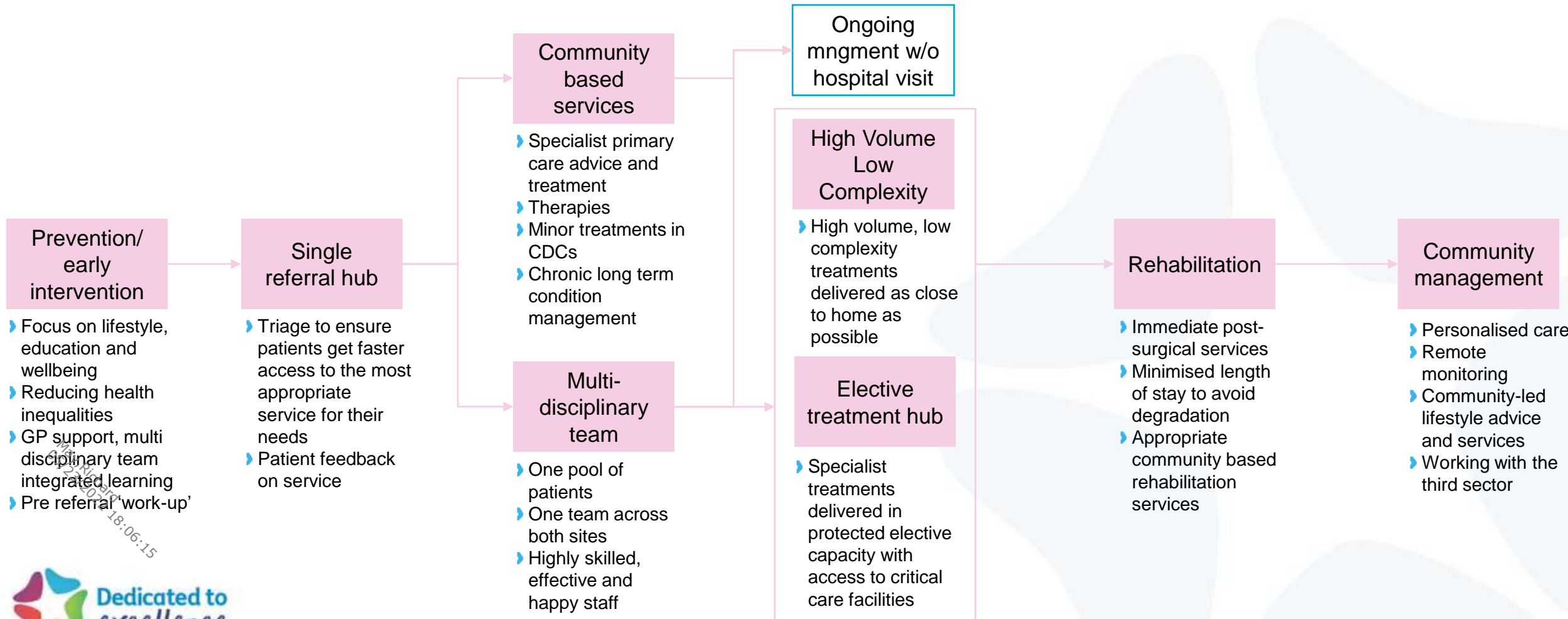
*10% is a commitment in the Group's dedicated to excellence strategy; the working group suggested 25% target – the Group to confirm

The Group elective proposals will deliver our key principles for excellent care

- ▶ **Integrated, seamless pathways for patients:** so that people get the care they need, when they need it, by professionals working together across primary community and acute settings
- ▶ **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- ▶ **Focus on pre-hospital care:** so that people know how to keep well, and can access advice and services in their communities without needing to wait for a hospital appointment
- ▶ **Digital innovation:** so that patients can be treated in any setting with digital care records and test results available, and so patients are able to engage in their own treatment journey through the use of technology
- ▶ **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- ▶ **Fit for purpose estate:** so that services can be delivered as efficiently as possible, with improved quality and experience in areas such as infection control
- ▶ **Best use of available resources:** so that we can provide the best service we can with the resources that we have

A single system approach will improve care along the whole elective pathway over the next 3-5 years

One system-wide waiting list (PTL), delivering equitable access to timely treatment for patients across the county, transparency to all clinicians including GPs to enable patients to be supported to keep well while they wait



Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

The elective collaborative is a partnership across Northamptonshire



May Richard
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Implementing our proposals will address the issues in our case for change

Our current priority issues	How working as a collaborative would address these
Increasing elective waiting lists <ul style="list-style-type: none"> Each organisation holds different pieces of the elective care jigsaw and multiple waiting lists There is no single version of the truth Patients deteriorating during wait 	<ul style="list-style-type: none"> ✓ A single PTL resulting in equitable access to care ✓ Standardising protocols, policies and pathways ✓ System wide transformation to improve efficiencies, create capacity and introduce innovations ✓ Delivering consistency in diagnosis, treatment and care; new service and pathway development meaning equal access to high quality services
Understanding our capacity <ul style="list-style-type: none"> We plan capacity at organisational level We don't have the ability to share knowledge at specialty level to ensure space/equipment and staff resource are maximised 	<ul style="list-style-type: none"> ✓ Demand and capacity is planned at system level ✓ Knowledge is formally shared to ensure capacity and resources are maximised ✓ Opportunities are maximised to create dedicated elective facilities enabling us to protect our elective capacity, provide timely care, minimising infection rates and reduce length of stay in hospital
Not person centric <ul style="list-style-type: none"> Fragmented pathways with multiple handovers Confusing for patients and heavy communication burden on all partners 	<ul style="list-style-type: none"> ✓ Commissioning end to end pathways enabling us to focus on prevention and out of hospital care ✓ More assessments, diagnosis and treatment being offered in a one-stop pathway, in the community or virtually to minimise disruption to patient's lives ✓ Working to engage with patients to design and transform services to deliver improved outcome
Workforce constraints <ul style="list-style-type: none"> Each organisation competes for staff with separate skill mix models for the same service Recruitment and retention managed separately 	<ul style="list-style-type: none"> ✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working across the system, we will have the scale to explore and pilot new roles and workforce models
Value for Money is compromised <ul style="list-style-type: none"> Pricing and activity is based on organisational activity and not pathways or outcomes Variation in costs across the System 	<ul style="list-style-type: none"> ✓ A lead provider model, offering a single provider lead for administering collaborative planning and delivery ✓ Outcomes based commissioning focused on delivering end to end pathways ✓ Best allocation of available resources to deliver transformational change, reducing duplication and reinvestment in community services and prevention (left shift)

In the first year, we (the Group) will take some initial steps to deliver our proposals

Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	<ul style="list-style-type: none"> Understand the current impact of health inequalities on elective care in the county 	<ul style="list-style-type: none"> Strategy to reduce health inequalities in place 	<ul style="list-style-type: none"> Reduction in health inequalities
Single referral hub	<ul style="list-style-type: none"> Implement a systemwide waiting list (PTL) to support delivery 	<ul style="list-style-type: none"> Single waiting list (PTL) implemented 	<ul style="list-style-type: none"> Equity of access for patients More efficient use of resources
Community based services	<ul style="list-style-type: none"> Develop community based pathways such as chronic pain and rheumatology, and set-up some community based services such as pre-op and ophthalmology away from the acute sites 	<ul style="list-style-type: none"> Community based services set-up 	<ul style="list-style-type: none"> Access closer to home for patients More efficient use of estates
Community Diagnostic Centres	<ul style="list-style-type: none"> Identify pathways and workforce for community diagnostics centre 	<ul style="list-style-type: none"> Higher conversion rate of referrals to procedures Similar waiting times for both sites 	<ul style="list-style-type: none"> Faster access to diagnostics resulting in better outcomes for patients Equity of access for patients
Elective treatment hub	<ul style="list-style-type: none"> Pilot a dedicated protected elective hub on one site and engage with patients and stakeholders on the benefits Co-locate low volume sub-specialties where this is in the best interests of patients Develop a strategy for fragile services or subspecialties such as plastics 	<ul style="list-style-type: none"> Single elective hub (pilot) established Low volume specialties co-located 	<ul style="list-style-type: none"> Separation of elective and emergency work means fewer cancelled operations and shorter waiting lists Co-locating specialties improves quality as staff are able to specialise more
Workforce	<ul style="list-style-type: none"> A joint strategy for the recruitment and retention of theatre staff 	<ul style="list-style-type: none"> Reduction in vacancies and turnover for theatre staff 	<ul style="list-style-type: none"> Attract and retain high quality staff More efficient theatre and equipment use
Quality and governance	<ul style="list-style-type: none"> Launch the system Lead Provider Collaborative for Elective Care, with an agreed set of system objectives to cover the next 2 years 	<ul style="list-style-type: none"> Lead Provider Collaborative launched 	<ul style="list-style-type: none"> Improved efficiency and reduced waiting times for patients

Emergency and integrated care across Northamptonshire

May Richard
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Emergency care services are currently provided on both sites, and at the urgent care centre in Corby

The hospitals are working with partners to reduce emergency hospital visits through the iCAN programme. An Emergency Department is provided at both sites

Emergency and integrated care services @ KGH

Emergency care services

- ▶ Emergency department
- ▶ Same day emergency care

Other emergency care services

- ▶ Urgent care centre at Corby

Integrated care services for frail patients

- ▶ Frailty unit
- ▶ Community services provided by NHFT
- ▶ Primary care services provided by primary care
- ▶ Social care services commissioned by North Northamptonshire Council

Emergency and integrated care services @ NGH

Emergency care services

- ▶ Emergency department
- ▶ Same day emergency care
- ▶ Emergency eye department

Integrated care services for frail patients

- ▶ Frailty hub
- ▶ Community services provided by NHFT
- ▶ Primary care services provided by primary care
- ▶ Social care services commissioned by West Northamptonshire Council

Local and national strategies set the strategic context for our proposals for emergency and integrated care

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- ▶ **NHS Long Term Plan:** identifies genuinely integrating care in our communities as a priority, including creating true integrated teams of GPs, community health and social care staff, expanding community health teams to keep people at home and increase support to care homes. Emergency care models building on the success of Urgent Treatment Centres and focussing on increasing usage of same day emergency care.
- ▶ **NHS Ageing Well programme:** the NHS ageing well programme identifies the development of person-centred services that enable people to age well, supporting people who are identified as frail to manage their health and wellbeing according to their needs
- ▶ **Home First policy:** the Home First approach is about supporting patients at home or in an intermediate care service. This is often implemented alongside a Discharge to Assess model, whereby home is the default pathway and the assessment is completed at home, with ongoing support services for up to 6 weeks.

GROUP / SYSTEM

- ▶ **Northamptonshire Health and Care Partnership iCAN programme:** the integrated care across Northamptonshire programme outlines our ambition for deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible. Ensuring to Choose Well which services we use for frail patients, Stay Well and Live Well.
- ▶ **Group Digital Strategy:** ambition to implement a shared care record across Northamptonshire, enabling truly integrated care, supporting the delivery of our frailty model.

LOCAL

- ▶ **The KGH Clinical Strategy 2020:** ambition to provide acute frailty services 70 hours a week and ensure frailty patients receive a comprehensive geriatric assessment. Focus on same day emergency care model, treating a greater number of patients without an overnight.
- ▶ **The NGH Clinical Service Reviews:** Ambition to create and deliver integrated services agreed by clinical and operational stakeholders. The service will consistently deliver excellence in quality of care and patient experience, including enhanced discharge to community services

Our case for change shows that there are several issues that we must address

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for cardiology services.

There is growing demand for our services

- ▶ Our population is growing, with a 14% increase over the next 20 years
- ▶ There is expected to be a 50% increase in the 65yrs+ population in Northamptonshire between 2018 and 2038 [3].

There is an opportunity to look after people at home rather than in hospital

- ▶ Patients across NGH and KGH do not have equal access to integrated multi-disciplinary care that supports frail patients.
- ▶ Case reviews have identified that we could better support people in the community to avoid their health reaching a crisis point.
- ▶ When people do reach a crisis point, better availability of services in the community should prevent an emergency department admission.
- ▶ For those who do come to ED, we can reduce the chance of being admitted to hospital by ensuring the right services are in place and known about

Our patients could be supported to be discharged home quicker

- ▶ Across KGH and NGH, a high proportion of our beds are occupied by patients who have been in hospital for more than 14 and more than 21 days.
- ▶ Around 35% of our patients have no clinical reason to reside in a hospital bed and are waiting for either KGH and NGH or system partners to support them to be discharged.

We have difficulty recruiting and retaining our staff

- ▶ There is a national shortage of emergency care staff to support our patients in ED.
- ▶ Recruitment is challenged by the geography of KGH/ NGH, located close to leading teaching hospitals
- ▶ Retention is challenged by high workload and National shortage
- ▶ Terms and conditions are different between the two sites
- ▶ A national shortage of care staff reduces capacity to support our patients in the community, meaning we need to best support our patients to be independent.

We need to do more multidisciplinary and network working to improve outcomes and patient experience

- ▶ We currently have two separate teams on our two sites
- ▶ There could be greater integrated working with our health and social care partners operating in a multi-disciplinary manner to care for our most frail patients
- ▶ The NHS long term plan emphasises the need for enhanced care for people living with frailty and prioritises more effectively integrated services

We have developed a vision for emergency and integrated care in Northamptonshire

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to...

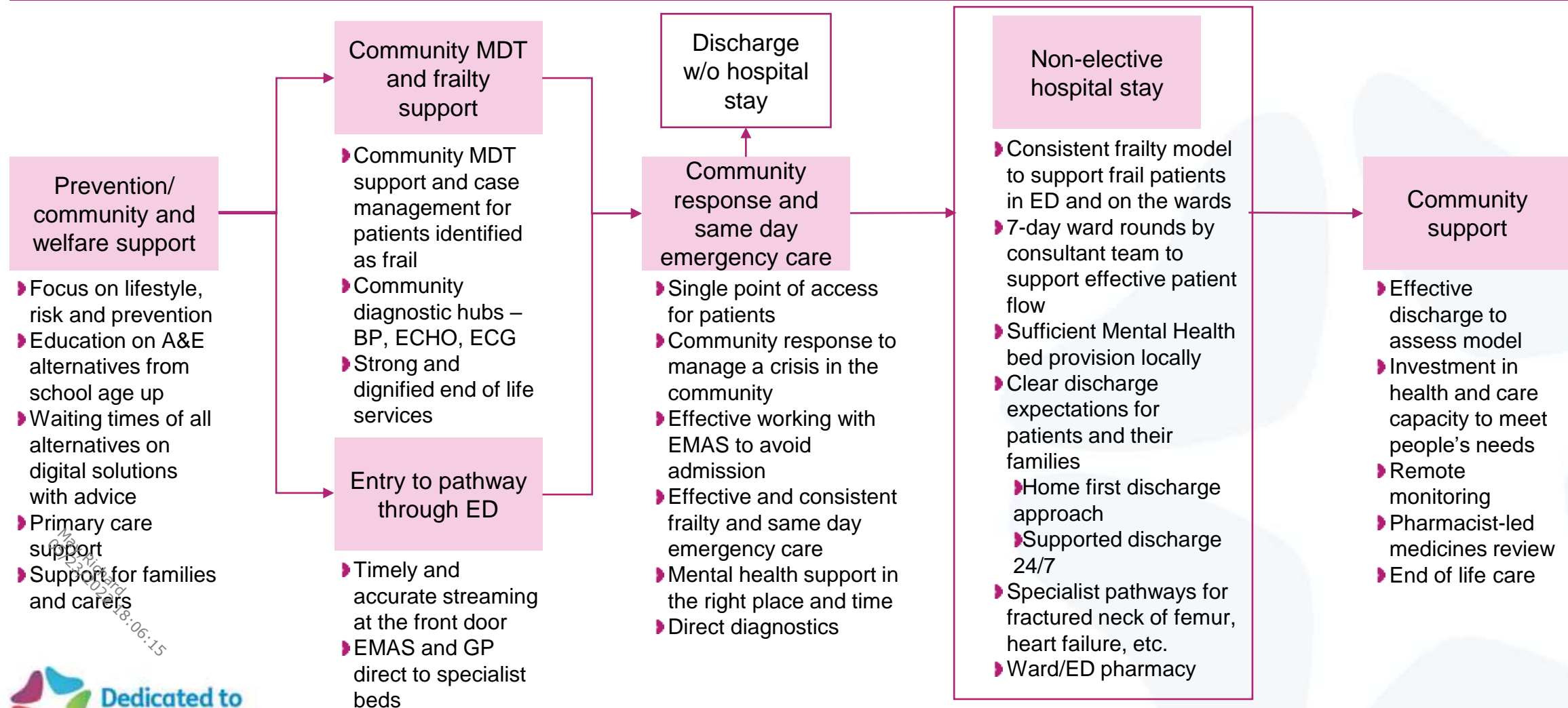
- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

Emergency and integrated care services will deliver our key principles for excellent care

- ▶ **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- ▶ **Keeping people at home where possible:** so that people don't get admitted to hospital or for onward care when not necessary, keeping people independent and resilient
- ▶ **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality, integrated services
- ▶ **Focus on support in the community:** so that people are supported to stay well and are supported in the community
- ▶ **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- ▶ **Deliver the right care in the right place, first time:** so that people are looked after in the most appropriate care setting for their needs
- ▶ **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible in our communities and capacity is ring-fenced for frailty services in our acute hospitals
- ▶ **Best use of available resources:** so that we can provide the best service we can with the resources that we collectively have as a system

We will improve integrated care pathways over the next 3-5 years

One integrated care record across Northamptonshire collaborative



System enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

There are key enablers required to support the successful implementation of the strategy over 3-5 years

Workforce



- ▶ Organisational/team development
- ▶ Consistent frailty model across both organisations
- ▶ System-wide workforce planning
- ▶ Investment in county wide community services to support patients in the community
- ▶ Support the development of the care workforce in the system
- ▶ Develop a true multi-professional approach

Research and innovation (academic)



- ▶ Expand patients involved with trials
- ▶ In-house training of staff with University, expand the frailty training being provided across the system

Quality and governance



- ▶ Establish safe and effective admission avoidance and discharge pathways
- ▶ Establish joint multi-professional teams and system governance
- ▶ Work closely with EMAS, NHFT and the local authorities on pre-hospital pathways
- ▶ Develop the integrated care across Northamptonshire collaborative

Modernising infrastructure (digital & estates)



- ▶ Single patient record between all system partners
- ▶ Community hubs to support care in the community
- ▶ Appropriate ring-fenced estate for frailty hubs

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Women and children's services

May Richard
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Women and children's services are currently provided on both sites, with a midwife-led unit at NGH

Both KGH and NGH provide maternity and paediatric services. Women who choose to give birth at NGH women have the choice of three birth settings: midwife-led birth centre, labour ward, home birth. At KGH have the choice of two birth settings: labour ward or home birth. There are plans to construct a midwife-led unit at KGH in the near future.

Women's and Children's @ KGH

Women's

- Labour ward and home births
- Antenatal and postnatal care
- Local (Level 2) Neonatal Unit (LNU)
- Fetal Health Unit
- Gynaecology (emergency and elective)

Children's

- Paediatrics medical inpatient and outpatient
- Paediatrics ED & PAU
- Community paediatrics

Births 2020/21: 3,207

Women's and Children's @ NGH

Women's

- Labour ward, midwife led birth centre & home births
- Antenatal and postnatal care
- Local (Level 2) Neonatal Unit (LNU)
- Fetal Health Unit
- Gynaecology (emergency and elective - incl. Northamptonshire Gynaecological Cancer Centre)

Children's

- Paediatrics medical inpatient and outpatient
- Paediatrics ED & PAU
- Community paediatrics

Births 2020/21: 4,200

- ▶ Northamptonshire Maternity Services is a partnership with NGH, KGH and Northamptonshire Healthcare Foundation NHS Trust (NHFT).
- ▶ Both Trusts are part of the East Midlands Neonatal Operational Development Network (EMNODN).
- ▶ Both Trusts are working as part of the LMNS Partnership Programme, which includes maternity & neonatal digital transformation and transforming Neonatal Care, and with the NHCP Children & Young People Transformation Board.

Local and national strategies set the strategic context for our proposals for women and children's services

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- ▶ **NHS Long Term Plan (2019):** women should receive continuity of the person caring for them during pregnancy, during birth and postnatally. Children's mental health services are expected to grow to deliver integrated mental and physical health care. Where possible care will be delivered closer to home for children and their families.
- ▶ **Better Births (2016, 2021):** women should have continuity of carer and 'should make decisions about the support they need during birth and where they would prefer to give birth whether this is at home, in a midwife unit or in an obstetric unit'.
- ▶ **Saving Babies Lives Care Bundle (2019):** services should offer choice and personalised care for women and promote availability of continuity of carer.
- ▶ **Ockenden Report (2020):** there must be robust pathways for dealing with complex pregnancies. Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.
- ▶ **Royal College of Paediatrics Facing the Future (2010):** consultant cover is present and readily available in peak hours 7 days a week. Trusts should reduce the number of inpatient sites and increase the no. of consultants to improve senior cover.
- ▶ **Neonatal Critical Care Transformation Review (2017-date):** plans to address issues in neonatal workforce and capacity

GROUP

- ▶ **Group Nursing, Midwifery, Allied Health Professional Strategy 2021-24:** ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- ▶ **Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- ▶ **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- ▶ **The NGH Clinical Strategy 2020:** ambition to set up new clinics and hubs in the community. Ambition to provide a comprehensive maternity service alongside NGH incl. sub-specialising care between the two services and working under congruent policies and procedures. Increase access to gynaecology service, enhance facilities and adopt new workforce models
- ▶ **The NGH Strategy 2019-24:** build a dedicated paediatric emergency facility at NGH.
- ▶ **Local Maternity and Neonatal Strategy:** providing continuity of care across Northamptonshire, with a focus on prenatal and postnatal care
- ▶ **NHCP Children's & Young People Transformation Board:** Bringing together partners across health, care and education to improve outcomes for children and young people
- ▶ **East Midlands Neonatal Network:** Ensuring that babies and their families receive high quality care which is equitable and accessible for all

Our case for change shows that there are several issues that we must address

As well as responding to the recommendations of key strategies, there are several other drivers for change that services facing. These are addressed within our proposals for children and women's services.

There is growing demand for our services

- Northamptonshire population is projected to increase by 14% 2018- 2038. In 20-64 year olds there is projected to be a 7% increase [1].
- In North Northamptonshire, govt-backed plans could see 33,000 new homes built likely to be for primarily young families, increasing demand for maternity and paediatric services [2].

Our services are not joined up leading to poor patient experience

- There is a lack of integration with community services
- Transition between child and adult services is not always seamless and in some cases a total gap with some subspecialties running to 16 but adult services start at 18.

There is some quality and efficiency improvements we need to make

- Day case rates and length of stay needs to improve for gynaecology.
- Paediatrics at KGH are not efficient in outpatients clinics

There is variation in service across Northamptonshire

- Obstetrics:** there is obstetric clinical variation across Northamptonshire [3]
- Paediatrics:** there are different services available across the county (e.g. end of life, allergy)

We need to do more to prevent ill health during pregnancy



- The number of mothers smoking at birth is higher than the England average in both Northampton and Kettering.
- Smoking is the single biggest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health outcomes [2].

Some of our estates and facilities are not fit for purpose



- Both NGH and KGH estates shortfall for neonatology, maternity and gynaecology. In neonatology this has been highlighted in GIRFT (2021) and an NHS Neonatal Critical Care Transformation Review (2019).
- The development of integrated community centres provide an opportunity to deliver services more locally

CQC Performance

Maternity

KGH: Good (2019) 
NGH: Requires Improvement (2019) 

Services for children & young people

KGH: Requires Improvement (2018) 
Northampton: Good (2017) 

Friends and Family Test

% of people likely to recommend the provider's maternity services to friends or family

KGH	100%
NGH	96.9%
National median	98.7%

Sources: [1] [ONS Population Projections 2018-2028](#) [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC.org.uk [5] Model Hospital

We have developed a vision for Children and Women's services in Northamptonshire

Our ambition for paediatrics is to **continue to provide inpatient services on both sites** whilst **improving the resilience of our sub specialist services**. We will also **develop our integrated approach with community based services** so that there are no boundaries for patients.

Our ambition is for women's services is to be **a centre of excellence**. We will seek to **address health inequalities**, achieve the **best outcomes for women**, have the **best trained staff** in the country and be **leaders in research and education**.

We are working with partners to develop a joint vision and commitments for children and women's services in Northamptonshire.

- Community health services
- Local authority partners
 - Social services
 - Education

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Children and women's services will deliver our key principles for excellent care

- › **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- › **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- › **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- › **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- › **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- › **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- › **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- › **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- › **Best use of available resources:** so that we can provide the best service we can with the resources that we have

By Richard
05/23/2022 18:06:15



We will collaborate across the two hospital sites to support our more specialised paediatric services

Ambition	Services to include	Rationale for collaboration	Benefits for patients
There is an ambition for some highly specialised services to be provided county- wide on one site, by one consultant team.	<ul style="list-style-type: none"> Immunology Rheumatology Pain, Chronic fatigue and Medically unexplained symptoms (MUS) 	<ul style="list-style-type: none"> There is not enough demand throughout the county to warrant such highly specialist consultants on both sites for these services. 	<ul style="list-style-type: none"> Reduce patient travel times – currently have to travel out of area
Some services, where there are concerns about sustainability, will be prioritised to set up a networked service, with the same pathways and protocols and regular joint working/ group posts.	<ul style="list-style-type: none"> Oncology Palliative care & end of life Gastroenterology Haemoglobinopathy (further work required on one consultant team) HIV Endocrinology including link to LRI provided Q service Nephrology Epilepsy Cardiology Allergy Eating disorders Align with the full spectrum of Allied health professionals with NHFT pathways Enhanced community paediatrics and acute paediatrics collaboration Closer integration with Child And Adolescent Mental Health Services (CAMH) to provide holistic physical and mental health services for this vulnerable group Enhanced community paediatrics and acute paediatrics collaboration 	<ul style="list-style-type: none"> These are areas where there is low case load / workforce challenges that collaboration could support e.g. joint consultant role for gastroenterology These are specialties with high demand, where capacity is pressured. Networked working should support demand management and reduce workforce pressures 	<ul style="list-style-type: none"> Equity of access across the county Increased access to more specialist input Workforce sustainability

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In the next two years, we will take steps to support our more specialised paediatric services

Area	Changes	How we will know we succeeded	Benefit
Acute management/treatment	<ul style="list-style-type: none"> Build sub-specialty services (Year 1) <ul style="list-style-type: none"> Gastro: recruit group post for countywide service Asthma: single team and recruit specialist nurse and consultant Cystic fibrosis: dedicated post and develop specialist centre for training registrars Haemoglobinopathy: develop MDT service with co-located clinic at Nene Park Neurology: develop county-wide epilepsy pathway <ul style="list-style-type: none"> Strengthen transition arrangements with all sub specialties between 14-19 years and develop young adult services 19-25 years' service for long term conditions (diabetes, asthma and epilepsy) Build sub-specialty services (Year 2) <ul style="list-style-type: none"> Repatriate immunology and rheumatology Single team for end of life Ambulatory cancer care at both sites Align pathways for diabetes and endocrine Integrate eating disorders service with community Closer integration with Child And Adolescent Mental Health Services (CAMH) to provide holistic physical and mental health services for this vulnerable group 	<ul style="list-style-type: none"> Year 1 <ul style="list-style-type: none"> Gastroenterology available at both sites Establish haemoglobinopathy service at Nene Park Neurology non-stop clinics established Year 2 <ul style="list-style-type: none"> End of life support provided consistently across county All oncology ambulatory care provided locally Single pathway/tertiary provide for diabetes and endocrine Integrated eating disorder service established Clinical networks work plan aligned for long term conditions for asthma, epilepsy, diabetes, endocrinology, cardiology, neonatology, paediatric surgery and critical care networks 	<ul style="list-style-type: none"> Equity of access for patients More efficient use of resources Improved outcomes for patients More resilient acute paediatric services

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We have developed some initial proposals for collaboration in gynaecology alongside a proposed ambulatory centre of excellence

The ambition is for Gynaecology to be provided in both acute sites by networked teams with the **same protocols and pathways**, delivering equity of care for all patients across the county. Short term ambitions and priorities are to align models of care and services provided and collaborate to drive improvements and excellence across the Group. This includes aligning ways of working (e.g. nurse-led model), reviewing and aligning pathways and offering joint training.

Initial proposals for collaboration are:

- ▶ Development of nurse practitioners for urogynaecology, early pregnancy care and termination of pregnancy service
- ▶ Align pathways including endometriosis and ambulatory gynaecology
- ▶ Repatriation and development of more specialised services including paediatric and adolescent gynaecology, infertility, and advanced endometriosis treatment (including robotic surgery)
- ▶ Develop a 7-day service for ultrasound gynaecology across Northamptonshire
- ▶ Implement a 7-day gynaecology Same Day Emergency Care (SDEC) service
- ▶ Establish a specialist counselling service in partnership with primary care

To do this we need to:

- ▶ Establish joint training, research and project teams
- ▶ Develop joint governance including M&M meetings and joint pathways

A key ambition is around improving accessibility to our services. Ambulatory gynaecology services will increasingly be **delivered closer to home** with a **nurse-led model** minimising disruption to our patients lives. We will also increase access through self referral.

In the next 2-3 years, we propose developing **Women's Health Hubs** with our partners, providing outpatient appointments and minor procedures in a 'one-stop' environment, co-located with community services. These centres of excellence will deliver high performance against national targets, high quality estates and equipment, high patient satisfaction and patient choice. This is dependent on recommendations of national women's health strategy currently in development and consideration of patient and staff travel times. Further work will be undertaken to develop this proposal.



We are continuing to develop our proposals for fetal medicine

There are several drivers for change for fetal medicine..

- › There are currently challenges around the fetal medicine workforce at KGH.
- › KGH currently have an SLA with Leicester that isn't fulfilling needs, due to Leicester's capacity constraints and there are also challenges with Oxford (NGH).
- › There is a strategic driver to continue to meet RCOG / Public Health fetal medicine access standards (access to fetal medicine sub-specialist within 5 days)^[1]
- › There is growing demand for the fetal medicine service

... and potential opportunities for collaboration that address these challenges.

- › There are workforce opportunities for collaboration, for example, joint recruitment. A Group role should increase attractiveness of the role.
- › There are opportunities to align the offer within the group and deliver equity of care across the county

The next steps for developing these collaboration opportunities further will be detailed clinical engagement.

- › There will be further discussion with the team of fetal medicine specialists to understand what the service could look like in the future across the county.

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Appendix 7 Diagnostics

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Diagnostic services are currently provided on both sites, with vascular interventional radiology at NGH

Both KGH and NGH provide a full range of diagnostic services.

Diagnostics @ KGH

- › Pathology including:
 - › Andrology
 - › Biochemistry
 - › Blood transfusion
 - › Cellular pathology
 - › Haematology
 - › Immunology
 - › Microbiology
 - › Phlebotomy
 - › Mortuary
- › Radiology: CT, MRI, X-RAY, Ultrasound (non-obstetric & obstetric), breast imaging, nuclear medicine, non-vascular interventional radiology, DEXA.
- › Endoscopy
- › Satellite services
- › Private services

Cardiology diagnostics in Cardiology Centre of Excellence detailed proposal

Diagnostics @ NGH

- › Pathology including:
 - › Biochemistry
 - › Blood transfusion
 - › Cellular pathology
 - › Haematology
 - › Immunology
 - › Microbiology
 - › Phlebotomy
 - › Mortuary
- › Radiology: XRAY, CT, MRI, Ultrasound (non-obstetric & obstetric), vascular and non-vascular interventional radiology, fluoroscopy, DEXA, PET-CT, nuclear medicine, breast imaging.
- › Endoscopy
- › Satellite services
- › Private services

Cardiology diagnostics in Cardiology Centre of Excellence detailed proposal

- › Vascular interventional radiology is provided at NGH as a county wide service.
- › Nuclear medicine run by NGH since Feb 2021.
- › Both KGH and NGH are in the ME2 pathology network and EMRAD

Local and national strategies set the strategic context for our plans for diagnostic services

There are a number of national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary the key recommendations

NATIONAL

- ▶ **NHS Long Term Plan:** sets ambition for pathology networks by 2021 to improve access to more complex tests, diagnostic imaging networks by 2023 to enable the rapid transfer of clinical images from care settings close to the patient. The plan introduces more stringent cancer standards for cancer (28-day diagnosis) which diagnostics will be required to help deliver.
- ▶ **Diagnostics: Recovery and Renewal 2020:** recommends split of emergency and elective where possible. Community diagnostic hubs should provide highly productive elective diagnostic centres for cancer, cardiac, respiratory and other conditions. Major expansion in the workforce is required and increase in roles such as advanced practitioner radiographer and assistant practitioner.
- ▶ **GIRFT Radiology 2020:** Recommendations include hot/ cold splits of activity, staff working at the top of their license, review of the efficiency and management of MDTs, robust clinical pathways supported by clinical decision making tools such as iRefer.
- ▶ **Cancer Alliance 2019/20:** Priorities include: implementation of faster diagnosis standard, improvements in cancer screening programmes and delivery of rapid diagnostic centres.

REGIONAL

- ▶ **Midlands & East 2 Pathology Network Update:** ambition to create a single operating model for Pathology across ME2 to release benefits for workforce, procurement, logistics and consistent clinical pathways, allowing patients to move seamlessly between Trusts.
- ▶ There are a number of regional networks and groups that our proposals must align to: **East Midlands Imaging Network (EMRAD), Regional Radiology Group and Regional Pathology Group** for example
- ▶ **NGH/KGH Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- ▶ **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- ▶ **The KGH Clinical Strategy 2020:** establish an imaging hub in the community to scan routine patients. Increase in-house capacity to focus on urgent diagnostics and interventional radiology to diagnose and treat patients more quickly. Improve cancer diagnosis and treatment in line with national standards.
- ▶ **The NGH Strategy 2019-24:** ambition to establish an imaging hub in the community in partnership with KGH to provide a range of diagnostic services. This will help manage increasing demand and support colleagues in Primary Care Networks.

Our case for change shows that there are several issues that we must address

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for diagnostic services

Growth in demand

- ▶ Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 yr olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1]
- ▶ Demand for radiology services is predicted to grow by 8% by 2024 placing additional pressures on services [2]
- ▶ Growth in endoscopy demand in addition to national driver for age extension of bowel cancer screening
- ▶ Increase in one-stop-shop services pressures on diagnostic services
- ▶ Estates will, and are already, constraining growth required to meet this demand

Digital advancements

- ▶ Emerging role of AI in decision making (NHS LTP)
- ▶ Radiology services nationally will need to make better use of digital technologies and future advances in artificial intelligence that will become vital tools for imaging teams [2]
- ▶ Different ways of working embracing digital technologies

Capacity: workforce

- ▶ Workforce impacted by national shortages e.g. radiologists and in pathology. Lack of substantive workforce sustainability e.g. IR and breast radiology [3]
- ▶ KGH & NGH have some gaps in radiologist and radiographer capacity, impacted by delays in overseas recruitment due to COVID
- ▶ Opportunity to adopt flexible working contracts and remote working for some parts of the radiology and pathology service [2]

Networks

- ▶ Need for off-site diagnostic hub. Limited estate capacity at NGH for pathology and radiology.
- ▶ Collaboration between KGH and NGH will support discussions with regional imaging networks, supporting care provided outside of the East Midlands.

Opportunities to increase services

- ▶ Targeted healthy lung checks (THLC) are currently provided by a third party provider. There is an opportunity to bring this in-house.
- ▶ Neither hospital currently provides 7 day endoscopy services

CQC Performance

Diagnostic Imaging
KGH: Good (2019)
Northampton: Good (2017)

Diagnostic Waiting Times

NGH: Prior to COVID, Trust was variably meeting 6 week referral target of 99%. Current metric (Nov 2020) is 77% [6]

KGH: Prior to COVID, Trust was meeting 6 week referral target of 99%. Current metric (Dec 2020) is 87%. [7]

Sources: [1] [ONS Population Projections 2018-2028](#) [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC [5] Royal College of Radiologists support and wellbeing report 2021 [6] [NGH Board of Directors report, Jan 2021](#) [7] [KGH Board of Directors report, Jan 2021](#)

We have developed a vision for a diagnostic services for Northamptonshire

SHORT TERM

- ✓ Diagnostic services across the Group will work in a collaborative, integrated way developing **shared pathways and protocols, joint access policy** (in development) to enhance care across the county. Both organisations will work together to share capacity in order to reduce waiting times for patients.
- ✓ Diagnostics services will develop services in order to minimise disruption to patients lives, **delivering care closer to home** and **increasing one-stop services**.
- ✓ Diagnostics will **strengthen links with both Leicester and Northampton Universities** in line with the Group academic strategy to increase delivery of high-quality research and improve recruitment and retention.

LONG TERM

- ✓ Services will embrace **new technologies such as AI** to increase **efficiency and effectiveness of care**, supported by a seamless shared IT system with the Group and wider system partners.
- ✓ Diagnostic services will collaborate to develop **shared strategies for procurement of equipment and required expansion of estate**.
- ✓ Diagnostic services across the Group will **share waiting lists and reporting lists** where appropriate.

We have developed proposed clinical priorities for diagnostics (1/3)

There are five services within diagnostics that have been identified as priorities, because of the positive impact that collaboration is expected to deliver in terms of easing workforce pressures, standardising diagnostic care and expanding patient access to specialist expertise. The five services are imaging, interventional radiology, nuclear medicine, pathology and endoscopy.

The ambition for all 5 services is for teams across NGH and KGH to work closely together to develop and implement shared pathways and protocols. Longer term this will be the basis for moving towards sharing waiting and reporting lists.

Priority Specialty	Drivers for Collaboration	Ambition
Imaging	<p>STRATEGIC DRIVERS</p> <ul style="list-style-type: none"> › NHS Long Term Plan: diagnostic imaging networks by 2023 › Diagnostics: Recovery and Renewal: community diagnostic hubs <p>GROWTH IN DEMAND</p> <ul style="list-style-type: none"> › Increased demand for imaging as population grows and estate capacity is already constrained particularly at NGH. Collaboration could allow resource to be maximised across both sites to better meet patient demand <p>WORKFORCE CHALLENGES</p> <ul style="list-style-type: none"> › Gaps across the group in radiologist and radiography capacity caused by national shortages and delays in overseas recruitment › Overseas recruitment is time and resource intensive therefore collaboration on recruitment could increase efficiency of this process for both organisations <p>EFFICIENCY OPPORTUNITIES</p> <ul style="list-style-type: none"> › Working together will avoid duplication of expensive kit and services on both sites 	<p>The ambition is for imaging to be maintain service on both acute sites by a networked team working to the same protocols and pathways. The Group will work together to establish a community diagnostic hub.</p> <ul style="list-style-type: none"> › The group will work together to rapidly address capacity constraints particularly at NGH. This will reduce waiting times for patients, allowing them quicker access to treatment. › Group ambition to achieve joint QSI accreditation; combining expertise and resource will expedite process to achieve accreditation. › The Group imaging services will embrace the emerging role of digital technologies and artificial intelligence to improve quality and efficiency of services. › Group imaging will share best practice and learning to increase delivery of one-stop services to improve patient experience and streamline their care. <p>Workforce ambitions:</p> <ul style="list-style-type: none"> › The Group will work together to explore and expand alternative workforce roles to ease capacity pressure. This will include recruiting 2-3 clinical fellows at a Group level who can be appointed into substantive posts. › The Group will integrate training to jointly offer a wider range of courses; the Group will also develop a Group-wide support network for those on a consultant trajectory. The scale provided through collaboration will expand the support and development network offered to staff. › Overseas recruitment will be progressed at a Group level e.g. joint interview days, to reduce administrative burden of the recruitment process on both organisations. › The Group will introduce rotating radiographers (specialist areas or lower banding) who will facilitate cross-site learning and sharing ways of working. <p>Service location ambitions:</p> <ul style="list-style-type: none"> › PET-CT will continue to be delivered solely at NGH (nationally commissioned service). › Cardiac MRI will continue to be delivered solely at KGH (<i>subject to Cardiology proposals.</i>)

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We have developed proposed clinical priorities for diagnostics (2/3)

Priority specialty	Drivers for Collaboration	Ambition
Interventional radiology	<p>WORKFORCE CHALLENGES</p> <ul style="list-style-type: none"> Significant workforce pressures including lack of substantive workforce sustainability. No KGH out of hours cover for non-vascular IR currently. NGH offers an ad hoc 1 in 2 rota. Challenges with out of hours cover results in patients being sent to Leicester for care. <p>EXISTING COLLABORATION</p> <ul style="list-style-type: none"> Vascular IR is already consolidated on NGH 	<p>The ambition is for non-vascular IR to continue be provided on both acute sites by networked teams working to the same protocols and pathways. Vascular IR will continue to be provided on a single site (NGH).</p> <p>Non-vascular IR will work collaboratively across the group to provide a shared rota for out of hours cover. The teams will work together to provide joint training and secondment opportunities; sharing expertise to increase career opportunities for staff.</p> <p>The Group will continue to explore and build on alternative roles within IR, including recruiting clinical fellows at a group level who can be appointed to substantive posts. This collaboration will help to ease workforce pressures across the Group.</p> <p>Vascular IR (inpatient and complex) will continue to be provided on a single site (NGH). There is potential to expand OP services at KGH to provide day case vascular IR procedures. Rare complex cases will continue to be referred elsewhere as they require access to cardiothoracic surgery.</p>
Nuclear medicine	<p>EXISTING COLLABORATION</p> <ul style="list-style-type: none"> Nuclear Medicine currently run for the group by NGH, this is a temporary arrangement and a great example of current collaborative working. <p>EFFICIENCY OPPORTUNITIES</p> <ul style="list-style-type: none"> Underutilised Nuclear Medicine department at KGH 	<p>The ambition is for Nuclear Medicine to continue to be provided on both sites, building on the existing collaborative working this service will be delivered by <u>a single team</u> working to the same protocols and pathways.</p> <p>Nuclear medicine will be delivered across both sites by a single team, ensuring capacity across the Group is fully maximised.</p> <p>Note: there may be some challenges re single team given NGH radiographers dedicated to NM, KGH radiographers are not.</p>

We have developed proposed clinical priorities for diagnostics (3/3)

Priority specialty	Drivers for Collaboration	Ambitions
Pathology	<p>STRATEGIC DRIVERS</p> <ul style="list-style-type: none"> ▶ NHS Long Term Plan: pathology networks by 2021 <p>GROWTH IN ONE-STOP SERVICES</p> <ul style="list-style-type: none"> ▶ Increase in demand for pathology services ▶ Similar ways of working required between the trusts to enable one-stop services <p>WORKFORCE CHALLENGES</p> <ul style="list-style-type: none"> ▶ Pathology workforce challenges caused by national shortages ▶ Opportunity to adopt flexible working contracts and remote working. Implementing this is critical to addressing workforce pressures. Collaboration will enable more rapid roll out of these new ways of working via economies of scale. ▶ Microbiology, Histopathology and Blood Sciences are having challenges recruiting medically qualified staff nationwide 	<p>The ambition for Pathology is for both trusts to continue work together collaboratively within the ME2 Network.</p> <p>The priorities and objectives highlighted in the ME2 include:</p> <ul style="list-style-type: none"> ▶ A staffing strategy to include resolving operational issues with staffing, appointing joint posts and delivering joint training ▶ Adopting consistent processes to reduce unwarranted variation ▶ Digital pathology/diagnostics implementation ▶ Common performance and risk management dashboard <p>The Group will have shared on-call provision for Microbiology these discussions are already in train and this will address the current fragility of this service.</p> <p>The Group will collaborate to develop shared ambitions for future use of molecular pathology in line with national recommendations.</p>
Endoscopy	<p>MANAGING DEMAND</p> <ul style="list-style-type: none"> ▶ Growth in endoscopy demand in addition to national driver for age expansion of bowel cancer screening ▶ This will incur further challenges meeting diagnostic targets <p>WORKFORCE CHALLENGES</p> <ul style="list-style-type: none"> ▶ Challenges around consultant and nursing numbers. Alternative roles have been developed, however this hasn't closed the gap. <p>SERVICE PROVISION</p> <ul style="list-style-type: none"> ▶ Neither KGH or NGH provide 7 day endoscopy services (24/7 OOH provision is provided). 	<p>The ambition for Endoscopy is to be provided on both acute sites by networked teams working to the same protocols and pathways, with integration of specialist services.</p> <p>The Group will have joint meetings and regular contact to share learnings and work together to deliver equity of service across the county including services offered in the community.</p> <p>This will build on the successful existing collaboration around bowel cancer screening.</p> <p>There is opportunity for further integration of specialist endoscopy services, e.g. EUS (currently key-man risk at NGH) and ERCP (pressured at both trusts), as these services require specialist expertise and equipment, Opportunities include single site service or networked waiting list.</p> <p>The Group will collaborate to discuss jointly delivering 7 day services and new technologies such as Spyglass. This will require significant investment.</p>

Our ambition is to deliver diagnostic services closer to home

There is a clear ambition to deliver diagnostics services outside of the acute setting, closer to patients' homes. This will improve access and patient experience. Delivering services in the community could release capacity in the acute setting which is currently constrained.

Collaboration is an opportunity to explore the development of **Community Diagnostic Centres** across the county.

The ambition to deliver care closer to home could be achieved by delivery of Community Diagnostic Centres

There are a number of potential opportunities for location of the CDC(s)

There are benefits of delivering diagnostic care closer to home for patients and the trusts..

However there a number of challenges and considerations with CDC that the Group must take into account.

The Group will collaborate to develop a strategy and delivery plan for Community Diagnostic Hubs (CDH).

Initial ambitions for CDH include:

- ▶ To include GP services (including primary care cancer pathway) and outpatient services such as fracture clinic.
- ▶ Diagnostics provision that could be included: CT, MRI, ultrasound and bloods. The hubs could also offer therapy provision.
- ▶ We are considering the opportunity to establish a CDC in Northampton, Nene Park, Isebrook or Corby.
- ▶ Delivering care closer to home will improve patient experience and minimise unnecessary visits to the acute site.
- ▶ NGH currently has limited space on site (2 CTs and MRI needed). CDC will help to reduce estate pressure.
- ▶ A CDC supports delivery of the GIRFT recommendation to split elective and emergency activity. This allows better protection of elective services during periods of high emergency demand such as was seen during the pandemic.
- ▶ Funding has not yet been agreed
- ▶ Any CDC will have to be staffed from existing workforce. This may increase workforce pressures although reducing estate capacity pressures.

Appendix 8: Financial impact assessment

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Financial impact assessment of clinical strategy (DRAFT) 1/2

The Group clinical strategy includes plans to co-locate and consolidate several specialties and collaborate with the system, which will require significant investment, but has potential to result in long-term efficiency and productivity savings

Ref	Theme	Description of initiative	Timing	Investment Required? (Y/N/M)	Investment Type?	Savings Possible?* (Y/N/M)	Savings Type?	Finance Support Required	Comments
1	Creating Centres of Excellence ('CoE')	Establishing CoEs for cancer and cardiology including co-locating services, delivery by single team, single governance structure	Beyond 12 months	Y (High)	Capital and revenue	Y (Medium)	Efficiency	Cost / benefit analysis support; business case support required for capital-intensive co-locations; tracking of savings from pooled workforce	Significant dependency on estates function to deliver co-locations; potential income generation from CoEs Savings from reduction in on call payment (shift system), reduced locum and agency cost, reduced length of stay.
2	System Collaboration	Working with system partners to develop strategies, set up networked services or deliver services within the community (iCAN and elective collaborative)	Beyond 12 months	Y (High)	Capital and revenue	Y (High)	Efficiency and Productivity	Financial analysis support	Significant transformation in ways of working required to deliver services in partnership Initiatives will reduce bed requirement but cost of reprovision in the community is substantial (cost transfer to community)
3	Co-location of specialised services	Co-location of highly specialised and fragile services	Beyond 12 months	Y (Medium)	Capital and revenue	Y (Low)	Efficiency	Financial analysis and business case support	Savings from reduced cost of locums, outsourcing and agency, testing and diagnostics
4	Income generation	Income generation through repatriating activity to the Group	Beyond 12 months	Y (Medium)	Capital and revenue	N	n/a	Tracking increased activity against capacity	Income generated likely to net off costs – i.e. c£1-5m income expected.



*Savings will be against a projected baseline. Note: The above information is based on the Group Clinical Ambitions Nov 21, and assumptions on the initiatives in terms of investment need, scale, and savings.

Key

Investment Type

- Infrastructure (Capital)
- Operational Capacity (Revenue)
- Both

Savings Type

- Productivity
- Efficiency
- Both

Scale (£ Cost)

- Low (Green): 0-1m
- Medium (Amber): 1-5m
- High (Red): 5-10m

Scale (£ savings)

- Low (Red): 0-1m
- Medium (Amber): 1-5m
- High (Green): 5-10m

Financial impact assessment of clinical strategy (DRAFT) 2/2

A key initiative is streamlining existing processes and functions, including back-office functions which, if implemented effectively, could potentially result in significant savings for the Group

Ref	Theme	Description of initiative	Timing	Investment Required? (Y/N/M)	Investment Type?	Savings Possible?* (Y/N/M)	Savings Type?	Finance Support Required	Comments
5	Alignment of systems	Implement common systems to support joint working (e.g. system for scans to be read on both sites, common performance and risk dashboard, AI technology)	Within 12 months	Y (Medium)	Capital and revenue	Y (Medium)	Efficiency and productivity	Financial analysis and business case support required for capital-intensive investments	AI technology considered longer-term and requires significant investment, however majority of initiatives are short-term Savings from reduction in duplicate tests and appointments
6	Staff retention	Aligning pay rates, extending existing roles and expanding staff support network and improving learning and development for staff	Within 12 months	Y (High)	Revenue	Y (Medium)	Efficiency and productivity	Tracking effect of increased recruitment on agency costs	Investment depends on direction of pay alignment – assumed increase in pay required. Savings from reduction in sick leave and subsequent bank agency cost, reduce costs associated with attrition rates
7	Streamlining processes and functions	Streamlining patient pathways, procedures and back office functions	Within 12 months	Y (Medium)	Revenue	Y (High)	Efficiency	Tracking of savings from pooled workforce	Single Group approach to back-office functions, including Boards, likely to save c£10m
8	Patient quality / access targets	Achieving specific patient quality / access targets such as delivering to national quality standards and improving access to specialist cardiac services.	Beyond 12 months	Y (Medium)	Revenue	Y (Medium)	Productivity	Tracking increased activity against capacity / resource available	Additional income may be available via Payment by Results (PBR) tariff Savings would largely be from GIRFT, but would be difficult to quantify

*Savings will be against a projected baseline. Note: The above information is based on the Group Clinical Ambitions Nov 21, and assumptions on the initiatives in terms of investment need, scale, and savings.



Key							
Investment Type	• Infrastructure (Capital)	Savings Type	• Productivity	Scale (£ Cost)	• Low (Green): 0-1m	Scale (£ savings)	• Low (Red): 0-1m
	• Operational Capacity (Revenue)		• Efficiency		• Medium (Amber): 1-5m		• Medium (Amber): 1-5m
	• Both		• Both		• High (Red): 5-10m		• High (Green): 5-10m

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 th May 2022
Agenda item	8

Title	Staff Survey Response
Presenter	Mark Smith, Chief People Officer
Author	Mark Smith, Chief People Officer

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> 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				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> X People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference

Reason for consideration	Previous consideration
Our staff survey results are a key part of our Dedicated to Excellence strategy and People Plan	Group People Committee, briefing sessions and Group Board Development, March - April 2022

Executive Summary
The national NHS staff survey results have been published. The results for our Trusts showed a deterioration in outcomes. As a result, we as a Board and leadership teams within the Trust are undertaking a number of actions, including assessing research into a full cultural improvement programme to introduce in NGH and across the group model in order to improve colleague experience of working in the Trust and fulfilling our Dedicated to Excellence objective of being within the top 20% of national staff survey results.

The Board of Directors is requested to note the latest in respect of the receipt of, and response to, the 2021 Staff Survey.

Appendices

Our full staff survey results can be found here -

<https://cms.nhsstaffsurveys.com/app/reports/2021/RNS-benchmark-2021.pdf>

Risk and assurance

The risk regarding our staff survey results can be found in our joint BAF

Financial Impact

The financial impact of our proposed cultural improvement programme is being designed and will be shared at on next joint Board development session in June.

Legal implications/regulatory requirements

None

Equality Impact Assessment

Our Workforce Race and Disability Equality Standards are contained within the benchmarked survey report.

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National Staff Survey Results and Response 2021

Situation

The national NHS staff survey results have been published. The results for our Trusts showed a deterioration in outcomes. As a result, we as a Board and leadership teams within the Trust are undertaking a number of actions, including assessing research into a full cultural improvement programme to introduce in NGH and across the group model in order to improve colleague experience of working in the Trust and fulfilling our Dedicated to Excellence objective of being within the top 20% of national staff survey results.

Background

The survey is one of the world's largest workforce surveys – in 2021 648,594 people took part nationally.

The staff survey results are now aligned to the 7 elements of the national People Promise which is the most significant change in the survey in a decade

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The People Promise elements replace the previous themes, with the exception of Engagement and Morale

The survey results were published on 30th March 2022 with new dashboards available nationally providing the results at an aggregated ICS level for the first time. For the first time – inclusion of a valid and robust measure of 'burnout' as part of the "We are Safe and Healthy" reporting element. The demographic questions have been improved to include gender identity and international recruitment, along with colleagues who have worked within Covid-19 areas, or have been redeployed etc to make the survey more inclusive

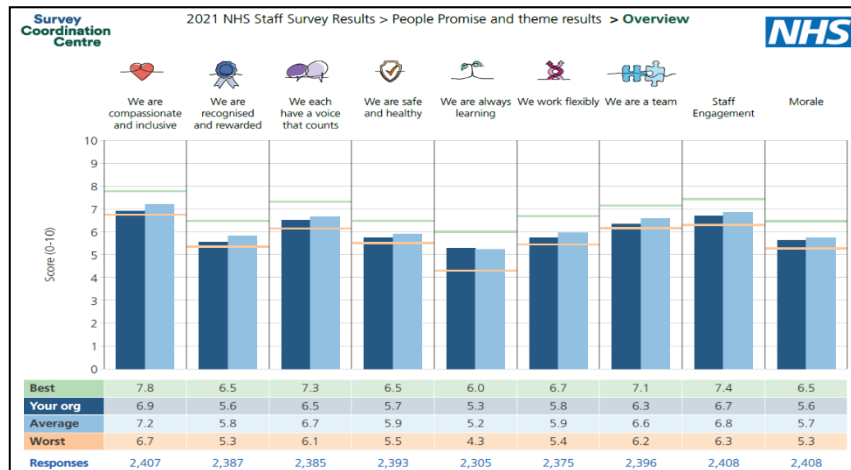
Assessment

The results of the national staff survey were not where we would want them to be. Nationally staff survey results deteriorated, and this was the same for our Trust.

The full results can be found here:

<https://cms.nhsstaffsurveys.com/app/reports/2021/RNS-benchmark-2021.pdf>

2,414 colleagues participated in the survey, which was a response rate of 42%. The national median response rate was 46% and our response rate last year (2020) was 50.5%.



A majority of the measures for which there is trend data within the survey demonstrate a deterioration for those classed as best, average and worst – this trend is identified within our Trusts results, however areas within the Trusts have experienced greater deterioration than the national trends.

The survey was undertaken at what is documented the end of some of the most challenging times for the NHS and our colleagues. Services were being reset and recovered following the first waves of the pandemic, in line with IPC guidance, coupled with non-elective pressures normally seen at the end of Q3 and during Q4 being experienced during the end of Q2 and Q3 (the survey period) prior to the most recent Covid-19 Omicron wave

Even with this context our survey results are disappointing given the number of actions and initiatives taken and supported during the past year, including the launch of our Group, University status, Vision and Values, our strategy, inclusive of our enabling strategies, the increase in our health and wellbeing provision and our focus on diversity and inclusion. Our Trust pulse survey responses in September and January did not demonstrate the levels of reduction seen in the wider national survey results, although national benchmarks for the pulse are not currently available

The key areas that colleagues have told us we need to make improvements in are Teamwork, Respect, Leadership & Management and Reward & Recognition. It is clear that we need to do more to tackle bullying and discrimination, improve team working and build up respect, trust and kindness.

We are committed to taking the actions we need to take to make NGH a place where colleagues feel supported, valued, empowered and ultimately look forward to coming to work.

Recommendation(s)

A full analysis of our results has been shared within the Trust. We spent our whole joint Board development session dedicated to the staff survey results on the 29th April 2022. This session included an update from the senior leadership team as to what actions have currently been undertaken, listening events that have commenced in understanding the results and the improvements colleagues would

like to make and see within the Trust. We also heard from an NHS Trust who undertook a journey of improvement with regards to culture, engagement and improvement, centred on the Professor Michael West's academic research and we discussed what we believe our approach could be to responding to how colleagues are feeling working within our organisation, inclusive of the investment in time and money we will need to commit to our improvement programme, acknowledging that evidence demonstrates this will be a two to three year programme.

Our pulse survey also gives us very helpful regular insights as to how colleagues are feeling and immediate improvement actions which can be undertaken. Our April people pulse survey had its highest ever response rate of 24% across the Group model whereby colleagues raised challenges regarding pay and the cost of living, recognition of colleagues in enabling services and understanding more about collaboration within the Group model. We were able to respond to this feedback quickly which was demonstrated in the most recent Group Brief, whilst specific detail of the survey results are reviewed within the Trust as part of the connect, explore and improve sessions conducted by the hospital leadership team and the divisional performance reviews in line with the performance management framework.

The Board of Directors is requested to note the latest in respect of the receipt of, and response to, the 2021 Staff Survey.

May Richard
05/23/2022 18:06:15

Cover Sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	9

Title	Trust's response to the Ockenden Reports (2020/2022)
Presenter	Debra Shanahan, Interim Director of Nursing and Quality
Authors	Debra Shanahan, Clare Flower and Sue Lloyd

This paper is for			
<input type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> 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
<p>This report provides the following information:</p> <ul style="list-style-type: none"> An update on outstanding actions from the first Ockenden Report (2020) The first provisional assessment of the Trust's position in relation to the actions from the final Ockenden Report (2022) 	<p>Board of Directors, March 2022 (Ockenden 2020 report)</p>

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This report provides the following information:

- An update on outstanding actions from the first Ockenden Report (2020)
- The first provisional assessment of the Trust's position in relation to the actions from the final Ockenden Report (2022)

The Board is requested to:

- Receive this report for information and assurance, and
- Determine any further information, action and/or assurance required.

Appendices

Appendix 1: Northampton NHS Foundation Trust Maternity Services – Overview Findings of Regional and System Insight Visit, 12th April 2022

Risk and assurance

Implementation of Ockenden recommendations promotes safety in Maternity services and is a mandatory requirement of all providers.

Financial Impact

Funding is nationally available to support the implementation of recommendations made.

Legal implications/regulatory requirements

As above

Equality Impact Assessment

An equality impact assessment will be undertaken to ensure that any changes to service delivery in response to Ockenden recommendations, does not have a negative impact of equality of opportunity. An example of this will be the pause/retention of continuity of carer modelling.

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THE OCKENDEN REPORTS (2020) AND (2022)

The First Ockenden Report 2020

The first Ockenden Report – *“Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust: our first Report following 250 clinical reviews”*¹ was released in December 2020. Seven Immediate and Essential Actions (IEAs), comprising of twenty-five sub-actions, were for every provider of NHS Maternity Services to implement, including this Trust.

In response to the first report, the Trust reviewed governance and assurance arrangements to manage the implementation of the required actions and involvement of a broad range of stakeholders and regulators in final decision making.

Progress against all the required actions has been reported bimonthly to the Trust Board meeting in public, and this will continue.

As of 16th May 2022, this Trust had delivered 20 out of 25 actions from the first report. At this stage, 5 actions are yet to be delivered. Each of these is ‘on track’ to be delivered by their proposed completion date.

Now that the Trust has received the final Ockenden Report, all actions from the first report will be carried over and amalgamated with the new actions from the final report into one single action plan. This is so that progress against the actions from both reports can be monitored continuously in one place and to ensure that, where delivered, they are being sustained.

The Final Ockenden Report (2022)

The final Ockenden Report – *“Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust – Our Final Report”*² set out the following new actions:

15 Immediate and Essential Actions (IEAs), comprising of 92 sub-actions, which were for every provider of NHS Maternity Services to implement.

Status of required actions

On receipt of the final report, work has commenced on familiarizing and assessing the new actions and undertaking an informal gap analysis against each of them.

However, due to the changes in the midwifery leadership team and capacity it has been necessary for The Women and Children’s Division comprising of doctors, midwives, managers and other colleagues to undertake only a ‘light-touch’ provisional review of the safe staffing element and the continuity of carer team. The

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outcome was to continue the continuity of carer team, as they look after the most vulnerable.

A further reason this is only provisional at this stage is some of these actions have yet to be validated formally through the National Maternity Transformation Team. This level of progress with Ockenden 2 is in line with many other Trusts, as advised by the Midlands regional chief midwife.

Regrettably, it has not been possible to provide a full update before the production of this report; however, the provisional self-assessment should be complete by the end of next week.

Points to note from these assessments, include:

- The work required to deliver all the actions from the second report is substantial. Some of these new actions are complex to navigate and will take time to go through the due and agreed assurance and validation processes. It is essential that this is all done properly. Any attempt to rush these carries the risk of false assurances or conversely, concerns being raised inappropriately.
- A number of the new actions are dependent on factors external to the Trust, so these will need to be negotiated with external partners, as well as the LMNS and regional and National Maternity Teams.
- The Board will notice that the 5 actions from Ockenden 1 have not yet been fully implemented and remain amber (on track). These will only be declared as fully compliant once the Trust can be confident of actual delivery.
- An Ockenden insight visit was undertaken on 12th April 2022. An overview of findings is available in appendix 1.

Summary

Work has been undertaken already to undertake a preliminary review of all the actions from the final report. This work will continue but with the due diligence required to deliver them fully and properly.

The work arising from these new actions includes prioritising them as well as undertaking assessments to determine the resource requirements to deliver them.

Appendix 1: Northampton NHS Foundation Trust Maternity Services – Overview Findings of Regional and System Insight Visit, 12th April 2022

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Northampton NHS Foundation Trust

Maternity Services – Overview findings of Regional and System
Insight Visit

12th April 2022

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NHS England and NHS Improvement



Visit Purpose



An Ockenden Insight visit to Northampton General Hospital Trust was completed on the 12th April 2022.

The purpose of the visits was to provide assurance against the 7 immediate and essential actions from the Ockenden report. The Insight Visit Team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the senior leadership team and many front line staff ranging in job roles. Emerging themes from conversations were organised under the immediate and essential actions headings

- | | |
|--|---|
| 1. Enhanced Safety | 5. Risk Assessment Throughout Pregnancy |
| 2. Listening to Women & Families | 6. Monitoring Fetal Well-Being |
| 3. Staff Training and Working Together | 7. Informed Consent |
| 4. Managing Complex Pregnancy | 8. Workforce Planning and Guidelines |

Insight Visit Team members: Janet Driver Regional Chief Midwife Midlands; Sandra Smith Deputy Regional Chief Midwife Midlands ;Chantal Knight Senior Governance and Assurance Lead Midwife Midlands; Polly Leigh Consultant Midwife NHS Northamptonshire CCG

Key Headlines



Points for Celebration

MVP involvement is excellent with strong engagement with women and their families especially with 'hard to reach' groups

The NED has a excellent understanding of maternity issues ,risks and concerns and actively engages in face to face meetings with different staff groups

There are clearly good working relationships between obstetric and maternity staff groups

A supportive PMA team are in place with a well developed mechanism for ensuring women are given choice and informed consent to care pathways

Culture and engagement HR work is underway 'Building tomorrow together' and is being welcomed by staff groups

Points for Consideration

- Create a business case for a new digital maternity record in conjunction with the trust and ICS strategy in readiness for future national funding
- SI's should be robustly managed by the division with external clinical review and oversight by the corporate governance team and there should be one mode of serious investigation in line with the national SI process
- There should be named ownership of key roles by clinicians including obstetric and midwifery SBLCB2 Leads & fetal monitoring leads
- Reinstate the use of Birth Rate tool App to aid workforce planning
- Ensure obstetric staff attend mandatory PROMPT training including delivery of content

Summary of Insight Visit Review of Ockenden IEAs Status



IEA	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced safety								
2) Listening to women and families	N/A	N/A						
3) Staff training and working together								
4) Managing complex pregnancy								
5) Risk assessment throughout pregnancy								
6) Monitoring fetal well-being								
7) Informed consent								
Workforce Planning								
Guidelines								

IEA1 Enhanced Safety

- Points for Celebration

Since November 2021 all SI's have had external review by clinicians predominantly by Kettering

All SI's are shared with the LMNS

100% of HSIB and PMRT cases are reported

MSDS 40 out of 41 metrics are met

Points for Recommendation

Audit of HSIB and PMRT performance should be undertaken to evidence compliance

Ensure timely feedback is offered to all woman and families from PMRT cases

Consider how the SI's can be reported to Trust Board meetings for full transparency

Introduce a specific maternity digital record which is compliant with MSDS and allows women to access and interact with their maternity records and additionally supports the requirements of all Ockenden audits required



IEA1	RAG
Q1 - Dashboards	Green
Q2 – External review of SIs	Green
Q3 – SIs to Board/LMNS	Yellow
Q4 - PMRT	Yellow
Q5 - MSDS	Green
Q6 - HSIB	Green
Q7 - PCQSM	Green
Q8 – SIs to Board/LMNS	Yellow

IEA2 Listening to Women & Families



Points for Celebration

The NED has a excellent understanding of maternity issues risks and concerns and actively engages in face to face meetings with different staff groups

Excellent MVP involvement in the trust

There is good evidence of monthly meetings safety champion meetings

Established PMA pathway with referral to designated clinic for support and choice for women

Points for Recommendation

Consider highlighting the NED role and individual with posters and social media communications to ensure all staff knew who they are and what their role entailed

Ensure Bi monthly safety champion meetings are evidenced with action log or minutes

Ensure timely feedback is offered to all woman and families from PMRT cases

IEA2	RAG
Q9 – Advocate role	N/A
Q10 – Advocate role	N/A
Q11 – NED	
Q12 - PMRT	
Q13 – Service user feedback	
Q14 – Bimonthly safety champ meetings	
Q15 – Service user feedback	
Q16 – NED	

IEA3 Staff Training and Working Together



Points for Celebration

There are clearly good working relationships between obstetric and maternity staff

Points for Recommendation

- Embed the requirement to complete twice daily ward rounds which are not currently 7 days per week and monitor with monthly audit which are fed back to staff
- Ensure obstetric staff attend mandatory PROMPT training as planned and escalate if non attendance occurs This includes the role of the obstetrician for delivery of content
- Monitor compliance levels of training and escalate through governance reporting if <90%.A clear trajectory should be in place for achievement of all requirements
- Confirm ring fencing of training monies from CNST Year 3 by Finance Director

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IEA1	RAG
Q17 – MDT Training	
Q18 – Cons. Ward Rounds	
Q19 – Ring-Fenced Funding	
Q20 -	
Q21 – 90% MDT Training	
Q22 – Cons Ward Rounds	
Q23 – MDT Training Schedule	

IEA4 Managing Complex Pregnancy



Points for Celebration

All women with complex pregnancies have a named consultant and a buddy system which ensures continuity of care

Clear pathways are in place for referral to tertiary units

Points for Recommendation

- Continue to fully implement all SBLCB2 actions to achieve full compliance with regularly audit schedules in place to monitor compliance
- Ensure a named obstetric consultant is allocated as Audit Lead
- Regular spot audit of the requirement of named consultant for complex pregnancies

IEA4	RAG
Q24 – MMC Criteria	Green
Q25 – Named Consultant	Yellow
Q26 – Complex Pregnancies	Green
Q27 – SBLCBv2	Red
Q28 – Named Cons/Audit	Yellow
Q29 – MMC	Yellow

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IEA5 Risk Assessment Throughout Pregnancy



Points for Celebration

Staff were aware of the need for risk assessments and were able to articulate they were carried out

Points for Recommendation

- Lack of digital maternity record affects the ability to fully automate audit compliance of antenatal risk assessment .Consider monthly spot audits of paper notes to assess position and convey to staff the reasoning for the requirement and achievements
- Consider monthly spot audits of paper notes to assess position and convey to staff the reasoning for the requirement and achievements

IEA5	RAG
Q30 – Risk assessment	
Q31 – Place of Birth RA	
Q32 – SBLCBv2	
Q33 – RA recorded with PCSP	

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IEA6 Monitoring Fetal Well-Being



Points for Celebration

- There is a SBLCB2 Midwife and Midwifery Fetal Monitoring lead in place

Points for Recommendation

- Evidence of expertise in Fetal Monitoring Leads posts is required to achieve the Ockenden requirements
- Continue to fully implement all SBLCB2 actions to achieve full compliance with regularly audit schedules in place to monitor compliance
- Ensure a trajectory is in place to achieve the 90% requirement of all staff to complete MDT training

IEA6	RAG
Q34 – Leads in post	Yellow
Q35 – Leads expertise	Yellow
Q36 – SBLCBv2	Red
Q37 – 90% MDT Training	Yellow
Q38 – Leads in post	Yellow

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IEA7 Informed Consent



Points for Celebration

‘Meet the Matron’ clinic promotes informed consent and respecting women's choices with information giving and discussion

Good progress has been made with website production and collaboration with the MVP

MVP LMNS and Trust weekly huddle in place to highlight and discuss any immediate concerns from women and their families

Points for Recommendation

Regular spot audits of notes to ensure women are given choice and given information to make informed choices for care pathways and consider tailoring the information given to woman regarding risks is trust specific

Succession planning for PMA lead

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IEA7	RAG
Q39 – Accessible Information, Place of Birth	
Q40 – Accessible Information, All Care	
Q41 – Decision making and Informed Consent	
Q42 – Women’s Choices Respected	
Q43 – Service User Feedback	
Q44 - Website	

Workforce Planning & Guidelines



Points for Celebration

- Exec team closely linked to maternity and aware of staffing concerns/shortfalls

Points for Recommendation

- Reinstate the use of Birth Rate Plus (BR+) App in clinical areas to aid workforce planning and support any decisions to divert
- Ensure a clear process is in place for review of guidelines which are out of alignment to national guidance
- Ensure that medical staff have PAs agreed in their workplan to allow defined time for agreed participation in governance activities with named consultant alignment to governance workstreams i.e. SBLCB, Fetal monitoring, MDT Training provision etc
- Named consultant alignment to governance workstreams i.e. SBLCB, Fetal monitoring, MDT Training provision etc
- Create a clear workforce plan to be drawn up detailing the trajectory when the workforce will be able to meet standards

WFP & G	RAG
Q45 – Clinical Workforce Planning	
Q46 – Midwifery Workforce Planning	
Q47 – D/HoM Accountable to Exec Dir	
Q48 – Strengthening Midwifery Leadership	
Q49 - Guidelines	

Additional Recommendations / Points for Consideration

- Create a business case for a maternity digital platform in readiness for release of national funding in conjunction with local trust and ICS strategy and in partnership with Kettering maternity services. Consider the maternity IT infrastructure to ensure the clinicians can undertake end to end care recording through all care pathways across ante, labour and postnatal care as well as supporting effective reporting to MSDS
- All SI's to be robustly managed by the maternity division with external review and linking in with corporate governance for oversight. Lessons learned should be shared in a timely fashion and families collaboratively involved and offered feedback
- Demonstrate a clear trajectory of completion of outstanding SI's and escalate to Trust Board for assurance
- Strengthen the process and management of guidelines ensuring exception reporting is tabled monthly on divisional governance meetings
- Trial the introduction of a 3 minute Governance huddle to highlight key Ockenden requirements

Additional Recommendations / Points for Consideration



- Have a robust plan of audit reporting requirements for all Ockenden IEA and report by exception on a monthly basis as part of the divisional governance processes
- Continue to progress actions to become SBLCB2 fully compliant - monitored by LMNS
- Maintain support and freedom to speak up culture for all staff
- Ensure succession planning for PMA lead role and a minimum 7.5 hours per month protected time to undertake this important role
- Review the training and access of the Datix module-feedback from staff reported incidents are not reported because the Datix module is difficult to allow them access
- Undertake a process of 'upskilling' of midwives by supported rotation across clinical areas. This will support the OD work and improve ability to escalate as staff will be flexible in the way they work

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- Review the choice of place of birth available for women – currently very limited options as birth centre not operational (limited) and home birth availability restricted (suspended)
- Undertake staff consultation process in order to:
 - Reinstate on call provision of maternity care 24/7.
 - Staff are supported and clinically safe to rotate into all clinical area's of maternity care – essential to improve ability to escalate when workload pressures increase.
- Review staff who have occupation health restrictions on clinical duties, ensuring that the restrictions still apply. Should the number of restrictions remain high consider impact on workforce availability and possible need to adjust workforce numbers

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Offers of Support to Trust



- Regional team or LMNS to broker assistance in the requirement of a named buddy organisation for external review of serious incidents including MOU agreement documentation
- Regional Obstetric Clinical Lead to support a medical staffing review with the CD and MD
- Regional Digital Midwife is available to support any consideration of changes to digital elements
- Supported deep dive into SBLCB2 by Midlands regional team

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The visiting team would like to express thanks to all the staff who on the day of the visit were very welcoming in sharing their thoughts regarding the maternity services.

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	10

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

This paper is for

<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> 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

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

Reason for consideration

Previous consideration

To note the May 2022 BAFs and ensure that:

- Residual risks scores are accurate and reflective after taking all controls (current and planned) into account
- Consider whether the Board is gaining sufficient assurance that the controls and actions in place are mitigating risks described
- Consider whether residual risk scoring aligns to risk appetite and;
- To seek assurance that action owners are identified for the further planned actions on the four risks relevant to Q&SC.

Board Committees – May 2022

Executive Summary

This report provides assurance on the management of risks on the Northampton General Hospital BAF (NGH). To ensure best practice in good governance, and to reach an outstanding rating under the CQC well-led domain, the Trust must demonstrate delivery of best practice and performance in risk management.

- During periods of high bed occupancy or high levels of activity in ED there is a potential that safe patient care may be impacted on (KGH003) (Current risk score 20, Significant)

The attached NGH BAF (Appendix A) as of May 2022 shows those reviews that have taken place by lead directors.

In Qtr. 4 2021/22, Audit Committee, who has delegated authority from the Board to oversee the Trust's risk management processes, completed a full deep dive review of the BAF; feedback relating to specific risks has been disseminated to responsible Executive Leads and Committees.

From the feedback a group Risk Management review commenced in Qtr. 2 2022/23 and will encompass a refresh of the BAF, Corporate Risk Register and Risk Management processes across the group. The end result will aim to deliver a single integrated BAF report.

Appendices

Appendix A – NGH Board Assurance Framework – May 2022

Risk and assurance

If the Board of Directors does not evidence an oversight of risks allocated to the Committee, there is a risk in relation to Ward to Board oversight and the CQC Well-Led domain.

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

Neutral

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Board Assurance Framework Summary

BAF Risks in Order of Severity (May 2022)

Ref	Group Priority	Risk Title	Initial Risk Level (April 2021)	Current Risk Level (Nov 2021)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Comments
NGH116	Sustainability	Risk that the Trust fails to fully deliver the financial efficiency programme	25	25	→	10	High	
NGH112	Sustainability	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.	20	16	→	16	High	Updates included in report.
NGH111	Sustainability	Risk of Failures relating to failing infrastructure due to aging estate.	20	20	→	15	High	
NGH115	Sustainability	Risk that the Trust fails to have financial control measures in place to deliver its 2021/22 financial plan	25	15	↓	5	High	
NGH113	All	Risk that the Trust is unable to respond appropriately to further pandemic waves; provide sufficient elective care and other clinical services, including non- elective and possible delays to treatment	20	15	↓	10	Low	
NGH 109	Quality	Risk of not meeting regulators minimum standards, local and national performance standards	15	15	→	10	Low	Advised: no changes
NGH117	Sustainability	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	15	15	→	10	High	
NGH110	Quality	Risk of Avoidable Harm	10	10	→	5	Low	Advised: no changes
NGH114	Quality	Risk that the Trust fails to promote a culture that puts patients first	8	8	→	4	Low	Advised: no changes

Key:	Initial Risk Level	The risk (consequence x likelihood) with controls in place at the time risk initially identified	Current Risk Level	The risk (consequence x likelihood) with controls in place at the time of assessment or review	Residual Risk Level	The risk (consequence x likelihood) once the further planned actions have been achieved
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Principal Risk No: NGH 109		Risk of not meeting regulators minimum standards, local and national performance standards							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Compliance		Risk Owner: MD, DoN and COO		Scrutinising Committee: Quality Governance Committee/ Finance & Performance Committee			
Underlying Cause/Source of Risk: CRR reference risks: 731,1303,1553,1665, 1782, 1867,1879,1902,1303; 1782; 1795; 1867; 1911; 1902;1930 1971;2132; 2341.				Initial score		Current score		Residual score	
				15		15		10	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	3	5	3	5	2
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">Clinical Governance structures and processesClinical Audit StrategyQuality metrics in reports to QGC/ BoardQuality meetings with CCGQuality Governance CommitteeClinical Quality & Effectiveness GroupPatient and Carer Experience GroupWard AccreditationVirtual CQC meetings and IPC Emergency Support Framework and Transitional Monitoring ApproachPerformance management framework policyElective Access Committee held weeklyBed meetings and safety huddle daily with escalation processes in placeGold, Silver and Bronze Command structures and processes in line with Major Incident PolicySymphony IT monitoring system in use for A&ECancer Improvement Group meeting monthlyCounty wide Cancer Board meets monthly & cancer site PTL meetings weekly for all cancer sitesSomerset reporting cancerDaily tracking for DTOCElective Care Board CCG MonthlyWeekly performance meeting in placeRTT PTL performance meetings weekly for all specialtiesTargeted support from regional NHSE/I to all Trusts in the region for cancer 62 days (Diagnostics)Additional performance metrics in place in relation to Covid-19Executive led Board round programme				<ul style="list-style-type: none">QGC escalation to Trust Board (L2)Divisional Quality Governance Assurance reports to CQEG (L1)Assurance Reports to QGC (L1)Peer Review and QA visits (L3)Internal Audit Reports (L3)CQC Insight Reports – Bi- monthly (L3)Notes of CQC virtual meetings (L3)IPC ESF (L3) +vePerformance metrics at corporate, divisional and directorate level (L1)Integrated performance report to Trust Board and committees (L1)A&E received rating of Good in CQC inspection 2019 (L3)Benchmarking against other Trusts. (L3)Winter Plan. (L1)Reset plan (L1)H2 Plan (L1)Elective Care national support team review of Trust PTL (L3)CQC Relationship meetings (L2)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">Lack of timely surveys related to Medical Trainee reports due to CovidReport to Board indicates under performance for: A & E / Stranded & Superstranded where these are national challengesAttendances, admissions, and acuity remain highOutsourcing of elective activity to reduce backlog in placeSocial Care reductions impacting on discharge and flow in hospitalDiagnostic capacity reduced and insourced to reduce backlogAbsence of substantive COO				Assessment and Accreditation reports to Trust Board CQC Insight report indicates Trusts composite indicator score is similar to Trusts likely to be rated RI CQC Report (2019) – overall rating of RI					
Further Planned Actions				Action Owner		Due Date			
1. Reset continues despite COVID challenges and performance monitored and reported monthly to Trust Board.H2 plans to Board November 21 2. Further outsourcing of routine work to Independent sector including endoscopy				1-4 Matt Metcalfe 5. HCEO		1. November 21 2. Ongoing			

3. System discharge work with external support from ECIST and iCAN programme and Exec led Daily Board rounds 4. Establishment of Urgent and emergency care Board 5. Recruitment of substantive COO		3. Ongoing 4. December 21 5. TBC
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Principal Risk No: NGH 110		Risk of avoidable harm							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality		Risk Owner: MD/DON		Scrutinising Committee: Quality Governance Committee			
Underlying Cause/Source of Risk: CRR reference risks: 1303; 1411,1478, 1776, 1782, 1867, 1879, 1911, 1955, 1972, 2150, 2187, 2195, 2216, 2219.				Initial score		Current score		Residual score	
				10		10		5	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	2	5	2	5	1
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">Monthly review of Dr Foster information and alertsLearning from Deaths GroupAudit planIncident and SI reporting policyMonthly Clinical Quality and Effectiveness GroupMonthly Quality Governance committeeCountywide Patient safety M&M meetingsReview of Harm Group weeklyDare to Share- currently suspendedFIT GroupMASH referral systemNGH Safeguarding TeamIP Steering GroupIPC TeamMaternity DashboardSaving Babies Lives – National InitiativeMaternity and Neonatal Safety Champion RoleIntegrated risk assessment and prescription chart introducedMandated use of Deteriorating Patient Toolkit on iBoxWeekly Exec led Risk and Quality Briefings				<ul style="list-style-type: none">Reports from Mortality review to CQEG and QGC (L1)HSMR & SHMI data (L3)CQEG reports to Quality Governance committee (L1)Quality reports to Quality Governance and Trust Board (L1)Quality Governance reports to Trust Board (L2)Dr Foster data reports (L3)Results from Clinical audit (L1)Review of Harm Group monitoring implementation for SI action plans (L1)National Learning and reporting system data (L3)Incident report to Quality Governance committee (L1)Delivery of infection control trajectory requirements at end of 2019/20 (L1)Reports to FIT Group (L1)IPC Assurance Framework (L3)IPC ESF (L3)Maternity report to QGC (L1)Maternity Forum (L1)Maternity and Neonatal Safety Champion Meeting (L1)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">NICE-/ VTE compliance remains inconsistentRecurrent themes of harm identified requiring thematic approach to redress.System Safeguarding resources and infrastructureDare to share events to be re established									
Further Planned Actions				Action Owner		Due Date			
<div>1. EPMA system review and introduction</div> <div>2. Re-establishment of Dare to Share events</div> <div>3. Report to QGC re impact of Covid 19 pandemic on SI reporting processes</div>				<div>1. Matt Metcalfe</div> <div>2. Matt Metcalfe</div> <div>3. Matt Metcalfe</div>		<div>1. TBC</div> <div>2. November 2021</div> <div>3. November 2021</div>			

Principal Risk No: NGH 111		Risk of failures related to failing infrastructure due to aging estate leading to poor patient environment, poor infection control and potential health and safety failures							
Changes since last review:									
Date Risk Opened: April 2021		Risk Classification: Compliance, operational, quality, infrastructure, financial		Risk Owner: Hospital Director of Estates & Facilities		Scrutinising Committee: Finance & Performance Committee			
Underlying Cause/Source of Risk: CRR reference risks; 258, 1174, 1177, 1701, 1702, 1703, 1738, 1986, 1414, 2440,2441,2655.				Initial score		Current score		Residual score	
				20		20		15	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	4	5	4	5	3
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">Health and Safety committeeFire safety committeeEstates Compliance groupFacilities Governance groupWater safety groupResilience planning groupBusiness continuity planTraining and scenario exercises undertakenAnnual capital programmeMedical Gas committeeVentilation groupAsbestos groupFire Safety Task and Finish GroupAssurance & Risk CommitteeAdditional screening/ doors in Covid areasOxygen monitoring system and dashboard for capacity monitoring				<ul style="list-style-type: none">H&S reports to Quality Governance committee (L1); QGC reports to Trust Board (L2); F & P reports to Trust Board (L2)Resilience planning group reports to Assurance, risk & compliance group (L1)Assurance, risk and compliance group reports to QGC (L1)Capital Group reports to F& P committee (L1)Annual Audit of high risk and statutory systems; ventilation, asbestos, electrical, medical gas, electrical, lifts, pressure systems, waterPLACE audits (L3); H&S risk assessments (L1)Fire safety inspections (L3); Annual external review of water hygiene (L3)HSE inspection(L3)ERIC self- assessment returns (L1)Premises Assurance model self- assessment (L1);Internal Audit report- Limited assurance opinion – Health and Safety (L3)Back log maintenance programme in place based on risk assessment (L1)National PAM (Premises Assurance Model) dashboard completed in September 2021 (L3)					
Gaps in Controls				Gaps in Assurance					
<ol style="list-style-type: none">Large Backlog maintenance risk requires greater funding than is availableEstates strategy currently being reviewed for alignment in light of revised Clinical Strategy, KGH collaboration work and STP/HCP outputs.Reduced capital plan due to financial constraints.Review of internal assurance against key estates elements shows short fall.Limited access to clinical areas to carry out maintenance and compliance work.				<ul style="list-style-type: none">Increased level of internal audits and checks.					
Further Planned Actions				Action Owner		Due Date			
<ol style="list-style-type: none">Review Estates strategy to align with KGH, STP/HCP and Clinical strategy. Group Ops / Strategic now done via split roles. Clinical Strategy for Group due November 21. Estates to follow in 2022.Seek additional routes to Capital funding to reduce backlog and align with Estates strategy & Masterplan and Clinical strategy - regular conversations with NHSIE lead continue				<ol style="list-style-type: none">Stuart Finn / Polly GrimmStuart Finn / Paul Shead		<ol style="list-style-type: none">March 2022Ongoing			

Principal Risk No: NGH 112		Risk of failure in ICT infrastructure and/or a successful cyber security attack may lead to loss of service with a significant patient care and reputational impact.							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Infrastructure		Risk Owner: DCIO		Scrutinising Committee: Digital Hospital Committee			
Underlying Cause/Source of Risk: CRR reference risks 1733, 1984, 1482, 1684, 2020, 2151, and 2170.				Initial score		Current score		Residual score	
				20		16		16	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	5	4	4	4	4
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">• Elective access policy and Data quality SOPs in place• Intrusion Prevention blocking and alerts from the Trust’s boundary firewalls• Anti-Virus in place.• Microsoft Patching – All Trust workstations and Servers are patched.• SPAM Emails are automatically quarantined. Any SPAM that is not quarantined is manually blocked when reported• Weekly Care Cert meetings held between NGH and KGH.• Web Filtering –blocks malicious and non-Trust related web traffic.• Enhanced Anti-Ransomware protection.• Tape backups (off-line backups) – The Trust now backs up data to tape and secure cloud storage regularly• Introduction of cyber security real time alerting• Weekly scan of servers including a live cyber risk assessment• Introduction of Windows Defender Endpoint• Migration to NHSMail• Removal of Office 2010 and earlier versions of Windows 10• Desktop and laptop refresh programme• Network upgrades• Joined NCSC for updates, alerts and events				<ul style="list-style-type: none">• Reports to Digital Hospital Committee (L1)• Application of additional Sophos updates(L2)• Digital Strategy updated (L1)• Data Quality Audits. (L1)• Blocked Activity reported to IT Committee (L1)• Microsoft Advanced Threat Detection (ATP) alerts• Introduction of Cyber Assurance Dashboard• Introduction of password auditing• Cloud risk assessment• Cyber essentials accreditation (achieved May 2022)• Microsoft Defender Server and Desktop Risk Exposure score (7th place Trust in England for Server Risk Exposure score and 59th place Trust in England for Desktop Exposure score)					
Gaps in Controls				Gaps in Assurance					
Further Planned Actions				Action Owner		Due Date			
1. Windows to migrate from Windows 7				1. Dave Smith		1. Only 10 Devices left awaiting supplier upgrades in 22/23. Security patching in place until Jan 23			

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Principal Risk No: NGH 113		Risk that the Trust is unable to respond appropriately to further pandemic waves; provide sufficient elective care and other clinical services, including non-elective and possible delays to treatment							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Compliance, operational, quality, infrastructure, financial		Risk Owner: COO		Scrutinising Committee: Board and all Board Committees			
Underlying Cause/Source of Risk: CRR reference risks 1482,2287, 2305, 2307, 2313, 2334, 2336, 2341, 2359				Initial score		Current score		Residual score	
				20		15		10	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	4	5	3	5	2
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">• Covid Incident management plan• Provision to revise medical rotas to ensure staffing supports activity, recruitment of volunteer workforce, redeployment of staff to areas of greatest need• Digital solutions for Outpatient work where appropriate/ workforce permits• Critical Care Plan - Enhanced triage of patients to ensure best use of available experience as required• Capacity/ cohort plan for elective activity• Use of private provider bed stock for additional capacity• National Guidance and webinars• Gold, Silver and Bronze Command structures and processes in line with Major Incident Policy• IPC Cell/ Workforce Bronze cell and staff support network• Identified Covid expenditure• SCG Command Structure under CCG during pandemic waves• Covid 19 Strategy• Resources – command structure flexes resource delivery according to demand• Covid reset management plan• System Discharge Group- iCan• Regional Calls – CEO, MD, DN, COO – weekly• Demand and Capacity plans completed for RTT and Cancer for all Specialties• Insourcing / Outsourcing in place for several specialties to support demand as required				<ul style="list-style-type: none">• Decision risk log (L1)• Incident log (L1)• Actions from System meetings (L2)• Gold meeting action log (L1)• Silver meeting action log (L1)• Weekly Bronze meetings action log (L1)• On site staff testing (L1)• SOS team/ NGH Our Space (L1)• Repository of all Covid information on the Shared drive (L1,2 & 3)• Actions from System meetings (L2)• Trust Board reports (L1)• Covid scorecard (L3)• Weekly Trust wide Access Committee (cancer, diagnostics and elective care) (L1)• System wide Elective care board (L2)• System wide Urgent care board (L2)• H2 plans developed, modelled and submitted (L1)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">• Increase in COVID positive staff not available to work• Workforce gaps leading (especially theatres) leading to lost capacity• Tertiary providers under immense pressure to support Cancer activity									
Further Planned Actions				Action Owner		Due Date			
1. H2 Planning and monitoring with feedback to Trust Board				1. Carl Holland		1. Ongoing			
2. Focus on staff well-being, from SOS services, protected time back to recover, home working where possible, thank you handouts				2. Executive		2. Ongoing			
3. Staff and population booster and child vaccination programme underway to protect staff and patients over winter				3. Chris Pallot		3. Ongoing			

Principal Risk No: NGH 114		Risk that the Trust fails to promote a culture that puts patients first							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Patient Experience		Risk Owner: DON		Scrutinising Committee: Quality Governance Committee			
Underlying Cause/Source of Risk: CRR reference risks 1955, 1867, 2003				Initial score		Current score		Residual score	
				8		8		4	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	2	4	2	4	1
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">• Patient and Carer experience and engagement Group with the following reporting:<ul style="list-style-type: none">○ Dementia Group○ End of Life Group○ Disability Partnership forum○ Learning and Disability Group• PALS and Complaints team• Link with Health watch Northampton• Regular performance reviews by Division including patient experience KPIs• Patient Experience Manager• Safeguarding policies and training• Guidelines that identify how we manage patients with protected characteristics• Patient Involvement Strategy• Volunteer Strategy• Use of electronic devices/ letters to loved ones to connect families• Volunteer support via drop off points, delivery service including prescriptions• Response volunteers linked to ward areas.• Visiting recommenced				<ul style="list-style-type: none">• Complaints report to Quality Governance committee (L1)• Complaint Review Panel (L1)• Quality Governance reports to Trust Board (L2)• NHS Choices feedback (L3)• CQC inspection (L3)• F&F tests results (2019) (L3)• Patient story to the Board (L1)• Board to Ward visits (L1)• National Survey results: Cancer; Urgent Care; Inpatient; Paediatric & Young people and Outpatient surveys (L3)• PLACE audits (L3)• Assessment and Accreditation scheme reports to Board (L1)• Divisional Quality Governance reports to CQEG (L1)• Pathway to Excellence (L3)• Maternity Voices Partnership attend Maternity Safety meetings (L2)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">• Opportunity for collaborative working with patients and carers to improve and inform service development									
Further Planned Actions				Action Owner		Due Date			
<div>1. Review of Patient Information- content and mode of delivery</div> <div>2. Reinstate Board to Ward visits virtually</div> <div>3. Work with Northamptonshire Healthwatch, carers and volunteers commenced</div>						<div>1. Ongoing</div> <div>2. December 2021</div> <div>3. Ongoing</div>			

Principal Risk No: NGH 115		Risk that the Trust fails to have financial control measures in place to deliver its 2021/22 financial plan							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Financial		Risk Owner: Group Chief Financial Officer Hospital Director of Finance		Scrutinising Committee: Finance & Performance			
Underlying Cause/Source of Risk: CRR reference risks; 2343, 2344, 2346.				Initial score		Current score		Residual score	
				25		15		5	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	5	5	3	5	1
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">Finance and Performance committeeDivisional performance reviewsAudit arrangementsSFOs SFIs & SODPolicies and proceduresFinancial and accounting systemsCounter Fraud planPurchasing and Supplies Strategy & PoliciesFinancial Assurance oversight by NHSE/IHCP System Finance Director meetings				<ul style="list-style-type: none">Monthly report to Finance and Performance committee (L1)Finance and Performance committee Report to Board (L2)Finance KPIs (L1)Audit committee reports to Trust Board (L2)Outcome of NHSE/I accountability meetings (L3)NHSE/I rating for Single Oversight Framework (L3)Internal Audit (L3)External Audit (L3)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">Pay spend above planAgency expenditure is currently above the set target for 2021/22.				<ul style="list-style-type: none">Uncertainty around the funding arrangements for 2021/22 e.g. ERF (Elective Recovery Fund)Timeliness of the financial plan - H2 plan being finalised in Month 7					
Further Planned Actions				Action Owner		Due Date			
1. Review with Medicine Division to agree a reasonable recovery plan- In progress 2. Monthly assurance meetings with all Divisions to monitor financial performance 3. Board discussion/decision on managing activity backlog against reduced financial envelope				1. Bola Agboola 2. Heidi Smoult/ Bola Agboola 3. Jon Evans		1. December 2021 2. Ongoing 3. Completed			

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Principal Risk No: NGH 116		Risk that the Trust fails to fully deliver the financial efficiency programme.							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Finance		Risk Owner: Group Chief Financial Officer Hospital Director of Finance Group Director of Transformation and QI		Scrutinising Committee: Finance and Performance Committee			
Underlying Cause/Source of Risk: CRR reference risks:				Initial score		Current score		Residual score	
				25		25		10	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	5	5	5	5	2
Current Controls <ul style="list-style-type: none">Finance and Performance committeeEfficiencies Undertaking meetingsGroup transformation programmeHospital Management Team				Assurance of Controls <ul style="list-style-type: none">Finance report to Finance and Performance committeeIncludes progress on delivery and forecast plans (L1)Report to Board (L2)Internal audit (L3)External Audit (L3)					
Gaps in Controls <ul style="list-style-type: none">Current operational pressures may impact on capacity to deliver the savings programmeReorganisation of the PMO team may cause disruption to the programme				Gaps in Assurance <ul style="list-style-type: none">The Trust has not fully delivered its Efficiency programme recurrently historically					
Further Planned Actions				Action Owner		Due Date			
1. Efficiencies undertaking meeting to be chaired by Group Director of Transformation and QI 2. Identify and monitor delivery of the group transformation programme to be monitored through Group Transformation and QI meeting.				1. Becky Taylor 2. Jon Evans/ Becky Taylor		1. Ongoing 2. Ongoing			

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Principal Risk No: NGH 117		Risk that the Trust fails to manage its Capital programme within Capital Resource limit or fails to secure sufficient funding for infrastructure and equipment improvements							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Finance		Risk Owner: Group Chief Financial Officer Hospital Director of Finance		Scrutinising Committee: Finance and Performance Committee			
Underlying Cause/Source of Risk: CRR reference risks; 2345				Initial score		Current score		Residual score	
				15		15		10	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	3	5	3	5	2
Current Controls				Assurance of Controls					
<ul style="list-style-type: none">Capital CommitteeFinance and Performance committee5-year capital planPurchasing and Supplies StrategyLeasing strategy in place/ IFRS16Hospital Management Team MeetingsBusiness Case process				<ul style="list-style-type: none">Finance report to Finance and Performance committeeIncludes progress on capital planning and expenditure plus forecast expenditure (L1)Report to Board (L2)Internal audit (L3)External Audit (L3)					
Gaps in Controls				Gaps in Assurance					
<ul style="list-style-type: none">The Trust has a large backlog maintenance programme and the estate is ageingAffordability of additional capitalAbility to fully utilise Trust’s CRL for the year if slippage occursAbility to fully utilise the new capital funding allocations e.g TIF, Diagnostics				<ul style="list-style-type: none">Additional access to capital limited in infrastructure incidents					
Further Planned Actions				Action Owner		Due Date			
1. Continue to work with System partners and bid for any available capital, as well as work with NHSE to ensure realistic estimates and possibility of any unspent capital being carried forward				1. Jon Evans		1. Ongoing			
2. Closely monitor delivery of the ITU Build to plan				2. Stuart Finn		2. Ongoing			
3. Continue to manage capital needs in a prioritised manner				3. Bola Agboola		3. Ongoing			

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Movements on Board Assurance Framework (since previous report)		Rationale for change
ADDITIONS	None	
INCREASES	None	
DECREASES	None	
CLOSURES/ AMALGAMATED	None	

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

GCEO	Group Chief Executive Officer
GCFO	Group Chief Finance Officer
GCPO	Group Chief People Officer
GCDIO	Group Chief Digital Information Officer
GDT&QI	Group Director of Transformation and Quality Improvement
HCEO	Northampton Hospital CEO
MD	Kettering / Northampton Medical Director
DoN	Director of Nursing
COO	Chief Operating Officer
DoE&F	Director of Estates and Facilities
DoS	Director of Strategy
DoCDG&A	Director of Corporate Development, Governance & Assurance

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	10.1

Title	Group Board Assurance Framework – Quarter 4 Review
Presenter	Richard Apps, Director of Integrated Governance
Author	Executive Leads for each Group Strategic Initiative / BAF risk

This paper is for			
<input type="checkbox"/> Approval	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> 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 agreement of oversight of risks contained on the Board Assurance Framework and assurance of continued management.	Collaboration Programme Committee, 16 May 2022
For agreement of oversight of risks contained on the Corporate Risk Register and assurance of continued management.	

Executive Summary
This report provides assurance on risks contained within the UHN Group Board Assurance Framework detailing a systematic method of identifying and managing strategic risks to the delivery of the groups Dedicated to Excellence Strategy through the eight group priority programmes of work.

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To ensure best practice in good governance, and to reach an outstanding rating under the CQC well-led domain, the Trusts must demonstrate delivery of best practice and performance in risk management.

Each sub-committee of the Board has the relevant strategic risks on the BAF allocated to them for intelligence and assurance. The BAF is reviewed by Executive Leads to review the controls, assurances and actions required to manage risks.

The attached BAF (Appendix A) as of 19 May 2022 shows those reviews that have taken place by lead directors. Amendments are shown in red text. There have been no changes to risk scores during the Q4 review, updates to controls, assurances and actions are highlighted throughout.

In Qtr. 4 2021/22, Audit Committees, who have delegated authority from the Board to oversee the Trust's risk management processes, completed a full deep dive review the KGH and NGH BAFs respectively. The key findings have been noted as part of the Q4 review and will be presented to Boards on completion of the review.

From the feedback a group Risk Management review commenced in Qtr. 2 2022/23 and will encompass a refresh of the BAF, Corporate Risk Register and Risk Management processes across the group. The end result will aim to deliver a single integrated BAF report.

Appendices

Group BAF

Risk and assurance

Failure to put in place robust, efficient and clearly understood governance arrangements will detrimentally impact the Group's ability to deliver its priorities as set out in the Group Strategic Initiative Risk Report.

Financial Impact

None

Legal implications/regulatory requirements

None

Equality Impact Assessment

Neutral

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Board Assurance Framework

Group Strategic Initiative Risk Report

BAF Risks in Order of Severity (May 2022)

Ref	Group Priority	Risk Title	Initial Risk Level (July 21)	Current Risk Level (May 2022)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
GSIO7	Sustainability	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	Gap identified with CNIO posts becoming vacant, actions updated/refreshed
GSIO1	People	Failure to deliver the group People Plan may result in reduced staff engagement, empowerment and lack of inclusion which would impact negatively on staff satisfaction, recruitment and retention, and reflect poorly in our staff survey results.	16	16	→	12	Moderate	Control gaps, assurances and actions updated. Further action added
GSIO8	Sustainability	Failure to deliver the group financial strategy, plans and improvement of underlying financial deficit position, may result in an inability to deliver Trust, Group and system objectives	25	16	↓	12	High	22/23 plans have an underlying financial position, which will continue to be managed. A draft of the financial strategy, and how the position can be improved, will be considered by Boards in the Summer 2022
GSIO4	Systems and Partnership	Failure to deliver the NHCP Integrated Care System Partnership may result in an impact on the quality of service provided across the group	16	16	→	12	High	Descriptor changed to better reflect the risk, controls, assurances and actions also updated.
GSIO3	Patient	Failure to deliver the group Nursing, Midwifery and Allied Health Professionals Strategy may result in inequity of clinical voice, failure to become a truly clinically-led organisation and centre of excellence for patient care	16	12	↓	8	Low	Actions updated and a new action introduced
GSIO2	Quality	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	Good progress through programme of consultation, adoption of group clinical strategy anticipated by trust boards, May 2022.
GSIO5	Sustainability	Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, and lost opportunities for integrated care delivery at place	12	12	→	6	High	Group Strategic Development Committee commenced. KGH OBC in track for July 31 st Board approval. NGH Development Control Plan work to be considered in July. Bed and theatre demand model due for completion May 22.
GSIO6	Quality	Failure to deliver the Group Academic Strategy may result in non-delivery of University Hospital status, reducing the ability to attract high calibre staff and research ambitions	8	12	↑	4	Low	Applications received for academic clinical posts. Research team expanded to accommodate broader portfolios as part of CRF with UHL. Risk level unchanged due to accommodation required.

Principal Risk No: GSI01		Failure to deliver the group People Plan may result in reduced staff engagement, empowerment and lack of inclusion which would impact negatively on staff satisfaction, recruitment and retention, and reflect poorly in our staff survey results.							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Operational Infrastructure		Risk Owner: Chief People Officer		Scrutinising Committee: People Committee			
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR 2439; 2586; 1348; 1598; 1764; 2135; 2732; 1573; 2188; 2270; 2494; 2635; 1188; 2003; 2579 KCRR002, KCRR017, KCRR029				Initial score		Current score		Residual score	
				16 (Extreme)		16 (Extreme)		12 (High)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	4	4	4	4	3
Current Controls				Assurance of Controls					
Group People Plan in Place, extensive engagement in developing the plan. Group People Committee in Common in place. People Committee development sessions aligned to People Plan delivery. Continued engagement through staff for (JNC, Networks, staff reference groups etc)				Routine group People Committee updates – alignment progress reports (internal) Standing mandatory reporting, regular workforce metrics reports, exception reporting in place (Internal) People Pulse results cascaded through divisional and Trust management and monitored at People Committee Routine staff voice presentations (Internal) Positive staff side involvement in People Committee (internal) People Plan 6-month progress report presented at CPC and Trust Boards (internal)					
Gaps in Controls				Gaps in Assurance					
HR structures not fully aligned to People Plan across both Trusts. Formal People sessions workplans aligned to pledge delivery to be agreed. Comprehensive support for group HR team required. Staff engagement/culture improvement methodology and programme being scoped based on the national staff survey results				People Pledge metrics / dashboards reporting to group people committee and to Divisional Performance Reviews. People Committee oversight of delivery of the HR restructuring programme. A defined cultural and improvement methodology across the Group model responding to the national staff survey feedback received for both Trusts					
Further Planned Actions				Action Owner		Due Date			
1. Restructuring of HR functions to align to and support People Plan Pledges – the leadership structure is in place 2. Align current workstreams to People Pledges. 3. Develop detailed pledge delivery plans. 4. People metrics dashboard in development for JPC performance pack and management reviews 5. Agreed change support programme. 6. Deputy Director of People to be recruited for additional support 7. Fully embed the People Pulse survey, outcomes and action at Trust level 8. Staff Engagement/Culture improvement programme being created to be agreed at our Board Development session on 30 th June 2022.				1. Chief People Officer 2. Directors of People 3. Chief People Officer 4. Chief People Officer 5. 6. Chief People Officer 7. Chief People Officer/Directors of People 8. Chief People Officer/Hospital CEOs		1. 30.09.22 2. Completed 3. Completed 4. Completed 5. Completed 6. Completed 7. Completed 8. 31.07.22			

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Principal Risk No: GSI02		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							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Operational Infrastructure Financial		Risk Owner: 1. Medical Directors and Director of Strategy and Strategic Estate		Scrutinising Committee: Quality and Safety Committee			
Underlying Cause/Source of Risk: No linked Corporate risks.				Initial score		Current score		Residual score	
				12 (High)		12 (High)		8 (High)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	3	4	3	4	2
Current Controls				Assurance of Controls					
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. The Collaboration Programme Committee oversees progress on behalf of both Boards.				Progress of work will be shared and reviewed at Trust Clinical Leadership Meetings (Internal) Plans and progress will be presented at Collaboration Programme Committee (Internal)					
Gaps in Controls				Gaps in Assurance					
Following completion of an overarching clinical strategy, individual service areas prioritised for more detailed analysis and design will need to be set up and managed as projects. Implementation of those projects will require additional resource as yet unidentified. Links between the Group Clinical Strategy and wider ICS plan are not yet fully established.				Detailed analysis of demand and capacity across services will take place following confirmation of priority areas, which in turn will be based on broad data analysis. 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					
Further Planned Actions				Action Owner		Due Date			
1. Develop detailed plan for subsequent phase of work that will focus on the integration of specific services. 2. Final Strategy due to be approved at May public Boards and will subsequently to Health and Wellbeing Boards in June and July for ratification alongside our detailed engagement activity report.				1. Director of Strategy and Strategic Estate 2. Director of Strategy and Strategic Estate		1. 01.12.21 – complete and in place 2. 01.06.22 – due for GEM discussion 13/5 3. 31 st May 22			

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Principal Risk No: GSI03		Failure to deliver the group Nursing, Midwifery and Allied Health Processionals Strategy may result in inequity of clinical voice, failure to become a truly clinically-led organisation and centre of excellence for patient care							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Operational Infrastructure		Risk Owner: Directors of Nursing and Midwifery		Scrutinising Committee: Quality & Safety Committee			
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR 1188 KCRR033				Initial score		Current score		Residual score	
				16 (Extreme)		12 (High)		8 (High)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	4	4	3	4	2
Current Controls				Assurance of Controls					
NGH and KGH have separate professional strategies monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting. There is a Director of Nursing and Midwifery and a Deputy who have jointly led the development of the strategy at NGH and KGH. The NMAHP is linked to our People, Academic and Clinical Strategies. NMAHP Strategy was launched in September 2021 by both DoN Joint NMAHP Board planned for June 2022 where our Ignite Strategy will be reviewed. Workstream leads and working groups identified to define progress against objectives. Reporting structure agreed to be joint QGSC.				NGH in progress for Pathway to Excellence re-accreditation (June 22) (Internal) Establishment of a quarterly joint NMAHP Board Regular reporting to NMB (Internal) Reports to joint QGSC and CPC and Board (Internal)					
Gaps in Controls				Gaps in Assurance					
Ongoing communication required to increase visibility and ownership of strategy with all staff. Strategy to be celebrated through International Nurses Day, Midwives Day & AHP Day 2022				KGH to secure funding to commence P2E journey. Reporting and monitoring not aligned across both sites. Establishment of strategy review groups (combined) to meet monthly.					
Further Planned Actions				Action Owner		Due Date			
1. Agree funding stream for P2E for KGH with Group Chief Finance Officer 2. Establish joint strategy review group 3. KGH to set up a formal Nursing, Midwifery and AHP advisory Group to enable reporting of strategic & professional progress including the N,M,AHP Strategy,				1. KGH DoN 2. KGH and NGH DoNs 3. KGH DoN		1. July 2022 2. June 2022 3. July 2022			

Principal Risk No: GSI04		Failure of the ICB to deliver transformed care that will result in an impact on the quality of service provided across the group							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Finance		Risk Owner: Director of Integration and Partnerships			Scrutinising Committee: Quality Governance Committee Finance & Performance Committee		
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR1309 KCRR014, KCRR011				Initial score		Current score		Residual score	
				16 (Extreme)		16 (Extreme)		12 (High)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	4	4	4	4	3
Current Controls				Assurance of Controls					
<p>The development and delivery of the Northamptonshire Integrated Care System has been led through the Health and Care Partnership Board attended by the Group Chair and CEO.</p> <p>Transition arrangements in place between CCG and ICB</p> <p>A blueprint of the building blocks of the ICS has been agreed, workstreams leads, groups and plans continue to be developed.</p> <p>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.</p> <p>The Bill has now been passed and the 1st July date confirmed</p>				<p>The shadow ICB came into form in April 22</p> <p>Transition plan has been agreed by ICB and all system partners Readiness to Operate Statements for April 2022 have been assessed and returned to NHSE/I.</p> <p>ICS transition steering group in place to monitor progress and delivery of the ICS transition reporting to the HCP Board/shadow ICB</p> <p>Progress reported through to the shadow ICB</p> <p>Group ICS working group providing updates to Boards via CPC</p> <p>Director of ICS Transition in place for system</p>					
				Gaps in Assurance					
				Confidence in system architecture to deliver change for the 22/23 winter period					
Further Planned Actions				Action Owner			Due Date		
<p>1. External provider to support the NHCP system to clarify aim for ICS, operating model and delivery plan to enable transition into ICS by April 22.</p> <p>2. Review and increase Group engagement to include NEDS and EDs on existing and emerging ICS architecture.</p> <p>3. Monthly ICS working Group established to report through to Boards</p> <p>4. Two Board development sessions to be delivered by due date to ensure a clear course for shaping and leading the emerging ICS and operating model.</p> <p>5. Develop strategic plan for Group delivery of ICS</p> <p>6. Provide leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance</p> <p>7. Case for change, design and leadership of Elective Collaborative To be presented to Board in January 22 Full proposal for Elective Collaborative to be developed for implementation from July 22</p>				1. DoS&P			1. Completed		
				2. DoS&P			2. Ongoing		
				3. DoS&P			3. Completed		
				4. DoS&P/GCEO			4. 31.12.21-Completed		
				5. DoS&P			5. 15.12.21 - Ongoing		
				6. DoS, CFO, CDIO, MDs, DoNs, CPO, GDT&QI			6. 31.03.22-Ongoing		
				7. DoS, DoS&P			7. 31.12.21-Completed		
				8. DoS, DoI&P			8. 01.07.22		

Principal Risk No: GSI05		Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, and lost opportunities for integrated care delivery at place							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Finance Infrastructure		Risk Owner: Director of Strategy and Strategic Estate		Scrutinising Committee: Strategic Development Committee Finance & Performance Committee			
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR 258; 1174; 1177; 1701; 1702; 1703; 1738; 1986: 2041; 2264; 2683; 2440 KCRR015, KCRR026, KCRR030, KCRR036				Initial score		Current score		Residual score	
				12		12		6	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				3	4	3	4	3	2
Current Controls				Assurance of Controls					
The Group Clinical Strategy has started and this will define the clinical requirements of both sites for the future. Kettering now have a full Development Control Plan as part of its HIP2 programme and Northampton have a site masterplan. These foundations will come together to start to form the Group Strategic Estates Plan. A System Estates Board is in place across the ICS with all Health and Care partners.				Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External) Group now has a Strategic Development Committee in place					
Gaps in Controls				Gaps in Assurance					
A Group Strategic Estates Delivery Committee needs to be set up. Work with the local authorities needs to begin in earnest to make the most of local opportunities.				The System Estates Strategy is not strategic and needs further development. The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy.					
Further Planned Actions				Action Owner		Due Date			
1. Group Green Plan to be agreed by Boards. 2. Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy. 3. Community Diagnostic Hub business case to be submitted May 22 4. A Group Strategic Estates Delivery Committee to be implemented. 5. KGH OBC to be submitted to July Board 6. NGH DCP to commence				2. Director of Strategy and Strategic Estate 3. Director of Strategy and Strategic Estate 4. Director of Strategy and Strategic Estate 5. Director of Strategy and Strategic Estate 6. Director of Strategy and Strategic Estate 7. Director of Strategy and Strategic Estate		1. 31.03. 22 - complete 2. 30.12.21 – delay due to Clinical Strategy delay. 01.06.22 3. 31.05.22 4. 31.03.22 – complete 5. 31 st July 22 6. 1 st September 22			

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Principal Risk No: GSI06		Failure to deliver the Group Academic Strategy may result in non-delivery of University Hospital status, reducing the ability to attract high calibre staff and research ambitions							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Finance		Risk Owner: Medical Directors and Directors of Strategy		Scrutinising Committee: Quality Governance Committee			
Underlying Cause/Source of Risk: NCRR1839; 1445;				Initial score		Current score		Residual score	
				8 (High)		12 (High)		4(Moderate)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				4	2	4	3	4	1
Current Controls				Assurance of Controls					
The Academic Strategy is managed through the Academic Strategy Programme Board which reports into the Joint Quality Committee. Sub Groups manage the following workstreams: - <ul style="list-style-type: none">EstatesFinanceMedical EducationResearchInnovation- in development Partnership meetings with University of Leicester and University of Northampton held separately to deliver our joint academic activities, review progress against the Partnership plans and manage risks. UHN membership of CRF and BRC steering groups/committees to develop partnership with UoL and UHL				UoL have signed a Partnership Agreement that sets out the criteria for working between the Group and UoL (Internal / External) The Academic Strategy and the supporting Business Case has been approved by both Hospitals (Internal / External) July 2021 launch of University Hospitals of Northamptonshire NHS Group. The UoL NED has been included within the KGH constitution (Internal / External). Joint bids for National Institute for Health Research Infrastructure have been submitted with Uni of Leicester and University Hospitals of Leicester for a Biomedical Research Centre and Clinical Research Facility. Successful in Clinical Research Facility Bid. Professorial and associate professorial posts advertised, good applicants for some specialities chosen, none in others where national shortage recognised. Reviewed and refreshed planned academic appointments clustering appointments in key specialities in the first instance. Agreed approach with UoL.					
Gaps in Controls				Gaps in Assurance					
To manage the Business Case, a Finance Group is required to track business benefits, income and expenditure. Monthly finance reporting to Academic Strategy Programme Board and quarterly to Joint Quality Committee. Due to trust pressures inconsistent meetings of the subcommittees. No Communication and engagement plan yet developed to maximise the opportunities of the academic strategy.				Ability to appoint to Clinical Academic positions- risk limited interested and/ or poor-quality candidates, putting the Academic Strategy at risk. Accommodation – teaching space. With rising student numbers, there are no current firm plans to manage the demands on the estate. The Estates Subgroup are working on short term and long-term potential solutions across the group. An Integrated Business Case has been submitted for a short term solution at NGH. 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. The Estates Sub Group are working at short term and long term potential solutions across the group to manage growing cohorts. A refurbishment plan will be completed at CRIPPS by Jan 22 to address student feedback. 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.					
Further Planned Actions				Action Owner		Due Date			
1. New University Hospital of Northamptonshire Branding agreed to be used on the new Job Adverts for Clinical Academic Posts. 2. Working closely with UoL to chase RC to approve JD's. (UoL Kitemarked JD's ready for advertisement) 3. Clinical Academic Posts new recruitment pack and BMJ microsite ready 4. Academic Strategy Communications Plan 5. Update at CPC in November				3. Geraldine Harrison 4. Sandra Taylor and Alicia O'Donnell Smith 5. Matt Metcalfe / Kay Faulkner		1. Completed 2. Completed 3. Completed 4. November 2021 – deferred to July 2022 5. Completed			

Principal Risk No: GSI07		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							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Quality Infrastructure Finance		Risk Owner: Group Chief Digital Information Officer		Scrutinising Committee: Group Digital Hospital Committee			
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR 1482; 1684; 1733; 2747. KCRR009, KCRR038, KCRR039, KCRR008				Initial score		Current score		Residual score	
				20 (Extreme)		20 (Extreme)		15 (Extreme)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	4	5	4	5	3
Current Controls				Assurance of Controls					
Group Digital Roadmap delivery progress is monitored regularly at GDHC. CCIOs in place across the Group.. Self-Assessment of What Good Looks Like completed for GDHC (Nov 2021).				Regular updates and reporting on digital strategy to Group Digital Hospital Board Committee (Internal). Group Digital Operational Meetings in place. Weekly EPR Operations meeting in place at both Trusts, with escalation to GDHC as necessary Health Intelligence Strategy and Cloud-First policy in place at KGH (Oct 2020) and NGH (Sept 2021)					
Gaps in Controls				Gaps in Assurance					
Workstreams need to be aligned to the 8 themes in the strategy and team objectives defined. Definition and benchmarking of Strategy targets NGH EPR Programme: * Business Case for NGH EPR to be approved * EPR Procurement to be concluded Capacity and capability to implement Theme 5: Providing insight to support decision-making, including: • Deployment and use of data visualisation tooling across the Group No CCIOs (Nursing, Midwifery, AHP and Clinical Scientists) in post. Group CCIO (NMAC) arriving in post in Summer 2022.				HIMSS and What Good Looks Like Benchmarking Reporting and monitoring of underlying infrastructure performance					
Further Planned Actions				Action Owner		Due Date			
1. HIMSS EMRAM Assessments 2. Review of Group Cloud-First Policies 3. Board development session Digital Boards with NHS Providers 4. Wider network review 5. National assessment of Support People (Success Measure 4) underway				1. Group CDIO 2. N/A 3. Group CDIO/ DoGs 4. Digital Directors (KGH & NGH) 5. Group CDIO		1. 31.09. 22 (being done as part of ICS Digital strategy) 2. Completed 3. TBC 4. 31.12. 21 5. 31.09.22 (national survey deadline extended)			

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Principal Risk No: GSI08		Failure to deliver the group financial strategy, plans and improvement of underlying financial deficit position, may result in an inability to deliver Trust, Group and system objectives							
Changes since last review									
Date Risk Opened: April 2021		Risk Classification: Financial Operational		Risk Owner: Chief Finance Officer		Scrutinising Committee: Finance and Performance Committee			
Underlying Cause/Source of Risk: Linked Corporate risks: NCRR 2343; 2345 KCRR015				Initial score		Current score		Residual score	
				25 (Extreme)		16 (Extreme)		12 (High Risk)	
				Consequence	Likelihood	Consequence	Likelihood	Consequence	Likelihood
				5	5	4	4	4	3
Current Controls				Assurance of Controls					
Business planning process, alignment of activity, workforce and finances Group Performance Management framework, including areas where not on track. Management of capital and working capital. Workforce Management meetings (Workforce) Group Transformation and Quality Improvement Committee (Efficiency/Productivity) Elective recovery monitoring Finance & Performance meetings Hospital Management Team meetings Group Executive meetings External review of underlying deficit and improvement opportunities				Planning submissions subject to board and board committee scrutiny Performance management framework and meetings System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes Finance & Performance Committee minutes Hospital Management Team minutes Group Executive meeting minutes System Finance meeting minutes 22/23 plans have an underlying financial position, which will continue to be managed.					
Gaps in Controls				Gaps in Assurance					
Scope and priorities of Group Financial Strategy not yet finalised. Structure and processes in development for Group transformation, investment controls and opportunity identification / delivery Lack of control over discretionary spending 22/23 operational and financial planning guidance and priorities not yet known other than an expectation for improvement in underlying system financial, with movement to a 'sustainable' position in a 2–3-year timeframe Group financial structure				Group policy on planning, reporting and reforecasting					
Further Planned Actions				Action Owner		Due Date			
1. Alignment of the Groups financial objectives and Plan 2. Review of centralisation of controls 3. Alignment of internal financial controls 4. Development of Group Financial Strategy 5. Agreement of Group Senior Finance structure 6. Implementation of Group Transformation structure 7. Agree definition of financial sustainability 8. Development of a policy on planning, reporting and reforecasting				1. CFO 2. CFO 3. HCEO's 4. CFO 5. CFO 6. GCEO 7. CFO 8. CFO/ DoS		1. March 22 2. Nov 21 3. March 22 4. Summer 22 5. Oct 21 6. Oct 21 7. Nov 21 8. Jan 22			

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1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Executive Leads / Action Owners

GCEO	Group Chief Executive Officer
GCFO	Group Chief Finance Officer
GCPO	Group Chief People Officer
GCDIO	Group Chief Digital Information Officer
GDT&QI	Group Director of Transformation and Quality Improvement
KHCEO / NHCEO	Kettering / Northampton Hospital CEO
KMD / NMD	Kettering / Northampton Medical Director
KDoN / NDoN	Kettering / Northampton Director of Nursing
KCOO/ NCOO	Kettering / Northampton Chief Operating Officer
N DoE&F	Northampton Director of Estates and Facilities
KDoS / KDoS	Kettering / Northampton Director of Strategy
KDoG / NDoG	Kettering / Northampton Director of Governance

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	11

Title	Annual Self-Certification in respect of conditions equivalent to the NHS Provider Licence
Presenter	Richard Apps, Director of Integrated Governance
Author	Richard May, Trust Board Secretary

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input checked="" type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> 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 of Directors is asked to approve the positive confirmation for each of the licence conditions set out in the report.	The Audit Committee considered and approved the self-certification at its meeting on 25 April 2022.

Executive Summary

NHS Trusts are exempt from holding a provider licence, but they are required to comply with conditions equivalent to the licence that NHSE/I have deemed appropriate (Conditions G6 (3) and FT4 (8)).

The Single Oversight Framework bases its oversight on the NHS provider licence. NHS Trusts are legally subject to the equivalent of certain provider licence conditions and must self-certify under these licence provisions.

The Board is required to carry out an annual self-certification. This provides assurance that NHS Trusts are compliant with the conditions of their licence. There is no longer a requirement to submit the results to NHSE/I; however, these must be published on the Trust website in some form and are subject to audit by NHSE/I on request.

The finance and governance teams have determined that a positive confirmation can be given, and provided a rationale, for each of the required conditions: FT4 and G6.

The Committee is asked to approve the positive confirmation for each of the licence conditions for onward ratification by the Board of Directors.

The Board of Directors is asked to **APPROVE** the positive confirmation for each of the licence conditions.

Appendices

None

Risk and assurance

The self-certification statements signed off by the Board must set out any risks and mitigation planned for each statement if applicable.

Financial Impact

No direct financial implications.

Legal implications/regulatory requirements

The Single Oversight Framework bases its oversight on the NHS provider licence and therefore Trusts are legally subject to the equivalent of certain provider licence conditions including G6 and FT4.

Equality Impact Assessment

Neutral

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NGH Annual Self- Certification 2021-2022

1. Introduction

NHS Trusts are exempt from holding a provider licence, but they are required to comply with conditions equivalent to the licence that NHSE/I have deemed appropriate (Conditions G6 (3) and FT4 (8)).

The Single Oversight Framework bases its oversight on the NHS provider licence. NHS Trusts are legally subject to the equivalent of certain provider licence conditions and must self- certify under these licence provisions.

2. Requirements

Providers must self- certify the following NHS provider licence conditions after the financial year end:

- The provider has taken all necessary precautions required to comply with the licence, NHS Acts and NHS constitution (Condition G6 (3)).
- The provider has complied with required governance arrangements (Condition FT4 (8)).
- The CoS conditions only apply to Foundation Trusts; therefore, the Trust is not required to self-certify under the CoS7 condition.

The aim of self- certification is for providers to carry out assurance that they comply with the conditions. Any process should ensure that the Board clearly understands whether or not the provider can confirm compliance. Providers must state “confirmed” or “not confirmed” for each declaration explaining the rationale for the decision.

The Trust is not required to submit the self-certification to NHSE/I, but the Board is required to sign off the certificates and publish the outcome of the self-certification exercise.

The Trust intends to make positive confirmations on all declarations as follows.

2.1 Condition FT4 - Declaration

(1) The Board is satisfied that the Licensee (the Trust) applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.

Rationale for rating: The Trust has in place, a scheme of delegation, standing orders, and a set of standing financial instructions. It has all statutory governance requirements in place and is subject to internal and external audit on the robustness of its arrangements. The Trust has considered the Well Led Governance framework through a self-assessment process undertaken by the Board.

Rating: Confirmed

(2) The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

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Rationale: The Board receives advice on compliance with existing guidance and information on new guidance issued by regulators, in reports from the relevant Directors.

Rating: Confirmed

(3) The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.

· Rationale: The Board has an established a governance structure. All Committees are supported by terms of reference which are regularly reviewed & approved by Board. The Annual Governance Statement, contained within the Annual Report, sets out developments each year. Executive Director responsibilities are set out in job descriptions and effective appraisal processes are in place to support Board members. The Finance and Performance committee together with the Audit committee are the principal committees of oversight. The Quality Governance committee meets monthly and reviews performance in key areas of patient safety, patient experience and clinical outcomes.

During 2020/21, the Board agreed the establishment of Group Committees in Common with Kettering General Hospital NHS Foundation Trust to drive key elements of group collaboration in respect of People, Quality and Safety, Finance and Performance and the Digital Hospital. These Committees are formally constituted bodies of both Boards, each of which has delegated specific powers and functions to be exercised by the group committees. In January 2022, the Board of Directors agreed to establish committees in common for all elements of its governance, and will implement these arrangements by November 2022.

Rating: Confirmed

(4) The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:

(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively.

(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations.

(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions.

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern).

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making.

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence.

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(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

(h) To ensure compliance with all applicable legal requirements.

Rationale: The Trust has sufficient skills and capacity at Board level to undertake financial decision making, management and control. The self-certification provides evidence of the Board's review and assessment of its going concern status. The Annual Governance Statement identifies that the Trust Board is well sighted on the issues and risks.

Rating: Confirmed

(5) The Board is satisfied that the systems and/or processes (above) should include but not be restricted to systems and/or processes to ensure:

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided.

(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations.

(c) The collection of accurate, comprehensive, timely and up to date information on quality of care.

(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care.

(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Rationale:

(a) The Trust Board has mix of clinical, quality and performance expertise to provide leadership across the organisation and to take account of all Board accountabilities in relation to quality.

(b) The Trust Board receives regular information via the Integrated Performance Report from the preceding month, on finance, performance and quality, which is subject to more detailed scrutiny by Board Committees as well as the Trust Board.

(c) There are specific reports monthly providing timely and accurate data on quality of care, using a variety of sources.

(d) which enable the Board to take an accurate, timely and accurate account of quality of care, and other reports throughout the year, which provide more comprehensive oversight of quality

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(e & f) The Trust Board concerns itself with quality of care at each Trust Board meeting including starting the substantive agenda with patient, staff and patient stories; The Trust Board and Committees receives intelligence on staff and patient experience through a number of routes during the year - annual staff survey, monthly Friends and Family test, Patient Experience, complaints and serious incident reporting.

Rating: Confirmed

(6) The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Rationale: The Trust has systems in place to ensure that staff employed at every level are appropriately qualified for their role. The Board and its committees receive data on staffing figures regularly and the impact of staffing issues on delivery of its NHS contracts. The Trust reports monthly on Clinical staff fill-rates and safe staffing reports. The Trust's Operational Plan and Group People Plan includes objectives for the short-term and long-term needs of the Trust.

Rating: Confirmed

2.2 Condition G6 - Declaration

The Board is satisfied that the Trust has processes and systems that:

- a. identify risks to compliance with the licence, NHS acts and the NHS Constitution
- b. guard against those risks occurring.

Rationale: For the purposes of licence condition G6, the Board is satisfied that the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, the NHS acts and Constitution. The Corporate Governance function monitors compliance, and reports to the Board as required (details are available in the Annual Governance Statement).

Rating: Confirmed

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Cover sheet

Meeting	Board of Directors
Date	26 May 2022
Agenda item	12

Title	Audit Committee Terms of Reference and Delegation of authority to approve the Annual Report, Accounts and Quality Account
Presenter	Richard Apps, Director of Integrated Governance (KGH/NGH)
Author	Richard May, Trust Board Secretary (KGH/NGH)

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input type="checkbox"/> 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
<p>The Trust's Standing Orders:</p> <p>(1) Require the Board of Directors to review committee terms of reference from time to time (5.8) and</p> <p>(2) Enable the Trust to 'make arrangements for the exercise, on behalf of the Trust of any of their functions by a committee,</p>	<p>Audit Committee, 25 April 2022</p> <p>Quality Governance Committee, 20 May 2022</p>

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subcommittee or joint committee (1.3).	
Executive Summary	
<i>(1) Delegation of authority for the approval of the Annual Report, Quality Accounts and Annual Accounts</i>	
1.1 Authority to approve the Trust's Annual Report, Quality Account and Annual Accounts is reserved to the Board of Directors.	
1.2 In order to align processes and timeframes with KGH and provide greater flexibility in respect of responding to nationally-set submission deadlines, the Board of Directors is recommended to delegate:	
<ul style="list-style-type: none"> (i) Authority to approve the Trust's Annual Report and Annual Accounts to the Audit Committee, and (ii) Authority to approve the Trust's Quality Account to the Quality Governance Committee. 	
The committees considered and supported these recommendations at their last meetings.	
1.3 Subject to approval of this recommendation, the Board of Directors will continue to receive draft documents prior to approval by committees.	
<i>(2) Audit Committee Terms of Reference</i>	
2.1 The Board of Directors, at its meeting in January 2022, agreed group governance proposals involving the establishment of Board and Committees in Common with KGH, subject to Audit Committees continuing to meet separately within each Trust.	
2.2 A number of proposed changes to the Committee's Terms of Reference are marked in the attached Appendix to give effect to this proposal and reflect the specific role of Audit Committees in the context of the University Hospitals of Northamptonshire Group, as expressed in section 1.3:	
'The committee provides independent oversight of the adequacy and effective operation of the group model with the Kettering General Hospital NHS Foundation Trust (KGH), whilst working closely with the KGH Audit Committee to deliver the benefits from the alignment of work plans, oversight activities and shared learning.'	
2.3 The changes enable alignment with those of the Kettering General Hospital (NGH) Audit Committee, and are consistent with specific delegations from the NGH Board of Directors. The Terms of Reference are also presented on the new Group template.	
2.4 The Terms of Reference provide for the Committee's membership to comprise three Non-Executive Directors, appointed at the Trust Chair's discretion. There are currently two members, therefore an ongoing vacancy remains. The quorum for	

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the Committee is two Non-Executive Directors, with provision for deputies should the need arise.

RECOMMENDATIONS

The Board of Directors is recommended to

- (1) **APPROVE** changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation to effect the delegation of authority to approve:
 - (i) the Trust's Annual Report and Annual Accounts to the Audit Committee, and
 - (ii) the Trust's Quality Account to the Quality Governance Committee.
- (2) Consider and **APPROVE** revised Audit Committee Terms of Reference set out at **Appendix 1 attached**, and
- (3) **APPROVE** consequential amendments to the Terms of Reference of the Quality Governance Committee to effect the change approved at (1)(ii) above.

Appendices

Revised draft Terms of Reference

Risk and assurance

No direct implications.

Financial Impact

No direct implications.

Legal implications/regulatory requirements

The Trust sought legal advice during the development of group governance proposals recommending the retention of a separate Audit Committee to provide Trust-level oversight of the work of the University Hospitals of Northamptonshire Group. The Trust is legally entitled to delegate matters reserved to the Board of Directors which are not prescribed in statute.

Equality Impact Assessment

Neutral

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AUDIT COMMITTEE TERMS OF REFERENCE

1. PURPOSE

- 1.1 In accordance with Standing Orders (and as set out in the Audit Code for NHS Foundation Trusts and the Code of Governance issued by NHSI), an Audit Committee will be established.
- 1.2.1 The Committee provides assurance to the Board that effective risk management, internal control and governance processes are maintained and that the Trust's activities comply with the law, guidance and codes of conduct governing the NHS. The committee provides a formal independent mechanism for ensuring a co-ordinated approach for achieving sound financial and managerial control.¹
- 1.3 The committee provides independent oversight of the adequacy and effective operation of the group model with the Kettering General Hospital NHS Trust (KGH), whilst working closely with the KGH Audit Committee to deliver the benefits from the alignment of work plans, oversight activities and shared learning.

2. AUTHORITY

- 2.1 The Audit Committee is empowered to seek assurance on the adequacy and effective operation of the organisation's overall governance and internal control system, including the activities of the University Hospitals of Northamptonshire Group.
- 2.2 In addition to any statutory authority the committee has delegated authority from the Board of Directors as set out in the Trust's Scheme of Delegation. The committee has delegated authority to investigate any activity within its duty and has complete freedom of access to the Trust's records, documentation and employees, subject to compliance with Trust's Information Governance Policies and statutory responsibilities with regard to data protection.
- 2.3 It may seek any information or explanation it requires from Trust employees who are requested to co-operate with any requests made by the committee.
- 2.4 The committee is an independent source of assurance to the Board on the effective stewardship of the organisation.

¹ Extract from NGH Scheme of Delegation

- 2.5 The Internal and External Auditors are to have access to the Chair of The Audit Committee if required to raise issues of concern
- 2.6 The Committee is authorised to access external legal and professional advice if required and for this to be funded by the Trust.

3. MEMBERSHIP AND ATTENDANCE

Chair of Committee	A Non-Executive Director
Members	Three Non-Executive Directors including the Committee Chair
Attendees	Representative of the Trust's Internal Auditors
	Representative of Local Counter Fraud Service
	Representative of External Auditors
	Representative of the KGH Audit Committee
	Group Chief Finance Officer and/or representatives
	Hospital Finance Director and/or representatives
	Director of Integrated Governance or representative
	Trust Board Secretary or representative
	Other Directors and Trust staff attendance will be at specific invitation of the committee, particularly when the committee is discussing an issue which is their area of responsibility
	Representatives of external Bodies/Agencies providing assurance to the Trust eg NHSCFA
	Group or Hospital CEO to present Annual Report and Governance Statement, internal audit plan and the annual accounts.

- 3.1 The Board of Directors will appoint three Non-Executive Directors to be the members of the Audit Committee. At least one of the three must be suitably financially qualified and one shall where possible be a member of the Quality and Safety Committee. One of the Non-Executive Directors shall chair the Committee. **The Trust Chair shall not be a member of the Committee.**

4. MEETINGS AND QUORUM

- 4.1 Meetings of the Committee shall be chaired by one of the Non-Executive Director members, with another Non-Executive Director acting as deputy in his/her absence.
- 4.2 Meetings of the Committee shall take place at the frequency and timing necessary to enable discharge of its responsibilities and the Committee will routinely meet on a quarterly basis. Responsibility for calling meetings of the Committee shall rest with the Committee Chair. **Unless in exceptional circumstances, meeting schedules shall be aligned with the KGH Audit Committee.**

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- 4.3 Excepting for reasons of sickness, or unavoidable leave it is an expectation that committee members will attend meetings. Annual Leave should, where possible, be planned around meetings. With the Chair's agreement, Non-Executive Directors may appoint deputies to attend meetings in their absence.
- 4.4 A quorum of the Committee shall be two Non-Executive members. Committees may take place without a quorum at the discretion of the chair but decisions cannot be taken.
- 4.5 Decisions of the Committee shall be determined by a majority of the votes of the Members present and voting. The Member presiding as Chairman shall have a casting vote in the event of equality of voting.
- 4.6 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings will be recorded, and Minutes/Action Logs produced, in the normal way.
- 4.7 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be
- circulated to voting members of the body for comment and approval, or:
 - taken by Chair's action, in liaison with the Chief Executive and Lead Executive Director for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

5. SUPPORT ARRANGEMENTS

- 5.1 The Director of Integrated Governance shall be responsible for providing support to the Chairman and to the Committee. Agendas for forthcoming meetings will be agreed with the Committee Chair and Group Chief Finance Officer and papers will be distributed to members one week in advance of the meeting, with any outstanding reports to be added no later than three days in advance of the meeting. Meeting papers will also be available to other members of the Board for information.
- 5.2 The Committee will establish an annual work programme, setting out those items that it expects to consider at forthcoming meetings.

6. DECLARATION OF INTERESTS

- 6.1 All members must declare any actual or potential conflicts of interest arising from items of Committee business, which shall be recorded in the Minutes accordingly.
- 6.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

7. DUTIES

The duties and responsibilities of the Committee are as follows:

- 7.1 Internal Audit

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- 7.1.1 It is the responsibility of the Group Chief Finance Officer to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.
- 7.1.2 To review the Internal Audit programme, consider the major findings of Internal Audit investigations and the management's response and ensure coordination between the Internal and External Auditors.
- 7.1.3 To ensure that the Internal Audit function is adequately resourced, has appropriate standing within the Trust and fulfils its function efficiently and effectively.

7.2 External Audit

- **7.2.1** To consider the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Board when appropriate)
-
- 7.2.2 To ensure that the External Auditor remains independent in its relationship and dealings with the Trust.
- 7.2.3 To review the annual audit programme and to discuss with the External Auditor, before the annual audit commences, the nature and scope of the audit.
- 7.2.4 To review External Audit reports, including value for money reports and the Annual Governance Statement, together with management response.
- 7.2.5 To consider where the External Auditors might appropriately undertake investigative and advisory work.
- 7.2.6 To assess the quality of External Audit work on an annual basis.
- 7.2.7 To ensure there is a policy on accessing non-audit advice from the External Auditors

7.3 Local Counter Fraud Service

- 7.3.1 To receive reports from counter fraud, specifically open fraud case reporting and fraud prevention activities.
- 7.3.2 To receive and agree the annual plan for fraud awareness and review
- 7.3.3 To ensure the organisation has appropriate policies with regard to Fraud, Bribery and Corruption as required by NHSCFA
- 7.3.4 To ensure the Trust is meeting the NHSCFA quality assurance standards

7.4 Governance and Assurance

- 7.4.1 The Audit Committee has responsibility for overseeing the Trust's governance and assurance process and for **approving** the Annual Report including the Annual Accounts and the Annual Governance Statement.
- 7.4.2 In particular, the Committee shall independently monitor and review:
 - (a) The internal and external audit services

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- (b) Financial information systems, the integrity of the financial statements and significant financial reporting judgements
- (c) The establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives
- (d) Treasury management policy
- (e) Compliance with Standing Orders and Standing Financial Instructions, reviewing decisions to suspend Standing Orders and considering draft revisions prior to submission to the Board (*from SORD*)
- (f) Schedules of losses and compensations
- (g) Schedules of debtors/creditors balances over 3 months and £5,000 and explanations/ action plans
- (h) Schedules of waivers of purchasing authorities approved each quarter
- (i) Schedules of maverick transactions made without appropriate authority approved each quarter
- (j) The Board's self-certification process in relation to the Annual Plan before its submission to NHSi to ensure the Board is assured that systems and processes are in place to deliver the Annual Plan and to review the self-assessment on a six-monthly basis.

7.4.3 The Committee will review annual reports from Board Committees and escalate items to the Board of Directors as required.

7.4.4 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should bring the matter to the attention of the Board of Directors at the next meeting of the Board of Directors.

7.4.5 The Committee will routinely review the effectiveness of Board and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of the Integrated Care System (ICS).

7.4.6 The committee shall work with the Quality and Safety Committee to ensure the Trust's system and processes with regard to Clinical Audit are adequate and reflect the risks in the Trust

7.4.7 The Committee shall ensure that the systems and processes the Trust has in place enable the Whistle-blowing Policy to be effective and accessible

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7.5 Board Assurance Framework (BAF)

7.5.1 The Audit Committee holds the ownership of the Board Assurance Framework and the other Board committees will report updates related to their committees to the Audit Committee.

7.5.2 The Committee is to ensure that the Board Committees have sufficient support to fulfil this role

7.5.3 The Committee will ensure regular review and challenge regarding the contents of the BAF

7.6 Financial Reporting and Performance.

7.6.1 The Committee will:

- Liaise with the all Board Committees to ensure that weaknesses in control exposed by that Committee are investigated.
- Approve the annual financial statement for the Trust's Final Accounts
- Review and approve the Trust accounting policies each year.

7.7 Key Trust Documents

7.7.1 Review any proposed changes to the Scheme of Delegation, Standing Orders and Standing Financial Instructions for approval by the Board.

7.8 University Hospitals of Northamptonshire Group

7.8.1 The Committee will review the effectiveness of Board and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of Group Model Governance arrangements with Kettering General Hospital. In fulfilling this role, the Committee shall assure itself in respect of the effectiveness of the arrangements as they relate to the delivery of Group objectives whilst maintaining the NGH system of internal control, and provide assurance to the Board of Directors as required and requested.

7.9 In order to ensure an integrated approach and carry out the above duties effectively, the Committee will have effective relationships with all Board committees so that it understands processes and linkages and seeks assurance on their work.

7.10 The Committee may request specific reports from individual functions within the organisation in pursuance of its duties.

8. STANDING AGENDA ITEMS

1.	Internal Audit Reports
2.	External Audit Reports
3.	Counter Fraud Reports
4.	Financial Governance
5.	Board Assurance Frameworks
6.	Items to escalate to the Board of Directors

9. REPORTING

Reporting to Board:

- 9.1 The Committee will submit a report, from the Chair, that will accompany the minutes of the Audit Committee meeting to highlight recommendations that may need formal Board approval.
- 9.2 The Committee is responsible for the urgent escalation of any identified issues to the Board of Directors, via the Chairman, as part of the Integrated Governance Report.

Reporting to Audit Committee:

- 9.3 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility, though the Committee may not delegate powers to a sub-committee unless expressly authorised by the Board of Directors.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the committee and regularly reviewed.

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

- 10.1 The Chair of the committee will seek feedback on the effectiveness of committee meetings following each meeting.
- 10.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.
- 10.3 The Committee will review its terms of reference annually, and recommend any changes for Board approval.

11. REVIEW

Approved: April-May 2022 (Audit Committee, Board of Directors)
Next Review date: May 2023

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	13

Title	Elective Care Collaborative (Lead Provider) Committee in Common: Establishment, Terms of Reference and Appointment of Non-Executive Director as Co-Chair and NGH Convenor
Presenter	Richard Apps, Director of Integrated Governance (Acting)
Author	Richard May, Trust Board Secretary (Acting)

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input type="checkbox"/> 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 approve the establishment of, and Terms of Reference for, an Elective Care Collaborative (Lead Provider) Committee in Common with the Kettering General Hospital NHS Foundation Trust (KGH)	Collaboration Programme Committee, 16 May 2022. Recommendation to be considered by the KGH Board of Directors on 27 May 2022.

Executive Summary

The Integrated Care System (ICS) is developing an Elective Collaborative, the ambition of which is to improve health outcomes, inequalities and quality of life through a single system patient-centred approach across the whole elective pathway transforming delivery of services to ensure equitable access to timely treatment for

patients across the county and to enable patients to be supported to keep well.

It is proposed that the University Hospitals of Northamptonshire (UHN), comprising this Trust and KGH, becomes the Lead Provider within this collaborative. In order to fulfil this role, the Board of Directors is recommended to **APPROVE** the establishment of a Committee in Common with NGH, **APPROVE** Terms of Reference set out at **Appendix 2** attached, and **DELEGATE AUTHORITY** to the Trust Chair to appoint a Non-Executive Director to the Committee as Co-Chair and NGH Convenor.

Appendices

Appendix 1 (below): Governing the Lead Provider Model (diagram)

Appendix 2: Elective Care Collaborative (Lead Provider) Committee in Common Terms of Reference

Risk and assurance

Implementation of a robust governance framework provides a key mitigation against Group Risk GSI04: Failure to deliver the NHCP Integrated Care System Partnership may result in an impact on the quality of service provided across the group

Financial Impact

No direct implications relating to this report and recommendations.

Legal implications/regulatory requirements

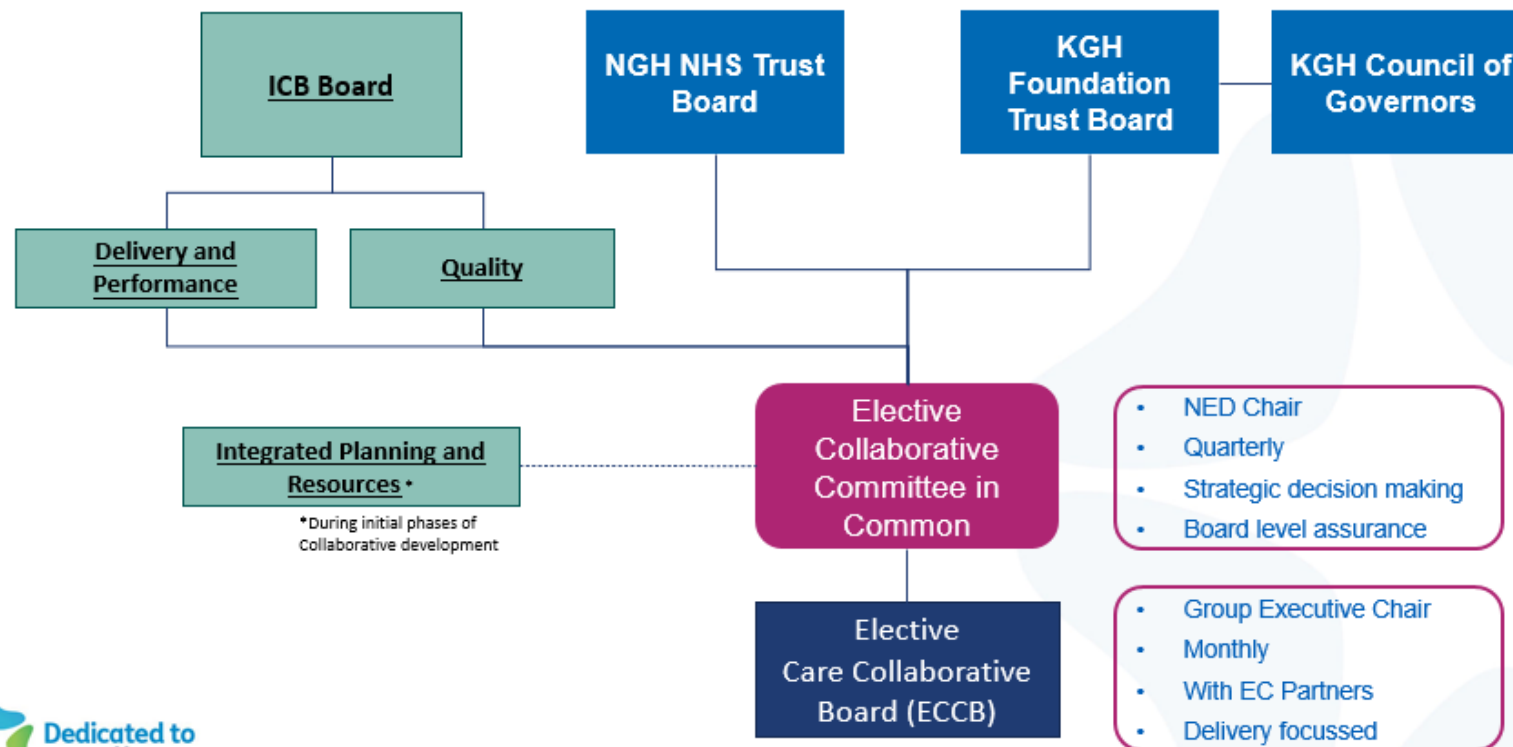
No direct implications relating to this report and recommendations.

Equality Impact Assessment

Neutral

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Governing the Lead Provider Model



Elective Care Collaborative (Lead Provider) Committee in Common Terms of reference

1. PURPOSE

- 1.1 The University Hospitals Northamptonshire (UHN) NHS Group (Northampton General Hospital NHS Trust and Kettering General Hospital NHS Foundation Trust) is putting in place a governance structure which will enable it to work together with the other Trusts to implement change, with UHN acting as the Lead Provider of the Northants Elective Care Collaborative (NECC).
- 1.2 Each Trust has agreed to establish a committee which shall work in common with the other UHN Trust Committees but which will each take its decisions independently on behalf of its own Trust.
- 1.3 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trusts
- 1.4 Each Board of Directors has agreed to establish and constitute a committee with these terms of reference. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Elective Care Collaborative (ECC) Committees which will meet in common.
- 1.5 The ECC Committee shall work co-operatively with the other UHN ECC committees within committees in common framework. It will be solution focussed and work collaboratively.
- 1.6 Each ECC Committee is a committee of its board of directors and therefore can only make decisions binding on its own Trust. None of the Trusts can be bound by a decision taken by another Trust's ECC Committee.

2. AUTHORITY

- 2.1 Authority is given by the respective UHN *Boards and the ICB Board* to deliver the NECC

3. MEMBERSHIP AND ATTENDANCE

- 3.1 The minimum membership is to be as follows:

Members

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- Chair – A Non-Executive Director nominated by each Trust within UHN
- Group Chief Executive
- Hospital Chief Executives
- Hospital Chief Operating Officers
- Group Chief Finance Officer
- KGH Director of Strategy
- NGH Director of Integration and Partnerships

Deputies to be nominated in accordance with paragraphs below when required and to attend as members

In attendance

Selected directors as appropriate to present reports and provide advice on specific matters, such as clinical issues, finance. As a matter of course, Finance Directors will be invited to be in attendance for significant financial items and clinical directors will be invited to be in attendance for items of significance related to quality or clinical matters

Secretariat

KGH FT will be able to incorporate Governor observer arrangements in line with existing custom and practice.

The Chair will exercise discretion based on the circumstances, on an 'as required' basis as to the attendance and speaking rights of any other individuals.

Each ECC Committee Member shall nominate a deputy to attend CinC meetings on their behalf when necessary ("Nominated Deputy"). Deputy Nominations will be made in writing in advance of the meeting.

The Nominated Deputy for the Chair shall be a Non-Executive Director of the same Trust. The Nominated Deputy for the Chief Executive shall be an Executive Director of the same Trust. The Nominated Deputy for the Non-Executive Director shall be a Non-Executive Director of the same Trust.

In the absence of an ECC Committee Member, his or her Nominated Deputy shall be entitled to:

- attend CiC meetings;
- be counted towards the quorum of a meeting of the ECC Committee; and
- exercise Member voting rights,

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and when a Nominated Deputy is attending a CiC meeting, for the purposes of these Terms of Reference, the Nominated Deputy shall be included in the references to “Members”.

4. MEETINGS AND QUORUM

- 4.1 When the UHN ECC Committees meet in common, one person nominated from the Non-Executive Members of the ECC committees shall be the Meeting Convenor and preside over and run the meetings on a rotational basis for a period set by the Board of Directors of KGH and NGH.
- 4.2 The Committees in Common will meet four times per year as a minimum.
- 4.3 The quorum for each Trust’s committee shall be two (2) Members; one (1) Executive Director and one (1) Non-Executive Director (for the avoidance of doubt the Trust Chair is classified as a NED for the purposes of this quorum requirement). The committees in common will only be able to transact business when both Trusts’ committees are quorate.

5. SUPPORT ARRANGEMENTS

- 5.1 Administrative support for the CinC will be provided by the UHN (or such other person as the Trusts may agree in writing). The secretariat will:
 - Draw up an annual schedule of UHN CinC meeting dates and circulate it to the ECC Committee
 - Circulate the agenda and papers five working Days prior to CinC meetings
 - Take minutes of each CinC meeting and, following approval by the Meeting Lead, circulate them to the Trusts and action notes to all Members within ten (10) Working Days of the relevant CinC meeting
 - The agenda should be determined by the Meeting Convenor in consultation with the other Non-Executive chair, having regard to agreed objectives and work plans. The agendas for each committee in common meeting need to be identical. Once agreed the secretariat should then circulate to the members of each committee
 - The meeting convenor shall be responsible for approval of the first draft set of minutes for circulation to members and shall work with the secretariat to agree such within five (5) working days of receipt

6. DECLARATION OF INTERESTS *[Guidance on Declaration of Interests is available in the Managing Conflicts of Interest Policy]*

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- 6.1 All members must declare any actual or potential conflicts of interest relevant to the work of the *[Meeting]*, which shall be recorded in the *[Minutes/Action Notes]* accordingly.
- 6.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

7. DUTIES

The duties and responsibilities of the Committee in Common are as follows:

- a) Provide strategic leadership and oversight to facilitate and ensure the commissioning and delivery of ICS and UHN ECC services
- b) Develop and propose strategic goals for the ECC, defining its ongoing role and scope ensuring recommendations are provided to ICB and Trusts' Boards for any changes which will result in a substantial* development or variation to the Trusts; (*using section 244 of the NHS Act 2006 as a reference point for "substantial")
- c) Consider contractual outcomes and governance arrangements for services
- d) Review the key deliverables and hold the Trusts as Lead Provider for the NECC to account for progress against agreed decisions
- e) Establish monitoring arrangements to identify the impact on services and review associated risks to ensure identification, appropriate management and mitigation
- f) Receive and seek advice from the Northamptonshire ICB as appropriate
- g) Review and approve any proposals for additional providers to join the Collaborative
- h) Maintain an overview of compliance and due process with regulating authorities regarding service changes
- i) Oversee the creation of joint ventures or new corporate vehicles where appropriate
- j) Improve the quality of care, safety and the patient experience delivered by the Collaborative, ensuring service proposals are subject to robust engagement/co-design/statutory consultation
- l) Deliver equality of access to the Collaborative's patients
- m) Ensure the Collaborative delivers services which are clinically and financially sustainable

8. STANDING AGENDA ITEMS

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Monthly

1.	Report from the Elective Care Collaborative Board
2.	ICS Elective Care Strategy Report
3.	Elective Care Performance Report

Annual Review:

1.	Review of NECC commissioning strategy and annual plan, agree recommendations to Elective Collaborative Committees in Common and the ICB Delivery and Performance Committee on annual plan for the next year and ECCB work plan
2.	Annual review of NECC governance
3.	Annual review of the Commissioning Function (Contracting and Assurance)

9. REPORTING

Reporting requirements will follow each Trust's arrangements for committee reporting to the Board following each meeting.

The CiC will provide assurance to the ICB via the ICB Delivery & Performance Committee and ICB Quality Committee.

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE *[meeting]*

The Committee in Common will undertake an annual review of effectiveness and report to the Trusts Audit Committees

11. REVIEW

Agreed May 2022
Review May 2023

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	26 May 2022
Agenda item	14

Title	Nomination of Partner Member to the Integrated Care Board (ICB)
Presenter	Richard Apps, Director of Integrated Governance
Author	Richard May, Trust Board Secretary

This paper is for			
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> 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				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input checked="" type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input type="checkbox"/> 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 nomination of a Partner Member to the Integrated Care Board to represent the NHS trust and foundation trust sector for the ICB's area. Two partner Members on the ICB Board will be appointed from this sector.	The KGH Board of Directors will be asked to make a nomination at its meeting on 27 May 2022.
Executive Summary	
The Chief Executive of the Integrated Care System (ICS) will write to the Trust Chair on 20 May 2022, inviting nominations from eligible organisations of Partner Members to represent the NHS Trust and Foundation Trust on the ICB Board of	

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Directors. NGH is an eligible organisation within the terms of Clause 3.5.1b of the ICB Constitution, along with:

- Northamptonshire Healthcare NHS Foundation Trust (NHFT);
- Kettering General Hospital NHS Foundation Trust (KGH), and
- East Midlands Ambulance Service NHS Trust (EMAS).

ICB Partner Members must fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification, which will be issued to the Board of Directors upon receipt.

The Board of Directors is invited to **APPROVE** the nomination of the Group Chief Executive, Simon Weldon, to this position. The KGH Board will be requested to nominate Mr Weldon at its meeting on 27 May 2022. EMAS and NHFT will also be asked to submit nominations.

Following the close of the nomination period, the ICS Chief Executive will write to each partner member, setting out nominations received for their sector. In doing so, partner members will be asked to raise any objections to the nominations, in which a failure to reply within the timeframe will be deemed as acceptance. The Board of Directors is further recommended to **AUTHORISE THE TRUST CHAIR** to review the nominations and to raise any objections on the Trust's behalf.

Following the confirmation of nominations, the ICB Chair will approve appointments following a selection process, confirming the successful nominees' appointment to the ICB Board.

Appendices

Partner Member role description (to follow)

Risk and assurance

No direct implications for the Board Assurance Framework.

Financial Impact

None.

Legal implications/regulatory requirements

The appointment process is set out within the requirements of the Health and Care Act and accompanying secondary legislation and statutory guidance.

Equality Impact Assessment

Neutral

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