Public Trust Board

Thu 27 January 2022, 09:30 - 11:30

MS Teams

NHS
Northampton General Hospital
NHS Trust

Agenda

09:30 - 09:30
0 min

1. Welcome, Introduction and Apologies for Absence

Information *Alan Burns*

- NGH Public Board Agenda - January 2022.pdf (1 pages)

09:30 - 10:00
30 min

2. Patient Story - Stroke Pathway

Discussion *Sheran Oke*

10:00 - 10:00
0 min

3. Minutes of meeting held on 25 November 2021 and Action Log

Decision *Alan Burns*

- 3.1 NGH Public Trust Board Minutes - November 2021.pdf (27 pages)
- 3.2 NGH Action Log Public Board.pdf (1 pages)

10:00 - 10:15
15 min

4. Chair's Report

Information *Alan Burns*

4.1. Group Chief Executive's Report

Information *Simon Weldon*

- 4.1 GCEO Board report NGH January 2022 v0.2.pdf (3 pages)

4.2. Hospital Chief Executive's Report

Information *Heidi Smoult*

- 4.2 HCEO Board Report Jan 2022 v2.pdf (6 pages)

10:15 - 10:55
40 min

5. Integrated Governance Report

Assurance *Andy Callow / Heidi Smoult*

- 5 Moving to Power BI - Update on Metrics and Reporting D01.pdf (13 pages)
- 5. Jan 2022 Integrated Governance Report NEW.pdf (113 pages)
- 5 Finance Report M9_Board.pdf (7 pages)

10:55 - 11:15
20 min

6. Update on COVID and system response

Information *Matthew Metcalfe*

- 6 NGH COVID Response Cover Sheet & Report.pdf (7 pages)

11:15 - 11:25
10 min

7. COVID-19 vaccination: Mandatory Vaccination for NHS workers

Information *Mark Smith*

- 7 VCOD NGH Board.pdf (3 pages)
- 7 C1545-update-vcod-for-healthcare-workers-phase-2-implementation.pdf (24 pages)

11:25 - 11:30
5 min

8. Board Assurance Framework

Assurance *Richard Apps*

- 8 BAF report- Jan 22.pdf (2 pages)
- 8 Appendix 1 Board Assurance Framework Report Jan 2022.pdf (3 pages)
- 8 Appendix 2 Group BAF January 2022.pdf (10 pages)
- 8 Appendix 3 NGH BAF Risks - Jan2022.pdf (11 pages)

11:30 - 11:30
0 min

9. Questions from the Public (received in advance)

Discussion *Alan Burns*

11:30 - 11:30
0 min

10. Any Other Business

Information *Alan Burns*

11:30 - 11:30
0 min

11. Resolution to Exclude the Public and the Press:

Decision *Alan Burns*

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.

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Public Trust Board agenda

Meeting	Public Trust Board
Date & Time	27 January 2022 9:30-11:30
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 - Stroke Pathway	Director of Nursing	09.30	Discussion	Verbal
3	Minutes of meeting held on 25 November 2021 and Action Log	Chair	10:00	Approval	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	Verbal
Operations					
5	Integrated Governance Report (IGR)	Chief Digital Information Officer / Hospital Chief Executive	10.15	Assurance	Attached
6	Update on COVID and system response	Chief Operating Officer	10:55	Information	Attached
7	COVID-19 vaccination: Mandatory Vaccination for NHS workers	Group Chief People Officer	11:15	Information	Attached
Governance					
8	Board Assurance Framework	Director of Governance	11.25	Assurance	Attached
9	Questions from the Public (Received in Advance)	Chair	11.30	Information	Verbal
10	Any Other Business and Close	Chair	11:30	Information	Verbal
Resolution to Exclude the Public and the Press: The Board is asked to approve the resolution that: Representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.					
Date and Time of Next meeting: Wednesday 30 March 2022 09.30					

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

Minutes of the meeting

Meeting	**Public Trust Board**
Date & Time	**25 November 2021 – 09:30am**
Location	**ZOOM**

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

Attendance	Name and Title	
Present	Mr A Burns	Chairman
	Mr S Finn	Group Director of Estates & Facilities
	Ms H Smoult	Hospital CEO
	Mr S Weldon	Group CEO
	Ms D Kirkham	Non-Executive Director
	Ms T La Thangue	Group Communications and Engagement Director
	Mr M Metcalfe	Medical Director
	Ms K Spellman	Director of Integration and Partnerships
	Ms S Oke	Nursing Director
	Ms J Houghton	Non-Executive Director
	Mr J Evans	Group Finance Director
	Mr A Callow	Chief Information Officer
	Mr M Smith	Chief People Officer
	Ms C Campbell	Director of Corporate Development Governance and Assurance
	Ms R Parker	Non-Executive Director
	Mr D Moore	Non-Executive Director
In Attendance	Mrs K Noble	Executive Board Secretary (Minute taker)
	Dr R Imtiaz	Medical Director – KGH
	Ms P Grimmett	Director of Strategy and Group Director of Strategic Estate
Apologies	n/a	

Item	Minute reference	Discussion	Action

1.0 INTRODUCTORY ITEMS			
1.1	**21/22 074**	**Introductions and Apologies inc Quorum** Mr Burns welcomed all to the November Public Trust Board. There would be two additional presenters later on the agenda to present the Clinical Strategy. These were Ms P Grimmett and Dr Imtiaz. Apologies were noted from the above.	
1.2	**21/22 075**	**Declarations of Interest** There was no Declarations of Interest.	
1.3	**21/22 076**	**Minutes of meeting 30 September 2021** The minutes of the Public Trust Board held 30 September 2021 were presented and **APPROVED** as a true and accurate recording of proceedings.	
1.4	**21/22 077**	**Matters Arising and Action Log** The Matters Arising and Action Log were considered and noted **Action Log Item 128** It was confirmed that the seminar on iCan was booked for December. The Board **NOTED** the Matters Arising & Action Log.	

1.5	**21/22 078**	**Patient Story** Mr Burns advised that the patient story focused on a patient with learning disabilities and suffered with their mental health. There had been a listening event in October on this subject, the negative and positive aspects were discussed. Mr Burns stated that the patient was a 21 year old who suffered from autism spectrum disorder. She told her story, which highlighted her communications needs and experience as a patient over Christmas. The patient story video was shared with the Trust Board. The patient advised that she had ASD. This was a condition that made it difficult to communicate with others. This included a flat effect on her voice, anxiety when communicating with others, difficulties reading emotions which cost her a lot of energy to socialise with others. She had to make sure that the today did not impact the tomorrow. The patient worked three days a week and if she worked full time she would need a full time carer. The patient explained that Christmas 2020 her whole family caught COVID19. She thought it would not affect her and it did not feel too serious begin with, however it got worse and she was admitted to A&E. The staff were quick see her and triage let her mother come in with her. When her mother left this was when the problems started as her mother would usually advocate for her. On her first night she became stressed and this was on Christmas day. Her mother was trying to contact the ward whole time, and this was difficult as it was a bank holiday. She felt that there was a lack of communication. Usually there would have been the outreach team however as it was Christmas, they were not available. The patient had been able to have curtain drawn all day which had helped with her anxiety, however this was not communicated to the next nurse. The next night she was stressed and anxious. Her mum rang the ward in the night and she had to be given medication to calm down. She noted that it should have been easier then this by just keeping the curtains closed. If she had been asked what she needed there would have been less issues. Ms Oke remarked that there was some lessons to be learn. The team had taken on board the communication challenges. Mr Burns discussed mental health issues. He stated that how the mental health services work was a special skill	

		and needed collaborative type of work. Mr Weldon agreed. There was the opportunity as designing the ICS to agree what mental health services are available in an acute hospital. The Trust was dealing with a lot of patients who have needs, which are not always accommodated. The team needed to be assertive as design the mental health collaborative. Ms Kirkham personally found the story humbling. She agreed with comments in particular patients who have different needs and the support from mental health. The Trust needed to listen to all patients as others also need support. Ms Smoult commented that this was a good point. The patients needed to be treated as a whole person. She has linked in with NHFT as it goes both ways. There needed to be proactive mental health in acute setting and vice versa, for example how to manage acute conditions when receiving mental health care. Mr Moore highlighted patients' needs on Christmas day. He had a family member in on Christmas day. Ms Oke stated that it should not matter what day a patient is admitted, the standard of care should be consistent. There was collaborative work with NHFT to build better links. There was a need to increase the awareness of this group and every group of patients. The communication must be clear. She hoped for a more positive Christmas this year as patients will be able to have visitors, which will help with their wellbeing. The Board **NOTED** the Staff Story.	

1.6	**21/22 079**	**Chairman's Report** Mr Burns advised that there was two new Non-Executive Directors joining the Trust. There was a Prof Andre Ng who was a Professor in cardiology who would be joining on the 01 December. There was also an Ms Elena Lokteva joining on the 01 January. She had background in finance and was a qualified accountant in 3 countries. She was Chair of Audit Committee at St Andrew's Healthcare. Mr Burns commented that the Chief Operating Officer interviews had been scheduled the week before. Mr Burns stated that Mr Toby Saunders had been appointed the ICS CEO. The Healthcare Partnership would transform into the Integrated Care Board in January 2021 and would be in shadow form till March 2021 then a substantive organisation from 01 April 2021. He wished Mr Saunders well. The Board **NOTED** the Chairman's Report.	

1.7	**21/22 080**	**Group Chief Executive's Report** Mr Weldon advised that since the last Trust Board, the NHS has made constant headlines with the ED pressure. He thanked staff across Northamptonshire in the emergency care pathway. The demand had been significant countywide. The staff had kept everyone going and it was a very important thank you. Mr Weldon noted as a system there was the issue of discharge. It was highlighted that post pandemic, the system had the same version of problem as before expect that the pandemic had accelerated these. The Trust needed to think what it could differently. Mr Weldon remarked that the situation was not just a winter problem and went well beyond this. The Trust would have to think of jobs offer and how create jobs to address the issues. There was more than enough beds and resources to decompress our hospital, however the Trust had trouble to accessing these. Mr Weldon commented that there was more investment in urgent care needed. He and Ms Smoult have pressed regional colleagues for funding of a development of an urgent care treatment centre. The Trust needed to find a way to decompress the estate and he could not see a change in pattern of behaviours at current. Mr Weldon referred to the clinical strategy. This was one thing that needed to be done as it looked at where the Group was going to be in 3-5 year's time. The Trust had an opportunity in the context of the ICS and Group to do better. It was important that these documents engaged people. It was a challenging time and the Trust should be ambitious. It should be proud of these ideas. He thanked Mr Metcalfe and Dr Imtiaz for their clinical leadership and Ms Grimmett for stewardship. Mr Burns requested that when these items are discussed, time was spent on how it was going to make a difference to decompression. He encouraged the Board to have dramatic thoughts to shift the cohort of patients who shouldn't be here. The Board **NOTED** the Group Chief Executives Report.	

1.8	**21/22 081**	**Hospital Chief Executive's Report** Ms Smoult acknowledged the pressure the staff were under and excellent support they give each other. She thanked everyone for continuing to come work and making a difference. Ms Smoult stated that there was continued pressure at the front door. The patients were experiencing long waits in addition to patients here who did not need to be. Her main priority moving forward was on discharge. There was an update detailed in the paper. Along with the support of a Clinical Director there was an understanding of what needed to be unblocked. There was also support to empower patients have a clear diagnosis when no longer need an acute bed and can go home. The executive board rounds have had a positive impact and there has been more discharges. The data showed an improvement on 7, 14 and 21 days. This was positive and needed to be kept going. She thanked the executive team for their support on this. Ms Smoult advised that she was working strongly with system on what can be done to tackle discharge head on, with the support social care and mental health. There needed to be a process. It was noted how NGH's workforce plans could help across system and also to address staffing challenges. There had been discussions in regards to social workers coming to work on wards. This conversations would continue. Mr Smoult delivered an update on the Chief Operating Officer interviews. There had been a successful appointment of Mr Palmer Winstanley who was currently at Kings Hospital currently. He would join 31 January 2021. Ms Smoult reported that the Royal College had visit NGH. The feedback had been positive. It had highlighted work to strengthen medical staffing. She, Mr Metcalfe and Mr Nemade was working on this. Ms Smoult reported that the Trust had been successful in winning two Royal College Of Midwifes award. This was for excellence in maternity care during the pandemic and the race matters award. Ms Smoult stated that there had been a HEE-EM review in surgery. There was no formal feedback, however the initial feedback had been positive and the HSE had acknowledged the hard work to address the concerns. Mr Smoult advised that there had been a Health & Safety visit the previous week to look at IPC for COVID19, MSK and violence and aggression. It had been a thorough inspect and she thanked all the teams	

		involved, most notably Ms Robson, Ms Oke, Mr Shead and Ms Campbell. The initial feedback saw no enforcement notices however there would be recommendations. These were welcomed and the Trust would continue to work with them Mr Burns had found the report from HEE-EM to be pleasing as this had been of concern. The Board **NOTED** the Hospital Chief Executive's Report.	
2.0 PERFORMNCE			

2.1	**21/22 082**	**Integrated Governance Report** <u>Quality Governance Committee –Ms J Houghton</u> Ms Houghton advised that the Committee had met the previous week. She summarised the key points. There had been a long discussion on IPC and the acquisition of COVID19 in the Trust and how it was measured. Through hard team work those numbers were diminishing. Following the meeting Ms Oke had reported in terms of benchmarking. There were some Trusts at zero and some much large. Ms Houghton reported that Cdiff had reached 30 this year and the ceiling with NHSE/I was 35 for year. Ms Houghton commented that safeguarding had been discussed in relation to discharge. There were some adult safeguarding concerns following discharge and the team were very focused. The children level 3 safeguarding training compliance had slipped below 70%. The training team was supporting the clinicians in busy environment to increase this compliance. In regards to Maternity services, the Trust had made a bid in partnership international midwives which is was successful in. These midwifes would join in January 2022. There was two consultant obstetricians in line with Ockenden report recommendations. Ms Houghton stated that the new IGR metrics and how to report the metrics was discussed, noting the importance of looking at the quality of performance. There had also been a constructive discussion on the CRR with suggestions for the presentation to be different to make it clearer what the biggest risks were. This was well received by Ms Campbell. Mr Metcalfe informed the Board that HSMR mortality had not been updated as there was Dr foster issues. The SHMI was shown as better than expected. <u>People Committee – Ms D Kirkham</u> Ms Kirkham stated that the ongoing pressure was taking its toll on staff. It was noted that absence rates were higher than target. The statutory mandatory training was behind target as were appraisals. There had been a constructive discussion around this to explore as many as different approaches as possible. It was encouraging to look at things differently.	

		Ms Kirkham commented that the Committee had discussed the potential issue arising from the compulsory vaccine. There was still staff not fully vaccinated and the Trust awaited more information as this would have a clear impact on staff numbers and pressure. In regards to staffing costs there was to be a review on agency and temporary staff. The joint staff bank task had set a deadline of the end of March. This was an ambitious deadline however the Committee recognised how important it was to achieve. Ms Kirkham advised that there had been a focus on local resolution and pinning down areas that needed to be addressed. The next Pulse survey would be circulated in December. She reported that the staff survey completion rates had been quite low and the Trust was not running as high as it were last year. The People Committee had been operating longer than others therefore in relation to performance measures it was having a review of these measures to establish if they are working work as well as a focus on the outcome. Ms Kirkham stated that there had been an update on the volunteers. There had been an increase in numbers and they covered a wide range of duties. Mr Smith advised that the Trust had an HSJ award nomination however did not win. The Trust had been nominated for their virtual health and wellbeing event. This was important when noting that the sickness absence position continued to climb. Mr Smith discussed the COVID19 mandate. A task and finish group had been established to understand the details further. It was noted that colleagues who worked on the front line had to receive their first dose by 01 February 2022. There would be work done on recruitment contracts in regard to legislation. Mr Smith delivered an update on policy processes. There was one joined up for the group and this was the job planning policy. It was good to be consistent across both Trusts. Mr Smith remarked that the excellence awards were this evening and he wished all nominated the best of luck. Ms Smoult assured the Board that it had already taken executive work forward on training compliance with the main areas of concern having clear actions. <u>Digital Committee – Mr A Callow</u>	

		Mr Callow advised that there would be an update on the digital strategy later on the agenda. The strategy explored what 'good' looks like and the Digital Committee had discussed the initial self-assessment. There was a few items that would be addressed in the digital strategy and identified some that were not, these would be picked up. Mr Callow stated that there had been an EPR usability survey which the clinicians were encouraged to complete. There had been a demonstration of 'patient knows best'. This was in the early planning stages in maternity. It was really encouraging for patients as it would help their journey Mr Callow commented on RPA in which NGH was a centre of excellence. The Trust was one of two nationally. The Committees had asked for a more comprehensive report on how to take forward. It was noted that the Trust had gotten to the end of the NHS.net migration. <u>Finance & Performance Committee – Ms R Parker</u> Ms Parker advised that the Committee had been presented a good set results. The Trust was £0.5m year to date behind plan. The drivers had been the good fortune to have a significant ERF, however against that was increased pay costs where the understandable. Ms Parker stated that there had been a good discussion on the H2 plan. The system had submitted a break-even system plan. The Trust had tested assumptions, these were a sensible set of assumptions of finance activity and appetite to risk. It was noted that issues with EPR had been flagged. It needed to be resolved and there had been a request for £3.9m more for this. The Trust needed to find a way to move forward and stop delays. Mr Callow explained that the EPR issues had happened following business case feedback from the national team. The Trust had to look at range of costs for procurement, which was the £3.9m. There was to be further work on these range of costs. It was part of the process to meet business case criteria. He hoped to end at the lower end of costs which was approved in April. Mr Evans and Mr Callow had agreed on how work together to push this over the line. The important points included how manage costs down which had been	

		discussed. There would be trade-offs alongside planning for the next financial year and pre-commitment on resources. Mr Evans and Mr Callow had a conversation post Committee on how to get bottom of numbers to provide a plan that gives a level of assurance to progress. Mr Evans reported in regards to the finances that at time of reporting month 7, the plan had not yet been agreed. The planning process was finalised after the Trust had closed the books. It was noted that month 8 would correct this and the Trust would now be in a better position. There was nothing to flag in regard to risk as plan evolved now. Mr Metcalfe advised that October had been busy for non-electives which had been mitigated in lower conversion rate and use of SDEC. There had also been concerns with ambulance handovers. Mr Metcalfe stated that work had been done to improve the stranded and super stranded numbers in the form of executive board rounds. There was a 25% in 2ww referrals September and now feed through to level of treatment. The Trust had escalated oversight and capacity to attend to the increase. The Trust continued to reduce the 52 week position. He thanked Mr Nemade in stepping up to Medical Direction to allow Mr Metcalfe to support Ops. Ms Smoult believed it was important to acknowledge the pressure at the front door. The Trust was pushing forward on what can be done to decompress the hospital. She wanted to thank Mr Metcalfe for stepping in to the COO role and still maintain the Board Medical Director role. She extended her thanks also to Mr Nemade. <u>CPC – Ms R Parker</u> Ms Parker advised that the Clinical Strategy and Academic Strategy were covered which would be discussed later on the agenda. The Board **NOTED** the Integrated Governance Report.	

2.2	**21/22 083**	**IPR Metrics Update** Mr Burns recalled that he had set the challenge in the summer for there to be a common set of metrics with KGH. Mr Callow shared his screen and talked through his presentation which was included within the report pack, Ms Houghton remarked that she was looking forward to seeing the new metrics. She asked was there a process for Committees to escalate across to other Committee. She gave the example that ED and patient harm was discussed at QGC however this Committee did not have these metrics. Mr Callow explained that there was 89 metrics available to every Committee. Ms Campbell commented that it would also be down to the Chairs to make contact between the committees and highlight any issues. Ms Kirkham stated that when the Trust had their new Board members in post it would be useful to look at who attends which committee. She noted that it was helpful that if you attended more than one Committee information can be shared between the two. Ms Smoult acknowledged that this needed to be strengthened. It not only improved but strengthened how the divisions worked. It would empower clinicians and make more data available. Mr Callow commented that the new board members could attend a making data count refresher session. He suggested that this could be a rolling 6 month programme. Mr Burns noted the step change in to SPC charts and that this helped. This set of metrics brought together a lot things. He intended to talk about this at the Non-Executive Director away day. This would include an increase in the rigour of compare and contrast in addition to how to move to consistent chairmanship. The Board **NOTED** the IPR Metrics Update.	

2.3	**21/22 084**	**H2 Financial Plan** Mr Burns stated that whilst money had always been an issue, it was not a driving force the next two months. It was noted that money had become available to the Trust as it had been awarded £10m TIF funding. The Trust needed to think carefully when money was not the driving force on what was done with it, to ensure that it was driven by the strategic objectives. Mr Evans explained that TIF was the targeted investment fund which would be available for the second half of the financial year. Ms Spellman advised that the paper presented the final submission of H2 and the NGH element of the system plan. This was broader than just finance, it needed to balance three priorities which were; to deliver elective recovery whilst balancing the pressures and winter plan, to focus on decompressing the hospital, and the plans for staff health and wellbeing within the workforce plan. The plan was to deliver elective recovery based on delivering H1, with a breakeven position and workforce plan to support that. Mr Evans reported that a system financial plan had been developed and it was agreed that the system across 21/22 would post a surplus of £1.3m. The CCG post the £1.3m in their books and all other providers will all post a breakeven position. From an NGH point of view, it would recover the deficit from H1 in H2 with a surplus of £200k to get breakeven. Mr Evans commented that he had worked closely with other system finance colleagues. This has progressed in recent months and he was comfortable that the resources would be met across system to meet individual and system aims. Mr Evans advised that within the breakeven position there were key assumptions. These included rolling forward the run rate of spend in H1. The investment for winter was £2.4m, inline with the agreed system plan. There had been profiling done of any investments and the Trust in a position of £1m to manage unknown unseen pressures of year. It was likely to be needed to manage through a difficult winter and the Trust would need to show flexibility with capacity when required. It had been agreed to move £6m in system to cover the increase in planned costs. There had also been money received for growth. This had been allocated by a national formula to the system and down to the Trust. There was also some for elective recovery to cover the cost of maintaining additional elective recovery capacity.	

		It had been agreed as a Board that NGH would continue to keep that capacity in, and that capacity was played in to the activity plans. Mr Evans remarked that from an investment point of view, the Trust had a successful bid regarding digital to support elective recovery of £11m. These are system funds, and a small proportion would be allocated to NGH to make system investments. This would benefit NGH in addition to the main capital programme. Mr Evans expected the Trust to spend its main capital programme of £9m. The Trust had not forecast any cash management issues for the remainder of the financial year. Mr Moore commented that the position looked good, however past performance not necessarily an indication of future results. He asked what risk that was there the in financial position would not be met. Mr Evans concurred in regard to past performance. The Trust had limited people capacity. There was an assessment and assumption that the Trust would spend more on people in H2. He was comfortable with this and finance plan reflected that. The rates of pay for temp staffing were over and above which was a significant risk however was within the Trusts control. Mr Evans was comfortable with all the main elements of income. These had been agreed and had given a level of assurance. The Trust assumed it would deliver elective capacity to meet the operation plan in the way it had planned to. There had been conversations on inflation type pressures and there was not a contingency to cover to this, this required work. Mr Metcalfe discussed the elective plans. He was confident in H2 there would be no patient waits over 104 weeks and maintained or reduce patients at 52 weeks. He also believed that the Trust would maintain or improve cancer pathways. In relation to the benefits of additional schemes, he did not believe that the H2 schemes would reduce the wait list, however the additional capacity at Derby had the expected in impact for quarter 4. Mr Metcalfe stated that the main risks were non-elective pressures in winter and COVID19 surges. The mitigations were to maintain the ringfencing of patient. The elective capacity was to shift from impatient to day case for a while. He had worked with the independent sector and DIPSY to explore further. This included looking at IPC guidance to improve theatre throughput Mr Metcalfe advised that the Trust modelling, despite mitigations, projected most of the time a significant bed	

		gap. The SDEC expansion and executive board round programmes would see some impact. The Trust would bring some further schemes and 7-day services in some areas. Mr Smith commented that there had been an important change in the labour market. The escalated rate of pay across region and agency spend on HCA's was increasing. Ms Oke and her team were doing work to address this; however, it was becoming more challenging as some other companies offered more. He was working closely on this from a People Board perspective. The workforce in place now may not be what the Trust needed in the future. Mr Smith remarked that the health and wellbeing work was fantastic. It was noted that across the group staff had been provided an additional day annual leave to support their wellbeing. This had been cascaded to all. Ms Houghton highlighted that regional statistics showed others more challenged that NGH. She asked how the Trust was helping them. Mr Weldon concurred that the Trust was in a more reasonable position compared to others. He was not in position to update on an agreed way forward. The elective models of delivery had been shaped to ask patients to travel where there was capacity as it was not spread equally. He expected further information before the next Trust Board. Mr Burns asked if the plan had been discussed at Finance & Performance Committee. Ms Parker confirmed that it had and all were comfortable to support the plan. The Board **APPROVED** the H2 Financial Plan.	
3.0 STRATEGY & CULTURE			

3.1	**21/22 085**	**Dedicated to Excellence Group Strategy 6 month review** Mr Weldon was pleased to introduce the paper and wanted to draw out a couple of items. He thanked everyone involved for the progress made and acknowledged the effort put in. The report talked about the process for the next 6 months. Mr Weldon remarked that it was the little things that sometimes made the difference. He had been testing having a badge that got him in to both NGH and KGH car parks. This would be one way to get across the estates and it was an important way to bind together. This would be rolled out over the next 6 months. Mr Weldon gave another example of patients being able to order food digitally. There was work ongoing to make this happen. Mr Weldon stressed the need to make it easier for staff to work across both sites and this also included aligning pay. There were promises that the Group needed to make over the next 6 months. He acknowledged the progress made. There was work going through CPC and there needed to be a discussion on how we go further and at a faster pace. Ms Parker remarked that it had taken a while for CPC to find its feet. It had a huge audience and at times had felt slightly lost, however the last few months, once sorted through transformation priorities there had been good debates about the clinical and academic strategies. The achievement of university hospital had been motivating for workforce as well as enable recruitment and retention. Ms Parker noted that it was about people being comfortable take risks and make decisions to unblock the simple stuff. She believed that the badge which Mr Weldon referred to as great as the implications on working across both sites flexibly was huge. Ms Parker commented that staff needed to become more comfortable with change and to achieve this was through improved communication. It needed to be considered how to communicate out to staff and how position group within the ICS. This needed to have a joined-up approach across the Group. Ms Kirkham stated that this was interesting paper. It was good to see what we have done and to not forget how far we have come. The language of blockers and what are the blockers. This was useful to keep in mind as NGH could sometimes struggle to get to the bottom of this. There should be a focus on time-based plans with	

		the committees pining down who and when. She also stressed that communication was key and never underestimate this. Ms Smoult supported this. It was an opportunity to drive excellence. It was broader than just the group, it was around collaborating and working differently. It involved how to make care better for the patient. She touched on culture and again communication was crucial. Mr Moore noted that there had been step changes over the last year. He believed communication had not as good job as it had on what was the group and benefits of it for staff and patients. It was important to see traction and demonstrate the groups full function. Ms Taylor highlighted the achievements in paper. He spent a lot of time building the foundations to go faster and bring together. There had been good conversations on bringing the transformation teams together and the QI approach, to make sure programme joined up across the group. The key programmes were the accelerated TIF funding, theatres & iCan. There was also work on deteriorating patients which was discussed at the group quality committee and would be rolled out KGH. The People Pulse surveys will help keep track on what was needed. Ms Parker believed that there were two types of blockers. There were ones related to attitudes and there are more tangible blockers. She referred to people, digital and estates which take time to build the fundamentals. The staff have got to understand where the Group was. There was to be fewer priorities, and these needed to be delivered, with staff having an update on these. Ms La Thangue agreed that communication was not where needed to be. There was a new team who would look at what can be done better. The team would look explore our channels and mutes alongside how to engage with the workforce. There were new channels in place, and a lot of effort had been put in to communicate group message. Ms Houghton believed that communication was all about proper engagement and staff co-producing their programmes with the team. She could see a real thread on patient engagement, and this was encouraging. Mr Weldon thanked all for their comments and thanked all who made achievements possible. He remarked that iCan was one item that constantly amazed him. The iCan conversation had been live for 2 years, and it had taken that long as a system to get over the line. The	

		system could not afford to take another 2 years to take on the transformation approach. Mr Burns briefly summarised a few blockers that would hopefully be removed. This included not having to complete a DBS again if moving between sites, no pay conflictions, and digital sign ins sorted. He thanked the team for the update. The Board **NOTED** the Dedicated to Excellence Group Strategy 6-month review	

3.2	**21/22 086**	**Group Clinical Strategy** Mr Burns advised that this had been around the two Trusts in terms of clinician involvement, clinical senate, and a wide range of staff input. Mr Metcalfe appreciated all those who have contributed. It had been a joint effort, with ambitions from those clinical leaders at both hospitals, and discussions on what would happen next. This document discussed clinical senior leadership, what can do for patients now and the foreseeable future. The growing population in Northamptonshire was at a rate that outstripped the national picture. There were also challenges with recruitment. Where necessary to drive up quality will consolidate services into one hospital and where not have quality impact then the Group should look to disperse the services into the community. Mr Metcalfe report that there were two centres of excellence. This was Cancer at NGH and Cardiology at KGH. This was defined in the document. It would consider what services can be best co-located and this would enhance the experience of patient care. It would develop equality and access, as well strengthen fragile services. Mr Metcalfe stated that the East Midland Clinical Senate had provided good external validation on the strategy. The senate had praised the ambition. There needed to be integration with the ICS. This linked with the dedicated to excellence strategy. It would make the Group a great place to receive care and work. Dr Imtiaz noted that communication was pivotal of getting to where the strategy was at present along with clinical leader involvements. There was an organisational wide survey for clinical and nonclinical staff to ascertain what they thought of the clinical collaboration. The results were in favour at 87% felt that the collaboration was very good. Dr Imtiaz commented that there had been three clinical senates with clinical leads to seek opinion and refine the strategy. Ms Grimmett discussed the next steps. There were 4 key areas. The Group would go out to public to gather what the public thought of the strategy. There would be detailed planning involved on what it would take to deliver the plan. The secondary piece of work included what needed to be done to solve fragility. The Group would work with partners regionally and out of county to	

		understand how to turn these fragile into reliable services. Ms Grimmett stated that the clinical teams would come together however the teams still needed to develop and agree a framework. There would be focus on the priorities areas for investment and what was required to be spent in quarter 4. The details of what these mean needed to be included. The plans implementation plans hoped to start from April 2022. Mr Burns remarked that this was good to talk about in a Public Trust Board. Ms Spellman noted that this was an opportunity to transform and develop services across the system. Ms Oke added her support and that there had been a huge amount engagement clinical staff. There had been positive clinical buy in and that needed to be recognised. It was a well brought together piece of work. Mr Callow agreed that it was a great piece of work and it developed ambition on what would be different for patients and staff. Ms Taylor congratulated the team on their exciting piece of work and it now needed to be considered how everything joined up. Ms Smoult commented on the hard work colleagues had put in. This was not just about work across the 2 acutes but about transforming their contribution to acute services. Mr Weldon remarked that this had been in discussions for 7 months and many people had been involved. It was important to chart a course for the longer term. The Group cannot continue to work in a world where everything in was done all in one place, this was about investments in the stakes in the ground. Mr Burns stated that the strategy needed to be read to get the full scale of the ambition as it could easily be misunderstood. It was important that we have a major exercise in engagement. It needed to be recognised that this was our plan and that it was clinically driven. He stressed that the Group had to find a way to make sure that the patient was on board. The plan needed to progress and start. He congratulated the team on a good piece of work. The Board **NOTED** the Group Clinical Strategy	

3.3	**21/22 087**	**Digital strategy update** Mr Callow shared his screen with the Board to deliver the Digital Strategy update. The presentation showed what had been achieved so far. There was 96 measures which gave a good way to measure progress. Mr Callow talked through report and the themes. Mr Metcalfe thanked Mr Callow for finding a way to address the availability issue for EPMA. The EPMA system had been brought forward and he was grateful for this from a patient safety perspective. Ms Houghton commented that this was great piece of work. She was interested in sharing the system with partners. She was pleased system 1 was accessible and asked would it be rolled out with others. Mr Callow confirmed that it would and it was a tactical solution as the Northamptonshire care record feeds in to this. Mr Weldon congratulated Mr Callow on the strategy and the work involved. At the Non-Executive away day there would be discussions on population management and health issues. He stressed that strategies matter. There had been previous decisions that were now tricky to unpick. A longer-term course would stops system chaos. Mr Burns commented that this was a good report with simple measures and hoped that this work continued. The Board **NOTED** the Digital strategy update.	

3.4	**21/22 088**	**Academic Strategy** Mr Metcalfe advised that the Academic Strategy had been approved last year and was rolling round to its one year launch date. Ms K Faulkner presented the Academic Strategy to the Board.  Academic Strategy Update November 20 Ms Kirkham remarked that it was an exciting strategy and it encompass a lot the Board talked about. It drove a lot of our overall strategy and invited people work with us. It should be communicated internally and externally. Mr Weldon thanked Ms Faulkner for the presentation. The theme running through was that partnerships matter and do not happen automatically. The strategy had involved 16 months work. He drew attention that it was not just about the University of Leicester but other academic partners that needed to be reached. He had a positive meeting with the University of Northampton. The Trust had been invited to their Board to discuss how to develop the partnership further. This would continue to evolve. Mr Weldon commented that as the Trust goes forward, he encouraged the team to look at the joins between the strategies. Mr Burns loved the enthusiasm and congratulated Ms Faulkner on the strategy. The strategy was very important and this would be most important element in raising standards in clinical occupations. The Board **NOTED** the Academic Strategy.	

3.5	**21/22 089**	**Assessment & Accreditation Board Approval for Blue Status** Mr Burns advised this was the process of how the Trust awarded the plaques that sit outside the ward. Ms Oke advised that it had been agreed in May 2021 to recommence the A&A process. The Trust have refreshed the tool. It was agreed that 3 greens consecutively would make a ward eligible apply to panel for blue status. This used to be best possible care and was now dedicated to excellence. Ms Oke was delighted that Dryden and Althorp wards had scored green on at least 3 occasions and were allowed to apply. The review panel was set up and it involved NED, HCEO, CCG representative, University representative, Voluntary and patient voice. The ward manager and team came to present their portfolio. It was noted that following debate, it was recommended that both wards wre awarded dedicated excellence status. Previously these would have been awarded in person and this could this be arranged for a suitable time. Mr Burns agreed that this should be done Ms Houghton remarked that this was an achievement especially through COVID19. Ms Smoult supported this awards however she believed moving forward achievement of blue status needed to be more ambitious. These conversations are very live. The Board **NOTED** the Assessment & Accreditation Board Approval for Blue Status.	
4.0 GOVERNANCE			

4.1	**21/22 090**	**Board Assurance Framework** Ms Campbell advised that this was the Quarter 2 report. It included the delivery of the Group and NGH objectives. Ms Campbell explained the changes in scores. The score of the GS106 academic strategy had increased based on the pressure on accommodation. The Nurse and Professional Strategy GSI03 had reduced due to less gaps in control. Ms Campbell reported that risk NGH 115 and GS108 had reduced due to national finance arrangements. The Committee **NOTED** the Board Assurance Framework	

4.2	**21/22 091**	**Freedom To Speak Up Bi-Annual Report** Ms Campbell advised that there had been 14 cases in quarter 2 and 19 in total year to date. This had been a big increase on previous year. There should be 10 per quarter on average. A number of staff had meet with the relevant executive to raise their issue which had been good to help understanding. Ms Campbell remarked that cases in quarter 2 had been mostly linked bully and harassment. The People Committee was aware and this was in line with the national picture. These related to attitude and behaviours of line manager, with all cases supported by HR. Ms Campbell stated that the staff group that raised the most cases were admin, clerical and maintenance. She was mindful of equity of access and she locally collate evidence of ethnic minority. Of the 19 cases 6 had been from an ethnic minority group which mirrored that 30% of the workforce where from this group. Ms Campbell reported that there was 30 values ambassadors and half of these were from the staff networks. This was good for equity of access. Ms Campbell advised that the internet information had been updated. Mr Burns remarked that it was not a happy report. There was a fine debate between the right to manage and perception of people. Ms Kirkham echoed Mr Burns comment. The whole issue on bully and harassment was a big focus, and there was some reassurance as she had meet with Ms Smoult to discuss these as well as the new Freedom to Speak Up role. Ms Smoult thanked Ms Campbell for her work on this to enable the Trust to understand theme and trends. This was far from where the Trust wanted to be. This had been in the staff survey at NGH for a while in regards to behaviours. There would be discussions with the divisions to make sure some basic behaviours were not accepted or excused, also how we value individuals. This was a big piece of work and there was a real focus in the areas we know need focus. Mr Callow challenged whether an increase was good or bad. The work done in staff network meant that there was more ambassadors, which had encouraged more people to speak up.	

		The Board **NOTED** the Freedom To Speak Up Bi-Annual Report	
4.3	**21/22 092**	**Strategic Development Committee ToR** These were taken as read and approved. The Board **APPROVED** the Strategic Development Committee ToR	
5.0 CLOSING ITEMS			
5.1	**21/22 093**	**Questions from the Public (Received in Advance)** There were no questions received from the Public.	
6.0 ANY OTHER BUSINESS			
6.1	**21/22 094**	Mr Burns advised that this was Ms Campbell's last meeting. She has steered us through tricky governance and many other inspections. He wished her well. Ms Smoult thanked Ms Campbell for her crucial introduction for her to NGH Freedom To Speak Up, governance and that she had been incredible executive, who was very helpful. Mr Weldon formally thanked Ms Campbell for the work in regards to the HSE inspection. The labour to navigate this was done this very well and he had reassured to see her involved. Mr Weldon informed that the Board that he had been Appointed Clinical Research Chair for the East Midland Partnership group. This would be announced in due course. Mr Burns congratulated Mr Weldon.	

Next meeting

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

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Public Trust Board Action Log							Last update	11/01/2022
Item No	Month of meeting	Minute Number	Paper	Action Required	Responsible	Due date	Status	Updates
Actions - Slippage								
Actions - Current meeting								
Actions - Future meetings								

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	NGH Public Trust Board
Date	27 Jan 2022
Agenda item	4.1

Title	Group Chief Executive's report
Presenter	Simon Weldon
Author	

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

Group priority				
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

Executive Summary

At the time of writing this report, both hospitals are in the middle of the Omicron wave. It is therefore important that I again start this report by again thanking all our staff, whatever their role, for their contribution in responding to this current wave. Given that this period of the pandemic has been characterised by high levels of staff absence due in part to the high transmissibility of Omicron, I am particularly thankful for everyone's efforts in continuing to make sure we provide safe clinical services.

We do not yet know how much higher the current level of Covid demand will go but we continue to plan for case numbers in hospital to rise still further. We currently anticipate Covid demand will peak in January and then start to reduce but these assumptions are far from being able to be described as certain.

Given this context, it is important that we spend some time today as a Board reflecting on some of the lessons that will need to inform our thinking as a Group and as a system. I want to highlight three key issues to start that debate here:

First, whilst Covid has created extraordinary challenges, some of the difficulties we have experienced as a system are caused by structural issues that were present prior to the pandemic. In particular, I want to highlight the imbalance between patient demand and the capacity we have across Northamptonshire to meet that demand. We particularly lack resilience in our community settings. The immediate consequence of this is that high numbers of patients stay in hospital longer than they should and consequently, the Northamptonshire acute system runs very hot with continuous levels of high occupancy. The pandemic did not cause this problem, but it has exacerbated it, particularly as staff availability reduced during this wave. The challenge we must now face is to right size the capacity we need as a system to meet the demand that we face going forward. I believe that this is the challenge that our incoming ICS must address – it is genuinely a system challenge and can only be addressed that level. If we fail to take action now, we will inevitably repeat a different version of the pressures we have seen this winter in January 2023.

Meeting that challenge is obviously right for patients but as I conclude my comments in this area I also want to make the point that it is right for staff: in a recent visit the point that staff made about the main thing I could improve their working lives was to give them the resources to do their jobs properly.

A key driver of the capacity problem is the workforce problem. As a system, we start from a low base in terms of workforce capacity when we consider the demand we face. We have never quantified what precisely that deficit is or where it lies, let alone how to close it. Overlay that deficit with the pandemic and the results are all to predictable: any action we take is all about trying to get back to the baseline capacity as that immediately drops when under strain. This is what has played out over the last period where the system has been in major incident. We have only been able to add very limited additional capacity in community settings and it has taken too long for this to be put in place. Put simply, our capacity cannot cope with any exogenous shock.

The most likely scenario is that we will endure this wave and numbers of Covid inpatients will gradually start to decline. But we should be under no illusion; we endured the wave, we did not by our actions turn the tide. And more starkly, we endured the wave because demand remains suppressed below that of 2019 levels.

To meet the workforce challenge, we are going now to need to do something completely different thinking. A colleague from a partner said that to open additional community capacity to the level we needed as a system would require 50-60 additional staff. We can recruit those staff where others cannot – should we not now be stepping into this place?

But recruiting those staff will not in and of itself be enough. We need a different operating model and it is here I want to describe my third lesson and it is to do with integration. We have begun as a system to take steps to break down some of the barriers between organisations: we now need to do it with services. We have seen in the last week, Northumbria Hospitals indicate that they intend to step into the domiciliary care arena and start providing services. We should see this as the first signal of a debate I expect to gain traction over the coming months. What should we read into this signal? I would argue that a reading should be that we will have to make the weather here if we are to serve the interests of our patients. For me, that means we need to be willing to step across some traditional boundaries and provide a more integrated offer to our patients.

We will, thanks to the heroic efforts of staff on many personal and professional front lines, endure this wave. I want to again offer my thanks to them. Our leadership challenge as a system is to now prove worthy of the efforts and sacrifices they have made in the service of our patients. Finally, we will also today consider the progress we have made meeting our obligation on mandatory vaccinations. Whilst we must and will recognise the importance of delivering on this imperative, we must also acknowledge the impact that this has for staff. I would like to place to on record my thanks to the HR team who have led the work of understanding our challenge and the work to address it.
Appendices
N/A
Risk and assurance
N/A
Financial Impact
N/A
Legal implications/regulatory requirements
N/A
Equality Impact Assessment
N/A

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

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Public Trust Board
Date	27th January 2022
Agenda item	4.2

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

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

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

Reason for consideration	Previous consideration
(Outline the reason for consideration)	(Outline previous consideration including consultation)

Executive Summary

I would like to commence my report by thanking all colleagues and teams across NGH for their unrelenting dedication to excellence for patients and each other during the continued pressure on our hospital. I would also like to thank and acknowledge the collaborative work across the group and system during these times of continued pressure.

In order to prepare the NHS for the impact of the Omicron variant, the NHS as a whole declared a Level 4 National Incident on 13 December 2021, to allow the NHS to manage the increase in pressure within health and care, as well as the increased requirement on vaccination centres.

The response from our vaccination centre in Moulton Park and the team leading this has been excellent and would like to acknowledge their hard work and dedication in responding to the national requirement. This team received a Ministerial visit from the Prime Minister on Thursday 6th January, where their hard work was recognised.

NGH has been under significant pressure, which is demonstrated by the continued escalation level of OPEL 4 being in place the majority of the time over recent weeks. In most cases, we have continued with urgent and cancer surgery, but we have needed to cancel elective routine surgery. We have been working with the independent sector to ensure all capacity across the system is being used effectively.

The current pressures on the NHS and across the system in Northamptonshire combine several factors, including pressures in emergency care, maintaining elective care and treatment, combined with the pressures in adult social care resulting in significantly reduced capacity. These pressures are compounded by the increased transmission rates relating to the Omicron variant, and subsequent necessary IPC requirements. As national guidance has changed relating to IPC, our teams have worked impeccably with operational teams to ensure the assessment of risk is effectively managed.

As a system, the Local Resilience Forum, declared a major incident on 7th January, to proactively assist with managing the sustained pressures and allow partners to instigate necessary measures, to reduce the risk being carried by the acute providers, in the interests of patients. This work has demonstrated the need for collaborative working across the system and all teams have played a significant part in this work. It has required all partners to consider how we ensure escalation and assessment of risk across the system is sufficiently robust to allow the system response to be effective and collaborative. I am very proud of all teams who have represented NGH in this system work.

Within NGH, we continue to drive the executive led board round work, with a focus on driving effective discharges and instigating further work to ensure we continue to ensure flow is effective, reduce inefficiencies, and improve patient and staff safety.

Health & Wellbeing

In light of these additional pressures, and our dedication to supporting staff, we have proactively committed to recruiting an additional Nurse Practitioner to the NGH SOS team to ensure teams can access any necessary support without delay.

The Health & Wellbeing team are also doing some key campaigns and other work to ensure our support to teams is sufficient. We also continued to review and consider what else we can do to support our staff.

Robot Assisted Surgery

I have great pleasure in being able to share with the Board that we have been successful in securing funding from NHSE/I Targeted Investment Fund to purchase a surgical robot. This will be the first surgical robot for the county and will enable us to introduce Robotic Assisted Surgery (RAS) for cancer and non-cancer patients locally. RAS is increasing across the country and it offers benefits for patients and hospitals in terms of reducing length of stay, increased surgical dexterity, and improved outcomes. It is expected that RAS will supersede conventional surgical techniques as it allows doctors to perform complex procedures with more precision, flexibility, and control.

Currently our Urology cancer patients are referred out of county and can experience longer waiting times for their treatment. The introduction of RAS at NGH will ensure patients are treated closer to home and experience shorter waiting times. Having access to these treatments locally will enable equity of access for patients from Northamptonshire to RAS.

The introduction of RAS is a key development in delivering the UHN Clinical Ambition to establish a Cancer Centre of Excellence at NGH. In addition to improved outcomes and patient experience, this exciting development will support recruitment and retention of our staff across the group model and provide greater opportunities for innovation and research building on our University Hospital status.

Outpatient Transformation

We are pleased that as a Group we have been successful in securing £10m in Targeted Investment Fund (TIF) money for digital solutions to support our elective recovery programmes. Our outpatient services and digital systems in NGH are in great need of transformation, which this funding will help us to accelerate. We have already had feedback from over 120 staff and over 220 patients across NGH about what works well and what could be improved, which are already helping to shape our future service.

Transforming our outpatient services will:

- Improve the experience for our patients, putting patients at the centre of their care, increasing the choice for people to contact us regarding their care and improving how we communicate with patients.
- Make it easier for our clinicians to interact with patients and manage their clinics
- Empower our patients through increasing the number of pathways that can support patient-initiated follow-ups
- Improve productivity and management of our clinics to support reducing our waiting lists

This is an exciting development for NGH and the Group, and there will be plenty of further opportunity for our staff and patients to shape the future of our services.

Digital Targeted Investment Fund (TIF)

Our digital transformation work across UHN to support elective recovery continues at pace. The work includes a new digital dictation system, improvements to support Outpatients, a room booking system, a patient self-check in system, enhanced use of robotic process automation (RPA), capturing consent electronically and improving clinical communications extending the use of Careflow Connect. The majority of the work will be completed by the end of March 2022 in line with available funding. This work demonstrates the collaborative work within digital and transformation teams, alongside clinical teams.

Maternity Update

<u>Maternity OD Plan</u>

We are about to commence our Maternity service Strategic Organisational Development (OD) Plan in February. There has been some initial OD work completed to date to ensure this work will address the known cultural challenges we face in our maternity service, but I am delighted to confirm the boarder work will commence imminently. The objectives are outlined below, and there are clear timelines and deliverables that need to be achieved. This work is fundamental to driving an ambitious vision in our maternity service and the senior leadership team in maternity, alongside the

executive team are fully committed to this being a priority for the trust.

Key objectives:

- The organisational structure and resources of Maternity Services are in place and clear for all stakeholders, enabling the team to achieve its strategic vision.
- The systems and processes across Maternity Services are highly effective in supporting the delivery of the strategic vision
- Establish an open and honest culture, where individuals understand their roles, are working towards a common purpose and supports them to be courageous in delivering the best outcomes for women and their families
- The project management is robust and delivers against the objectives of the project and the desired outcomes

Maternity Safety and Oversight

Since I last updated the board on maternity being a priority, I have personally focussed on ensuring the oversight of the maternity service is strengthened to allow us to align this work to our ambitious clinical strategy alongside the cultural OD work described above. This involved increased oversight and collaborative working across teams.

FTSU Guardian

I am delighted to confirm that Eleanor Southgate is joining us as our Freedom to Speak Up (FTSU) Guardian. This will provide the opportunity for our FTSU strategy to be strengthened alongside other important work with our networks, to ensure staff are sufficiently supported. This will be a fundamental part to driving a positive culture and making NGH an even better place to work.

Appendices

Risk and assurance

Financial Impact

Legal implications/regulatory requirements

Equality Impact Assessment

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

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

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

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

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

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

Paper

Situation
(Please detail the situation of this paper)
Background
(Please detail the background to the recommendations in this paper)
Assessment
(Provide an assessment of the situation and background and identify the preferred outcome)
Recommendation(s)
(Please make a recommendation/recommendations for the action(s) required to achieve the preferred outcome, including immediate next steps)

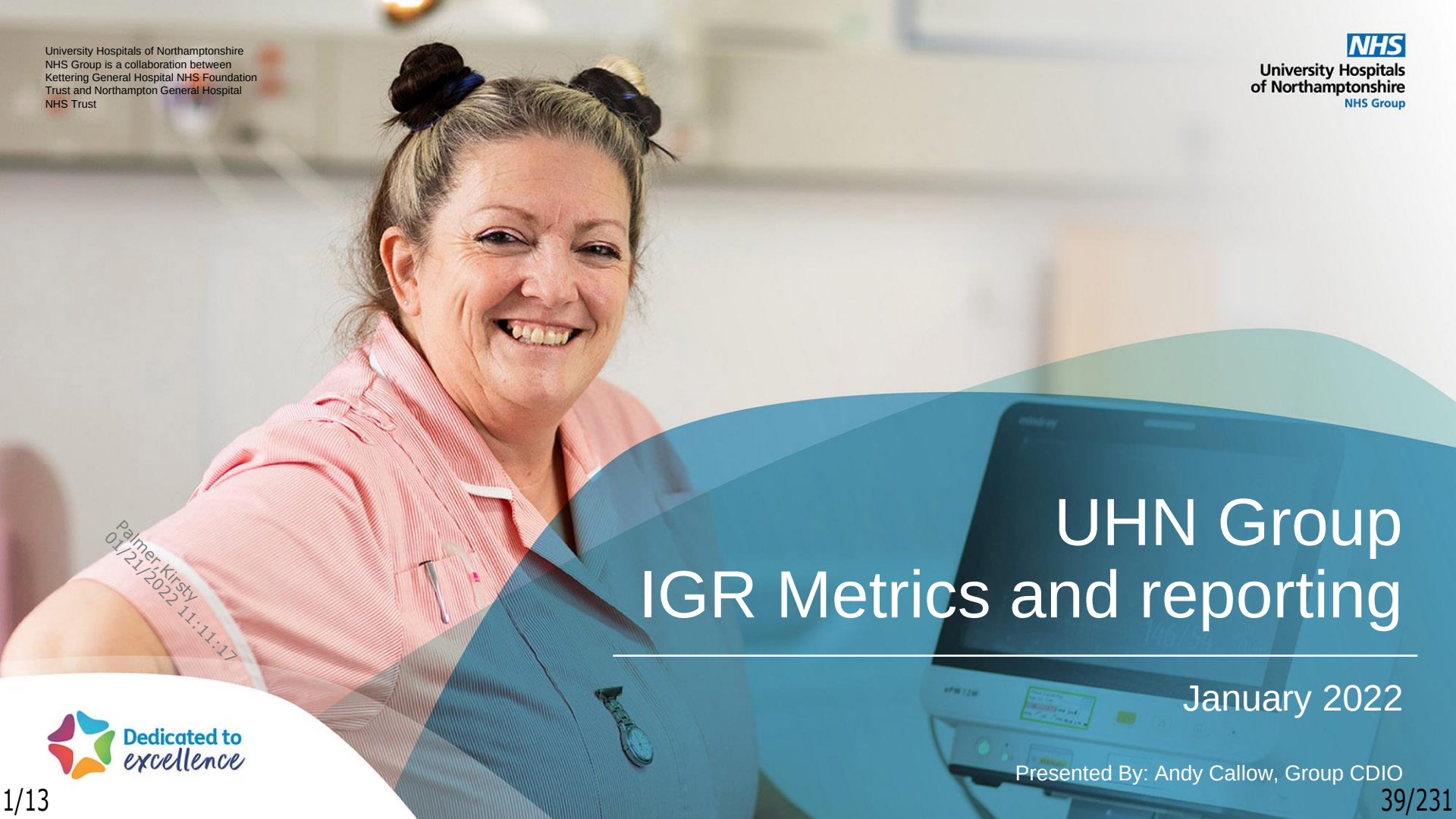
Notes:

The paper section must not exceed four pages of A4 in total

Delete guidance notes

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

NHS
University Hospitals of Northamptonshire
NHS Group



UHN Group
IGR Metrics and reporting

January 2022

Presented By: Andy Callow, Group CDIO

Dedicated to excellence

Context

- In Autumn 2021 we agreed through the committee and Board cycles a set of metrics that we would use that align with our Group priorities.
- We agreed that the platform by which colleagues would access the new IGR metrics would be via Power BI. Both organisations purchased the necessary licencing for PowerBI in 2021, but it has been hard to make progress with the increasing demands on the team regarding statutory, mandatory and ad-hoc reporting.
- Over the course of the past few months, a “Firebreak” has been taking place with the Health Intelligence team. This has been a period where some lower priority elements of reporting have been paused to free up time for establishing a core set of data sources that can be reported from in a variety of ways, . The team have been working towards the delivery of 15 Group dashboards, one of which is the IGR.
- The first iteration of the IGR Power BI Dashboard is available for the January Committees and Boards. It is anticipated and indeed expected that the committees will provide feedback and that the IGR will continue to iterate.
- To support continuity, the legacy IGR/IPRs have been produced and added to committee packs to support the transition to the new metrics

Context

- The proposed direction of travel is for Committees and Board to access metrics only through Power BI. However, in this first iteration, to aid the transition to the use of live dashboards an extract of all metrics have been taken and converted to PDF for the paper pack.
- The pages on PowerBI consist of the following key pages within the IGR:
  - **Landing Page** – explanation of the components of the IGR
  - **Group Priorities Executive Summary** – a high level view of the 5 Group priorities based on the metrics provided
  - **Summary Table** – view of the metrics, with variation and assurance icons to help determine the metrics of concern. Hovering over the metric will show the SPC chart (without supporting narrative)
  - **SPC Charts** – The metrics presented in SPC charts, with filtering by Group priority/Committee

Development Areas

- Known improvements that will be developed:
  - We need to work with committees to determine if/how a “snapshot” of data used through the committee cycle needs to be taken in the future so that context/data at the time of the discussion/decision is known.
  - Making it easier to swap between NGH and KGH metrics for comparison
  - Further testing of PowerBI on iPads. Working with NEDs to determine future device strategy – i.e. replacing iPads with touch-screen Windows devices
  - Having the option to filtering out SPC Charts that are assured and experiencing common cause variation

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

NHS University Hospitals of Northamptonshire NHS Group

Throughout August 21

Discussions with execs

September 21 CPC

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

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

September 21 Committees

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

Discussion on metrics to be included in the committee paper

September 21 Boards

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

October 21 CPC

Discussion on collated metrics from committee discussions

Following October CPC

Approval of proposed IGR metrics by Group committees

Alignment of metric definition and targets in preparation for first reporting

December 21

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

January 22

New Group metrics incorporated in Committee and Board meetings

We are Here

February 22 onwards…

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

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

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An update on the metrics

- Over the past few months, we've worked to bring the sets of metrics together from each Trust. Some have been easy to bring together, others have been more challenging to come to a common understanding.
- Based on this work, the set of metrics we have now can be categorised as:
  - Metrics included and aligned
  - Metric understood, but alignment still to be agreed
  - Metric understood, but measurement paused during Covid/or for other reason
- The tables on the following slides detail each of the metrics along with their status. In summary:
  - We have 90 metrics available for the various committees/board
  - There are 38 metrics that still require alignment at group level
  - There are 3 metrics where collection is aligned but collection is currently paused

Revised Indicator Set

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

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

NHS University Hospitals of Northamptonshire NHS Group

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

Set of metrics agreed at November 2021 Boards

Current number of metrics: 89

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Board & Committee Metrics Status: IGR

Group priority	Measure	IGR	Included and aligned.	Understood, but alignment still to be agreed.	Understood, but measurement paused.
Patient	% of patients who would recommend	✓	✓		
Patient	Patient pulse feedback on communication	✓		✓	
Patient	Number of complaints	✓	✓		
Patient	Patient safeguarding	✓		✓	
Quality	New harms	✓		✓	
Quality	Serious or moderate harms	✓	✓		
Quality	Serious or moderate harms – falls	✓	✓		
Quality	Serious or moderate harms – deteriorating patient	✓		✓	
Quality	Serious or moderate harms – pressure ulcers	✓	✓		
Quality	Number of medication errors	✓	✓		
Quality	Hospital-acquired infections	✓	✓		
Quality	SHMI	✓	✓		
Quality	Safe Staffing	✓		✓	
Quality	MDT assessment and accreditation	✓		✓	
Quality	30 day readmissions	✓		✓	
Quality	Never event incidence	✓	✓		
Sustainability	Surplus / Deficit YTD (£000's)	✓	✓		
Sustainability	CIP Performance YTD (£000's)	✓		✓	
Sustainability	Bank and Agency Spend (£000's)	✓	✓		
Sustainability	Capital Spend	✓		✓	
Sustainability	Headcount actual vs planned (substantive / agency / bank)	✓		✓	
Sustainability	A&E activity activity (& vs plan)	✓	✓		
Sustainability	Non-elective activity (& vs plan)	✓	✓		
Sustainability	Elective inpatient activity (& vs plan)	✓	✓		
Sustainability	Elective day-case activity (& vs plan)	✓	✓		
Sustainability	Outpatients activity (& vs plan)	✓	✓		
Sustainability	Maternity activity (& vs plan)	✓		✓	
People	Quarterly People pulse advocacy questions	✓		✓	
People	People pulse 'how are you doing' measure	✓		✓	
People	Mandatory training compliance	✓	✓		
People	Appraisal completion rates	✓	✓		
People	Sickness and absence rate	✓	✓		
People	Vacancy rate	✓	✓		
People	Turnover rate	✓	✓		
Systems and Partnerships	62-day wait for first treatment	✓	✓		
Systems and Partnerships	Cancer: Faster Diagnostic Standard	✓	✓		
Systems and Partnerships	6-week diagnostic test target performance	✓	✓		
Systems and Partnerships	RTT over 52 week waits	✓	✓		
Systems and Partnerships	RTT median wait incomplete pathways	✓	✓		
Systems and Partnerships	Theatre utilisation	✓	✓		
Systems and Partnerships	Composite urgent care bundle - number of measures hit out of 7	✓		✓	
Systems and Partnerships	Bed utilisation	✓		✓	
Systems and Partnerships	Stranded patients (7+ day length of stay)	✓	✓		
Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	✓	✓		
Systems and Partnerships	Patients with a reason to reside	✓	✓		

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Board & Committee Metrics Status: Group FPC

Group priority	Measure	Joint FP(	Included and aligned.	Understood, but alignment still to be agreed.	Understood, but measurement paused.
Sustainability	Income YTD (£000's)	✓	✓		
Sustainability	Pay YTD (£000's)	✓	✓		
Sustainability	Non Pay YTD (£000's)	✓	✓		
Sustainability	Surplus / Deficit YTD (£000's)	✓	✓		
Sustainability	CIP Performance YTD (£000's)	✓		✓	
Sustainability	Bank and Agency Spend (£000's)	✓	✓		
Sustainability	Capital Spend	✓		✓	
Sustainability	Beds available	✓	✓		
Sustainability	Theatre sessions planned	✓	✓		
Sustainability	Headcount actual vs planned (substantive / agency / bank)	✓		✓	
Sustainability	A&E activity activity (& vs plan)	✓	✓		
Sustainability	Non-elective activity (& vs plan)	✓	✓		
Sustainability	Elective inpatient activity (& vs plan)	✓	✓		
Sustainability	Elective day-case activity (& vs plan)	✓	✓		
Sustainability	Outpatients activity (& vs plan)	✓	✓		
Sustainability	Maternity activity (& vs plan)	✓		✓	
Systems and Partnerships	Two week wait	✓	✓		
Systems and Partnerships	31-day wait for first treatment	✓	✓		
Systems and Partnerships	62-day wait for first treatment	✓	✓		
Systems and Partnerships	Cancer: Faster Diagnostic Standard	✓	✓		
Systems and Partnerships	6-week diagnostic test target performance	✓	✓		
Systems and Partnerships	Unappointed outpatient follow ups	✓	✓		
Systems and Partnerships	Virtual outpatient appointments	✓	✓		
Systems and Partnerships	RTT over 52 week waits	✓	✓		
Systems and Partnerships	RTT median wait incomplete pathways	✓	✓		
Systems and Partnerships	Size of RTT waiting list	✓	✓		
Systems and Partnerships	Theatre utilisation	✓	✓		
Systems and Partnerships	Composite urgent care bundle - number of measures hit out of 7	✓		✓	
Systems and Partnerships	Bed utilisation	✓		✓	
Systems and Partnerships	Stranded patients (7+ day length of stay)	✓	✓		
Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	✓	✓		
Systems and Partnerships	Patients with a reason to reside	✓	✓		

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Board & Committee Metrics Status: Group QSC

Group priority	Measure	Joint QSC	Included and aligned.	Understood, but alignment still to be agreed.	Understood, but measurement paused.
Patient	% of patients who would recommend	✓	✓		
Patient	Patient pulse feedback on communication	✓		✓	
Patient	Number of complaints	✓	✓		
Patient	Patient safeguarding	✓		✓	
Quality	New harms	✓		✓	
Quality	Serious or moderate harms	✓	✓		
Quality	Serious or moderate harms – falls	✓	✓		
Quality	Serious or moderate harms – deteriorating patient	✓		✓	
Quality	Serious or moderate harms – pressure ulcers	✓		✓	
Quality	Serious or moderate harms – VTE	✓	✓		
Quality	Number of medication errors	✓	✓		
Quality	Hospital-acquired infections	✓		✓	
Quality	Covid-19	✓	✓		
Quality	MRSA	✓	✓	✓	
Quality	C Diff	✓	✓		
Quality	SHMI	✓		✓	
Quality	Safe Staffing	✓		✓	
Quality	MDT assessment and accreditation	✓		✓	
Quality	30 day readmissions	✓		✓	
Quality	Never event incidence	✓	✓		
Quality	Maternity bundle measures	✓		✓	
Quality	Dementia screening	✓			✓
Quality	QI projects undertaken	✓		✓	
Systems and Partnerships	RTT median wait incomplete pathways	✓	✓		
Systems and Partnerships	Composite urgent care bundle - number of measures hit out of 7	✓		✓	
Systems and Partnerships	Bed utilisation	✓		✓	

Board & Committee Metrics Status: Trust QSC

NHS
University Hospitals of Northamptonshire
NHS Group

Group priority	Measure	Trust QSC	Included and aligned.	Understood, but alignment still to be agreed.	Understood, but measurement paused.
Patient	% of patients who would recommend	✓	✓		
Patient	% of patients who would recommend - inpatient	✓	✓		
Patient	% of patients who would recommend - A&E	✓	✓		
Patient	% of patients who would recommend - maternity	✓	✓		
Patient	% of patients who would recommend - outpatients	✓	✓		
Patient	Patient pulse feedback on communication	✓		✓	
Patient	Number of complaints	✓	✓		
Patient	Complaints response performance	✓	✓		
Patient	Patient safeguarding	✓		✓	
Quality	New harms	✓		✓	
Quality	Serious or moderate harms	✓	✓		
Quality	Serious or moderate harms – falls	✓	✓		
Quality	Serious or moderate harms – deteriorating patient	✓		✓	
Quality	Serious or moderate harms – pressure ulcers	✓		✓	
Quality	Serious or moderate harms – VTE	✓	✓		
Quality	Number of medication errors	✓	✓		
Quality	Hospital-acquired infections	✓		✓	
Quality	Covid-19	✓	✓		
Quality	MRSA	✓	✓		
Quality	C Diff	✓	✓		
Quality	SHMI	✓		✓	
Quality	HSMR	✓	✓		
Quality	SMR	✓	✓		
Quality	Safe Staffing	✓		✓	
Quality	MDT assessment and accreditation	✓		✓	
Quality	30 day readmissions	✓		✓	
Quality	Never event incidence	✓	✓		
Quality	Maternity bundle measures	✓		✓	
Quality	Dementia screening	✓			✓
Quality	QI projects undertaken	✓		✓	
Quality	Thromboprophylaxis risk assessment tool on admission	✓		✓	
People	Safe Staffing (*measure viability to be explored)	✓			✓
Systems and Partnerships	Cancer: NGH internal metric (* to be explored)	✓			✓

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Board & Committee Metrics Status: Group PC

Group priority	Measure	Joint PC	Included and aligned.	Understood, but alignment still to be agreed.	Understood, but measurement paused.
Sustainability	Headcount actual vs planned (substantive / agency / bank)	✓		✓	
People	Quarterly People pulse advocacy questions	✓		✓	
People	Quarterly People pulse engagement questions	✓		✓	
People	People pulse 'how are you doing' measure	✓		✓	
People	People pulse response rates	✓		✓	
People	People pulse number of actions	✓		✓	
People	People pulse completion rate of actions	✓		✓	
People	Mandatory training compliance	✓	✓		
People	Appraisal completion rates	✓	✓		
People	Sickness and absence rate	✓	✓		
People	Vacancy rate	✓	✓		
People	Turnover rate	✓	✓		
People	WRES	✓		✓	
People	WDES	✓		✓	
People	Temporary staffing FTEs	✓		✓	
People	Overseas recruitment	✓		✓	
People	Formal procedures	✓		✓	
People	Roster publication performance	✓		✓	
People	Time to hire	✓		✓	
People	Speed of query resolution	✓		✓	
People	Satisfaction with query resolution	✓		✓	
People	Excellence values in survey results	✓		✓	
People	Number of volunteers	✓		✓	
People	Number of volunteering hours	✓		✓	
People	Satisfaction with volunteers	✓		✓	

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Next Steps

- Continue to develop the IGR on PowerBI to:
  - Making it easier to swap between NGH and KGH metrics for comparison
  - Complete further testing of PowerBI on iPads. Work with NEDs to determine future device strategy – i.e. replacing iPads with touch-screen Windows devices
  - Add in filtering to have the option to only show metrics that are not assured and not experiencing common cause variation
- Ensure that all Committee/Board members have access to PowerBI and offer out additional training opportunities before the March 2022 Boards.
- Seek feedback from each Committee chair on the IGR, specifically:
  - Presentation format of the various components – landing page, Exec summary et
  - Format they would like to see Group reporting in future e.g. side by side vs above and below for a given metric
  - Level of comfort to solely using PowerBI as the sole source of metrics
  - Agreeing the 'snapshot' method and how that can be accessed

NHS
University Hospitals of Northamptonshire
NHS Group

Integrated Governance Report

January 2022

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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

Northampton General Hospital NHS Trust

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

Kettering General Hospital NHS Foundation Trust

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

Systems & Partnerships

Metrics Associated with Systems & Partnerships Group Priority

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

Quality

Metrics Associated with Quality Group Priority

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

Patient

Metrics Associated with Patient Group Priority

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

People

Metrics Associated with People Group Priority

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

Sustainability

Metrics Associated with Sustainability Group Priority

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

Back

NHS Northampton General Hospital NHS Trust

Select the NGH logo to view NGH commentary

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

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Metric	Comment
Complaints:	Complaints performance remains below trajectory. A review of the data has demonstrated that this is attributed to two issues. The first is the quality of the response, which means that questions are asked at quality assurance. The second is the timelines of these investigations being returned to the complaints team. Targeted training is delivered to areas identified as requiring additional support and working with the Divisions there is a plan to improve the current position.

Back

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

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Friends & Family Test

The satisfaction score for the Emergency Department have ranged between 75% and 88% since April 2020. From September 2020 there has been a statistically significant decline in satisfaction within the ED departments. In December, a focus group was held with patients that had recently attended the ED department to better understand where changes can be made to improve. These will be shared at the M&UC divisional Patient Experience Group for further action. Following a series of scores below the average, Inpatient wards have seen natural variation in data since August 2021. Feedback continues to be shared within the Divisions. For Outpatients, From September 2020, the data shows a run of 8 rising sequential points from October 2020 to April 2021, with the data points from May to December 2021 sat above the average within special cause improving variation. To improve services even further, a project has been initiated by the transformation team to explore Outpatient services.

Complaints

All complaints are triaged upon receipt and a decision made as to the most appropriate route through which the complaint should be handled / investigated. Where possible, and in agreement with the complainant, the Complaints team will try to locally resolve some complaints. However, for complaints, which meet the criteria for a potential incident / safeguarding, these are escalated to either Governance or the Trust's Safeguarding team. All such actions are agreed with the complainant from the outset. Due to pressures across the Trust a temporary pause has been implemented for January and temporary time frames have been reintroduced for 60 and 90 working days. This is to support clinical staff who are providing care to acutely unwell patients during winter pressures and the ongoing pandemic. The Trust compliance rate response rate for complaints, reported in December was 78%, this is mainly due to continued operational pressures caused by winter and Covid19 pressures restricting clinical colleagues being able to respond to the complaints in a timely manner.

Committee Name

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

Group

- [ ] Select all
- [x] Patient
- [ ] People
- [ ] Quality
- [ ] Sustainability
- [ ] Systems

NHS Kettering General Hospital NHS Foundation Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Patient	% of patients who would recommend	01/12/21	90%	95%	78.06%	88.11%	98.16%		
Patient	Patient pulse feedback on communication	01/12/21	0			0			
Patient	Number of complaints	01/12/21	1	0	0.97	0.99	1.02		
Patient	Patient safeguarding	01/12/21	0			0			

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Committiee Name

- (●) 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

SubGroup

- [■] Select all
- [■] Complaints
- [■] Friends and Family Test
- [■] Patient Experience
- [■] Safeguarding

Northampton General Hospital NHS Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Patient	% of patients who would recommend	01/12/21	89.6%	95%	85.43%	89.66%	93.9%		
Patient	Patient pulse feedback on communication	01/12/21	0		0	0	0		
Patient	Number of complaints	01/12/21	17	0	2.36	26.96	51.57		
Patient	Patient safeguarding	01/12/21	0		0	0	0		

Committee Name

Integrated Governance Report (IGR)

Group

Patient

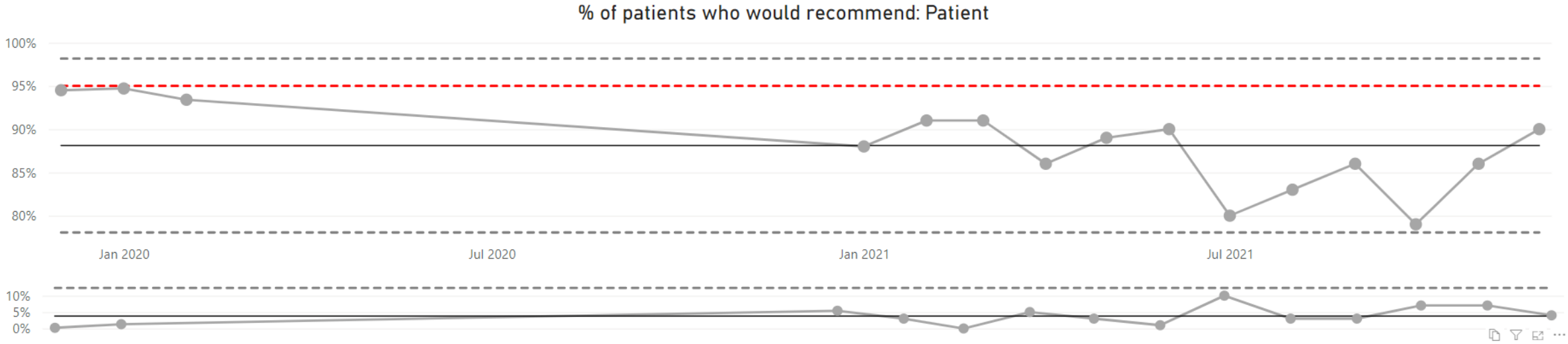
Metric

% of patients who would recommend

01/12/21 Latest Date	78.06% -3σ	Patient_01 Metric ID	Date Annotation
90% Value	88.11% Mean	Dec-19 to Dec-21 Horizontal Axis	
95% Target	98.16% +3σ	% of patients Vertical Axis	

Variation

Assurance



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

% of patients who would recommend

01/12/21 Latest Date	85.43% UCL	Patient_01 Metric ID	
89.6% Value	89.66% Mean	Dec-19 to Dec-21 Horizontal Axis	
95% Target	93.9% LCL	% of patients Vertical Axis	

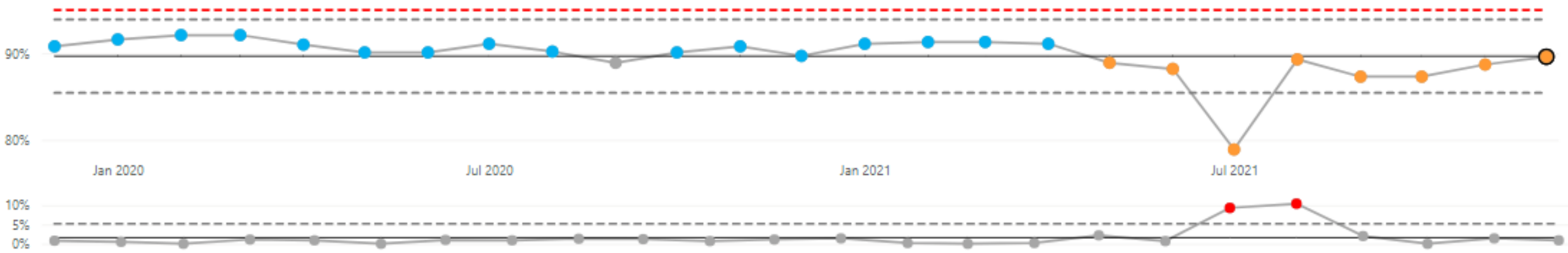
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

% of patients who would recommend: Patient

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to lower values. Assurance: Variation indicates consistently falling short of the target.	No issues captured this month	No actions captured this month	No mitigations captured this month

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Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Patient pulse feedback on communication

- % of patients who would recommend
- Patient pulse feedback on communication
- Number of complaints
- Patient safeguarding

01/12/21 Latest Date	(Blank) -3σ	Patient_06 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	Patient pulse feedback on c... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

Patient pulse feedback on communication: Patient

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Palmer, Kirsty
01/11/2022 11:11:17

Committiee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Patient pulse feedback on communication

01/12/21	Latest Date	0	UCL	Patient_06	Metric ID
0	Value	0	Mean	Dec-19 to Dec-21	Horizontal Axis
	Target	0	LCL	Patient pulse feedback on c...	Vertical Axis

Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

Patient pulse feedback on communication: Patient

Red dotted line represents target

What_the_chart_tells_us | Issues | Actions | Mitigations

Palmer, Kirsty 01/21/2022 11:11:17

Data and narrative not available at the time of publishing

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust | University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Number of complaints

01/12/21 Latest Date	0.97 -3σ	Patient_07 Metric ID	
1 Value	0.99 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	1.02 +3σ	Number of complaints Vertical Axis	

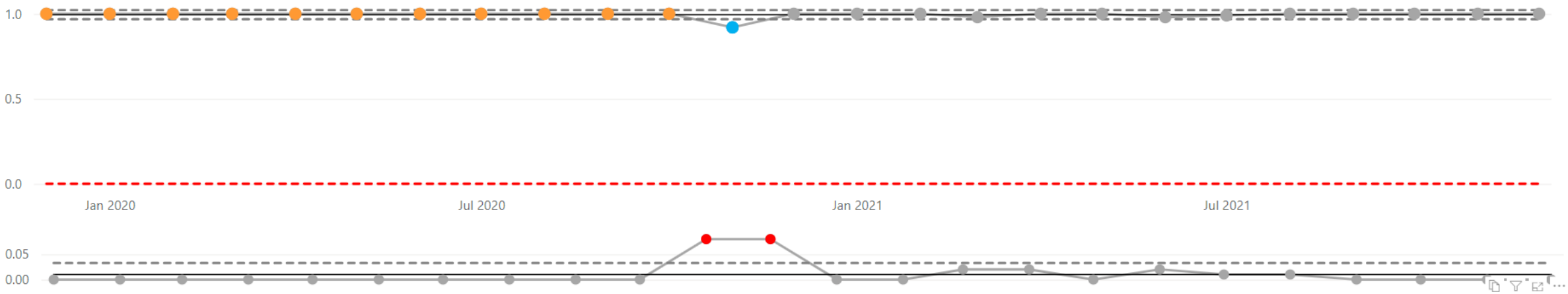
Date Annotation

Variation

Assurance

F

Number of complaints: Patient



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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01/21/2022 11:11:17

Committee Dashboard | Detailed SPC Chart

Northampton General Hospital NHS Trust

Northampton General Hospitals NHS Trust

University Hospitals of Northamptonshire NHS Group

Committiee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Number of complaints

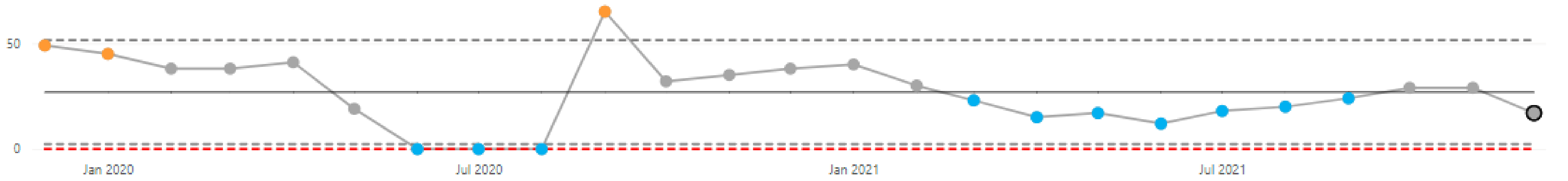
01/12/21 Latest Date	2.36 UCL	Patient_07 Metric ID
17 Value	26.96 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	51.57 LCL	Number of complaints Vertical Axis

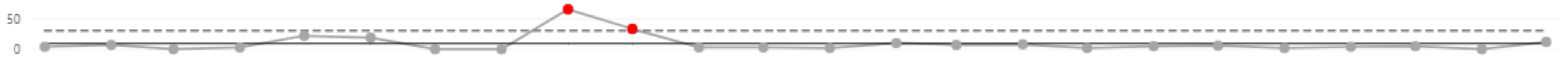
Date	Annotation
01/12/21	Latest data point = December 2021

Variation Assurance

Number of complaints: Patient

Red dotted line represents target





What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Common cause - no significant change. Assurance: Variation indicates consistently falling short of the target.	No issues captured this month	No actions captured this month	No mitigations captured this month

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

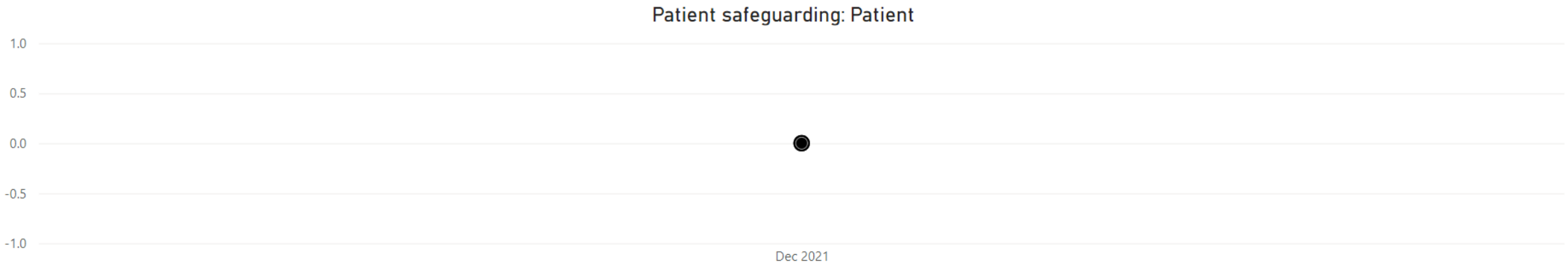
Patient

Metric

Patient safeguarding

01/12/21 Latest Date	(Blank) -3σ	Patient_09 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	Patient safeguarding number Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Palmer, Kirsty 01/12/2022 11:11:17

Northampton General Hospital NHS Trust

Committiee Name

Integrated Governance Report (IGR)

Group

Patient

Metric

Patient safeguarding

01/12/21	0	Patient_09	Date	Annotation	Variation / Assurance
Latest Date	UCL	Metric ID	01/12/21	Data not available at the time of publishing	
0	0	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	0	Patient safeguarding number			
Target	LCL	Vertical Axis			

Patient safeguarding: Patient

Red dotted line represents target

What_the_chart_tells_us | Issues | Actions | Mitigations

Data and narrative not available at the time of publishing

Back

Northampton General Hospital NHS Trust

Select the NGH logo to view NGH commentary

People

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

Metric	Comment
Vacancy	Vacancy rates show special cause variation, currently standing at 7.08 % against a target of 7%. Vacancy rates have generally improved since August 2020 and currently there are no nursing vacancies. We are challenged in some speciality recruitment and the recruitment and retention of HCAs remains a concern as the labour market becomes increasingly competitive.
Turnover	Turnover is showing common cause variation with rates remaining above target at 11.65 % (target 11%). Turnover has increased to higher levels than pre covid as the ecconomy recovers and people who have delayed retirements are now choosing to retire. Staff support and engagement activities continue as part of our people plan strategy, in particular to mitigate any potential future staff losses due to mandated vaccination.
Stat/Man training	Training rates are at 88.89% and remain above target (85%). Data shows maintained compliance across all divisions and staff groups with all areas above 85% aside resuscitation. Additional Information Governance training provision has demonstrated impact. Increased provision for resuscitation is in place, in particular Paeds courses planned for February. Clincial pressures have seen an increase in DNA/s for resus training impacting compliance.
Absence	Sickness absence shows common cause variation (currently 5.89%; target 4%) . Both short and long term absence are a concern. Short term has been impacted by the rise in the Omicron varrient over December, going into January. Our range of support measures continues for those needing psyhological, emotional, financial or other support and we continue to work in partnership with NGH and wider system partners in delivering some of these services. We have supported a winter comms campaign to remind staff of support available and our we care offer reintroduced provision of evening meals.
Appraisal	Appraisal rates are showing common cause variation and are currently at 81.93% against a target of 85% with all areas showing similar but sustained compliance. Work is ongoing to support areas of concern and to develop tools across the Group to support improvement are in development

Back

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
- Safe Staffing (*measure viability to be explored)

The context in which the Trust is working within is challenging, as contained within this report, the Trust operationally has been operating between OPEL3 and 4 escalation status during Q3 and during December this was further heightened with a greater number of covid infections with the new Omicron variant. The intensity of pressure combined with the greater infection rate is reflected in our People performance at month 9. Our absence rates were above target during Q3 and have increased further, particularly during the latter part of the reporting period. The cause of the increase was covid related, with colleagues contracting the virus, self-isolating or caring for those isolating. The staff swabbing service has supported colleagues and those whom they live with receiving PCR tests and results as soon as possible. Further guidance regarding isolation was received during month 9 and was been enacted, with IPC panels and risk assessments in place. The Trust continues to take action and provide health and wellbeing support to colleagues within the Trust and within the system, such as the SOS service and the Stronger Together Hub within the county. The vaccination programme continues for covid and flu jabs for colleagues to provide protection for colleagues. Following the recent government decision regarding Vaccination as a Condition of Deployment (VCOD) within the NHS colleagues are being contacted to provide and confirm their vaccination status,
as it is now a legal requirement for health care workers to be vaccinated if working in a health care environment. Further information the progress of this programme will be provided at the People Committee along with the current risk assessment of the potential impact for the Trust The report outlines that the Trust People development metrics are being affected with colleagues unable to complete training, education and appraisals as colleagues are mitigating gaps caused by increased absences. Improvement in these metrics will be challenging during Q4 based on colleague absence and operational pressures, however conversations have taken place at HMT regarding the importance of these factors in supporting colleagues. It is vital we continue to engage with colleagues to understand how they feel and take action to provide further support, one way of completing this in month 10 will be via our people pulse survey which will be live during January.

Committee Name

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

Group

- [ ] Select all
- [ ] Patient
- [x] People
- [ ] Quality
- [ ] Sustainability
- [ ] Systems

NHS Kettering General Hospital NHS Foundation Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
People	Turnover rate	01/12/21	11.65%	10%	9.28%	9.97%	10.66%		
People	Vacancy rate	01/12/21	7.08%	9%	6.67%	9.23%	11.79%		
People	Sickness and absence rate	01/12/21	5.89%	3.8%	3.75%	5.41%	7.06%		
People	Appraisal completion rates	01/12/21	81.93%	85%	77.46%	81.21%	84.96%		
People	Mandatory training compliance	01/12/21	88.89%	85%	86.62%	89.96%	93.3%		
People	People pulse 'how are you doing' measure	01/12/21	0%			0%			
People	Quarterly People pulse advocacy questions	01/12/21	0%			0%			

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01/21/2022 11:11:17

Committiee Name

- (●) 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

SubGroup

- [■] Select all
- [■] Health and wellbeing
- [■] Organisational Development a...
- [■] People development
- [■] People planning

Northampton General Hospital NHS Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
People	Quarterly People pulse advocacy questions	01/12/21	0%		0%	0%	0%		
People	People pulse 'how are you doing' measure	01/12/21	0%		0%	0%	0%		
People	Mandatory training compliance	01/12/21	83.9%	85%	61.62%	82.37%	103.12%		
People	Appraisal completion rates	01/12/21	74.7%	85%	32.26%	69.88%	107.49%		
People	Sickness and absence rate	01/12/21	7%	3.8%	4.29%	5.41%	6.52%		
People	Vacancy rate	01/12/21	8.1%	9%	-1447.84%	328.2%	2104.23%		
People	Turnover rate	01/12/21	8.6%	10%	7.61%	7.99%	8.38%		

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

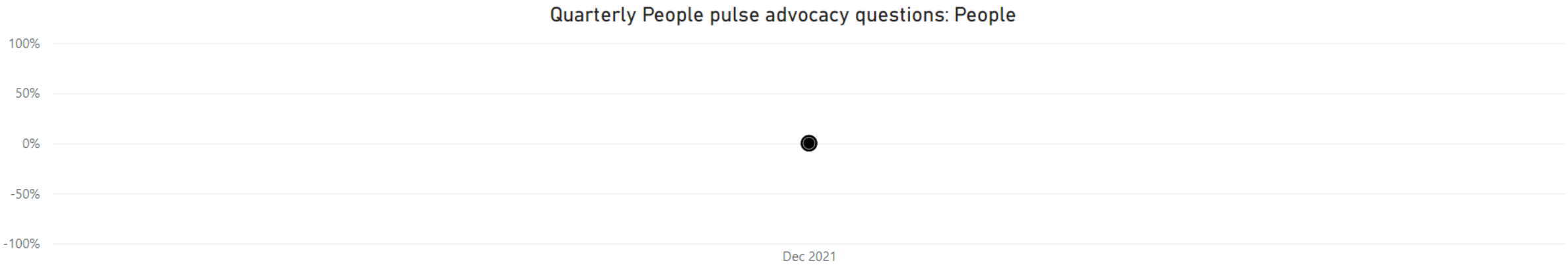
People

Metric

Quarterly People pulse advocacy questions

01/12/21 Latest Date	(Blank) -3σ	People_01 Metric ID
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis
Target	(Blank) +3σ	Advocacy questions % Vertical Axis

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committiee Name

Integrated Governance Report (IGR)

Group

People

Metric

Quarterly People pulse advocacy questions

01/12/21 Latest Date	0% UCL	People_01 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	0% LCL	Advocacy questions % Vertical Axis	

Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

Quarterly People pulse advocacy questions: People

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Palmer Kirsty 01/21/2022 11:11:17

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

People pulse 'how are you doing' measure

01/12/21 Latest Date	(Blank) -3σ	People_03 Metric ID
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis
Target	(Blank) +3σ	How are you doing' % Vertical Axis

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Committiee Name

Integrated Governance Report (IGR)

Group

People

Metric

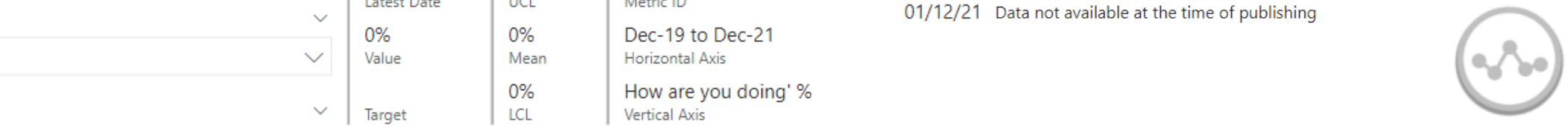
People pulse 'how are you doing' measure

01/12/21 Latest Date	0% UCL	People_03 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	0% LCL	How are you doing' % Vertical Axis	

Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance



People pulse 'how are you doing' measure: People

What_the_chart_tells_us	Issues	Actions	Mitigations

Palmer Kirsty 01/21/2022 11:11:17

Data and narrative not available at the time of publishing

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Mandatory training compliance

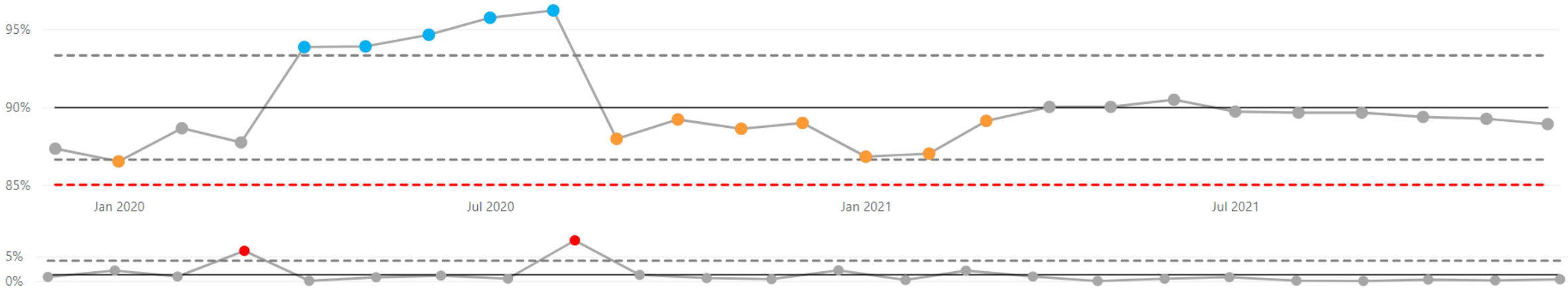
01/12/21	Latest Date	86.62%	-3σ	People_07	Metric ID
88.89%	Value	89.96%	Mean	Dec-19 to Dec-21	Horizontal Axis
85%	Target	93.3%	+3σ	Mandatory training complia...	Vertical Axis

Date Annotation

Variation

Assurance

Mandatory training compliance: People



What_the_chart_tells_us	Issues	Actions	Mitigations
Mandatory training has maintain above trust 85% target with a compliance of 88.6%	Mandatory training continues supported by non face to face delivery modes. Resuscitation training remains a challenge and is greatly impacted by the Covid !9 social distancing requirements, as only small group teaching can be facilitated.	The additional routes to complete Statutory and Mandatory training are maintained with complete flexibility. Direct reminders to people of outstanding training and their managers are maintained monthly.	Lead for Education reviews and supports the reminder process to both staff and their managers. Continuation of virtual stat and mand training via MS teams to support compliance

Committiee Name
Integrated Governance Report (IGR)

Group
People

Metric
Mandatory training compliance

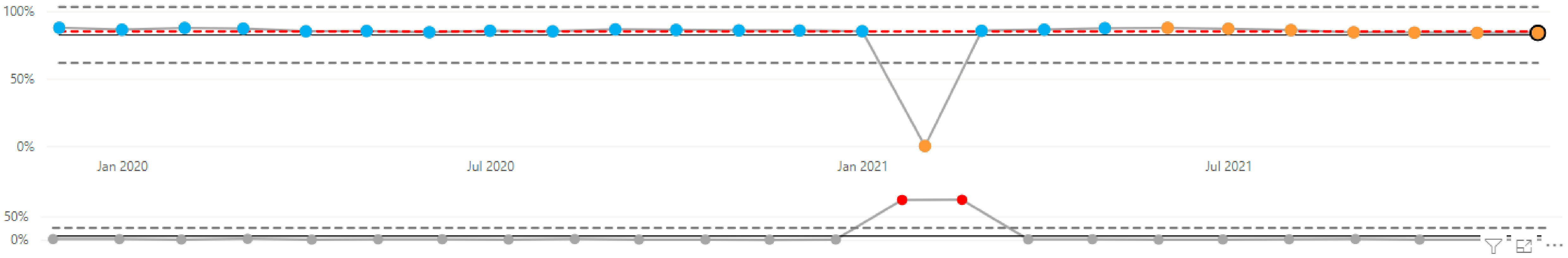
01/12/21 Latest Date	61.62% UCL	People_07 Metric ID
83.9% Value	82.37% Mean	Dec-19 to Dec-21 Horizontal Axis
85% Target	103.12% LCL	Mandatory training complia... Vertical Axis

Date	Annotation
01/12/21	Latest data point = December 2021

Variation Assurance

Mandatory training compliance: People

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to lower values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	The ability to adapt mandatory training to online courses and remote learning was a pivotal factor in maintaining mandatory training compliance within the early stages of the pandemic, however there is now a need to return to some practical education. Operational pressure, which commenced following the summer and has intensified is affecting the ability of colleagues to complete the required education.	An increase in provision of practical training has been provided in order to cater for differing learning styles to enhance the learning experience. Due to CV19 and IPC this has reduced significantly. Work continues to align courses to the CSTF which includes reviewing refresher periods. Divisions have been requested to improve the training position via the HMT	Courses continue to be provided via E-Learning. More courses are being added to 'My ESR' to enhance ease of access. Comms are being sent out to demonstrate how training compliance can be proactively tracked by staff. A new E-learning provider has been engaged deployed to support colleagues to complete modules.

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust | University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Appraisal completion rates

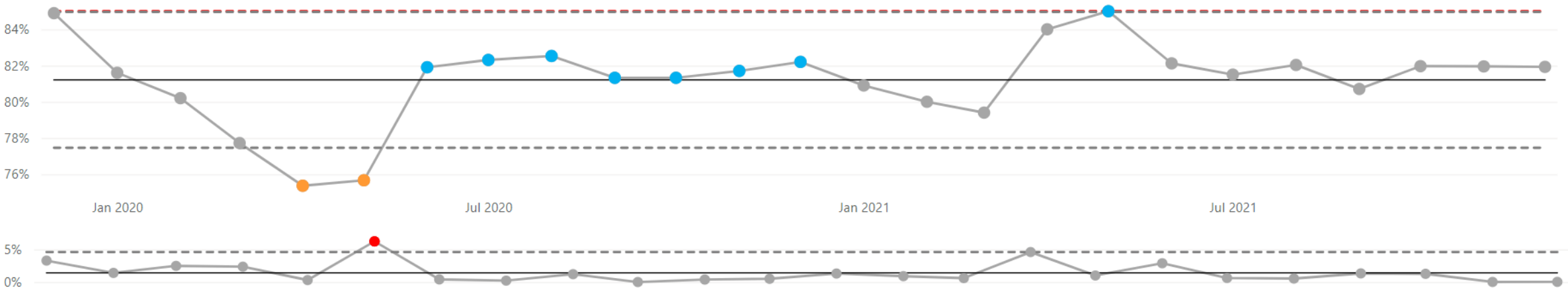
01/12/21 Latest Date	77.46% -3σ	People_08 Metric ID	Date Annotation
81.93% Value	81.21% Mean	Dec-19 to Dec-21 Horizontal Axis	
85% Target	84.96% +3σ	Appraisal completion rates % Vertical Axis	

Variation

Assurance

F

Appraisal completion rates: People



What_the_chart_tells_us	Issues	Actions	Mitigations
Appraisal compliance has remained unchanged at 81.70%.	Ongoing managers notified of outstanding appraisals. Issues with operational pressures and staff sickness levels is impacting on improving this compliance	Divisions, and local managers receive compliance infomation and reminders re compliance.	Staff and Managers are prompted and reminded of appraisal responsibilities. Appraisal light programme has been released and managers supported to complete. This is to be reviewed in March 2021

Committiee Name: Integrated Governance Report (IGR)

Group: People

Metric: Appraisal completion rates

01/12/21	Latest Date	32.26%	UCL	People_08	Metric ID
74.7%	Value	69.88%	Mean	Dec-19 to Dec-21	Horizontal Axis
85%	Target	107.49%	LCL	Appraisal completion rates %	Vertical Axis

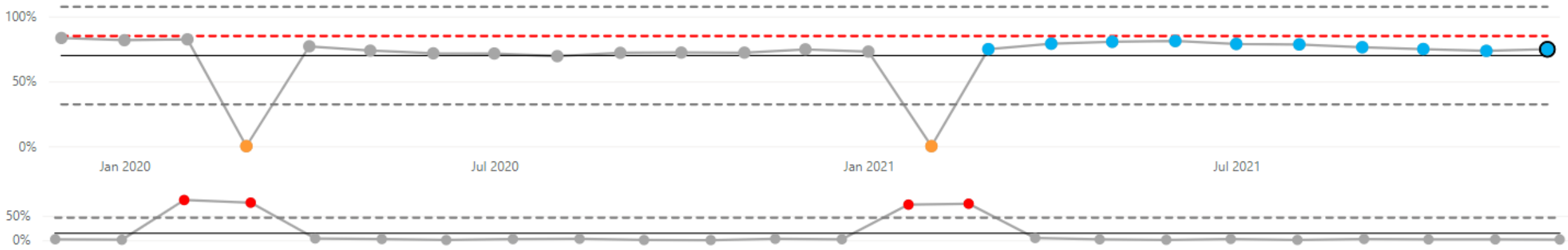
Date	Annotation
01/12/21	Latest data point = December 2021

Variation: H

Assurance: ?

Appraisal completion rates: People

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to higher values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	Work to recover annual appraisal compliance rates to pre-pandemic level continues to be a challenge, in the right of the operational pressure within the Trust.	Areas of low compliance have been identified with a view to providing input and advice. Compliance levels raised with Divisions via HMT and Performance reviews with a view to obtaining input as to how support to facilitate greater compliance. Feedback has been received to continue with the Appraisal Lite process at this stage.	'Appraisal light' format continues to be available to managers to reduce administrative burden in a way that maintains the aim of the appraisal process whilst increasing compliance.

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

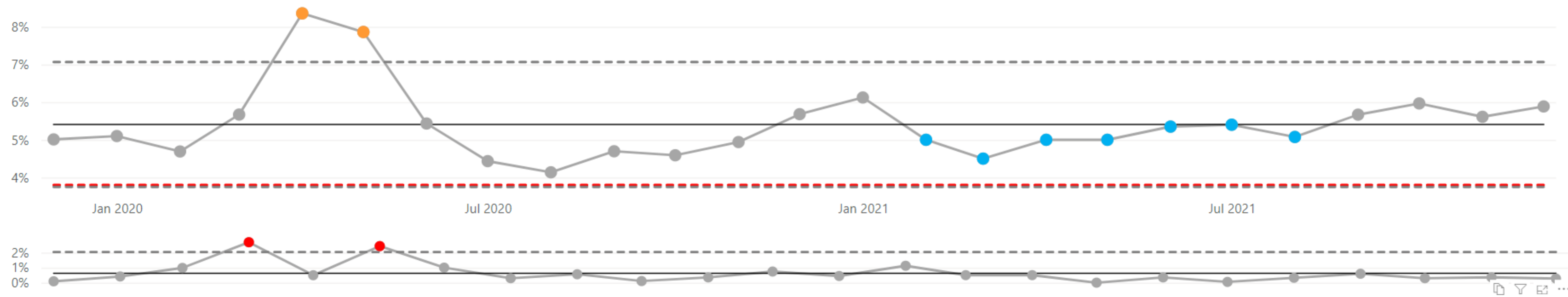
Sickness and absence rate

01/12/21 Latest Date	3.75% -3σ	People_09 Metric ID
5.89% Value	5.41% Mean	Dec-19 to Dec-21 Horizontal Axis
3.8% Target	7.06% +3σ	Sickness and absence rate % Vertical Axis

Date Annotation

Variation Assurance

Sickness and absence rate: People



What_the_chart_tells_us	Issues	Actions	Mitigations
Sickness absence has returned to common cause variation following the impact of the coronavirus pandemic. It should be noted sickness absence data does not include household isolation/clinically extremely	Overall absence levels are rising including absences related to COVID 19. We are seeing higher levels of anxiety, stress and depression and migraine, following the impact of the pandemic, lockdown and increased pressure on the hospital.	Restarted absence management processes. Staff who are clinically extremely vulnerable (CEV) have largely returned to work where they cannot work from home. Support remains in place for CEV colleagues via a weekly Teams call.	Symptomatic testing provides a short turn around from test to result allowing staff to return to work sooner. Lateral flow testing was introduced to patient facing staff in November and has identified a small number of asymptomatic positive staff enabling them to self isolate. A Test and Trace localised process is managed by the Swabbing and OH teams. We continue to promote the Employee Assistance Programme, Care Cafe and Open

Committiee Name

Integrated Governance Report (IGR)

Group

People

Metric

Sickness and absence rate

01/12/21	Latest Date	4.29%	UCL	People_09	Metric ID
7%	Value	5.41%	Mean	Dec-19 to Dec-21	Horizontal Axis
3.8%	Target	6.52%	LCL	Sickness and absence rate %	Vertical Axis

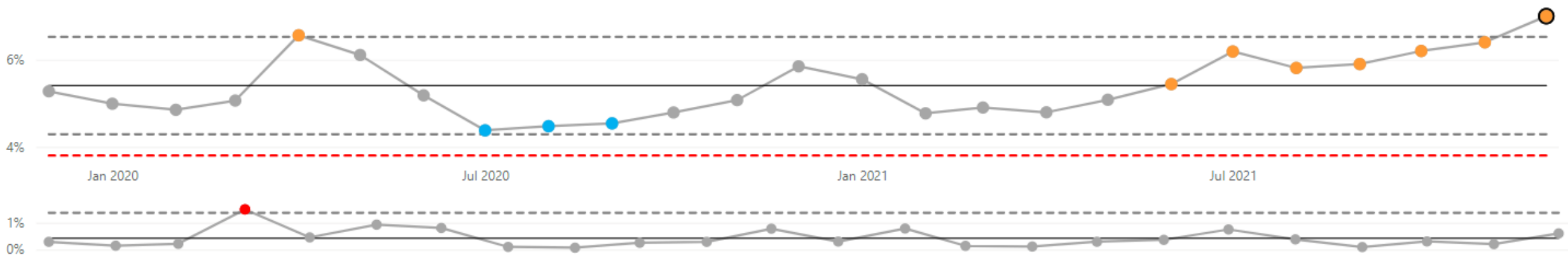
Date	Annotation
01/12/21	Latest data point = December 2021

Variation: H

Assurance: F

Sickness and absence rate: People

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to higher values. Assurance: Variation indicates consistently falling short of the target.	No issues captured this month	No actions captured this month	No mitigations captured this month

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

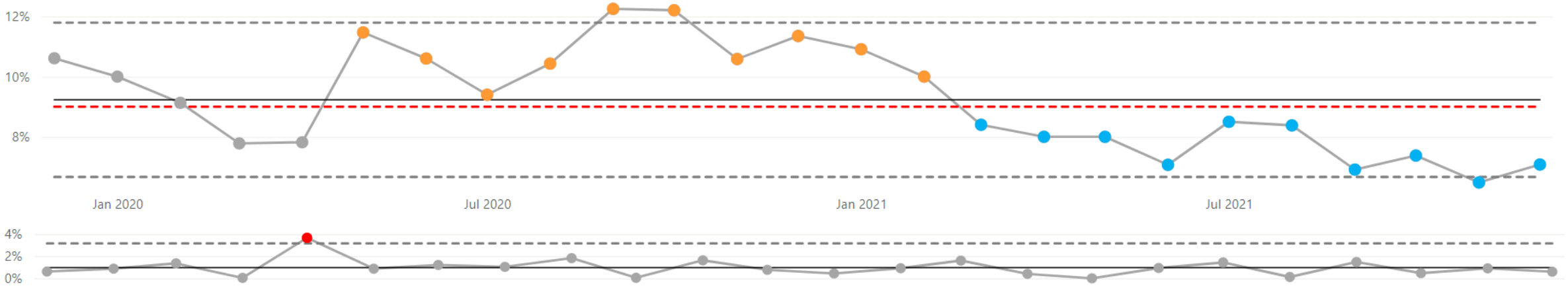
Vacancy rate

01/12/21 Latest Date	6.67% -3σ	People_10 Metric ID	Date Annotation
7.08% Value	9.23% Mean	Dec-19 to Dec-21 Horizontal Axis	
9% Target	11.79% +3σ	Vacancy rate % Vertical Axis	

Variation

Assurance

Vacancy rate: People



What_the_chart_tells_us	Issues	Actions	Mitigations
% difference between budgeted establishment and actual establishment	Nursing vacancies remain above target however our International Recruitment is beginning to have positive impact reducing nursing vacancies from 17.4% to 14.85%	All 27 international nurses passed their OSCE last month. National funding received to accelerate our International Recruitment while we continue to project future nursing workforce requirements and put a plan to place to deliver deliver against those requirements.	34 candidates will sit OSCE in January. The next International cohort of 27 arrives on 4th Jan and further cohorts will continue thoughout 2021. Three cohorts of Trainee HCAs will be starting before the end of January and further recruitment planned for the New Year.

Committiee Name

Integrated Governance Report (IGR)

Group

People

Metric

Vacancy rate

01/12/21 Latest Date	-1447.8... UCL	People_10 Metric ID
8.1% Value	328.2% Mean	Dec-19 to Dec-21 Horizontal Axis
9% Target	2104.23% LCL	Vacancy rate % Vertical Axis

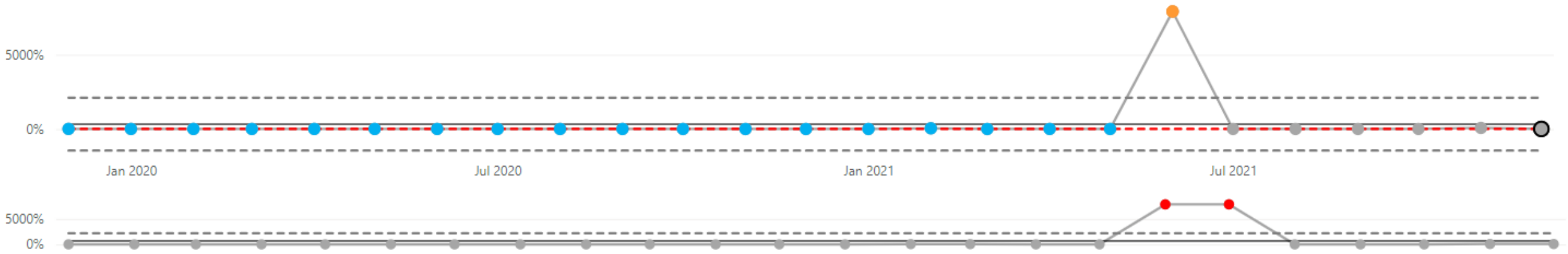
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Vacancy rate: People

Red dotted line represents target



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.	No issues captured this month.	No actions captured this month.	No mitigations captured this month.

Committee Name

Integrated Governance Report (IGR)

Group

People

Metric

Turnover rate

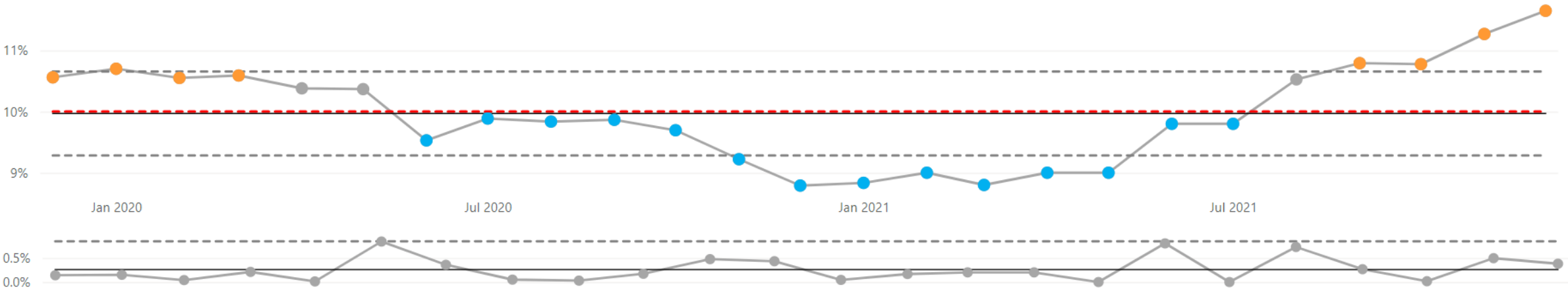
01/12/21 Latest Date	9.28% -3σ	People_11 Metric ID
11.65% Value	9.97% Mean	Dec-19 to Dec-21 Horizontal Axis
10% Target	10.66% +3σ	Turnover rate % Vertical Axis

Date Annotation

Variation

Assurance

Turnover rate: People



What_the_chart_tells_us	Issues	Actions	Mitigations
The number of leavers compared to average WTE.	Turnover rates continue to experience common cause variation.	No issues to report.	The Trust needs to continue its focus on making KGH the best place to work to ensure staff retention is maintained post COVID 19 and should be reflected in the group people plan due in Jan 2021

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Committiee Name

Integrated Governance Report (IGR)

Group

People

Metric

Turnover rate

01/12/21 Latest Date	7.61% UCL	People_11 Metric ID	
8.6% Value	7.99% Mean	Dec-19 to Dec-21 Horizontal Axis	
10% Target	8.38% LCL	Turnover rate % Vertical Axis	

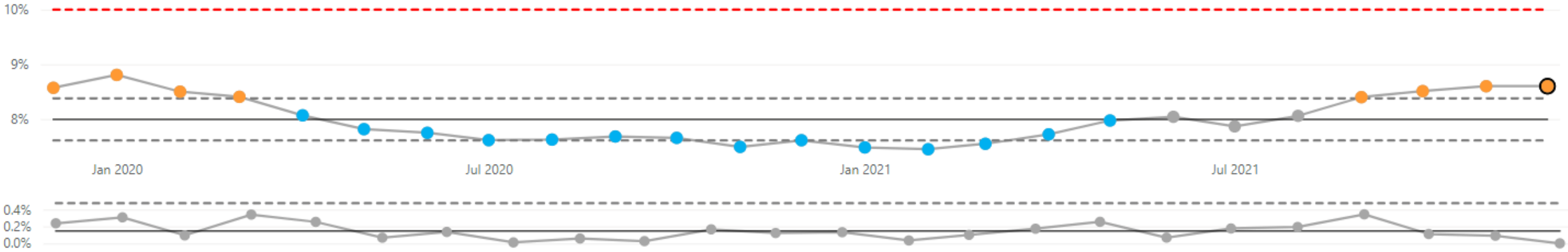
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Turnover rate: People

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to higher values. Assurance: Variation indicates consistently passing the target.	No issues captured this month, target met.	No actions captured this month, target met.	No mitigations captured this month, target met.

Back

Northampton General Hospital NHS Trust

Select the NGH logo to view NGH commentary

Quality

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

Metric	Comment
Cardiac Arrests:	In hospital cardiac arrests occur to patients who are extremely ill. Not all can be anticipated and actions taken to prevent arrest. In October there was a rise in cardiac arrests over the ceiling for the first time in 2021. December is the second month since then that this has returned to below the ceiling.
Infection Prevention & Control	There has been a reduction in C Diff cases from last month. The Trust cummulative total to date is 34 against a cummulative trajectory of 34 with an annual ceiling of 46. There have been four COVID-19 Outbreaks declared in December. Poplar 06/12/2021, Barnwell C 06/12/2021, Sir Thomas Moore 14/12/2021 and Deene B 29/12/2021.
Key drivers and indicators of Quality Care:	Additional metrics have been asked to be noted which are often regarded as performance measures, but are key drivers and indicators of Quality Care. Elective operations cancelled, Stranded/Super stranded patients and Ambulance breaches are included in the Operational section of the IGR. In addition, Bed Occupancy was 96.09% in month (average 94.6% across 2021). Attendances at ED was 8322 in month (average 8117 across 2021).
Quality Assurance Dashboard:	The Trusts current Quality Assurance Dashboard will, in due course, be aligning to the new agreed Group metrics for each of the Quality forums. Metrics will be removed and other data sets will be developed as able and included.
Staffing:	Staffing unavailability includes all absences due to sickness, annual leave, parenting, study leave, non-working days and other leave. In December Nursing availability was 37.7%. However fill rates were: Day 83.37% and Night 85.7% which are above the threshold of 80% set by the National Quality Board guidance on safe staffing.

Back

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

Mortality
Both HSMR and SHMI indices are below the expected range.

Deteriorating patients
Work continues to support wards to understand their own areas for improvement and the patient safety team provide support and share learning trust wide. The data will be aggregated to support divisional scorecards for exploration in assurance meetings.

VTE assessment compliance
There is an agreed approach to replacing the ePMA and pharmacy systems such that both are live in March 2023, and offer alignment opportunities across the group. The procurement process for both is underway. In the meantime a VTE nurse has been recruited and starts this month. She is experienced in the role and will support our journey towards VTE exemplar status.

Infection Prevention & Control Service
During December there were 0 reported cases of CDI identified as healthcare associated. The new standard contract ceiling for 35 healthcare associated cases of CDI was issued from NHSE/I in August. The Trust current position is at 39 patients, of which only 5 patients had a lapse in care identified. These centred around appropriate antibiotic prescribing, the Antibiotic Pharmacy Team and Consultant Microbiologist are working to share this learning with the Pharmacy Team and Junior Doctors. Ribotyping of samples has resumed and no evidence of cross-infection has been identified. The IPC Team are working to deliver the CDI Reduction Plan, including new care plan and sharing the learning regarding antibiotic indications. 1 patient developed a MRSA bacteraemia in December, the source was identified as most likely a pressure ulcer. A full post investigation review is being completed by the IPC Team and learning will be shared at IPOG and IPSG. 0 patients developed a MSSA bacteraemia in December.

Covid Response
In December, the new variant of concern, Omicron, has led to significant increase in admissions with COVID. The IPC team continue to play a key role in leading and supporting the Trust through the challenges of the Coronavirus pandemic. In December, 7 patients developed a hospital onset probable healthcare associated COVID infection and 21 developed hospital onset definite healthcare associated COVID infection as part of 3 COVID outbreaks that commenced this month. The IPC team implemented the latest UKHSA guidance for staff returning to work either following contact with a COVID positive case or following being positive themselves.

CPE
There has been 1 inpatient case of CPE on Becket ward for December. The IPC Team have identified three contacts and have commenced contact screening of these patients and a deep clean of the environment.

Committee Name

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

Group

- [ ] Select all
- [ ] Patient
- [ ] People
- [x] Quality
- [ ] Sustainability
- [ ] Systems

NHS Kettering General Hospital NHS Foundation Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Quality	Never event incidence	01/12/21	0	0	-0.69	0.2	1.09		
Quality	30 day readmissions	01/12/21	0%	12%		0%			
Quality	MDT assessment and accreditation	01/12/21	0	0		0			
Quality	Safe Staffing	01/12/21	0.83	0.96	0.85	0.91	0.98		
Quality	SHMI	01/07/20	100.5	100		100.49			
Quality	Hospital-acquired infections	01/12/21	0	0		0			
Quality	Number of medication errors	01/12/21	0.02	0		0			
Quality	Serious or moderate harms – pressure ulcers	01/12/21	0	0	-0.2	0.04	0.28		
Quality	Serious or moderate harms – deteriorating patient	01/12/21	0	0		0			
Quality	Serious or moderate harms – falls	01/12/21	0	0.06	-0.17	0.14	0.45		
Quality	Serious or moderate harms	01/10/21	6	0	-2.98	5	12.98		
Quality	New harms	01/12/21	0%	2%		0%			

Committiee Name

- (●) 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

SubGroup

- [■] Select all
- [■] Assessment and accreditation
- [■] Emergency readmissions
- [■] Harm-free care
- [■] Hospital-acquired infections
- [■] Mortality

NHS
Northampton General Hospital
NHS Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Quality	New harms	01/12/21	0%	2%	0%	0%	0%		
Quality	Serious or moderate harms	01/12/21	2	0	-3.34	2.76	8.86		
Quality	Serious or moderate harms – falls	01/12/21	1	0.06	-1.62	1.48	4.58		
Quality	Serious or moderate harms – deteriorating patient	01/12/21	0	0	0	0	0		
Quality	Serious or moderate harms – pressure ulcers	01/12/21	1	0	-2.82	1.28	5.38		
Quality	Number of medication errors	01/12/21	1	0	-2.29	0.92	4.13		
Quality	Hospital-acquired infections	01/12/21	2	0	-2.69	1.52	5.73		
Quality	SHMI	01/12/21	96.1	100	97.4	99.42	101.44		
Quality	Safe Staffing	01/12/21	0	0.96	0	0	0		
Quality	MDT assessment and accreditation	01/12/21	0	0	0	0	0		
Quality	30 day readmissions	01/12/21	14%	12%	11.99%	14.76%	17.53%		
Quality	Never event incidence	01/12/21	0	0	-1.19	0.36	1.91		

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

New harms

01/12/21 Latest Date	(Blank) -3σ	Quality_01 Metric ID
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis
2% Target	(Blank) +3σ	New harms Vertical Axis

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

New harms

01/12/21 Latest Date	0% UCL	Quality_01 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
2% Target	0% LCL	New harms Vertical Axis	

Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

New harms: Quality

Red dotted line represents target

What_the_chart_tells_us	Issues	Actions	Mitigations

Data and narrative not available at the time of publishing

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Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Serious or moderate harms

01/10/21	-2.98	Quality_02	Date	Annotation	
Latest Date	-3σ	Metric ID			
6	5	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
0	12.98	Serious or moderate harms			
Target	+3σ	Vertical Axis			

Variation

Assurance

Serious or moderate harms: Quality

What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Serious or moderate harms

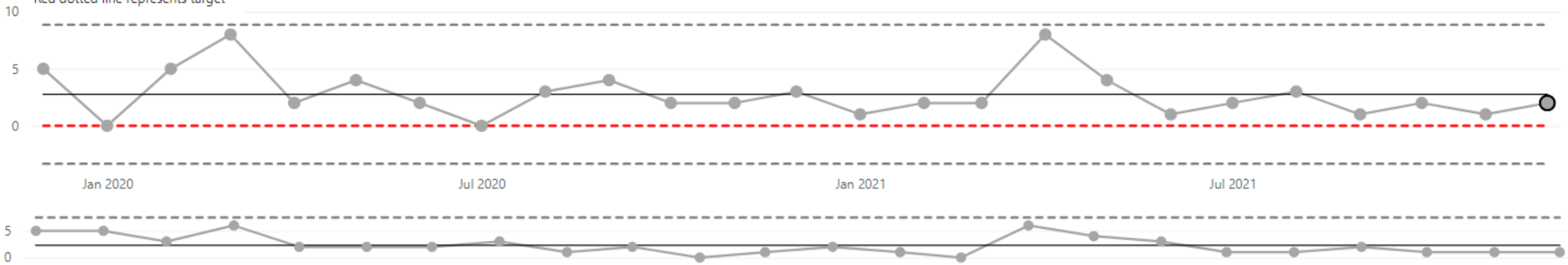
01/12/21	-3.34	Quality_02	Date	Annotation	
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021	
2	2.76	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
0	8.86	Serious or moderate harms			
Target	LCL	Vertical Axis			

Variation

Assurance

Serious or moderate harms: Quality

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

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Narrative not available at the time of publishing

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

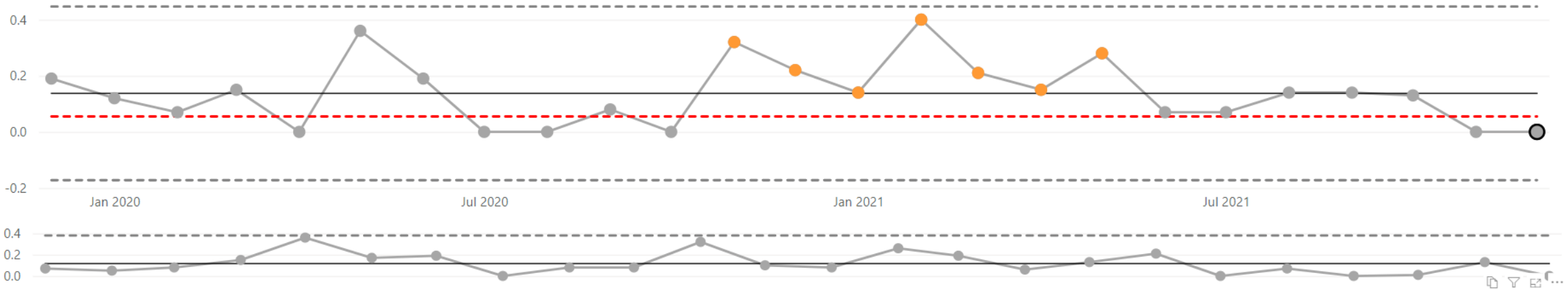
Serious or moderate harms – falls

01/12/21	-0.17	Quality_03	Date	Annotation	
Latest Date	-3σ	Metric ID	01/12/21	Metric under development	
0	0.14	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
0.06	0.45	Serious or moderate harms ...			
Target	+3σ	Vertical Axis			

Variation

Assurance

Serious or moderate harms – falls: Quality



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Quality

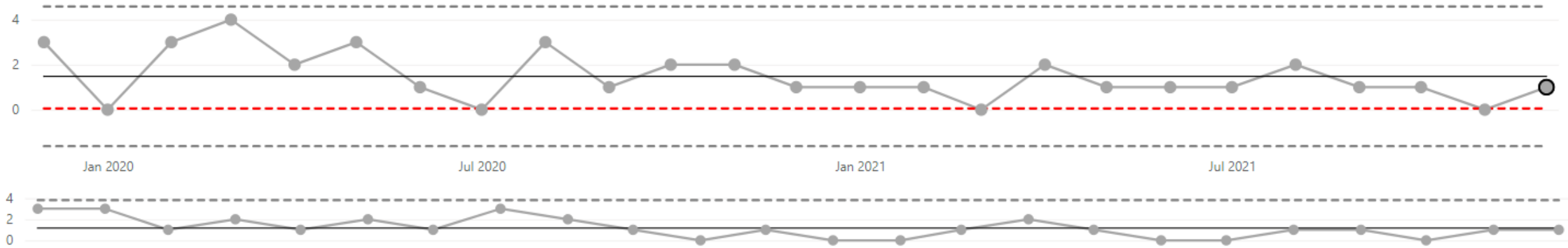
Metric

Serious or moderate harms – falls

01/12/21 Latest Date	-1.62 UCL	Quality_03 Metric ID	Date	Annotation	Variation
1 Value	1.48 Mean	Dec-19 to Dec-21 Horizontal Axis	01/12/21	Latest data point = December 2021	Assurance
0.06 Target	4.58 LCL	Serious or moderate harms ... Vertical Axis			

Serious or moderate harms – falls: Quality

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

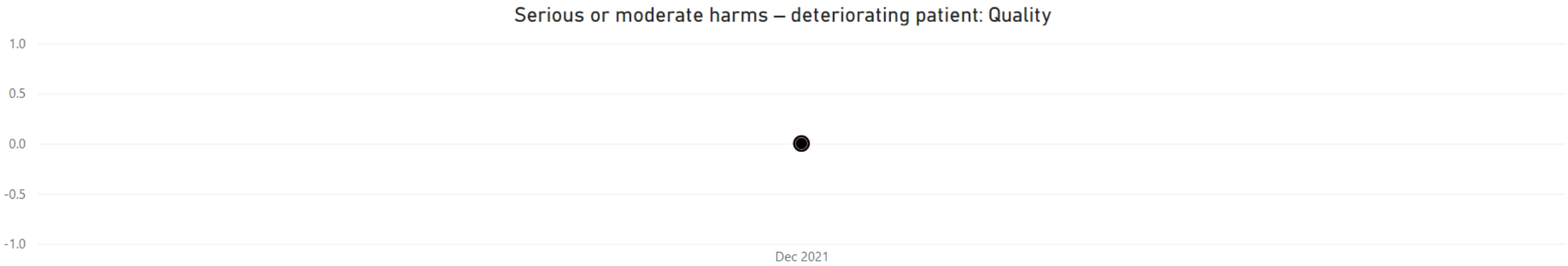
Quality

Metric

Serious or moderate harms – deteriorating p...

01/12/21 Latest Date	(Blank) -3σ	Quality_04 Metric ID
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	(Blank) +3σ	Serious or moderate harms ... Vertical Axis

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Serious or moderate harms – deteriorating p...

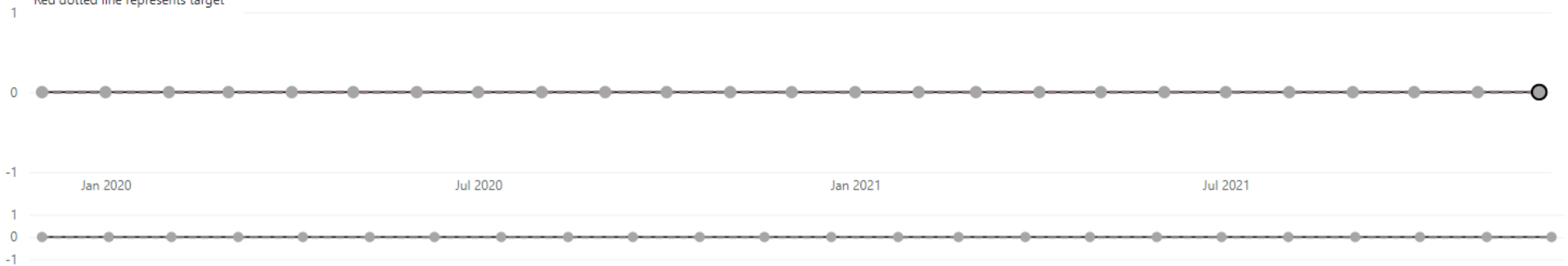
01/12/21	0	Quality_04	Date	Annotation	
Latest Date	UCL	Metric ID	01/12/21	Data not available at the time of publishing	
0	0	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
0	0	Serious or moderate harms ...			
Target	LCL	Vertical Axis			

Variation

Assurance

Serious or moderate harms – deteriorating patient: Quality

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

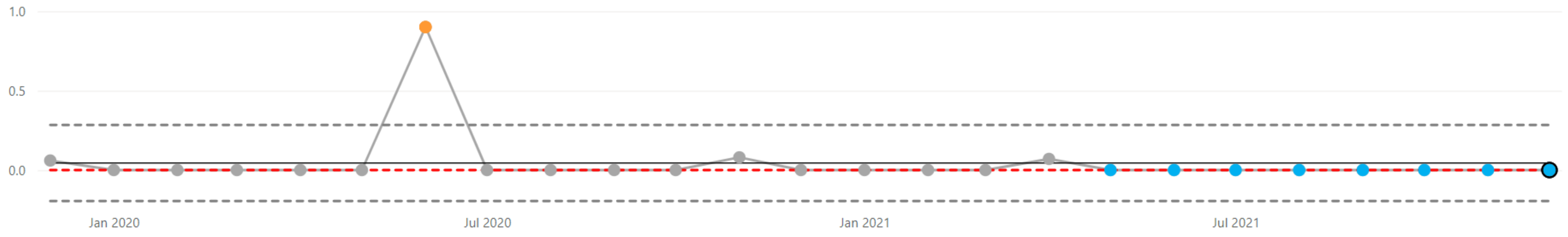
Serious or moderate harms – pressure ulcers

01/12/21 Latest Date	-0.2 -3σ	Quality_05 Metric ID
0 Value	0.04 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	0.28 +3σ	Serious or moderate harms ... Vertical Axis

Date	Annotation
01/12/21	Metric under development

Variation Assurance

Serious or moderate harms – pressure ulcers: Quality



What_the_chart_tells_us	Issues	Actions	Mitigations
This metric has variable achievement. There were no Category 3 Pressure Ulcers identified in February 2020	In April 2019 Nationally reporting changed. All Grade 3 pressure ulcers reported subsequent to admission are now attributable to KGH	The baseline was estimated on previous Trust and community attributable pressure ulcers. The Tissue Viability Nurse is reviewing the methodology for how this number was ascertained to ensure a realistic base line is set	The Tissue Viability Nurse reviews all Category 2 and 3 pressure ulcers, providing validation and education. Learning is shared at the Proud to be Safe meetings.

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Serious or moderate harms – pressure ulcers

01/12/21 Latest Date	-2.82 UCL	Quality_05 Metric ID	
1 Value	1.28 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	5.38 LCL	Serious or moderate harms ... Vertical Axis	

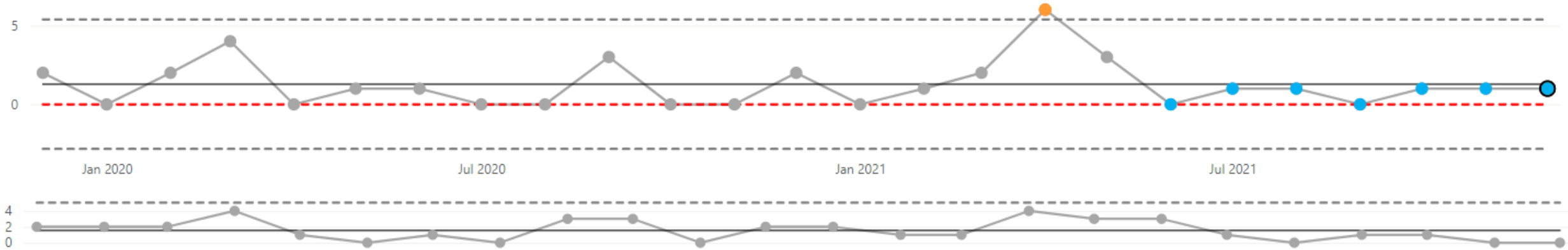
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Serious or moderate harms – pressure ulcers: Quality

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

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Narrative not available at the time of publishing

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

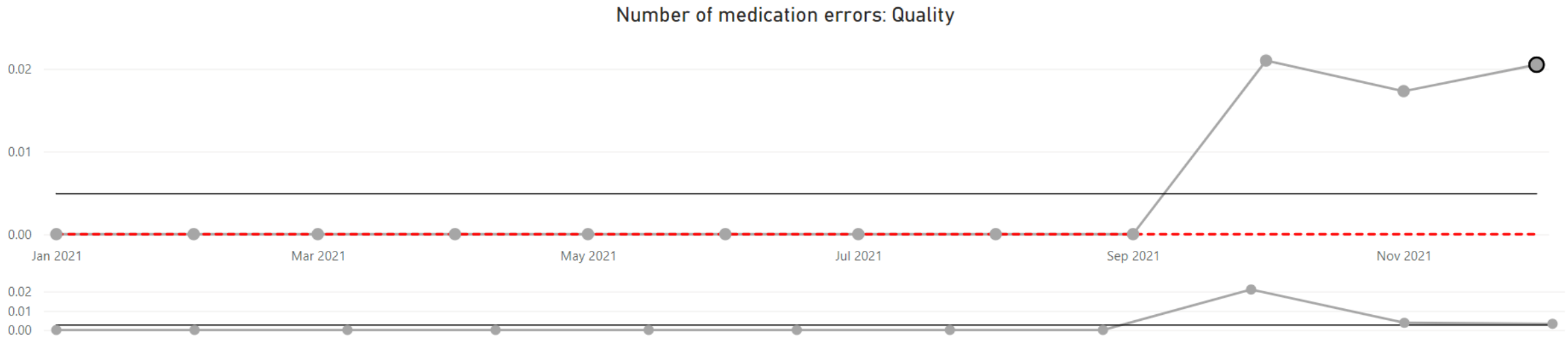
Quality

Metric

Number of medication errors

01/12/21 Latest Date	(Blank) -3σ	Quality_07 Metric ID			
0.02 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis			
0 Target	(Blank) +3σ	Number of medication errors Vertical Axis			

Date	Annotation	Variation	Assurance
01/12/21	Metric under development		



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Northampton General Hospital NHS Trust

Northampton General Hospitals NHS Trust

University Hospitals of Northamptonshire NHS Group

Committiee Name: Integrated Governance Report (IGR)

Group: Quality

Metric: Number of medication errors

01/12/21 Latest Date	-2.29 UCL	Quality_07 Metric ID
1 Value	0.92 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	4.13 LCL	Number of medication errors Vertical Axis

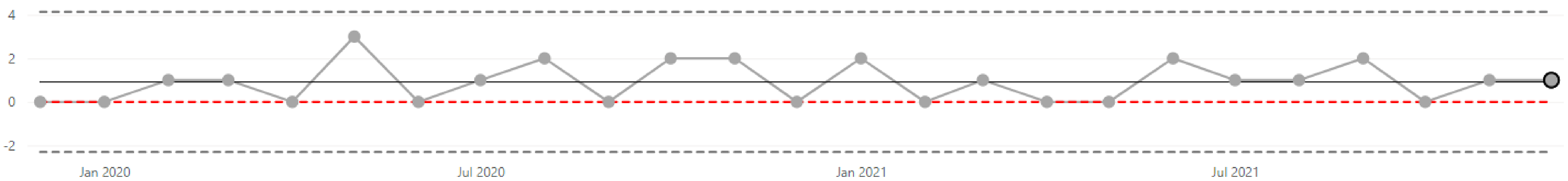
Date	Annotation
01/12/21	Latest data point = December 2021

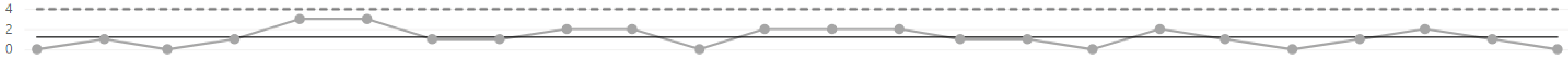
Variation

Assurance

Number of medication errors: Quality

Red dotted line represents target





What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to lower values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	No issues captured this month	No actions captured this month	No mitigations captured this month

Committee Name

Integrated Governance Report (IGR)

Group

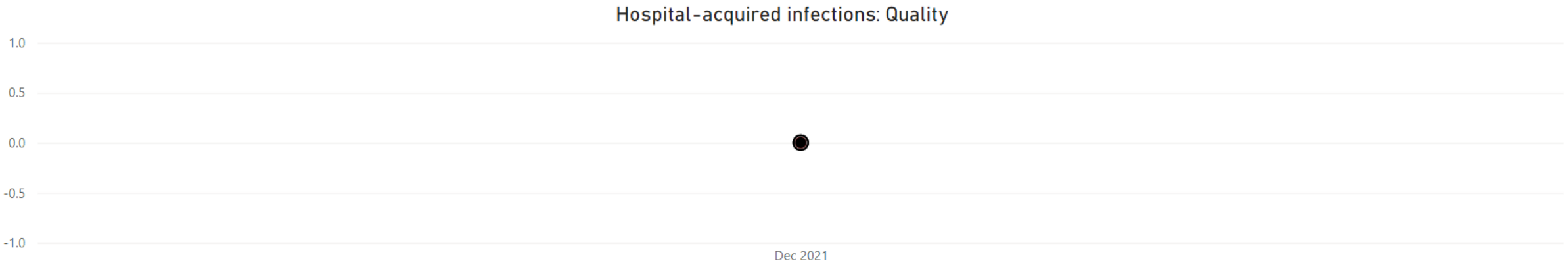
Quality

Metric

Hospital-acquired infections

01/12/21 Latest Date	(Blank) -3σ	Quality_08 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	(Blank) +3σ	Hospital-acquired infections Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Hospital-acquired infections

01/12/21 Latest Date	-2.69 UCL	Quality_08 Metric ID	
2 Value	1.52 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	5.73 LCL	Hospital-acquired infections Vertical Axis	

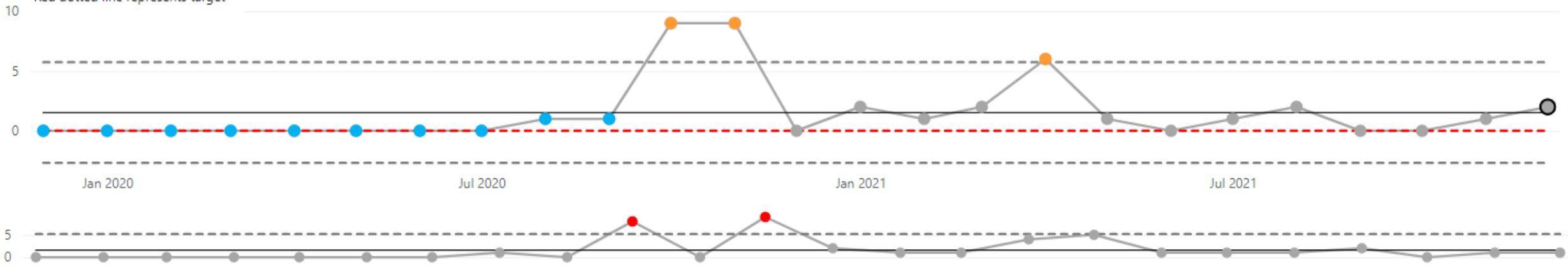
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Hospital-acquired infections: Quality

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Palmer, Kirsty 01/21/2022 11:11:17

Narrative not available at the time of publishing

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

SHMI

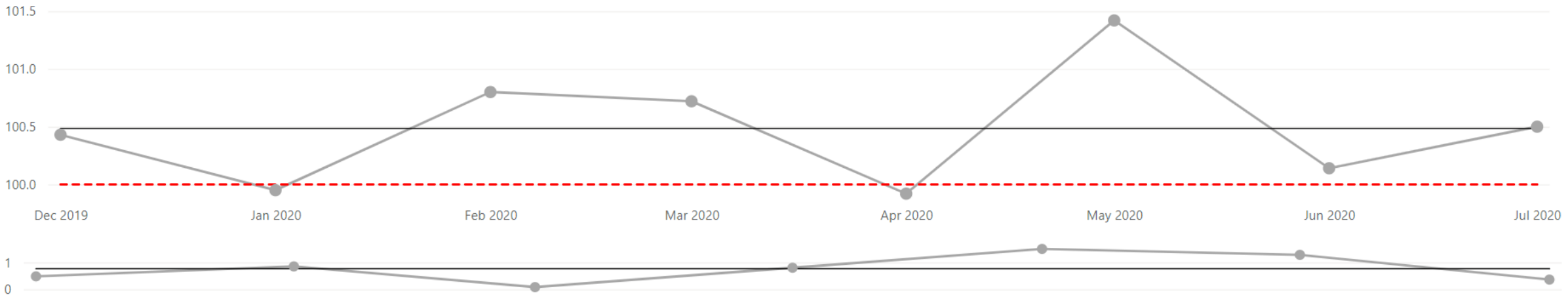
01/07/20 Latest Date	(Blank) -3σ	Quality_12 Metric ID
100.5 Value	100.49 Mean	Dec-19 to Dec-21 Horizontal Axis
100 Target	(Blank) +3σ	SHMI Vertical Axis

Date Annotation

Variation

Assurance

Summary Hospital-level Mortality Indicator: Quality



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

SHMI

01/12/21 Latest Date	97.4 UCL	Quality_12 Metric ID	
96.1 Value	99.42 Mean	Dec-19 to Dec-21 Horizontal Axis	
100 Target	101.44 LCL	SHMI Vertical Axis	

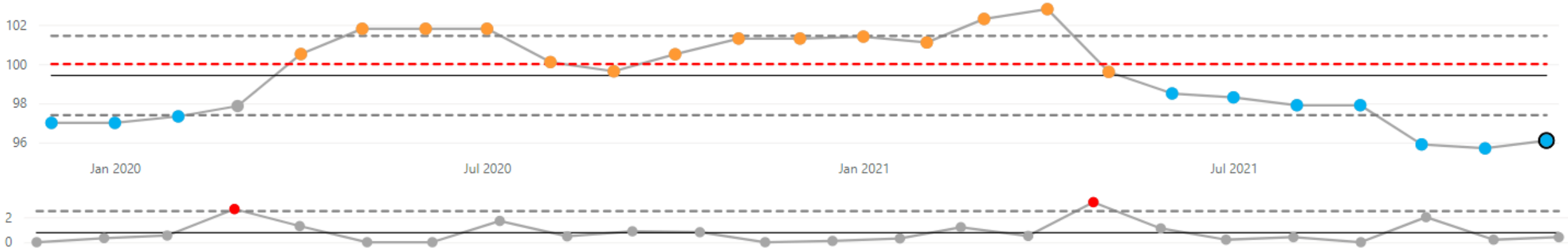
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Summary Hospital-level Mortality Indicator: Quality

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to lower values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	No issues captured this month, target met.	No actions captured this month, target met.	No mitigations captured this month, target met.

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

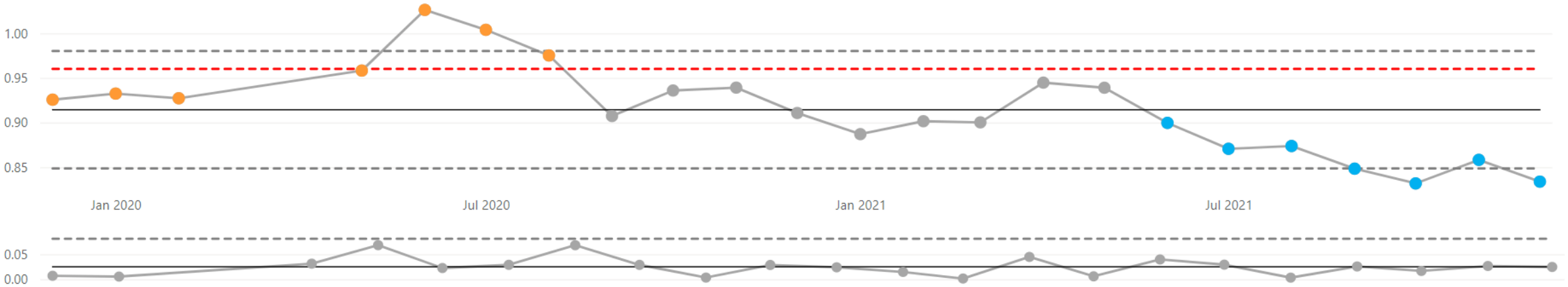
Safe Staffing

01/12/21	0.85	Quality_15	Date Annotation
Latest Date	-3σ	Metric ID	
0.83	0.91	Dec-19 to Dec-21	
Value	Mean	Horizontal Axis	
0.96	0.98	Safe Staffing	
Target	+3σ	Vertical Axis	

Variation

Assurance

Safe Staffing: Quality



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Safe Staffing

01/12/21 Latest Date	0 UCL	Quality_15 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
0.96 Target	0 LCL	Safe Staffing Vertical Axis	

Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

What_the_chart_tells_us	Issues	Actions	Mitigations

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

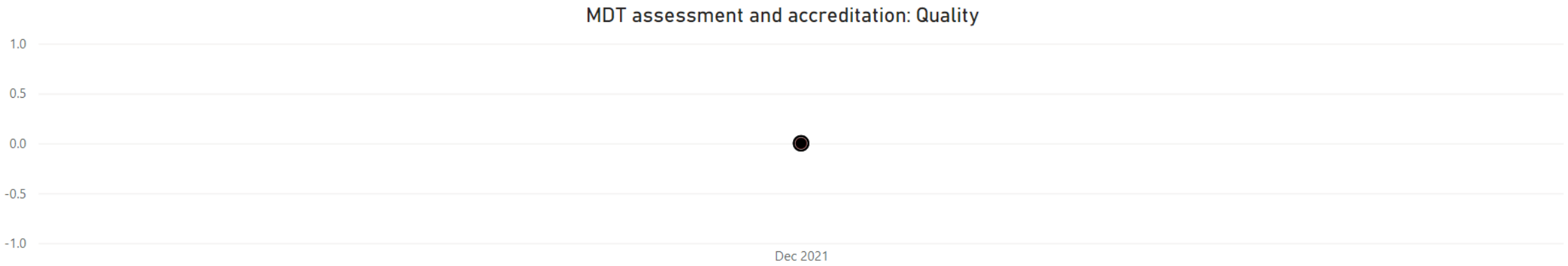
Quality

Metric

MDT assessment and accreditation

01/12/21 Latest Date	(Blank) -3σ	Quality_16 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	(Blank) +3σ	MDT assessment and accred... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Northampton General Hospital NHS Trust

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

MDT assessment and accreditation

01/12/21 Latest Date	0 UCL	Quality_16 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	0 LCL	MDT assessment and accred... Vertical Axis	

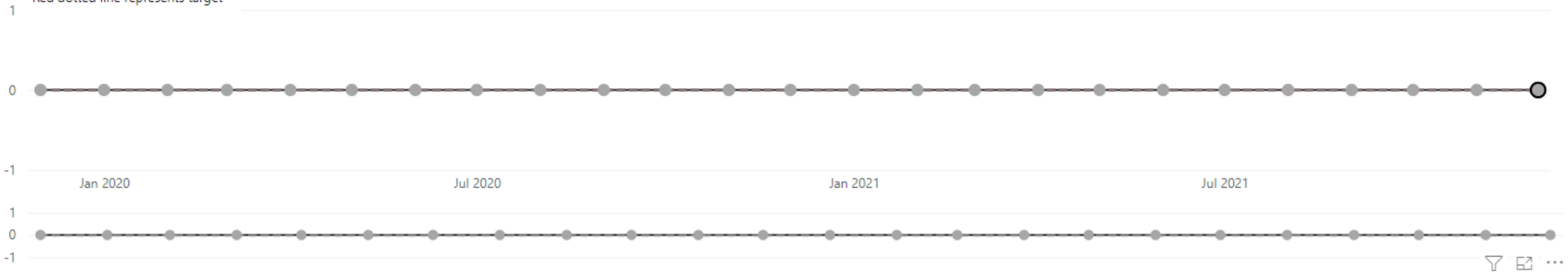
Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

MDT assessment and accreditation: Quality

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

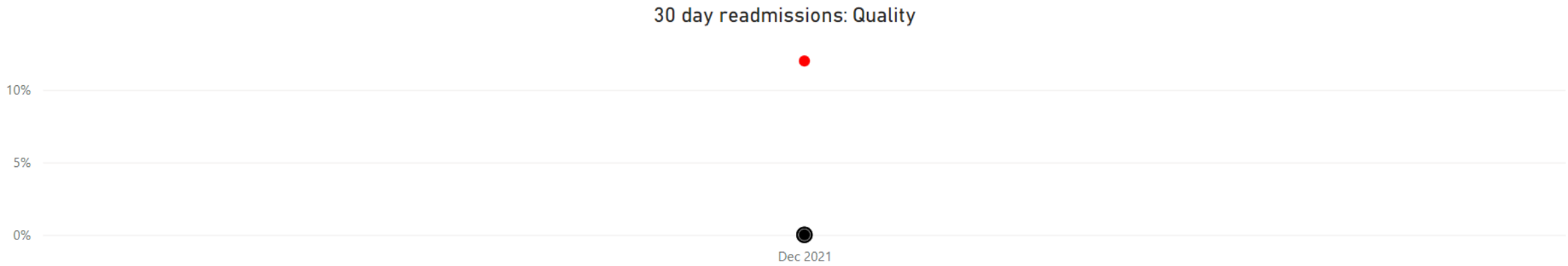
Quality

Metric

30 day readmissions

01/12/21 Latest Date	(Blank) -3σ	Quality_17 Metric ID
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis
12% Target	(Blank) +3σ	30 day readmissions Vertical Axis

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

30 day readmissions

01/12/21 Latest Date	11.99% UCL	Quality_17 Metric ID	
14% Value	14.76% Mean	Dec-19 to Dec-21 Horizontal Axis	
12% Target	17.53% LCL	30 day readmissions Vertical Axis	

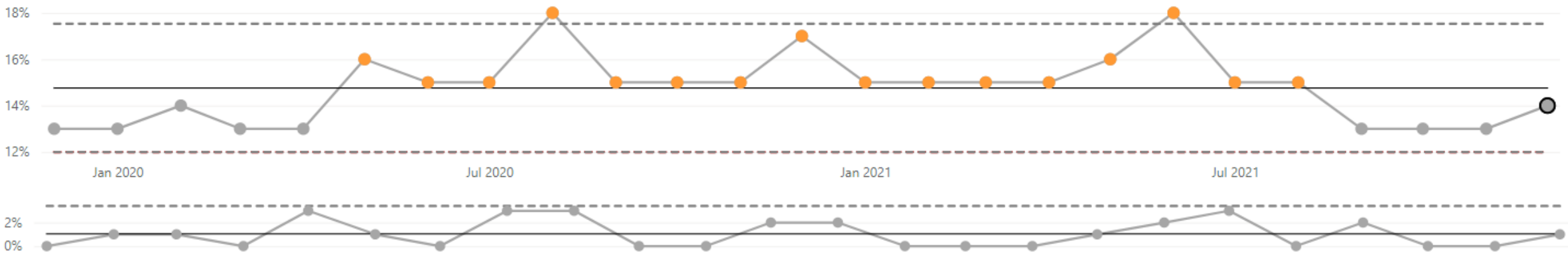
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

30 day readmissions: Quality

Red dotted line represents target



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.	No issues captured this month	No actions captured this month	No mitigations captured this month

Committee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Never event incidence

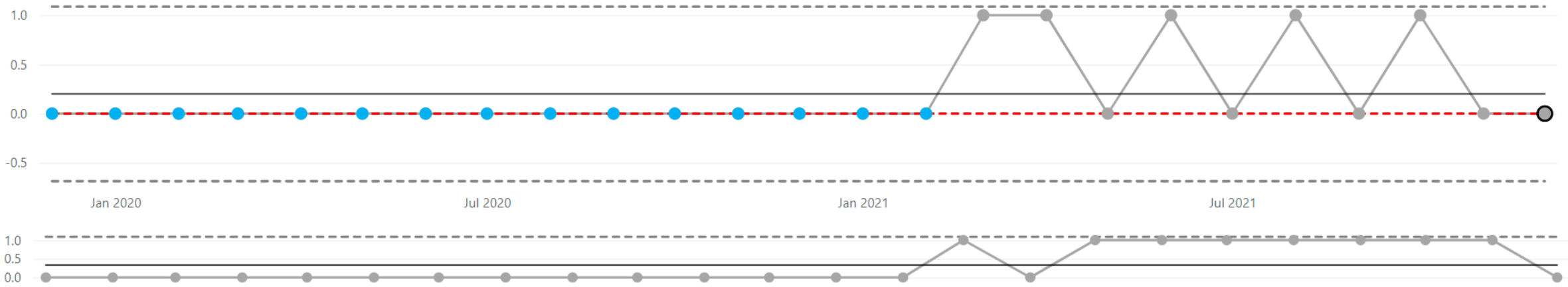
01/12/21 Latest Date	-0.69 -3σ	Quality_18 Metric ID	
0 Value	0.2 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	1.09 +3σ	Never event incidence Vertical Axis	

Date	Annotation
01/12/21	Metric under development

Variation

Assurance

Never event incidence: Quality



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committee Dashboard | Detailed SPC Chart

Northampton General Hospital NHS Trust

Northampton General Hospitals NHS Trust

Committiee Name

Integrated Governance Report (IGR)

Group

Quality

Metric

Never event incidence

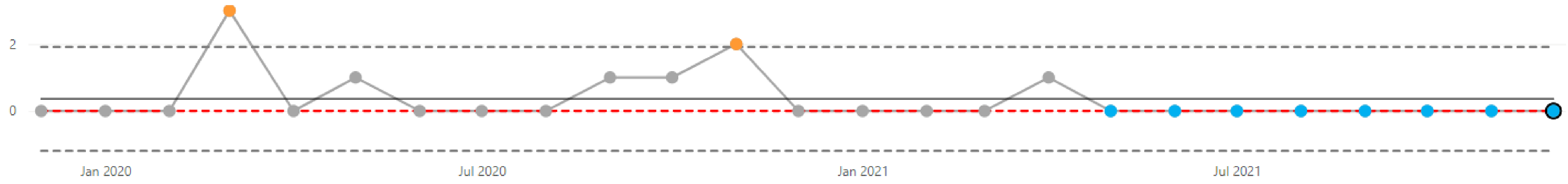
01/12/21 Latest Date	-1.19 UCL	Quality_18 Metric ID
0 Value	0.36 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	1.91 LCL	Never event incidence Vertical Axis

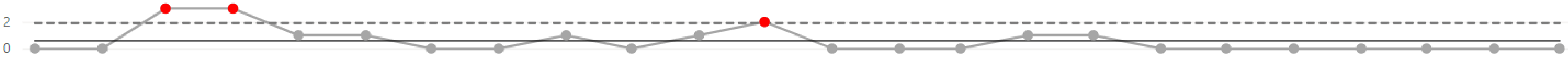
Date	Annotation
01/12/21	Latest data point = December 2021

Variation Assurance

Never event incidence: Quality

Red dotted line represents target





What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to lower values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	No issues captured this month, target met.	No actions captured this month, target met.	No mitigations captured this month, target met.

Back

NHS Northampton General Hospital NHS Trust

Select the NGH logo to view NGH commentary

Sustainability

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)

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01/21/2022 11:11:17

Metric	Comment
YTD Position:-	The YTD position for M1-M9 is a £1.38m deficit. The YTD deficit is a combination of the H1 position (£5.8m deficit), with improvements in H2 run-rate due to additional system support funding. The H1 Plan has not been restated and therefore the variances above relate to the YTD plan being the H1 plan (breakeven) combined with the first two months of H2 plan (£5.8m surplus). The H2 plan is expected to recover the H1 actual deficit of £5.8m to achieve a forecast breakeven position for 21/22 by yearend.
Pay:-	The YTD Pay position is favourable to plan by £0.1m and has improved by £0.3m compared to M8. The M9 pay position includes a 20/21 year end agency accrual release of £0.1m, had this not been released, pay would be in line with plan YTD. Agency pay has seen a further £0.1m reduction in run-rate due to staff unavailabiity in M9.
Non Pay:-	The YTD Non Pay position is adverse to plan by £6.9m. M9 has seen a £1.2m reduction compared to M8. The improvement in run-rate is due to the release of 20/21 year end accruals, estates rebate and ventilators impairment. Key pressures within Non Pay continue to relate to CCG non-PBR drugs not fully recovered through current block arrangements £1.1m, theatre & cardiac devices supplies and drugs £2.4m, Digital/Charity, IRTP & Cancer Alliance expenditure (offset with income) £2m, Hospital Discharge (Care at Home service) £0.8m, Enhanced 1:1 care £0.2m, £0.2m increased site security and utilities £0.2m.
M9 Position:-	The Trust saw a £1.67m surplus in M9 against a planned surplus of £1.82m, resulting in a £0.15m adverse variance in month.
Income:-	The YTD income position is £2.4m favourable to plan. Key movements relate to the release of 20/21 deferred income for NHS Digital, International Nurse Recruitment & Cancer Alliance and Covid out of envelope expenditure. The overperformance is offset by £0.7m of 20/21 annual leave accrual income not materialising. In M9 £0.6m of TIF funding has been deferred and will be released to match expenditure.

Back

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)

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01/21/2022 11:11:17

Overview to be captured.

Committee Name

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

Group

- [ ] Select all
- [ ] Patient
- [ ] People
- [ ] Quality
- [x] Sustainability
- [ ] Systems

NHS Kettering General Hospital NHS Foundation Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Sustainability	Surplus / Deficit YTD (£000's)	01/12/21	1.67	0	-6.43	-2.51	1.41		
Sustainability	CIP Performance YTD (£000's)	01/12/21	0.93	0	0.01	0.33	0.66		
Sustainability	Bank and Agency Spend (£000's)	01/12/21	0.71	0.08	0.44	1.04	1.65		
Sustainability	Capital Spend	01/11/21	1	0	-0.78	1.16	3.1		
Sustainability	Headcount actual vs planned (substantive / agency / bank)	01/12/21	0%			0%			
Sustainability	A&E activity activity (& vs plan)	01/12/21	92.94%			103.02%			
Sustainability	Non-elective activity (& vs plan)	01/12/21	131.4%		198.66%	363.76%	528.86%		
Sustainability	Elective inpatient activity (& vs plan)	01/12/21	90.97%			100.43%			
Sustainability	Elective day-case activity (& vs plan)	01/12/21	89.59%		81.08%	171.16%	261.25%		
Sustainability	Outpatients activity (& vs plan)	01/12/21	91.57%		80.9%	149.39%	217.88%		
Sustainability	Maternity activity (& vs plan)	01/12/21	0%			0%			

Committiee Name

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

Group

- [ ] Select all
- [ ] Patient
- [ ] People
- [ ] Quality
- [x] Sustainability
- [ ] Systems and Partnerships

SubGroup

- [x] Select all
- [x] Finance
- [x] Performance

Northampton General Hospital NHS Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Sustainability	Surplus / Deficit YTD (£000's)	01/12/21	15048	0	-4701.8	10635.76	25973.32		
Sustainability	CIP Performance YTD (£000's)	01/12/21	0	0	-202.3	20.48	243.26		
Sustainability	Bank and Agency Spend (£000's)	01/12/21	19%	7.5%	14.23%	17%	19.77%		
Sustainability	Capital Spend	01/12/21	0	0	0	0	0		
Sustainability	Headcount actual vs planned (substantive / agency / bank)	01/12/21	0		0	0	0		
Sustainability	A&E activity activity (& vs plan)	01/12/21	89.22%		64.18%	81.75%	99.32%		
Sustainability	Non-elective activity (& vs plan)	01/12/21	93.19%		72.47%	86.22%	99.97%		
Sustainability	Elective inpatient activity (& vs plan)	01/12/21	76.33%		37.68%	72.7%	107.71%		
Sustainability	Elective day-case activity (& vs plan)	01/12/21	88.08%		48.85%	78.81%	108.77%		
Sustainability	Outpatients activity (& vs plan)	01/12/21	122.99%		74.28%	103.85%	133.42%		
Sustainability	Maternity activity (& vs plan)	01/12/21	100.71%		67.12%	89.77%	112.42%		

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Surplus / Deficit YTD (£000's)

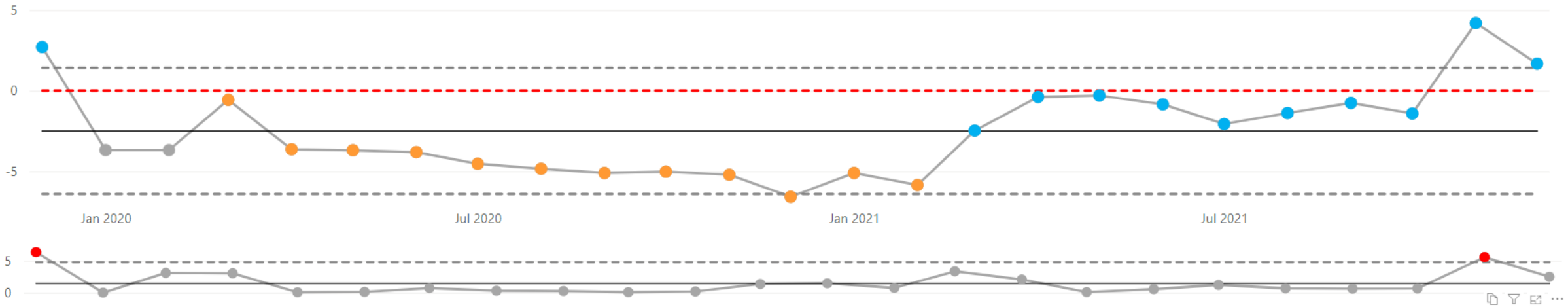
01/12/21	Latest Date	-6.43	-3σ	Sustainability_04	Metric ID
1.67	Value	-2.51	Mean	Dec-19 to Dec-21	Horizontal Axis
0	Target	1.41	+3σ	Surplus / Deficit YTD (£000's)	Vertical Axis

Date Annotation

Variation

Assurance

Surplus / Deficit YTD (£000's): Sustainability



What_the_chart_tells_us | Issues | Actions | Mitigations

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Committee Dashboard | Detailed SPC Chart

Northampton General Hospital NHS Trust

Northampton General Hospitals NHS Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Surplus / Deficit YTD (£000's)

01/12/21 Latest Date	-4701.8 UCL	Sustainability_04 Metric ID
15048 Value	10635.76 Mean	Dec-19 to Dec-21 Horizontal Axis
0 Target	25973.32 LCL	Surplus / Deficit YTD (£000's) Vertical Axis

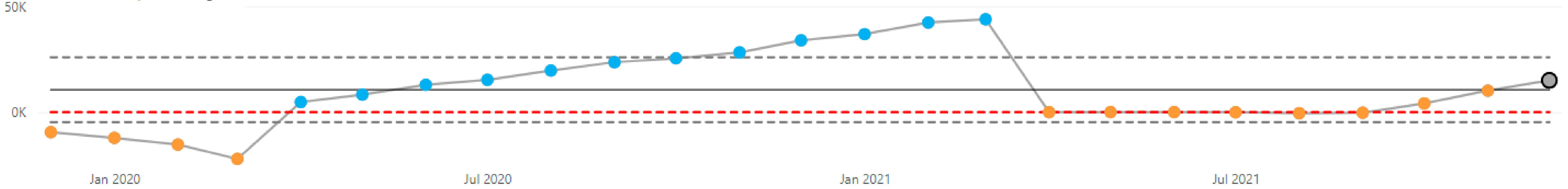
Date	Annotation
01/12/21	Latest data point = December 2021

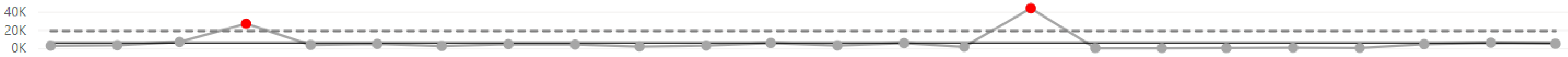
Variation

Assurance

Surplus / Deficit YTD (£000's): Sustainability

Red dotted line represents target





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.	No issues captured this month	No actions captured this month	No mitigations captured this month

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

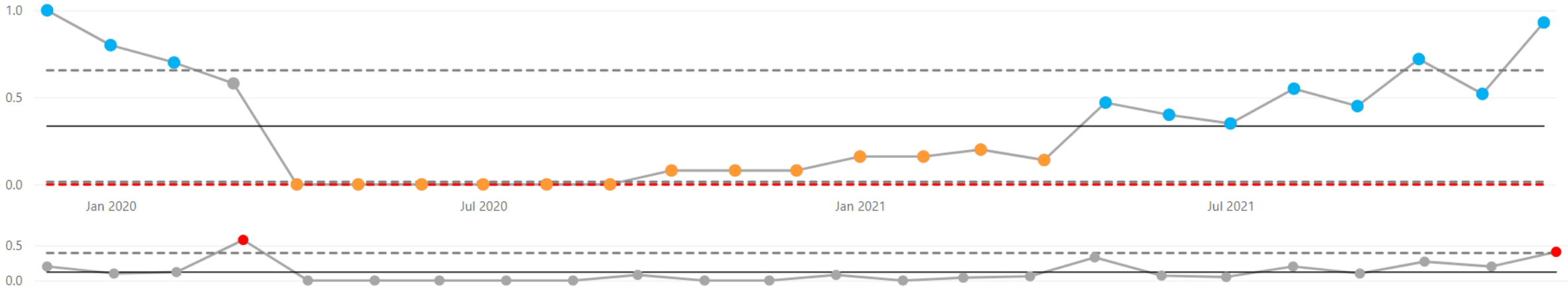
CIP Performance YTD (£000's)

01/12/21 Latest Date	0.01 -3σ	Sustainability_05 Metric ID	Date Annotation
0.93 Value	0.33 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	0.66 +3σ	CIP Performance YTD (£000's) Vertical Axis	

Variation

Assurance

CIP Performance YTD (£000's): Sustainability



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Northampton General Hospital NHS Trust

University Hospitals of Northamptonshire NHS Group

Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

CIP Performance YTD (£000's)

01/12/21 Latest Date	-202.3 UCL	Sustainability_05 Metric ID	
0 Value	20.48 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	243.26 LCL	CIP Performance YTD (£000's) Vertical Axis	

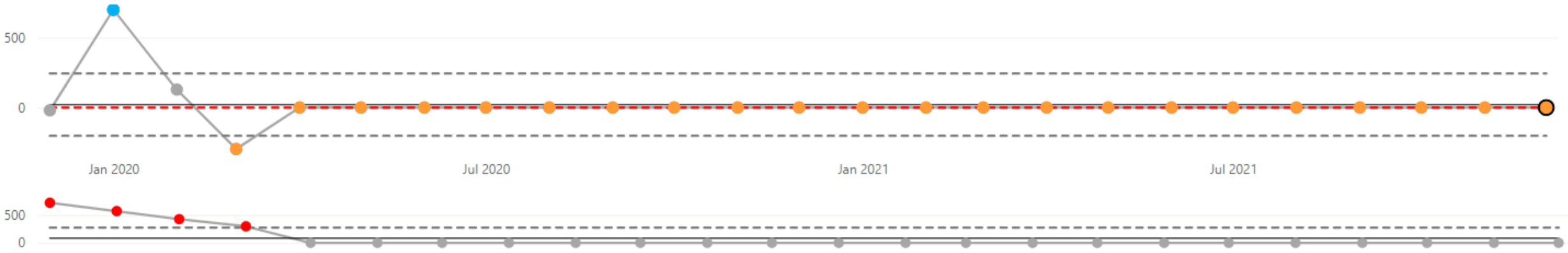
Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

CIP Performance YTD (£000's): Sustainability

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

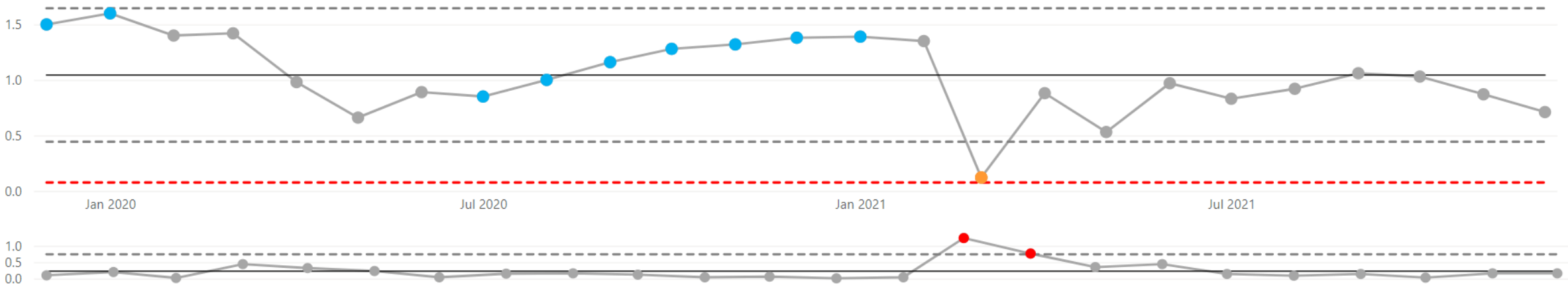
Bank and Agency Spend (£000's)

01/12/21 Latest Date	0.44 -3σ	Sustainability_06 Metric ID	Date Annotation
0.71 Value	1.04 Mean	Dec-19 to Dec-21 Horizontal Axis	
0.08 Target	1.65 +3σ	Bank and Agency Spend (£0... Vertical Axis	

Variation

Assurance

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



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Bank and Agency Spend (£000's)

01/12/21 Latest Date	14.23% UCL	Sustainability_06 Metric ID	
19% Value	17% Mean	Dec-19 to Dec-21 Horizontal Axis	
7.5% Target	19.77% LCL	Bank and Agency Spend (£0... Vertical Axis	

Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

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

Red dotted line represents target

What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of improving nature or lower pressure due to higher values. Assurance: Variation indicates consistently passing the target.	No issues captured this month	No actions captured this month	No mitigations captured this month

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Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Capital Spend

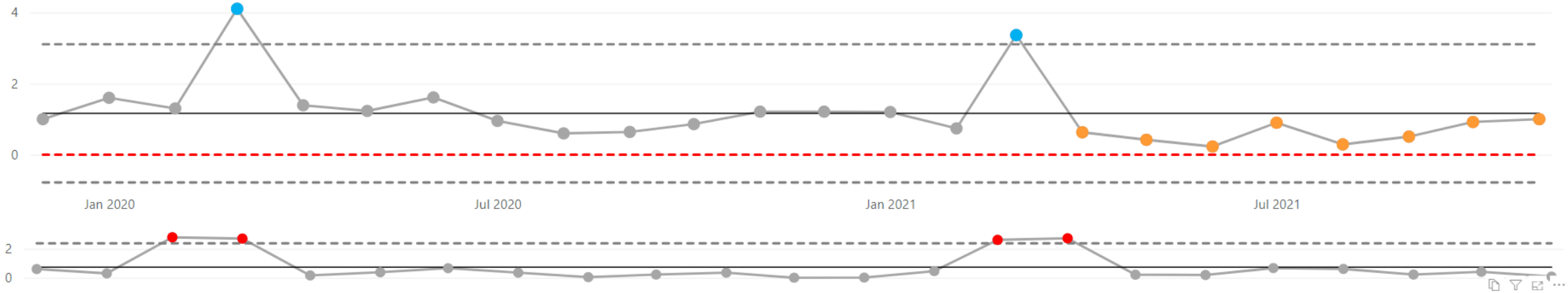
01/11/21	Latest Date	-0.78	-3σ	Sustainability_07	Metric ID
1	Value	1.16	Mean	Dec-19 to Dec-21	Horizontal Axis
0	Target	3.1	+3σ	Capital Spend	Vertical Axis

Date Annotation

Variation

Assurance

Capital Spend: Sustainability



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Capital Spend

01/12/21 Latest Date	0 UCL	Sustainability_07 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
0 Target	0 LCL	Capital Spend Vertical Axis	

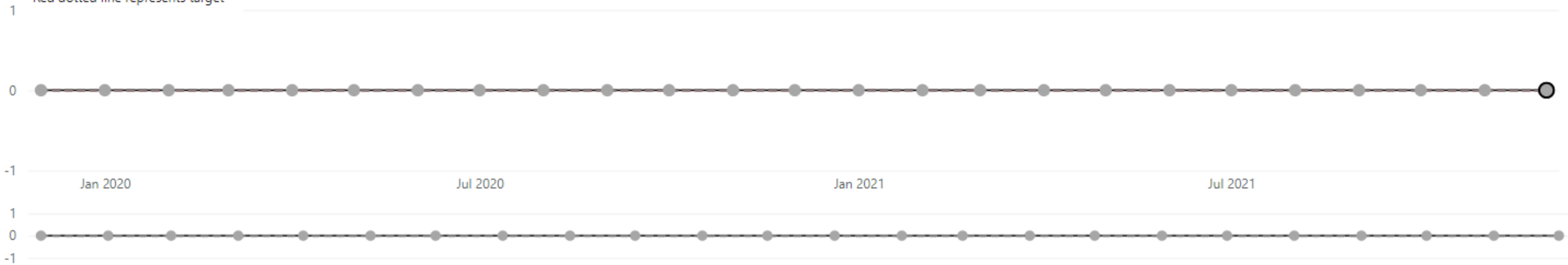
Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

Capital Spend: Sustainability

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

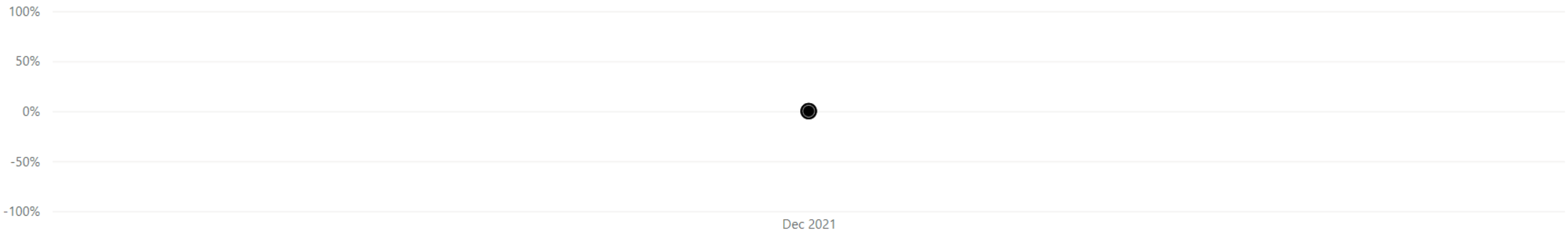
Metric

Headcount actual vs planned (substantive / a...

01/12/21 Latest Date	(Blank) -3σ	Sustainability_10 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	Headcount actual vs planne... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

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



What_the_chart_tells_us	Issues	Actions	Mitigations
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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Headcount actual vs planned (substantive / a...

01/12/21 Latest Date	0 UCL	Sustainability_10 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	0 LCL	Headcount actual vs planne... Vertical Axis	

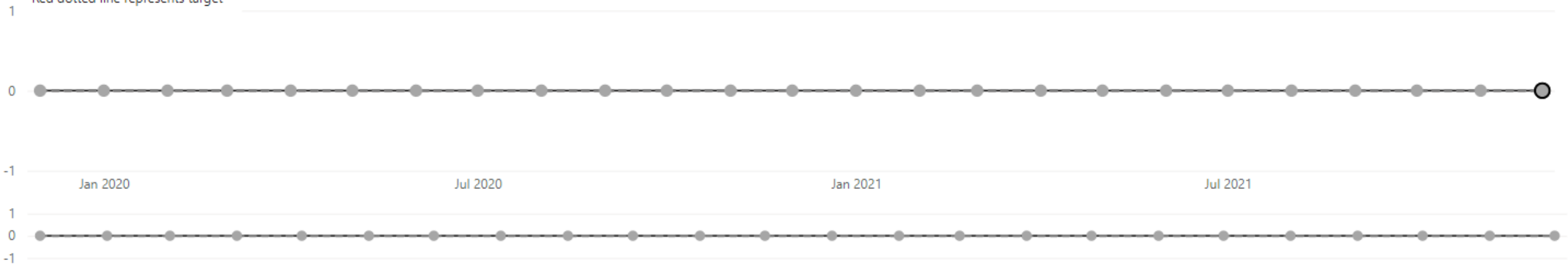
Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

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

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committee Name

Integrated Governance Report (IGR)

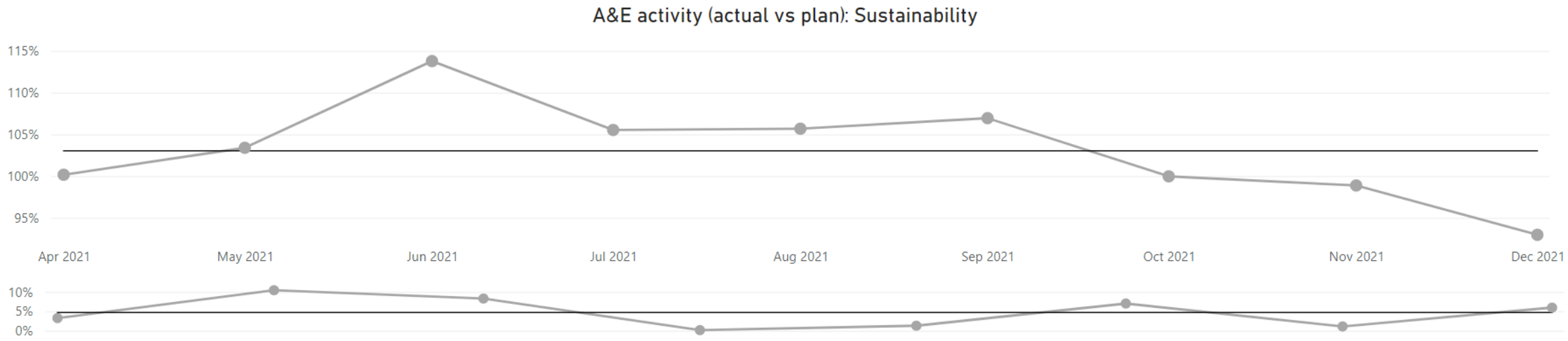
Group

Sustainability

Metric

A&E activity activity (& vs plan)

01/12/21 Latest Date	(Blank) -3σ	Sustainability_11 Metric ID	Date	Annotation		Variation	Assurance
92.94% Value	103.02% Mean	Dec-19 to Dec-21 Horizontal Axis					
Target	(Blank) +3σ	A&E activity activity (& vs pl... Vertical Axis					



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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

A&E activity activity (& vs plan)

01/12/21	64.18%	Sustainability_11	
Latest Date	UCL	Metric ID	
89.22%	81.75%	Dec-19 to Dec-21	
Value	Mean	Horizontal Axis	
	99.32%	A&E activity activity (& vs pl...	
Target	LCL	Vertical Axis	

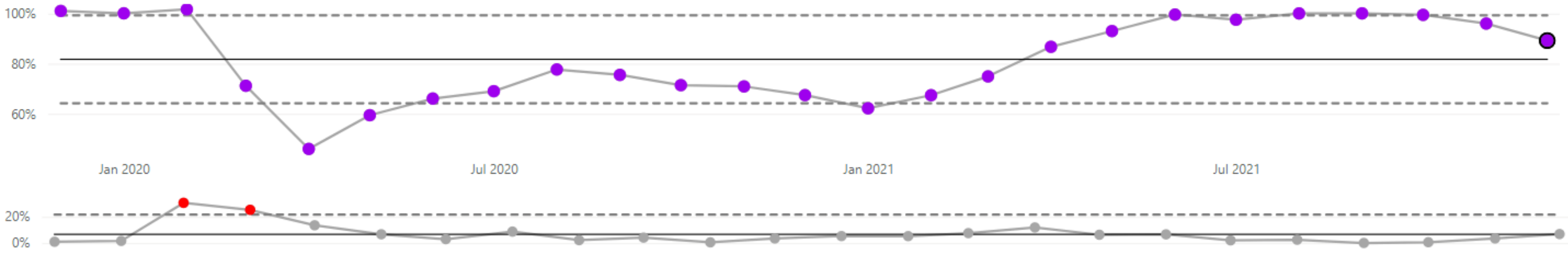
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

A&E activity (actual vs plan): Sustainability

Red dotted line represents target



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Kettering General Hospital NHS Foundation Trust

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Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

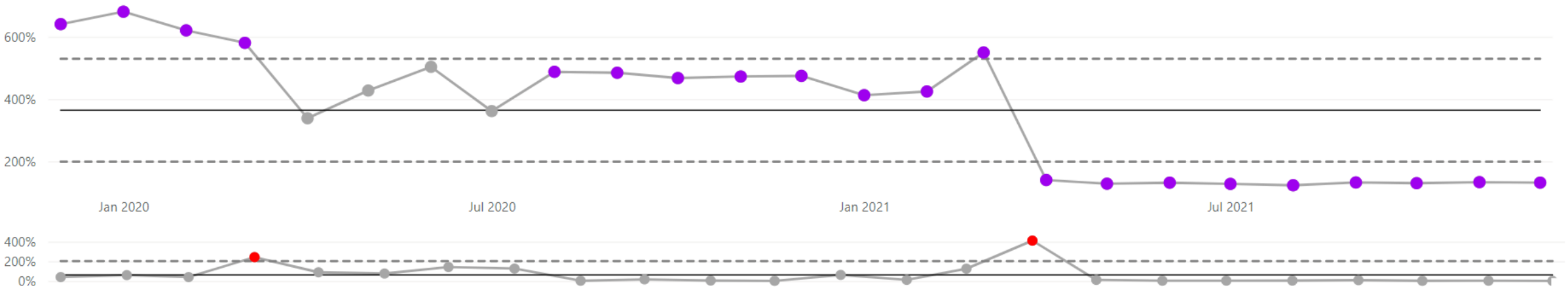
Non-elective activity (& vs plan)

01/12/21	198.66%	Sustainability_12	
Latest Date	-3σ	Metric ID	
131.4%	363.76%	Dec-19 to Dec-21	
Value	Mean	Horizontal Axis	
	528.86%	A&E activity (actual vs plan)	
Target	+3σ	Vertical Axis	

Date Annotation

Variation Assurance

Non-elective activity (actual vs plan): Sustainability



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Integrated Governance Report (IGR)

Group

Sustainability

Metric

Non-elective activity (& vs plan)

01/12/21 Latest Date	72.47% UCL	Sustainability_12 Metric ID	
93.19% Value	86.22% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	99.97% LCL	A&E activity (actual vs plan) Vertical Axis	

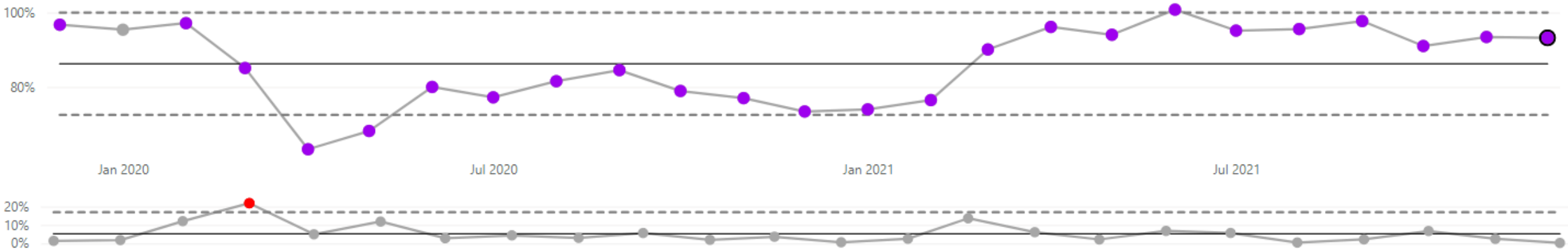
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Non-elective activity (actual vs plan): Sustainability

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations

Narrative not available at the time of publishing

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Committee Name

Integrated Governance Report (IGR)

Group

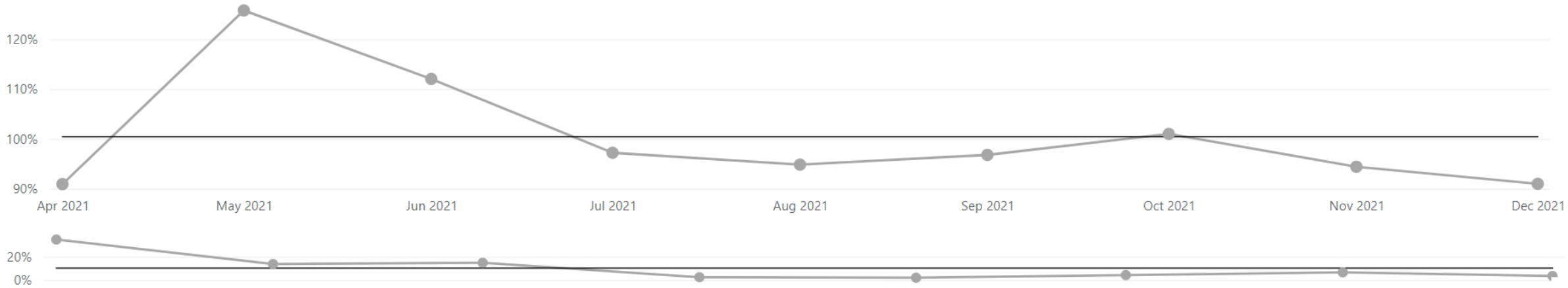
Sustainability

Metric

Elective inpatient activity (& vs plan)

01/12/21 Latest Date	(Blank) -3σ	Sustainability_13 Metric ID	Date	Annotation		Variation	Assurance
90.97% Value	100.43% Mean	Dec-19 to Dec-21 Horizontal Axis					
Target	(Blank) +3σ	Non-elective activity (actual ... Vertical Axis					

Elective inpatient activity (actual vs plan): Sustainability



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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Elective inpatient activity (& vs plan)

01/12/21 Latest Date	37.68% UCL	Sustainability_13 Metric ID	
76.33% Value	72.7% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	107.71% LCL	Non-elective activity (actual ... Vertical Axis	

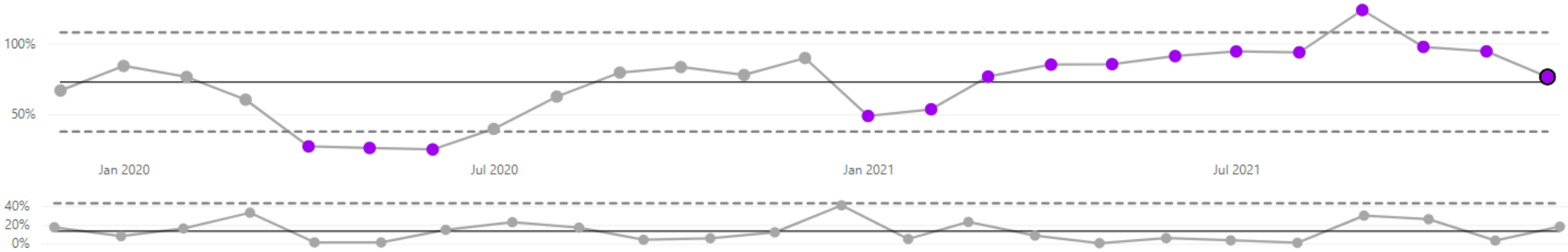
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Elective inpatient activity (actual vs plan): Sustainability

Red dotted line represents target



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Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Elective day-case activity (& vs plan)

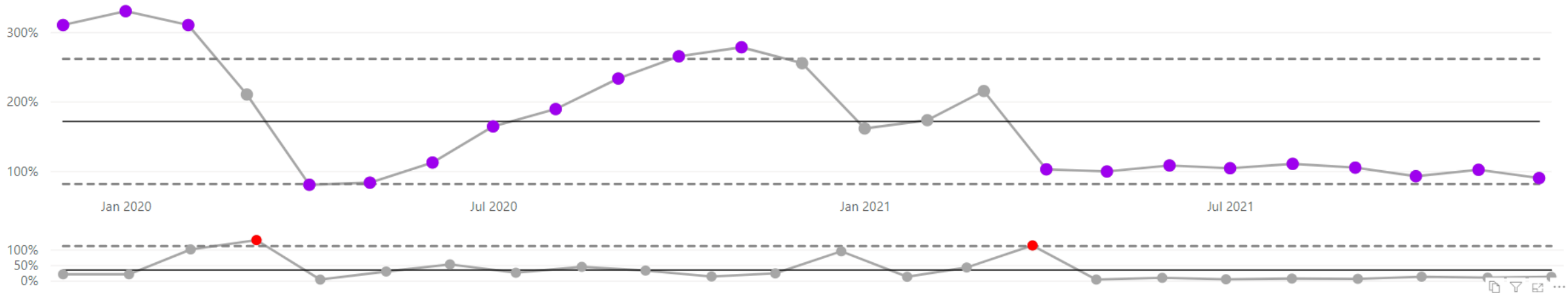
01/12/21 Latest Date	81.08% -3σ	Sustainability_14 Metric ID	
89.59% Value	171.16% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	261.25% +3σ	Elective inpatient activity (ac... Vertical Axis	

Date Annotation

Variation

Assurance

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



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Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Elective day-case activity (& vs plan)

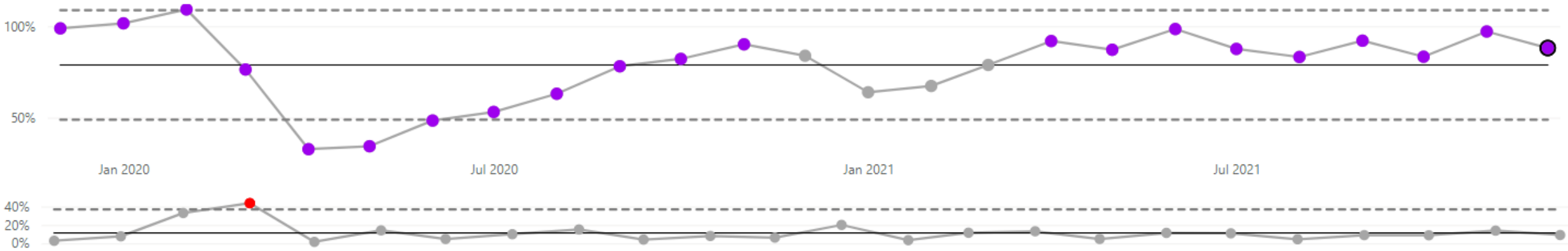
01/12/21	48.85%	Sustainability_14	Date	Annotation	
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021	
88.08%	78.81%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	108.77%	Elective inpatient activity (ac...			
Target	LCL	Vertical Axis			

Variation

Assurance

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

Red dotted line represents target



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Kettering General Hospital NHS Foundation Trust

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Committee Name

Integrated Governance Report (IGR)

Group

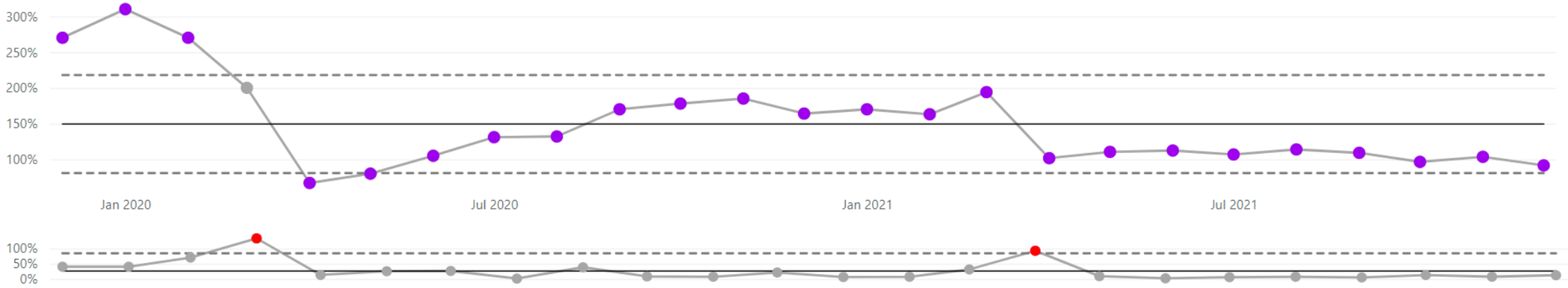
Sustainability

Metric

Outpatients activity (& vs plan)

01/12/21	80.9%	Sustainability_15	Date	Annotation	Variation / Assurance
Latest Date	-3σ	Metric ID			
91.57%	149.39%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	217.88%	Elective day-case activity (ac...			
Target	+3σ	Vertical Axis			

Outpatients activity (actual vs plan): Sustainability



What_the_chart_tells_us | Issues | Actions | Mitigations

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Northampton General Hospital NHS Trust

Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Outpatients activity (& vs plan)

01/12/21 Latest Date	74.28% UCL	Sustainability_15 Metric ID	
122.99% Value	103.85% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	133.42% LCL	Elective day-case activity (ac... Vertical Axis	

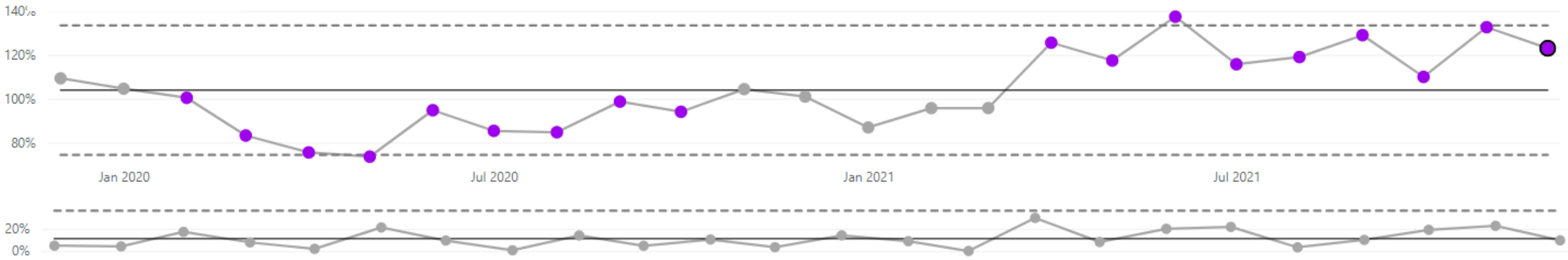
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Outpatients activity (actual vs plan): Sustainability

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations

Narrative not available at the time of publishing

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Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Sustainability

Metric

Maternity activity (& vs plan)

01/12/21 Latest Date	(Blank) -3σ	Sustainability_16 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	Outpatients activity (actual v... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and Narrative not available at the time of publishingn			

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Northampton General Hospital NHS Trust

University Hospitals of Northamptonshire NHS Group

Committiee Name

Integrated Governance Report (IGR)

Group

Sustainability

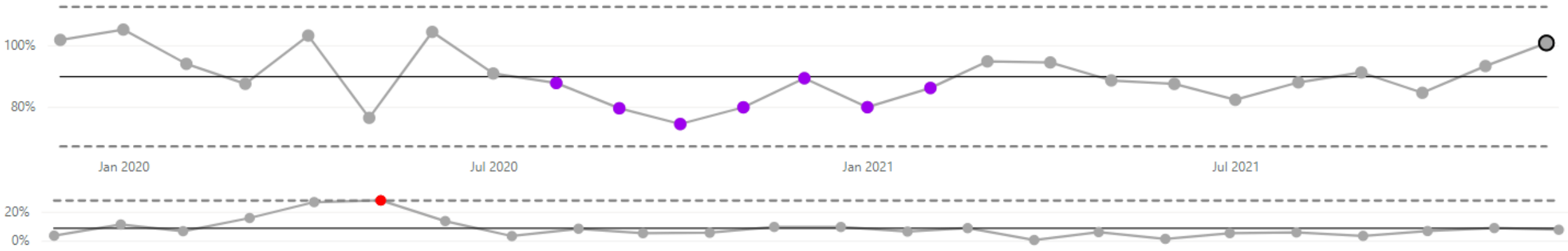
Metric

Maternity activity (& vs plan)

01/12/21	67.12%	Sustainability_16	Date	Annotation	Variation / Assurance
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021	
100.71%	89.77%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
Target	112.42% LCL	Outpatients activity (actual v... Vertical Axis			

Maternity activity (actual vs plan): Sustainability

Red dotted line represents target



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Back

Northampton General Hospital NHS Trust Select the NGH logo to view NGH commentary

Systems & Partnerships

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

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Metric	Comment
Diagnostics :-	Two (MRI & Echo) modalities still remain the drivers of under performance. Business case to support additional capacity submitted and approved. Mitigation plans update: Echo: •capacity being utilised at NGH •additional insourcing capacity planned start date agreed on the 10th of January but has been delayed to the end January and reduced to 3 days from 5 days provision due to staffing availability for the insourcing company. An updated trajectory will be completed, but original timescale of mid-April will be delayed by 2 months. MRI: • A mobile MRI machine is now on site since the 5th of Jan 22 at Nene for 28 days working 7 days a week the plan is to see 500 patients in the 4 weeks. We are on target to recover performance in this modality by mid-March.
Super stranded (21+ days in hospital) :-	Super Stranded numbers are in special cause variation. This trend is seen across the region. We continue to focus on expediting delays and working with our partners to discharge to suitable care packages and placements. Oversight on SBAR submission and Pathway Allocation now in place with challenge of any outstanding - aim to min internal admin process delays. The Head of Clinical Operations and COO are working with partners to review all SS patients incl.: -Identification of other pathways and packages for patients e.g if Marie Curie cannot support in 48hrs use hospice beds -System commissioning additional capacity e.g. delirium beds -MADE event 12/1 and further planned 25-27/1
Cancer :-	Issues The number of patients who are over 63 days on a cancer pathway has increased with delays due to patient choice, capacity limited due to holidays and specifics like key equipment failure.As of 11th January, there are 72 patients who have waited beyond 63 days and improvement from 90 the previous week. The target is 35. Mitigations Equipment replacement ordered and loan being sought Weekly tumour site specific tracking and trust wide confirm and challenge meeting with services, incl support services, pathology and imaging, are in place to expedite delays.Initiated urology weekly focussed PTL from January
Referral to Treatment (RTT) :-	9 x 52 wk breaches end Dec.We continue to review the PTL closely and expedite and escalate delays. Key Issues:Cancelation of routine elective inpatient cases has been enacted through to end Jan. Most breaches are awaiting inpatient surgery.Surgical theatre capacity. In Jan elective sessions have increased but to approx 75-80% of pre-pandemic levels. The transformation team are supporting an improvement programme and additional management resource being sought to support team.We are taking on large (150-200) long waiting (some 104wk+) UHL cases and this will impact performance and extend other routine waits

Back

Select the KGH logo to view KGH commentary

Systems & Partnerships

Metrics associated with the Systems & Partnership 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

Elective Access

- The median RTT wait for November was 9.5 weeks, we are consistently achieving the target set by NHSE
- The number over 52+ weeks for December month end was 44 this is an increase from previous month of 40.
- Challenges remained in November December continuing through January to date with emergency pressures, staffing all theatre capacity due to sickness, self-isolation and limited uptake of bank & agency. On 13 December 2021 NHS England and NHS Improvement (NHSEI), declared a Level 4 National Incident. A major incident was declared on the 7th January 2022 in Northamptonshire by health, public and emergency service leaders in response to the latest impact of the COVID-19 pandemic in the county. In light of the above pressures all elective activity with exception of Cancer and Urgent cases was cancelled from 16th December 2021 to date. . T&O and Cardiology are two specialties that remain challenged.
- Risk to delivery ongoing with continued emergency pressures in January resulting in further cancellations of elective activity.
- IS support is being explored.

Stranded Patient Metric

- Reduced care hours due to staffing shortages in the community impacted on supported pathway discharges average number of superstranded is 127 compared to 97 in December 2020.
- Stranded numbers have remained static on 312 for the past 4 months this has been the average compared to November 2020 where it was 255. This is driven by several factors, reduced access to supported discharges, reduced community capacity, reduced nursing staff due to sickness etc within the trust.
- Further initiatives with the adult social care team were rolled out on Creaton Ward to be piloted as part of iCAN and the board round transformation programme

Diagnostics

- High volume of referrals
- Increased Inpatient, Cancer and Urgent care demand across all modalities
- Continued emergency pressures and Covid-19 demand.
- Increased capacity at Danetre and use of private providers in place to support routine referrals. Additional weekend work is being completed where feasible.
- Outsourcing of circa 500 u/s to Healthshare to support demand and clear backlog
- Volume of cancer inpatient demand & urgent care work has impacted on the backlog clearance

Cancer Waiting Times

- For November the Trust met 4 of the 8 cancer waiting standards of which the Trust is performance managed against, this is a slight improvement on last month.
- The Trust maintained the number of treatments in November undertaking 100.5 however 33.5 of these breached, this has resulted in performance of 66.7% compared to
- the 85% standard.
- The Trust continues to meet and exceed the 28 Faster Diagnosis Standard reaching 78.1% against the 75% standard.
- For the month of November 1750 patients were referred on the 2ww pathway by their GP, compared to this time last year the referrals were 1350, this is a 29.6% increase between the two years, the sustained rise in referrals continues to place even more pressure on a system that is under pressure, whilst this continues recovery of the 62-day standard will be challenging, this is however being felt across the region.

Committee Name

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

Group

- [x] Select all
- [ ] Patient
- [ ] People
- [ ] Quality
- [ ] Sustainability
- [x] Systems

NHS Kettering General Hospital NHS Foundation Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Systems	62-day wait for first treatment	01/11/21	79.67%	90%	69.34%	84.67%	100%		
Systems	Cancer: Faster Diagnostic Standard	01/11/21	79.21%	63%		84.74%			
Systems	6-week diagnostic test target performance	01/11/21	19.1%		-2.77%	12.88%	28.53%		
Systems	RTT over 52 week waits	01/12/21	0			0			
Systems	RTT median wait incomplete pathways	01/12/21	0%			0%			
Systems	Theatre utilisation	01/12/21	65.79%		44.63%	52.96%	61.29%		
Systems	Composite urgent care bundle - number of measures hit out of 7	01/12/21	0			0			
Systems	Bed utilisation	01/12/21	0			0			
Systems	Stranded patients (7+ day length of stay)	01/12/21	283		186.51	238.6	290.69		
Systems	Super-Stranded patients (21+ day length of stay)	01/12/21	110		53.83	84.2	114.57		
Systems	Patients with a reason to reside	01/12/21	68.6%		63.03%	68.96%	74.89%		

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Committiee Name

- (●) 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
- [x] Systems and Partnerships

SubGroup

- [x] Select all
- [x] Cancer
- [x] Diagnostics
- [x] Elective care
- [x] Patient flow

Northampton General Hospital NHS Trust

Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
Systems and Partnerships	62-day wait for first treatment	01/11/21	66.7%	90%	44.81%	70.79%	96.76%		
Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/11/21	78.11%	63%	62.26%	74.7%	87.14%		
Systems and Partnerships	6-week diagnostic test target performance	01/12/21	80.9%	99%	61.41%	76.4%	91.38%		
Systems and Partnerships	RTT over 52 week waits	01/12/21	44	0	136.71	356.65	576.59		
Systems and Partnerships	RTT median wait incomplete pathways	01/12/21	8.5	10.9	8.23	10.12	12.01		
Systems and Partnerships	Theatre utilisation	01/12/21	255.98		78.34	221.68	365.03		
Systems and Partnerships	Composite urgent care bundle - number of measures hit out of 7	01/12/21	0		-7.37	4.16	15.69		
Systems and Partnerships	Bed utilisation	01/12/21	83.7%		70.67%	80.18%	89.69%		
Systems and Partnerships	Stranded patients (7+ day length of stay)	01/12/21	49.5%	40%	32.69%	44.42%	56.14%		
Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/12/21	19.6%	25%	10.22%	15.92%	21.61%		
Systems and Partnerships	Patients with a reason to reside	01/12/21	71.28%		60.87%	68.37%	75.88%		

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Systems

Metric

62-day wait for first treatment

01/11/21 Latest Date	69.34% -3σ	Systems_and_Partnerships_03 Metric ID
79.67% Value	84.67% Mean	Dec-19 to Dec-21 Horizontal Axis
90% Target	100% +3σ	62-day wait for first treatment Vertical Axis

Date Annotation

Variation Assurance

62-day wait for first treatment: Systems

What the chart tells us	Issues	Actions	Mitigations
Metric is in common cause variation but below the national standard. Nov performance achieved 80% and Dec will be between 63 & 70%. As of 11th January, there are 72 patients who have waited beyond 63 days	Patients delaying diagnostic and outpatient appointments due to Christmas was much greater than previously experienced. Failure of the template biopsy machine in early December. This has impacted on 15 patients so far with patients transferred, and delayed, to UHL and NGH. Flexi-cystoscopy capacity delays Head and Neck oVacancy gap and unable to find a suitable locum, impacting on their capacity. NGH are providing support to the service. At end Dec and Jan a cons took emergency	•Relaunch the escalation processes to ensure it is clear and robustly followed. Urology: oTemplate biopsy machine. A replacement ordered 12/1/22 (delivery expected 31/3/22) with loan machine being explored. --oFlexi-cystoscopy additional capacity being planned in January oOne-Stop haematuria clinics start 17/1/22 which will improve early diagnosis for this cohort of patients Colorectal oPermanent consultant staff are now in post	Weekly tumour site specific tracking and trust wide confirm and challenge meeting with services, incl support services, pathology and imaging, to expidite delays. Initiated urology weekly focussed PTL

Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

62-day wait for first treatment

01/11/21 Latest Date	44.81% UCL	Systems_and_Partnerships_03 Metric ID	
66.7% Value	70.79% Mean	Dec-19 to Dec-21 Horizontal Axis	
90% Target	96.76% LCL	62-day wait for first treatment Vertical Axis	

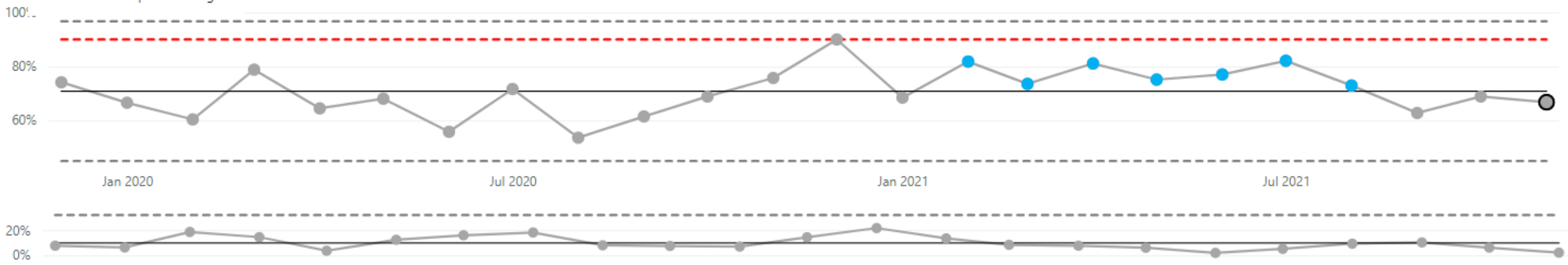
Date	Annotation
01/11/21	Latest data point = November 2021

Variation

Assurance

62-day wait for first treatment: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust | University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

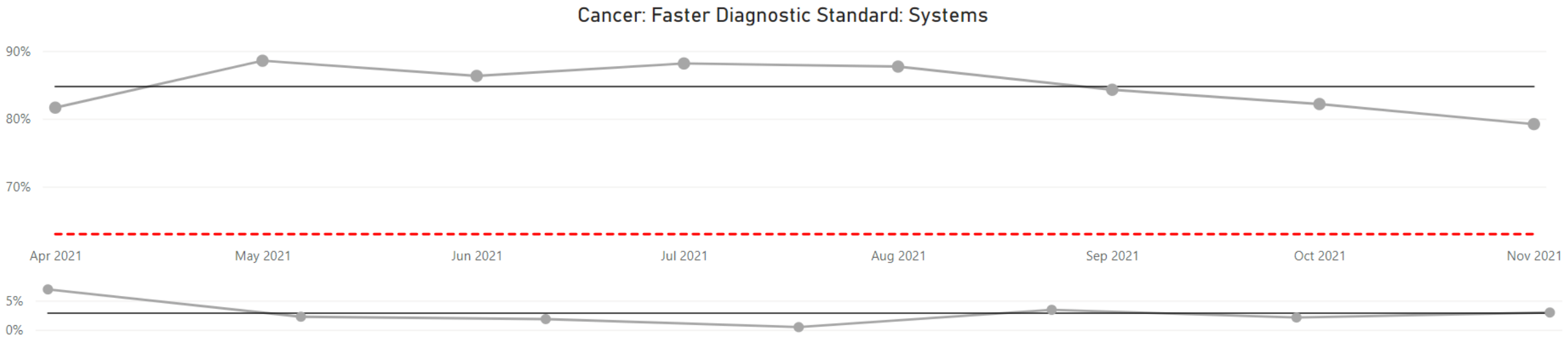
Group

Systems

Metric

Cancer: Faster Diagnostic Standard

01/11/21 Latest Date	(Blank) -3σ	Systems_and_Partnerships_04 Metric ID	Date	Annotation		Variation	Assurance
79.21% Value	84.74% Mean	Dec-19 to Dec-21 Horizontal Axis					
63% Target	(Blank) +3σ	Cancer: Faster Diagnostic St... Vertical Axis					



What the chart tells us | Issues | Actions | Mitigations

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Narrative not available at the time of publishing

Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Cancer: Faster Diagnostic Standard

01/11/21 Latest Date	62.26% UCL	Systems_and_Partnerships_04 Metric ID	
78.11% Value	74.7% Mean	Dec-19 to Dec-21 Horizontal Axis	
63% Target	87.14% LCL	Cancer: Faster Diagnostic St... Vertical Axis	

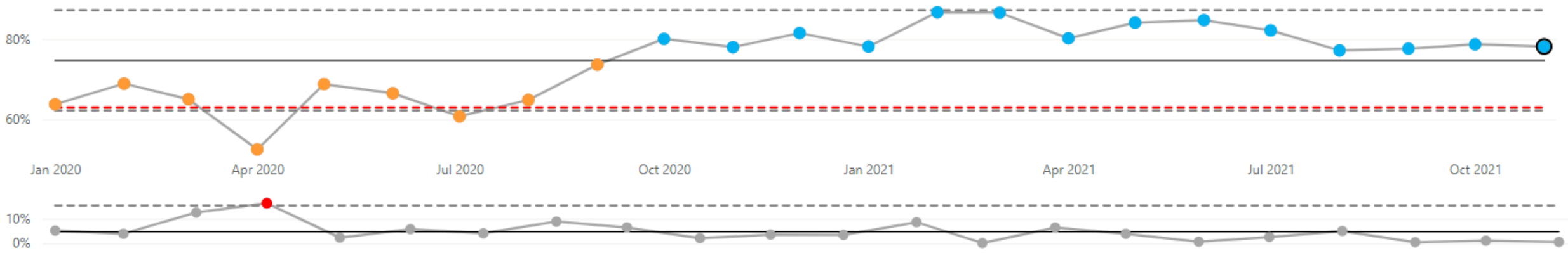
Date	Annotation
01/11/21	Latest data point = November 2021

Variation

Assurance

Cancer: Faster Diagnostic Standard: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

Committee Name

Integrated Governance Report (IGR)

Group

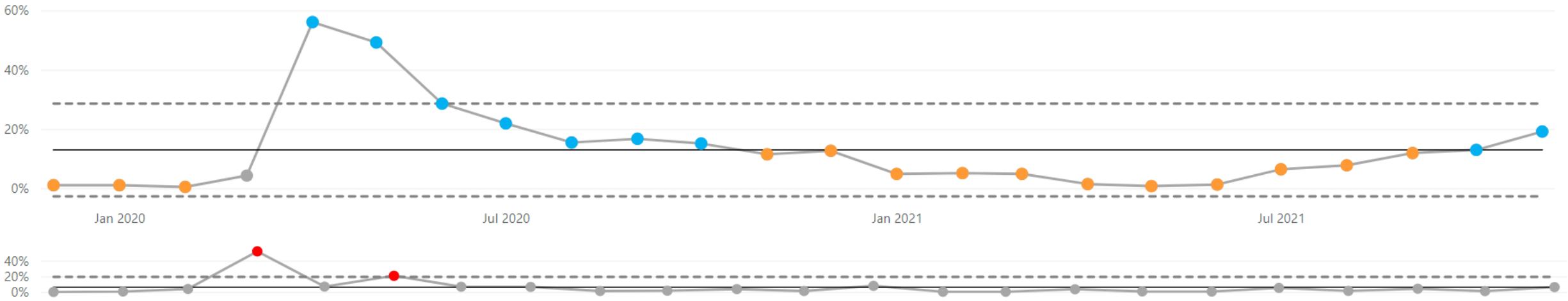
Systems

Metric

6-week diagnostic test target performance

01/11/21	-2.77%	Systems_and_Partnerships_06	Date	Annotation	Variation Assurance
Latest Date	-3σ	Metric ID			
19.1%	12.88%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	28.53%	6-week diagnostic test targe...			
Target	+3σ	Vertical Axis			

6-week diagnostic test target performance: Systems



What the chart tells us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

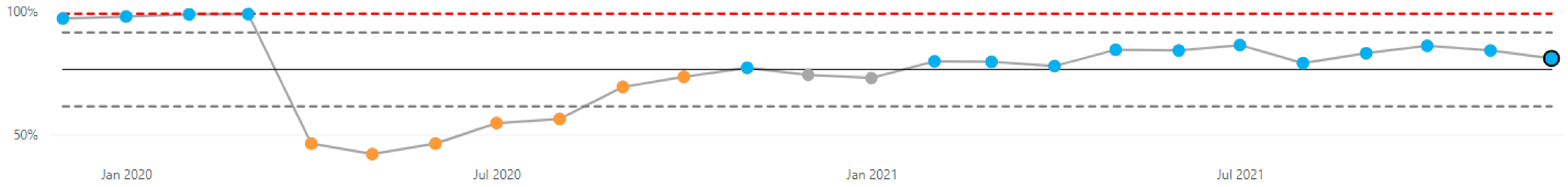
6-week diagnostic test target performance

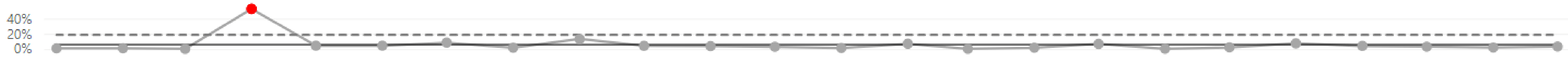
01/12/21 Latest Date	61.41% UCL	Systems_and_Partnerships_06 Metric ID	Date	Annotation
80.9% Value	76.4% Mean	Dec-19 to Dec-21 Horizontal Axis	01/12/21	Latest data point = December 2021
99% Target	91.38% LCL	6-week diagnostic test targe... Vertical Axis		

Variation Assurance

6-week diagnostic test target performance: Systems and Partnerships

Red dotted line represents target





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.	High volume of general referrals, continued increase in cancer diagnostic work, inpatient and urgent care demand. Complex Echos (Dopamine Stress Echo's) remain the only challenge in Cardiology. MRI is also still challenged and options for additional capacity being explored and BC put forward to ECB.	Trajectory monitored through weekly Access Committee, actions from weekly PTL escalated as required Additional capacity at NGH & Danetre in place	Further external diagnostic capacity agreed for ultrasound . Contract now in place for external company to provide 500 U/S scans for NGH and this will ongoing throughout November and January. Validation work undertaken to support improvement.

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

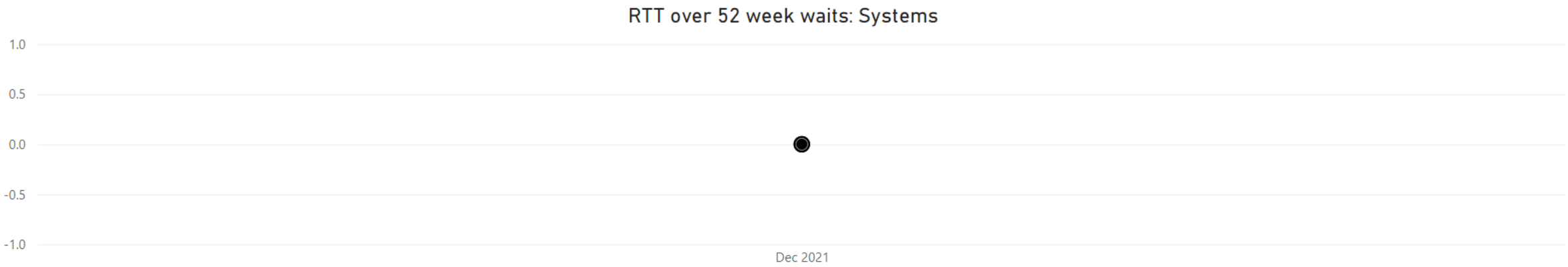
Systems

Metric

RTT over 52 week waits

01/12/21 Latest Date	(Blank) -3σ	Systems_and_Partnerships_09 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	RTT over 52 week waits Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Committiee Name: Integrated Governance Report (IGR)

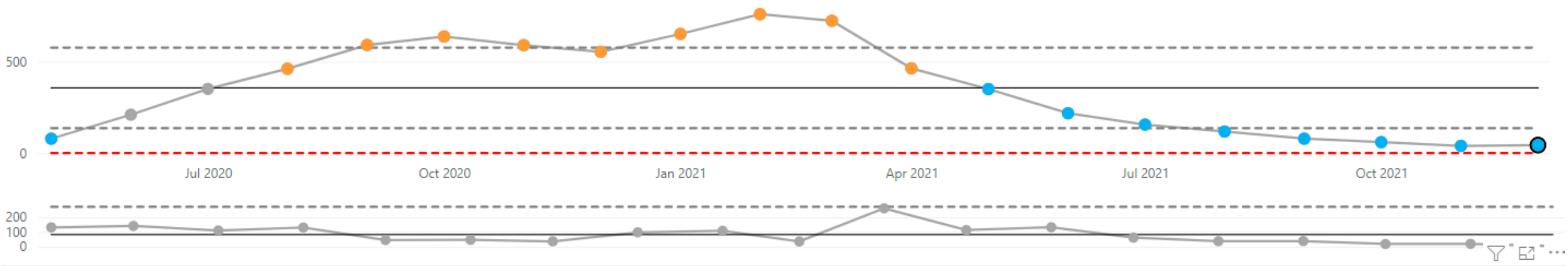
Group: Systems and Partnerships

Metric: RTT over 52 week waits

01/12/21 Latest Date	136.71 UCL	Systems_and_Partnerships_09 Metric ID	Date	Annotation	Variation / Assurance
44 Value	356.65 Mean	Dec-19 to Dec-21 Horizontal Axis	01/12/21	Latest data point = December 2021	L / F
0 Target	576.59 LCL	RTT over 52 week waits Vertical Axis			

RTT over 52 week waits: Systems and Partnerships

Red dotted line represents target



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.	Challenges remained in December continuing through January to date with emergency pressures, staffing all theatre capacity due to sickness, self-isolation and limited uptake of bank & agency. All elective activity with exception of Cancer and Urgent cases was cancelled from 16th December 2021 to date. Risk to delivery ongoing with continued emergency pressures in January. Mutual Aid to be provided to UHL which will impact on long waiting position.	Trajectory monitored through weekly Access Committee. Weekly PTL meetings by specialty, issues to unblock escalated to Deputy COO/COO. These have been re-instated week commencing 4/1/22. IS explored to support with capacity for T&O and Gastroenterology.	Independent sector capacity to be utilised. Review to reinstate elective activity week commencing 18th January 2022

Committee Name

Integrated Governance Report (IGR)

Group

Systems

Metric

RTT median wait incomplete pathways

01/12/21 Latest Date	(Blank) -3σ	Systems_and_Partnerships_10 Metric ID	
0% Value	0% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	RTT median wait incomplete... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		

RTT median wait incomplete pathways: Systems

What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

Committiee Name

Integrated Governance Report (IGR)

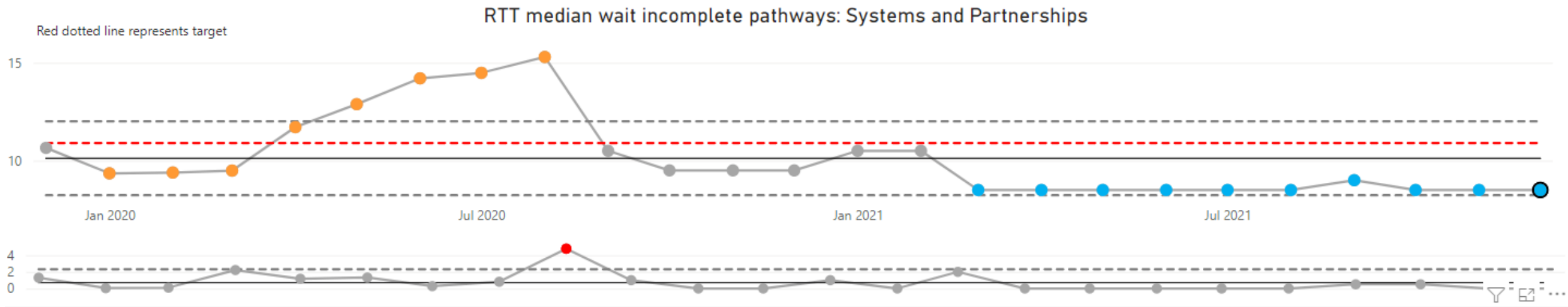
Group

Systems and Partnerships

Metric

RTT median wait incomplete pathways

01/12/21	8.23	Systems_and_Partnerships_10	Date	Annotation	Variation	Assurance
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021		
8.5	10.12	Dec-19 to Dec-21				
Value	Mean	Horizontal Axis				
10.9	12.01	RTT median wait incomplete...				
Target	LCL	Vertical Axis				



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of improving nature or lower pressure due to lower values. Assurance: Variation indicates inconsistently hitting passing and falling short of the target.	No issues captured this month, target met.	No actions captured this month, target met.	No mitigations captured this month, target met.

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Kettering General Hospital NHS Foundation Trust

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Committee Name

Integrated Governance Report (IGR)

Group

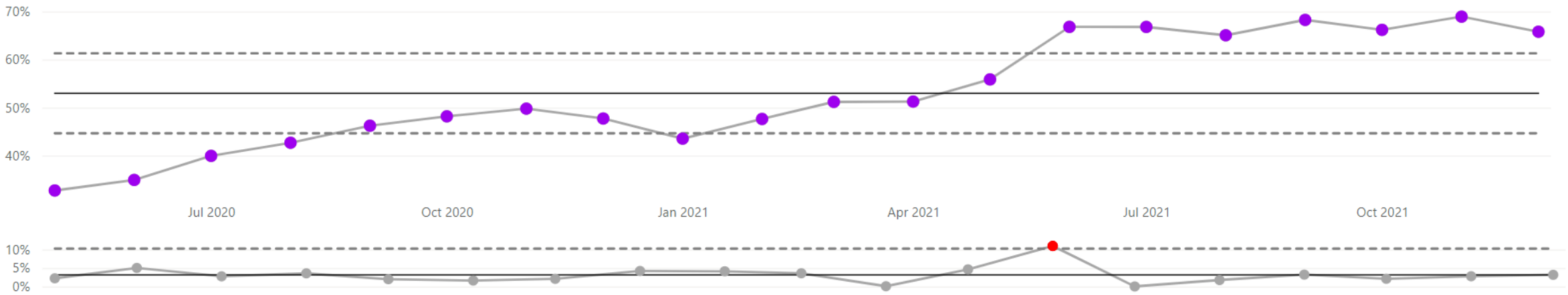
Systems

Metric

Theatre utilisation

01/12/21	44.63%	Systems_and_Partnerships_12	Date	Annotation	Variation / Assurance
Latest Date	-3σ	Metric ID			
65.79%	52.96%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	61.29%	Theatre utilisation			
Target	+3σ	Vertical Axis			

Theatre utilisation: Systems



What_the_chart_tells_us | Issues | Actions | Mitigations

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Northampton General Hospital NHS Trust

Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

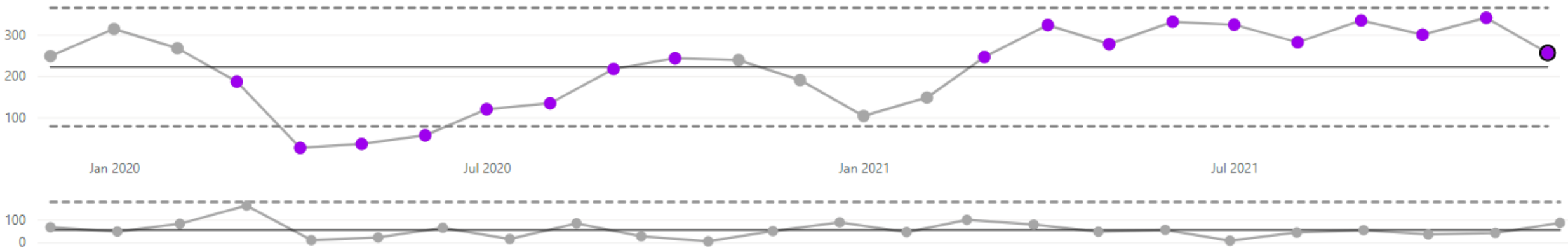
Metric

Theatre utilisation

01/12/21	78.34	Systems_and_Partnerships_12	Date	Annotation		Variation	Assurance
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021			
255.98	221.68	Dec-19 to Dec-21					
Value	Mean	Horizontal Axis					
	365.03	Theatre utilisation					
Target	LCL	Vertical Axis					

Theatre utilisation: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Metric Under Development	Metric Under Development	Metric Under Development	Metric Under Development

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Committee Name

Integrated Governance Report (IGR)

Group

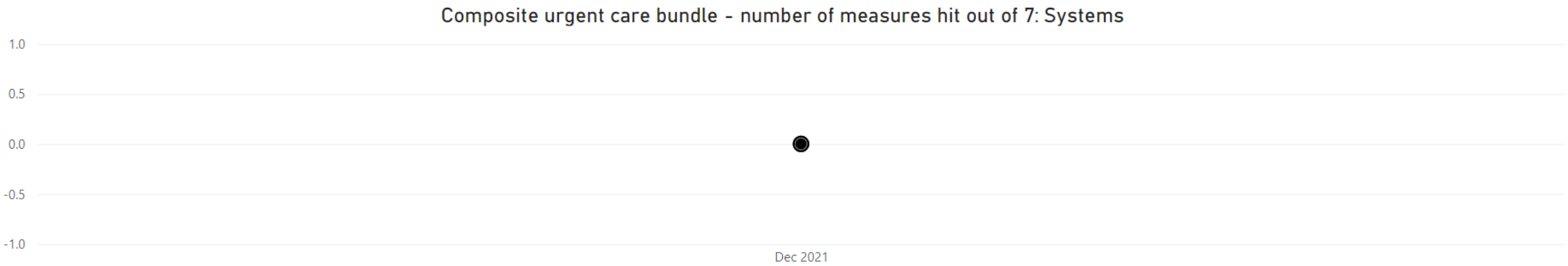
Systems

Metric

Composite urgent care bundle - number of ...

01/12/21 Latest Date	(Blank) -3σ	Systems_and_Partnerships_13 Metric ID	
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	(Blank) +3σ	Composite urgent care bun... Vertical Axis	

Date	Annotation	Variation	Assurance
01/12/21	Data not available at the time of publishing		



What_the_chart_tells_us	Issues	Actions	Mitigations
Data and narrative not available at the time of publishing			

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Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Composite urgent care bundle - number of ...

01/12/21 Latest Date	-7.37 UCL	Systems_and_Partnerships_13 Metric ID	
0 Value	4.16 Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	15.69 LCL	Composite urgent care bun... Vertical Axis	

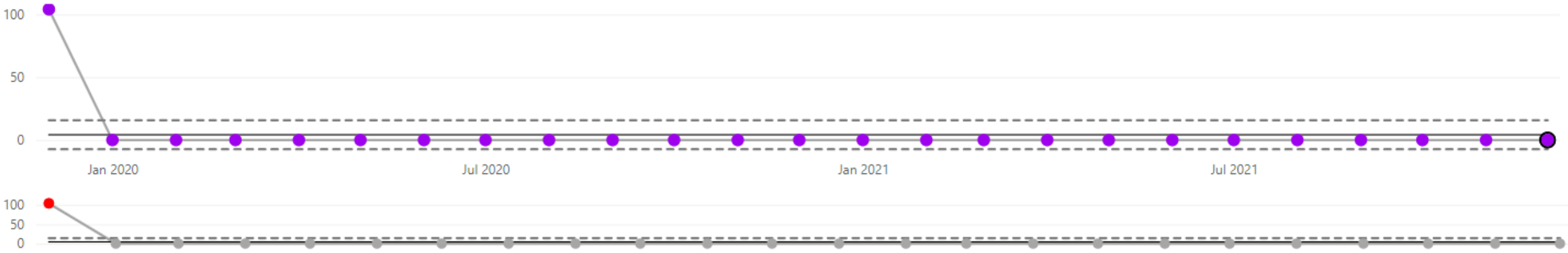
Date	Annotation
01/12/21	Data not available at the time of publishing

Variation

Assurance

Composite urgent care bundle - number of measures hit out of 7: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations

Narrative not available at the time of publishing

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Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Systems

Metric

Bed utilisation

01/12/21 Latest Date	(Blank) -3σ	Systems_and_Partnerships_14 Metric ID	Date	Annotation		Variation	Assurance
0 Value	0 Mean	Dec-19 to Dec-21 Horizontal Axis	01/12/21	Data not available at the time of publishing			
Target	(Blank) +3σ	Bed utilisation Vertical Axis					

What_the_chart_tells_us	Issues	Actions	Mitigations
Data/narrative not available at the time of publishing			

Palmer, Kirsty 01/12/2022 11:11:17

Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

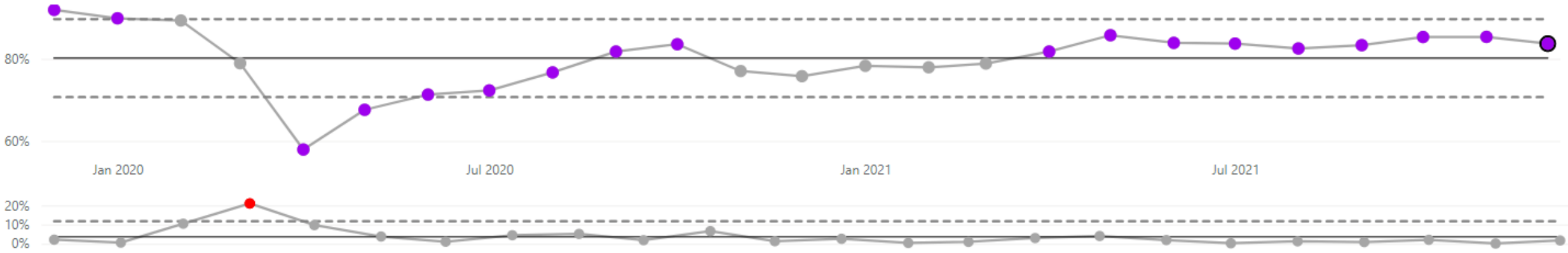
Metric

Bed utilisation

01/12/21	70.67%	Systems_and_Partnerships_14	Date	Annotation		Variation	Assurance
Latest Date	UCL	Metric ID	01/12/21	Latest data point = December 2021			
83.7%	80.18%	Dec-19 to Dec-21					
Value	Mean	Horizontal Axis					
	89.69%	Bed utilisation					
Target	LCL	Vertical Axis					

Bed utilisation: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

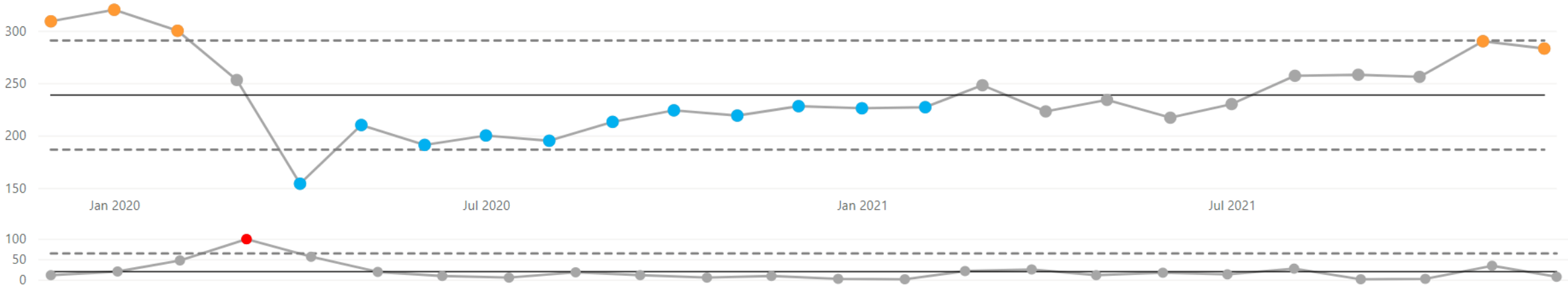
Systems

Metric

Stranded patients (7+ day length of stay)

01/12/21 Latest Date	186.51 -3σ	Systems_and_Partnerships_15 Metric ID	Date	Annotation	Variation: H
283 Value	238.6 Mean	Dec-19 to Dec-21 Horizontal Axis			Assurance
Target	290.69 +3σ	Stranded patients (7+ day le... Vertical Axis			

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



What_the_chart_tells_us | Issues | Actions | Mitigations

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Narrative not available at the time of publishing

Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Stranded patients (7+ day length of stay)

01/12/21 Latest Date	32.69% UCL	Systems_and_Partnerships_15 Metric ID
49.5% Value	44.42% Mean	Dec-19 to Dec-21 Horizontal Axis
40% Target	56.14% LCL	Stranded patients (7+ day le... Vertical Axis

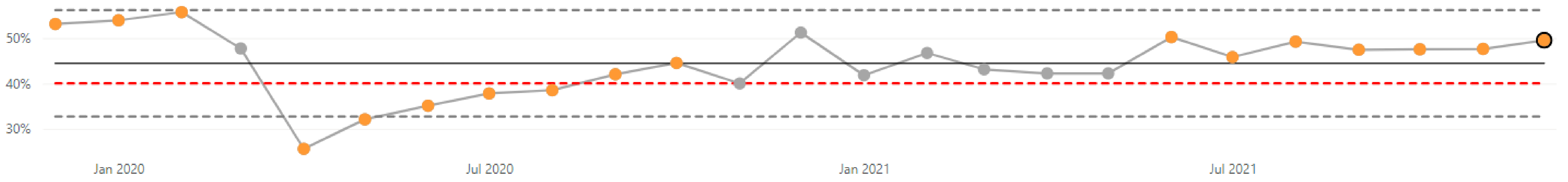
Date	Annotation
01/12/21	Latest data point = December 2021

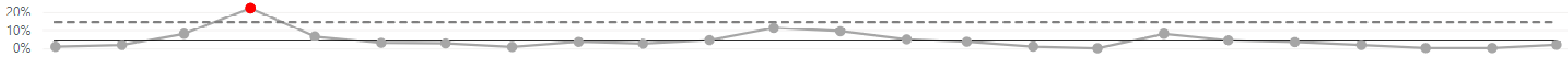
Variation

Assurance

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

Red dotted line represents target





What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Special cause of concerning nature or higher pressure due to higher values. Assurance: Variation indicates consistently falling short of the target.	Stranded numbers have remained static this is due to a combination of internal and external constraints e.g. a significant constraint on the number of care hours available for supported discharges(impact of staff isolating, sickness & vacancies). Internally the combination of medical leave, staff isolation & sickness has also impacted.	Significant work around board rounds with executive support and attending daily board rounds. Trust wide emphasis on patients not reaching 7 days and identifying those patients that can be discharged independently of any support for board rounds. Agreement from WASS that patients with a LOS of less than 7 days can have a restart of package of care.	Daily Matron & senior divisional team support on wards to check, challenge & unblock delays – real focus on patients next steps Daily multisystem hub where pts requiring supported dcs are discussed and agreed pathway.

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Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Systems

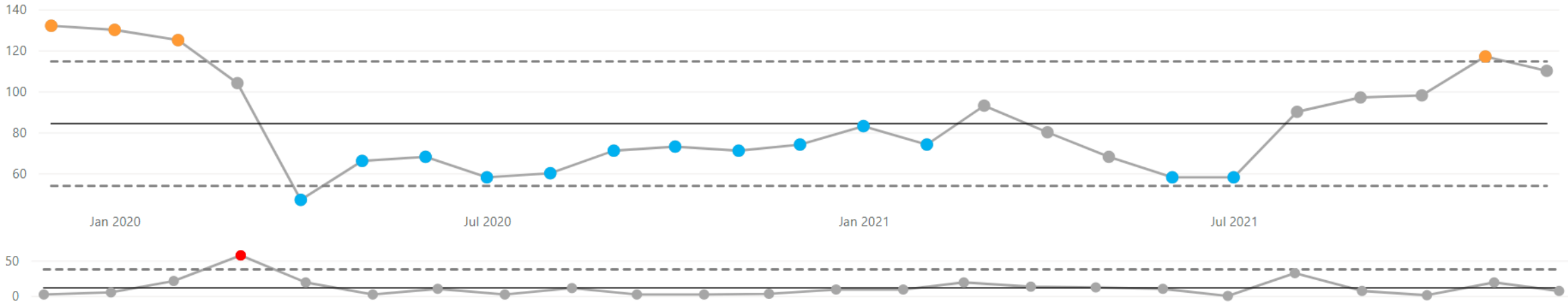
Metric

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

01/12/21	53.83	Systems_and_Partnerships_16	Date	Annotation	
Latest Date	-3σ	Metric ID			
110	84.2	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	114.57	Super-Stranded patients (21...			
Target	+3σ	Vertical Axis			

Variation Assurance

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



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

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

01/12/21 Latest Date	10.22% UCL	Systems_and_Partnerships_16 Metric ID	
19.6% Value	15.92% Mean	Dec-19 to Dec-21 Horizontal Axis	
25% Target	21.61% LCL	Super-Stranded patients (21... Vertical Axis	

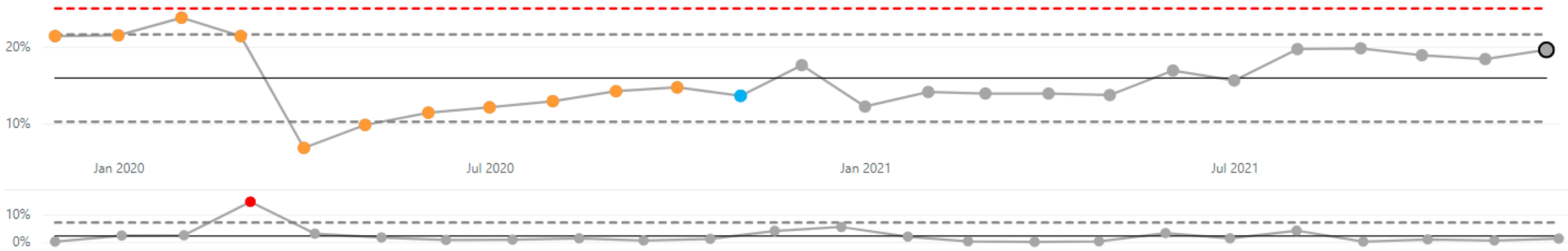
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

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

Red dotted line represents target



What_the_chart_tells_us	Issues	Actions	Mitigations
Variation: Common cause - no significant change. Assurance: Variation indicates consistently falling short of the target.	No issues captured this month, target met.	No actions captured this month, target met.	No mitigations captured this month, target met.

Palmer, Kirsty 01/21/2022 12:...

Committee Dashboard | Detailed SPC ChartPage

Kettering General Hospital NHS Foundation Trust

Kettering General Hospitals NHS Foundation Trust

University Hospitals of Northamptonshire NHS Group

Committee Name

Integrated Governance Report (IGR)

Group

Systems

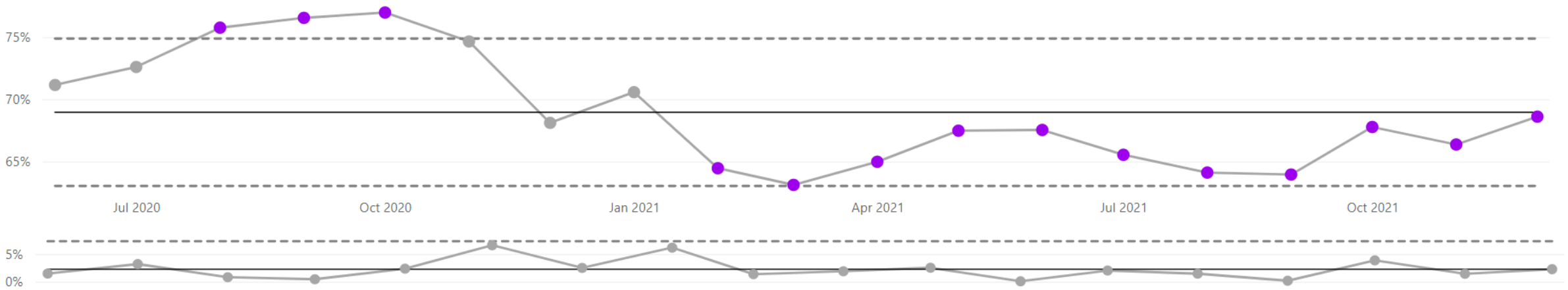
Metric

Patients with a reason to reside

01/12/21	63.03%	Systems_and_Partnerships_17	Date	Annotation	
Latest Date	-3σ	Metric ID			
68.6%	68.96%	Dec-19 to Dec-21			
Value	Mean	Horizontal Axis			
	74.89%	Patients with a reason to res...			
Target	+3σ	Vertical Axis			

Variation Assurance

Patients with a reason to reside: Systems



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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Committiee Name

Integrated Governance Report (IGR)

Group

Systems and Partnerships

Metric

Patients with a reason to reside

01/12/21 Latest Date	60.87% UCL	Systems_and_Partnerships_17 Metric ID	
71.28% Value	68.37% Mean	Dec-19 to Dec-21 Horizontal Axis	
Target	75.88% LCL	Patients with a reason to res... Vertical Axis	

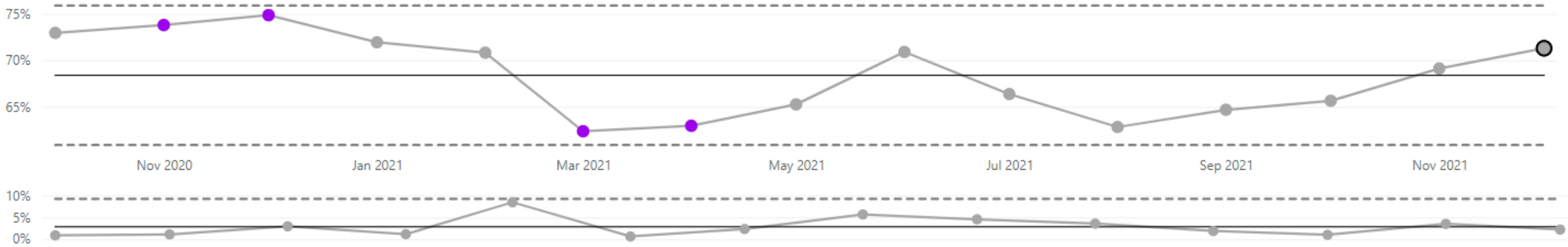
Date	Annotation
01/12/21	Latest data point = December 2021

Variation

Assurance

Patients with a reason to reside: Systems and Partnerships

Red dotted line represents target



What_the_chart_tells_us | Issues | Actions | Mitigations

Narrative not available at the time of publishing

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01/21/2022 11:11:17

NGH Board
Finance Performance

Month 9 (December 2021)
FY 2021/22

Northampton General Hospital NHS Trust

Executive Summary – Year to Date

The Trust ended the month with a year to date financial position of £1.1m which is £0.2m worse than plan. This is primarily driven by an increase in the use of medicines, partly offset by income. Pay is continuing broadly as planned.

The key parts of the M9 year to date position are as below.

Income - £2.9m favourable variance YTD / £1.5m in-month. The in-month movement is driven by:

- DHSC income relating to donated PPE stock of £0.9m. This is adjusted out in the reported position through 'normalisation'.
- Increase in Training & Education funding of £0.3m, more than plan.

Pay - £0.1m unfavourable variance YTD / £0.2m favourable variance in-month

- In-month, pay costs rose by £0.2m, however this is below planned increases reflecting the inability to fill shifts during a difficult winter month.
- The winter expenditure is £0.3m against a planned spend of £0.6m.
- Agency expenditure spend to date is £16.6m, which is significantly above the NHSEI ceiling of £11.2m.

Non-Pay - £2.9m unfavourable variance YTD / £2.0m in-month. The increase in-month is driven by:

- Increase in expenditure to reflect the £1.0m DHSC donated PPE stock, which is also adjusted out in the reported position through 'normalisation'.
- Increase in use of medicines representing over £0.5m of the increase, with c.50% of the increase not income-backed.
- Spend of £0.2m on international nursing recruitment.

Delivery of efficiencies will be reported under separate cover via the Group transformation team.

The Trust continues to have a healthy cash position, with a balance at the end of the month of £25.1m.

Capital spend to date is £11.4m and including commitments is £15.3m against a reallocated plan of £27.5m (including recent TIF funding allocations). This leaves a balance of £12.2m (44%) to spend before the Year End. The current forecast is £22.5m with mitigations of £0.1m leaving £5.1m as a shortfall risk to fully utilising the Capital programme. These risks are against Digital schemes, £3.3m TIF – Outpatient Improvement scheme and £1.8m Digital Network Schemes, Histopathology, Maternity and Radiology. We continue to hold detailed discussions to ensure that the spend can be actualised before 31 March.

2021/22 Trust Position – Year End Forecast

The current assessment of the year end forecast is a breakeven financial position. If the current run rate continues, the year-end position will likely result in a cumulative deficit of c.£0.7m. However, this is expected to be mitigated by upsides to bring the position back to break-even.

M9 Review:

- A high-level review of Month 9 (December) performance to year end was carried out in early January. Due to the scale of current performance compared to plan, a full bottom process was not conducted. A review of the following was carried out:
  - Provisions and deferred income
  - Amount of annual leave remaining, as the basis of a year end accrual
  - Run rate of key variances, in particular non-pay, elective recovery and winter spend
  - Other key assumptions in H2 plans
- This review identified the following issues to be considered and managed:
  - A potentially significant (max £0.6m) issue with less than planned external income (SDF / Cancer Alliance)
  - An increase in non-pay spend above plan in H2, primarily in medicines (£0.5m) and Estates (£0.4m)
- As detailed in the H2 plan, there remains a risk that the 20/21 annual leave accrual unwinds (£3.5m) in part or in full. A review of data at M9 indicates that it should be possible to maintain an accrual of the current size, but this requires further work and audit approval

Contingency:

- As part of H2 2021/22 planning a formal contingency of £1.0m was included. This was phased in Month 12 (March), and would potentially be available, if no unplanned risks or pressures were to materialise. To date the contingency has not been reported in the financial position.

Assessment and actions taken:

- There have been various approaches to the Trust to accept funding to spend in the remainder of 2021/22. These have, for the most part, been accepted as it is possible that monies can be spent in the time.
- Through the combination of current performance (-£0.2m to H2 plan) and scale of contingency (+£1.0m as yet uncommitted), £1.0m has been allocated to one-off spend across Estates, Digital, Operations and Transformation to spend on priority areas (as developed jointly over Nov/Dec), in order to ensure the Trust utilises all available resources and does not post a surplus. A decision was needed on this in early January to ensure orders and works could be completed in time.
- If all identified risks materialise, this may create a deficit if this cannot be mitigated by accessing further funds / accrual releases. However, on balance reporting a small deficit at year end is considered better than a surplus.

2021/22 M9 I&E Summary

Description	NGH Year To Date					NGH In Month		
	H1 Act. £m's	H2 Plan £m's	H1A + H2P £m's	Actual £m's	Variance £m's	M9 Plan £m's	M9 Actual £m's	Variance £m's
Total Income	216.0	111.2	327.2	330.2	2.9	37.2	38.8	1.6
Total Pay	(149.5)	(75.9)	(225.4)	(225.4)	(0.1)	(25.7)	(25.5)	0.2
Total Non Pay	(63.9)	(32.6)	(96.5)	(99.5)	(2.9)	(10.6)	(12.6)	(2.0)
Operating (Deficit)	**2.6**	**2.7**	**5.3**	**5.3**	**(0.1)**	**1.0**	**0.7**	**(0.2)**
Capital Charges	(2.8)	(1.2)	(4.0)	(4.2)	(0.2)	(0.4)	(0.4)	0.0
I&E Surplus / (Deficit)	**(0.2)**	**1.5**	**1.3**	**1.1**	**(0.2)**	**0.5**	**0.3**	**(0.2)**

NGH Finance Overview – In month reporting a £0.3m surplus, £0.2m adverse to plan.

Income - £1.6m favourable in month

- Mainly related to DHSC income for PPE assets (£0.9m), in addition to Cost & Volume meds (£0.2) and training & education income (+£0.3m).

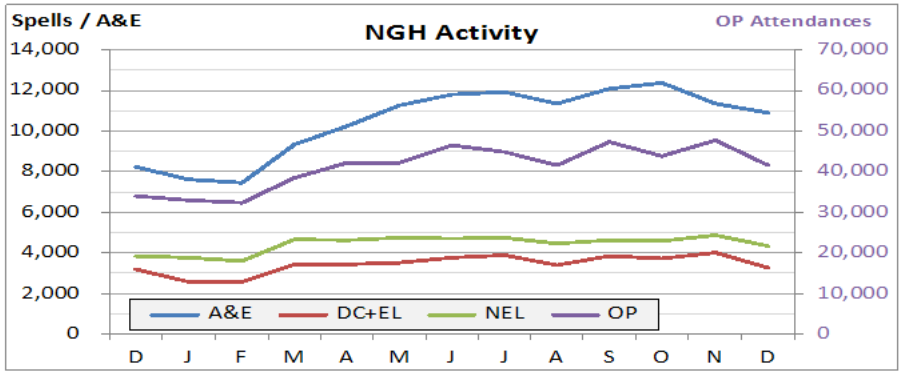
Pay - £0.2m favourable in month

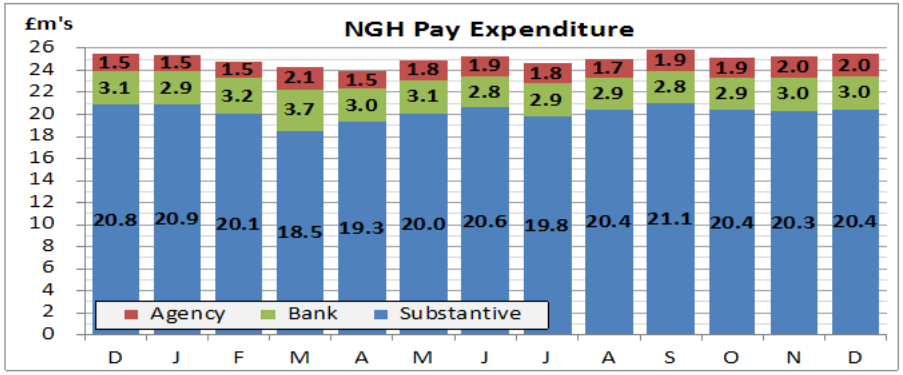
- The H2 plan for pay allowed for pay growth of £0.5m in Month 9, to account for planned investment recruitment and temporary winter costs.
- Actual costs have not risen this quickly, as increased vacancies and difficulty in backfilling shifts.
- However, temporary pay costs have risen as premiums increase to cover additional shifts and gaps in rotas.

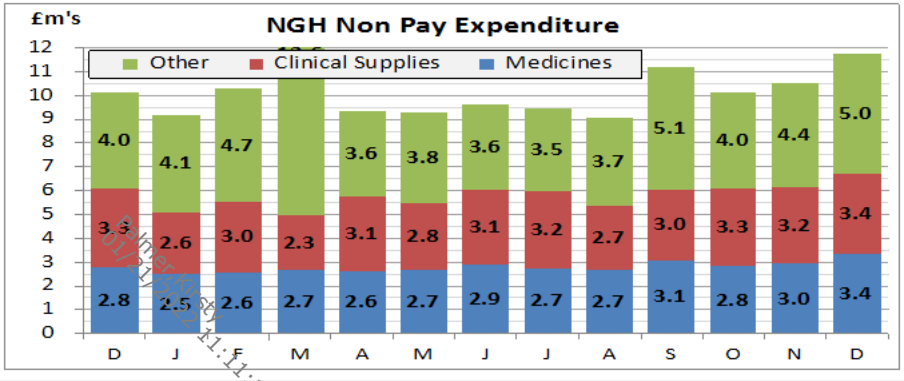
Non-pay - £2.0m adverse in month

- The key variance is a stock adjustment for DHSC PPE of £1.0m, offset by income (and a minor normalisation adjustment).
- In addition Medicines saw a significant increase in Month 9, £0.5m over plan, with c. £0.2m relating to Cost & Volume income.
- International nursing recruitment saw expenditure of £0.2m relating, and increased Pathology costs relating to Q3 were £0.3m over.
- Building & engineering remained above plan in Month 9, now £0.4m over plan year-to-date.

Summary - Activity & Expenditure – Monthly Trend







Highlights / Key Issues

Activity

A marked decrease in December. Daycase & Elective numbers declined to a similar level of 2020.
The A&E and Non Elective levels are 32% & 13% higher than 12 months ago though. Outpatients 23% higher than Dec-20.

The decrease from November to December was much marked in 2021 though as Daycase/Elective numbers dropped 19% in 2021, whereas there was 13% drop-off in 2020.

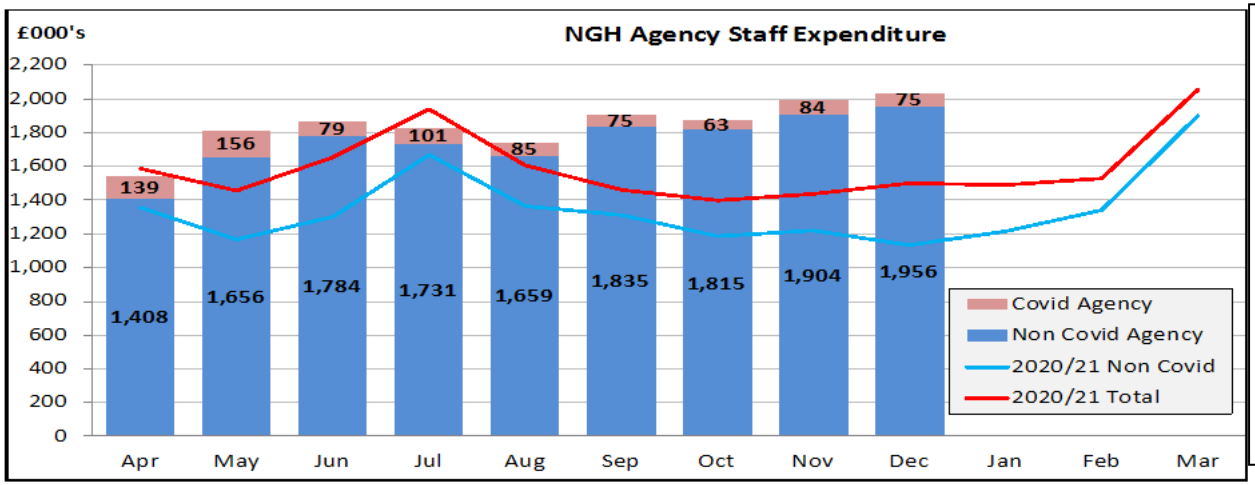
Pay

Expenditure continues just above £25m per month, with a small increase £0.3m in December to address Winter pressures. This increase is significantly lower than the operational estimate of winter initiatives, signifying challenges with staffing all plans. However enhanced rates offered in January should see a marked increase of £0.3m (plus £0.3m for usual bank holiday pay) to the expenditure level.

Non Pay

Clinical expenditure increase in month is generally costs related to the whole of Q3 as agreement of balances naturally prompted an update in cost such as pathology send-away tests.
Medicines marked increase is broadly 50% in funded 'cost & volume', which is a cost to the Trust.
'Other Non Pay' maintains a high level with estates costs, but was also boosted £1m by centrally provided PPE adjustment in M9.

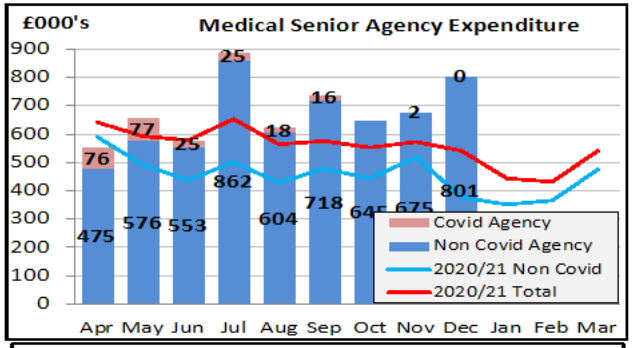
Agency Pay Expenditure

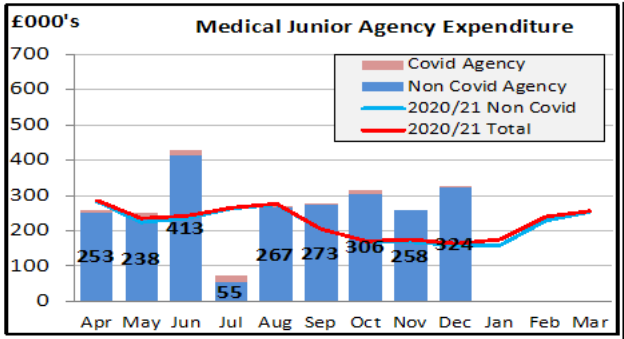


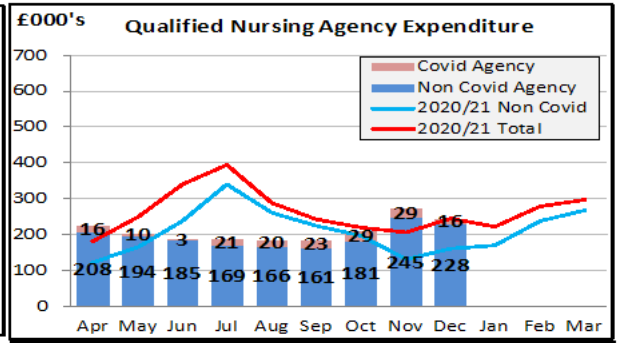
Monthly Agency spend of £2.0m, the highest month to date, bringing the total agency spend to £16.6m (including COVID expenditure). This exceeds the annual ceiling of £11.2m.

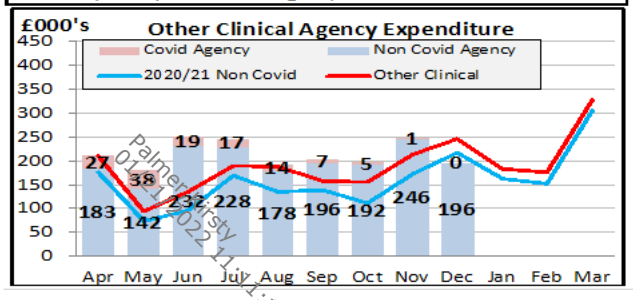
The number of agency staff operating in NGH has increased to 275wte in December, with key drivers continuing to be operational pressures in Urgent Care, sickness and vacancy cover.

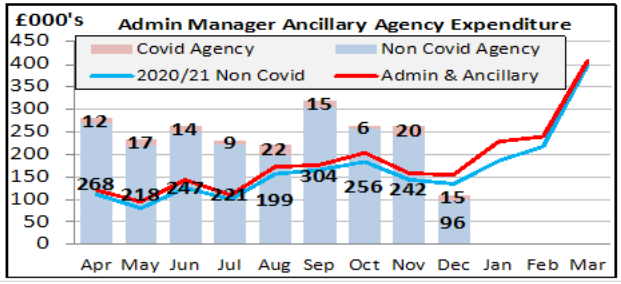
The December spend figure benefits from £0.1m of agency managers historic spend identified as being attributable to capital budgets.

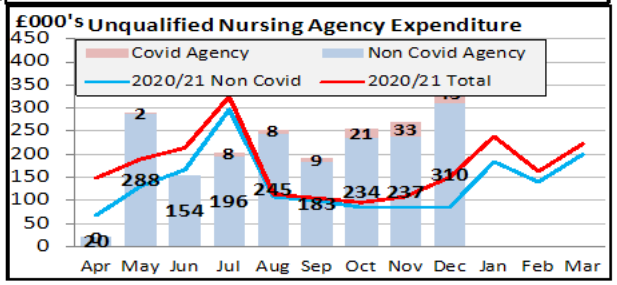












Statement of Financial Performance

SOFP

The key movements from the opening balance are:

Non Current Assets

- M9 capital additions of £942k, this includes Estates spend of £588k and Medical Equipment of £265k.
- Depreciation for M9 includes the Finance Lease revaluation revision.

Current assets

- Inventories - £29k. Increases in Pharmacy (£206k), Pathology (£28k) and Supplies Trading (£1k), offset by decreases in Pacing (£53k), Oncology Excluded Devices (£13k) and DHSC centrally provided PPE stock £171k.
- Trade and Other Receivables – £2,192k due to: Decreases in NHS Receivables (£3,828k), Salary Sacrifice (£1k) and Prepayments (£341k). Increases in NHS Income Accruals (£1,629k), Trade Receivables (£100k), VAT reclaim (£57k), Non-NHS Receivables (£159k), Other receivables (£5k) and Compensation Recovery (RTC and PI Claims) (£28k).
- Salary overpayments have increased by £1k this month with an overall balance of £254k. Year to date overpayments equate to £306k (instances 133) compared to £271k (instances 183) for the same period last year.
- Cash – Increase of £4,622k.

Current Liabilities

- Trade and Other Payables - £2,370k due to: Increases in PDC Dividend (£438k), Capital Payables (£115k), Tax, NI and Pension Creditor (£171k) and Receipts in Advance (£3,087k). Decreases in NHS Payables (£526k), Trade Payables (£240k), Other Payables (£29k) and Accruals (£648k)
- Provisions - £4k. Release of provision utilised: NMET Income £4k.

Non Current Liabilities

- Finance Lease Payable - £91k. Nye Bevan £78k, Car Park £13k.
- Loans over 1 year - £3k. Repayment of Salix Loan.

Financed By

- I & E Account - £130k surplus in month.

TRUST SUMMARY BALANCE SHEET
MONTH 9 2021/22

	Balance at 31-Mar-21 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000	Forecast end of year Closing Balance £000	Forecast end of year Movement £000
NON CURRENT ASSETS						
OPENING NET BOOK VALUE	188,782	188,782	188,782	0	188,782	0
IN YEAR REVALUATIONS	0	0	0	0	0	0
IN YEAR MOVEMENTS	0	11,074	12,016	942	19,498	19,498
LESS DEPRECIATION	0	(8,305)	(9,312)	(1,007)	(12,334)	(12,334)
NET BOOK VALUE	188,782	191,551	191,486	(65)	195,946	7,164
CURRENT ASSETS						
INVENTORIES	6,310	7,653	7,682	29	6,310	0
TRADE & OTHER RECEIVABLES	16,048	20,274	18,082	(2,192)	21,282	5,234
NON CURRENT ASSETS FOR SALE	0	0	0	0	0	0
CLINICIAN PENSION TAX FUNDING	966	966	966	0	966	0
CASH	25,428	20,518	25,140	4,622	1,500	(23,928)
TOTAL CURRENT ASSETS	48,752	49,411	51,870	2,459	30,058	(18,694)
CURRENT LIABILITIES						
TRADE & OTHER PAYABLES	34,787	39,152	41,522	2,370	21,883	(12,904)
FINANCE LEASE PAYABLE under 1 year	1,206	1,238	1,230	(8)	1,254	48
SHORT TERM LOANS	246	246	246	0	274	28
STAFF BENEFITS ACCRUAL	0	0	0	0	0	0
PROVISIONS under 1 year	2,477	1,487	1,483	(4)	2,477	0
TOTAL CURRENT LIABILITIES	38,716	42,123	44,481	2,358	25,888	(12,828)
NET CURRENT ASSETS / (LIABILITIES)	10,036	7,288	7,389	101	4,170	(5,866)
TOTAL ASSETS LESS CURRENT LIABILITIES	198,818	198,839	198,875	36	200,116	1,298
NON CURRENT LIABILITIES						
FINANCE LEASE PAYABLE over 1 year	8,323	7,506	7,415	(91)	7,069	(1,254)
LOANS over 1 year	763	580	577	(3)	669	(94)
PROVISIONS over 1 year	1,585	1,585	1,585	0	1,585	0
NON CURRENT LIABILITIES	10,671	9,671	9,577	(94)	9,323	(1,348)
TOTAL ASSETS EMPLOYED	188,147	189,168	189,298	130	190,793	2,646
FINANCED BY						
PDC CAPITAL	259,588	259,588	259,588	0	261,823	2,235
REVALUATION RESERVE	42,144	42,144	42,144	0	42,144	0
I & E ACCOUNT	(113,585)	(112,564)	(112,434)	130	(113,174)	411
FINANCING TOTAL	188,147	189,168	189,298	130	190,793	2,646

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Public Trust Board
Date	27th January 2021
Agenda item	6

Title	Covid Update and System Response
Presenter	Matt Metcalfe
Author	Matt Metcalfe/Fay Gordon

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

Reason for consideration	Previous consideration

Executive Summary

Background

The arrival and rapidly established dominance of the Omicron variant of covid-19 in the county had three main consequences driven by the very high transmission rates (4x that of delta variant) and degree of vaccine escape;

1. The rates of admission to hospital rising
2. High rates of staff absence (sickness and isolation)
3. High rates of in hospital covid positivity (in patients negative on admission)

These are quantified in other reports.

The disease caused by the current Omicron wave appears to be substantially less severe overall, and this is reflected in a significantly attenuated increase in demand for critical care beds.
Similar omicron impact on staffing absences has been felt by our partners in the county, notably exacerbating existing workforce shortages in social care in particular as well as NHFT. Outbreaks of covid among residents and patients cared for by partners has also exacerbated their difficulty in supporting complex discharges.

Consequently UHN experienced high demand through a combination of covid and non-covid disease, staffing shortages impacting on nursing ratios among others, substantial numbers of closed (or trapped) beds due to covid positive cases "popping up" in green wards and high numbers of super stranded patients with no reason to reside who were unable to be discharged.
Both hospitals had already deployed internal mitigations including the opening of additional bedded capacity (exacerbating staff shortages), cancelling some elective work, offering escalated rates of pay to bank and agency staff (both mitigating workforce shortages) and increasing virtual ward capacity. Clinically qualified staff in corporate roles have also been deployed to direct clinical care.
Despite these the hospitals were operating under significant pressure readily reflected in emergency department occupancy and a spike in ambulance handover delays.
NHSE&I wrote to trusts requiring them to prepare capacity for a "super surge" of covid cases and all partners identified the main risk to deploying this was the systemwide staffing deficit.
West and North Northamptonshire unitary authorities advised that in order to re-deploy staff from other statutory duties to allow the opening of "super surge" capacity they would have to declare major incidents.

System response
The providers of NHCP had already deployed a range of mitigations as highlighted above, and were also supporting the ramping up of the booster vaccination effort. The latter was cited as a reason by primary care representatives for being unable to further assist with the system response.
Joint meetings between clinical leads and COOs had reviewed a range of options for providing "super surge" capacity (appendix 1) and agreed to rank them against an agreed framework according to their clinical consequence. The ranking was then undertaken by each provider's chief operating officer.

Consequence	**Examples**	**Rank**
Poor experience	Suspending respite care	1
Low risk adverse outcome/increase emergency attendances over weeks/months	Pausing diabetic retain screening, reducing school nurses	2
Medium risk adverse outcome/moderate increase attendances over days/weeks	Reducing community diabetic/tissue viability services	3
High risk serious adverse outcomes	Bedding areas essential for cancer diagnostics/treatments	4
Immediate substantial impact on emergency flows	Bedding SDEC/fracture clinics	5

System partners providing adult social care and community beds advised that from the point of declaring a major incident the lead time to bringing additional bedded capacity on stream was 7 days.
By the first week of 2022 the doubling time for staff absence and rates of covid hospitalisation rendered the system wide OPEL status as 4, and the modelling suggested that this was likely to continue for another 2-3 weeks.

The combination of the level of escalation the system was already operating at, the rate at which omicron hospitalisations and staff absences were rising culminated in the chief operating officers of the system agreeing unanimously to recommend to the Strategic Co-ordination Group on the 5th of January that a system wide major incident be declared. The SCG in turn recommended the action to the Local Resilience Forum (constituted of leaders of emergency response services in the county) and the Major Incident was declared and publicised on the 7th January.
The provider organisations agreed to deploy the additional capacity which could be opened through deploying staff released by reducing or suspending the services with a clinical consequence ranking of 1 and 2. For the group this entailed opening an additional 6 beds at KGH and 12 at NGH. These were managed with no additional clinical consequence to the actions previously taken.
The planned impact from partners is illustrated in appendix 1. The actual additional capacity provided by partners continues to be hindered by staff absences and there have been delays and reductions in beds made available as a result. At the time of writing it is not possible to quantify the additional capacity other partners have been able to stand up.

Situation
Since the major incident has been declared staff absences across the group have stabilised and may be decreasing slightly. The number of clinical staff gaps however remain substantial – typically over 30% of staff rostered to work. This is incompletely mitigated.

The numbers of covid positive inpatients across the group remains high – at the time of writing 97 covid positive patients at NGH and 123 covid exposed patients at NGH, with a similar picture at KGH.
In consultation with the regional NHSEI team the group has re-introduced substantial restrictions on visiting for patients, and shortened the period of isolation for covid exposed and recovered patients from 14 to 10 days and made the same adjustment for the closure of outbreak wards. These measures have been necessary to enable site management and facilitate the decompression of emergency departments.

Attendances to emergency departments at the time of writing have stabilised. Both hospitals have held discharge events supported by NHSEI and ECIST at which few delays were identified for pathway 0 patients (without complex discharge needs) with no reason to reside. Despite this the numbers of patients across the group who are “super stranded” remains very high.
There has been a decrease in the number of ambulance handover delays, although it is too early to be confident this is significant and sustained.

Lessons Learned

1. It was useful to declare the major incident relatively early given the lead time for bringing additional capacity on stream in the community. Whilst workforce issues have blunted the impact of system wide actions it is possible that without the mobilisation and re-deployment of the major incident there may have been a contraction of available community capacity exacerbating the risks carried in the acutes and the ambulance services.

2. The demobilisation plans out of the major incident are an apparent lack in system preparedness. It is difficult to demobilise the staff from additional community capacity until the patients can be discharged or additional staff return from absence.
3. The underlying deficit in system capacity or effective capacity is highlighted clearly by the current operational environment of the system.

Appendices

Appendix 1 NHCP extreme surge options

Northamptonshire
Health and Care Partnership

System Wide Extreme Surge Scenario Planning

23rd December

Overview

Northamptonshire Health and Care Partnership

Aim of this deck: In response to the national directive around creating bedded capacity in the case of a covid surge, this deck will outline all potential options that the system has to mitigate a potentially significant increase in Covid cases cause extreme pressure for the system. The below slides outline the extraordinary actions which may be taken in this event to provide increased bedded capacity and a considered analysis of all associated risks. This work is being carried out alongside the ongoing response to ensure maximum community capacity (Rapid Response etc). These slides cover the plans within:

- NGH
- KGH
- SCCs
- North and West spot D2As
- Community Hospitals

NGH Extreme Surge

NB: Extreme Surge – beds that could be created in a critical incident when ALL other options have been exhausted. Each potential scheme is undergoing further viability assessment.

NHS University Hospitals of Northamptonshire NHS Group

Area/Space	Pros	Cons	Bed opportunity (Approx)	Number	Probability %	Impact	Viability
Gynae Theatres	Piped oxygen	Would need to find space for equipment being currently stored	10 beds (6 beds in theatre/ 3/4 in recovery)	10	100%	Impact on breast and gynae P1 cancer	4
Pain Clinic	Piped oxygen	No sluice	8 trolley bays	5	100%		1/2
Fracture Clinic	Central location, IT access, Examination facility	Pts would be moved to Tigers Den, this would impact clinics. No piped oxygen	10 rooms	10	86%	Not able to deal with fractures	5
Endoscopy Suite	Has a link door to Rowan	Would need to postpone refurb work, Links to Rowan Ward, Could lose funding, IP and covid scopes would need moving out. JAG accrediation would be lost - a huge impact to the trust	15 patients	15	86%	Impact on 2ww	4
Inpatient Gym	Has already been used successfully as an assessment unit, Can use Medical DC facilities	No sluice, No piped oxygen	6 beds	6	71%	No infra	1/2

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NGH Extreme Surge

NB: Extreme Surge – beds that could be created in a critical incident when ALL other options have been exhausted. Each potential scheme is undergoing further viability assessment.

NHS University Hospitals of Northamptonshire NHS Group

Area/Space	Pros	Cons	Bed opportunity (Approx)	Number	Probability %	Impact	Viability
DSU (Day Surgery Unit)	Large bedded space	Isolated unit, Would require all Endo lists to be stopped, as well as various other lists including Colorectal cancers-? Support from 3 Shires. Impacts on all Upper GI cancer diagnostics/treatments (not just colorectal). TSH is minimal.	25 patients (20 beds)	20	71%	Would require stopping all elective day surgery + and 2ww diagnostics for cancer	4
Derm/Pre-op space	Impact on clinics for both areas	Was originally ward space (may have old facilities that can be used). Impact on cancer patient waits including procedures	did have 18 beds	18	42%	Clinic rooms - not suitable as ward areas	4
SDEC	Large bedded area with ward requirements	Impact on avoidable admissions and would increase footfall through ED - affect on trust performance and contribute further to overcrowding. 'Old' SDEC location does not need the needs of the patients. Would requires multiple moves - Minors to #clinic, # clinic to Tigers den etc. No space to develop for reduction of ambulance off loading (#clinic) SDEC supports daily Surgical Hot clinic and also ECHO service (25 patietns per week), dedicated USS space and slots would also be lost. ENT and Maz Fax hot clinic work would be postponed, reducing freeing up of other clinical area use and time saving for specialities. Frailty SDEC bay would also be lost.	28 beds	28	57%	Would have impact of proportion of 70 patients a day assessed and admitted. Impact is a crowded ED and more admissions	5

NGH Extreme Surge

NB: Extreme Surge – beds that could be created in a critical incident when ALL other options have been exhausted. Each potential scheme is undergoing further viability assessment.

NHS University Hospitals of Northamptonshire NHS Group

Area/Space	Pros	Cons	Bed opportunity (Approx)	Number	Probability %	Impact	Viability
MTAU (Main Theatres admission Unit)	Central location	No piped oxygen	2 beds	2	0%		2
Integrated Surgery	Large space	Huge impact on clinics	Min of 20	20	0%		4
Urology Centre				5			4
Minor injuries				4			5
Gynae Endoscopy		Impact on cancer diagnostics	2 beds	2	0%		4
Singlehurst ward	Large waiting area	No piped oxygen. Isolated	3/4 beds	3	0%		2
Emergency Assessment Bay (EAB) Oncology & Haematology			4 beds (TBC) would impact on service delivery	4	0%		4
						Total Green	0
						Total Amber	1
						Total Red	142

KGH Extreme Surge

NB: Extreme Surge – beds that could be created in a critical incident when ALL other options have been exhausted. Each potential scheme is undergoing further viability assessment.

NHS University Hospitals of Northamptonshire NHS Group

Area/Space	Pros	Cons	Bed opp (Approx)	Number	High probability %	Impact	Viability	Consequences
DDU ward	staffed	Clinical buy in		6	100%	Increase bays from 4 to 6 patients	G	1
Day surgery	Staffed daytime M-F	Cease all DC elective provision		12	50%	Cease all DC	A	4
Endoscopy	Staffed daytime M-F	Cease all endo/bowel screening; no facilities		8	50%	Cease all endoscopy	A	4
Theatre recovery	Staffed till 20.00 M-F	In theatre recovery Only P1 provision		6	50%	Theatre flow, as will recover patients in theatre	A	4
Fotheringhay	Staffed daytime M-F	Cancer chemo provision; no facilities	20	20	25%	Need to re-provide chemo provision	R	4
ENT O/P	Was ward	Will need enabling works No facilities	12	12	25%	ENT o/p provision	R	4
Medical SDEC	Staffed 08.00-23.59	Key service for UC patient flow	12 trollies	12	75%	60 patients day; admission avoidance	R	5
Gynae SDEC	Maple staff cover?	Key service for UC patient flow		3	75%	10 patients day; admissio n avoidance	R	5
			Total	79		Total Green	6	
						Total Amber	26	
						Total Red	47	

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

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Northampton General Hospital Trust Board
Date	27th January 2022
Agenda item	7

Title	COVID-19 Vaccination: Mandatory Vaccination for NHS Workers
Presenter	Mark Smith, Chief People Officer
Author	Catherine Wills, Deputy Director of People

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

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

Reason for consideration	Previous consideration
Instruction of new legislation	Hospital Management Team (HMT)

Executive Summary

On 6 January 2022 new legislation, approved by Parliament, amended the Health and Social Care Act 2008, Regulations 2014.

The new regulations extend the scope of mandatory vaccination requirements for staff beyond registered care homes to health and wider social care settings in England.

These regulations require NHS Trusts to only deploy a person in the provision of a CQC-regulated activity, in which they have direct face to face contact with patients

and service users (even if incidental) if the person provides evidence that they have been fully vaccinated.

The CQC will use their existing assessment approach and enforcement policy to ensure compliance with the regulations.

This change to legislation applies to front line clinical roles as well as supportive ancillary roles, such as porters, cleaners and administrative staff. The only exceptions are individuals who are pregnant, under the age of 18 or can evidence they are medically exempt.

The key timeline to observe is the date by which any staff member not vaccinated, must receive their first dose, in order to receive their second dose in time for the regulations coming into force on the 1st April.

Key implementation dates

Across the group various activities have taken place at pace to implement the legislation.

We have;

- Identified all members of staff for whom the vaccination status is unknown,
- Written to them asking them to confirm their status with us at the earliest opportunity,
- Provided information about the change in legislation through our staff briefings and newsletters,
- Provided manager briefings to prepare our line managers for the conversations they will need to start having with individuals over the coming weeks,
- Provided Q&A sessions on the 20th January with experts within the fields where most individuals are experiencing hesitancy to address questions and concerns,
- Clarified who will and won't be in scope, and as a system undertaken consideration of scenarios to gain consistency across Trusts and to ensure we comply with the legislation,
- Created a group wide Task and Finish group, membership comprises of HR leads, organisational development, comms and staff side.

The following actions are where we will next focus our efforts;

- Continue to offer supportive briefings and Q&A opportunities for staff,
- Provide managers with a definitive list of people within their teams so more focused 1:1 conversations can take place,
- HR will provide support to those managers clarifying 'in scope', redeployment options and role adjustments in line with the guidance published by NHSE/I to date,
- HR will define the process of next steps and key dates for formal meetings including the consequences of not meeting the requirement on time, which may lead to dismissal,
- Continue to work alongside staff side colleagues to ensure the implementation of the new arrangements is undertaken in partnership.

Appendices

Coronavirus » Vaccination as a condition of deployment (VCOD) for healthcare workers: Phase 2 – VCOD implementation (england.nhs.uk)

Phase Two National Guidance

Risk and assurance

The risk associated with this legislative change will appear on the BAF – risk will be managed through the corporate risk register.

Financial Impact

Unknown

Legal implications/regulatory requirements

Implementation of the new regulations will be monitored and addressed via the CQC's usual regulatory powers.

Equality Impact Assessment

Organisational EIA is currently being undertaken, please refer to the national EIA:

Making vaccination a condition of deployment in health and wider social care settings: equality impact assessment (publishing.service.gov.uk)

Classification: Official

Publication approval reference: C1545

Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers

Version 1, 14 January 2022

Phase 2: VCOD Implementation

Guidance for employers in healthcare in England

Contents

Introduction

On 6 January 2022, the Government made new legislation[1], approved by Parliament, which amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations"). This extends the scope of mandatory vaccination requirements for staff beyond registered care homes to health and wider social care settings in England.

The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine. This is subject to specific exemptions and conditions.

The vaccination as a condition of deployment (VCOD) requirements include front-line workers, as well as non-clinical workers not directly involved in patient care but who may have face to face contact with patients, including ancillary staff such as porters, cleaners or receptionists.

The VCOD regulations allow a grace period for compliance and the requirement will come into force on **1 April 2022.**

For the purposes of this guidance the VCOD regulations will be referred to as 'the regulations'.

Registered Person

The registered person within this guidance refers to the person (individual, partnership, or organisation) registered with the CQC as being responsible for the delivery and quality of a service providing CQC regulated activity in England.

The purpose of this guidance

This guidance is supplementary to phase one guidance which focused on planning and preparing for the regulations to be approved.

NHS England and Improvement (NHSEI) has engaged with the Social Partnership Forum (SPF), NHS Employers, the Department of Health and Social Care (DHSC) and Care Quality

[1] The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022 (legislation.gov.uk)

Commission (CQC), to develop this guidance to support service providers with implementing and complying with the VCOD Regulations and conducting formal processes for staff who will be unvaccinated on 1 April 2022.

Who this guidance is aimed at?

This guidance is aimed at NHS Trusts and Foundation Trusts, Integrated Care Systems (ICS), Community Interest Companies (CICs), and all organisations registered with CQC for the purposes of providing health care. The guidance and principles set out can also generally be applied to other organisations providing NHS-commissioned services, such as primary care services and to the independent sector.

The approaches to formal processes detailed in this guidance may vary from organisation to organisation, depending on the facts and circumstances in each case, and as such, it is recommended that organisations seek their own legal advice on such matters.

Key messages in phase one guidance:

- The responsibility of the registered person is to only employ or otherwise engage a person for the provision of a CQC regulated activity who has face to face contact with patients or service users, if it is evidenced that they have been vaccinated with a complete course of an authorised vaccine against COVID-19, or that the individual satisfies one of the regulations' specific exemptions and conditions.

- The regulations will protect vulnerable people and individual workers in health and social care settings, and they apply in all such settings including hospitals, GP practices, dentist surgeries, within community services and where care is delivered in a person's home.

- The regulations will apply where a regulated activity is delivered through substantive, seconded or fixed-term staff, bank and agency workers, contractors, volunteers, locums, honorary contract-holders, students or trainees, or any other type of worker involved in the provision of a CQC regulated activity and who has direct, face to face contact with patients or service-users.

- The requirement will not apply to those who:
  - Are under the age of 18
  - Are medically exempt
  - Have participated in a clinical trial for a COVID-19 vaccine

- Are pregnant and have a temporary exemption which will be valid until they are 16 weeks post birth
- Are not in scope of the VCOD regulations. Should help be required with determining if a worker is in/out of scope of the regulations, please refer to the *Workers required to be vaccinated as a condition of deployment* flowchart in guidance phase one, appendix 1

- Employers are advised to proactively plan their approach to compliance with the regulations in partnership with staff-side representatives, commencing with the identification and assessment of roles in scope of the regulations and a review of staff vaccination data.

- Employers will need to have processes in place to document in scope workers' vaccination and exemption status and ensure on-going monitoring.

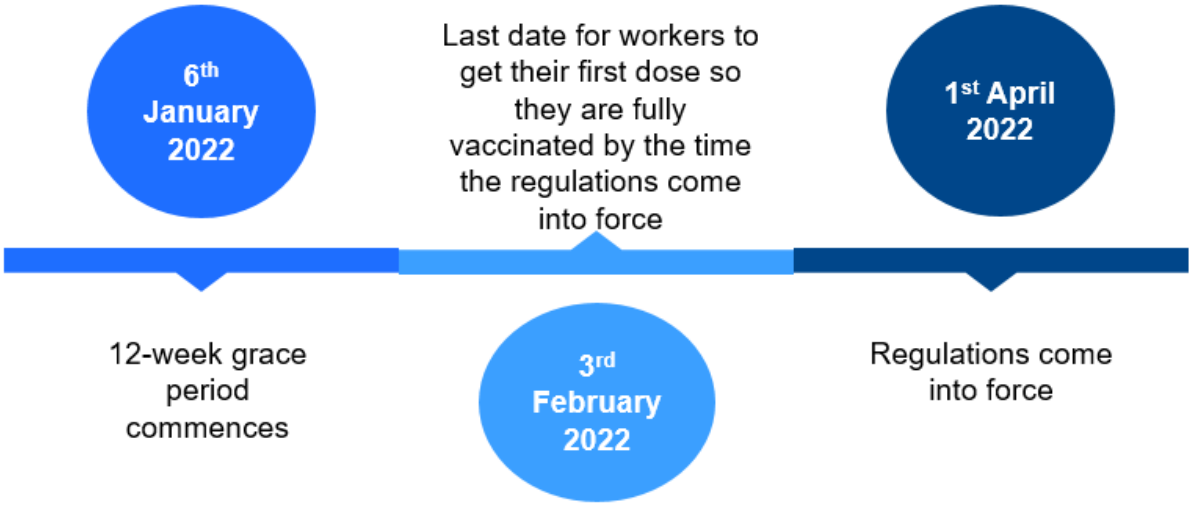
- Employers will need to take action with providers/sub-contractors/agencies regarding third-party workers, to review commercial contracts. The registered person will need to ensure that clear governance and systems are in place to confirm in scope roles and that the registered person is provided with evidence that no third-party workers are provided in breach of the regulations.

- Organisations should actively support vaccination uptake via communication and engagement with staff. Disseminating vaccine information, conducting supportive one-to-one conversations, and engaging with clinical and community experts will help to convert vaccine hesitancy to vaccine uptake.

- Working in partnership arrangements within Integrated Care Systems (ICSs) can help to share resources, support, and widen opportunities for redeployment of unvaccinated staff who are not exempt from the regulations e.g., ICSs can support primary care providers in identifying any opportunities for redeployment within the wider health care service.

- Workforce planning should include the consideration of reconfiguration of roles and services, where it is reasonable to do so, to mitigate against the potential impact of the regulations with regards to staffing levels.

Key implementation dates



- **6th January 2022** – this is when the 12-week grace period between the regulations being made and coming into force, commences. This period is intended to give providers and workers time to prepare and meet the new regulatory requirements. Communication and engagement with staff, supportive in nature, should have commenced with workers before this date, to respond to vaccine hesitancy and drive vaccination uptake.

- **3rd February 2022** - the last date for workers in scope of the regulations to get their first dose of an authorised vaccine (unless exempt) so they can be fully vaccinated with a complete course of doses of an authorised vaccine (as listed in guidance on the approved COVID-19 vaccines and countries and territories with approved proof of vaccination) by 1 April 2022. Under current vaccination guidance, eight weeks are required between the first and second vaccine dose.

- **1st April 2022** regulations come into force.

CQC monitoring and inspection approach

The Phase One guidance detailed CQC's expectations of the registered persons (registered managers, registered providers) in regard to compliance with the regulations. In summary, the registered person will need to be able to demonstrate and provide assurances that they have systems, processes and robust governance in place to monitor vaccination and COVID-19 status (including exemption status) of the people they employ or otherwise engage for the purposes of the provision of the regulated activity. Any evidence collected and recorded (personal data), must be handled in accordance with UK GDPR.

The registered person should also be able to evidence that workers are provided with appropriate information about the vaccines and the regulations in addition to staff being supported to access the vaccine.

CQC has published a statement on their website outlining their approach to VCOD.

Monitoring

The regulations will form part of the fundamental CQC standards for health and wider social care and as such the following question is added to the Provider Information Return (PIR) and built it into their monitoring approach *'How are you assured that those you employ and deploy within your service are vaccinated in line with government requirements?*[2]

Enforcement

When the new requirements under the regulations come into force 1 April 2022, CQC will use their existing assessment approach and enforcement policy to assess compliance within the services they regulate. Any enforcement activity which is generated as a result of non-compliance with the regulations will be undertaken on a proportionate basis and based on the CQC's assessment of the impact on quality of care and people's welfare and safety. They will also consider individual circumstances when assessments are carried out and when a decision is to be made to take further action for potential breaches of the regulations.

It is recommended that employers conduct a provider assessment on roles deemed out of scope, but which carry some uncertainty. The rationale for the decision of the role being deemed out of scope, the context and mitigations put in place if applicable, must be recorded. Further information on CQC's enforcement policy is available.

[2] Statement on COVID-19 vaccination of people working/deployed in care homes: the role of the Care Quality Commission | Care Quality Commission (cqc.org.uk)

Data access and use

NHS providers will be legally required to be able to demonstrate the COVID-19 vaccination status of their staff, and therefore will need to collect, store, and use information about this. The Government's guidance states that NHS organisations are required to review and retain proof of staff and volunteer members' COVID-19 vaccine status. Managers of NHS providers therefore need to know whether or not individuals have been vaccinated, both to plan for their workforce and service delivery in the context of the new legal obligation, and to be able to demonstrate compliance with it on an ongoing basis.

Establishing vaccination status

There are a number of ways in which vaccination status can be obtained:

- Staff can be asked directly about their vaccination status.
- Organisations that have undertaken their own vaccination delivery programme can look up which staff have received vaccinations.
- Central databases that record vaccination data from the national vaccination programme can be used and integrated with staff records.

In order to reduce burdens on organisations and staff, a small number of designated members of staff in organisations (e.g. designated individuals in HR & OD teams) can be given access data about staff which has been recorded on the NHS England National Immunisation System (NIMS) database and linked to the NHS Electronic Staff Record (ESR) number. To be clear, the only clinical information that will be made available to NHS organisations from the national immunisation database is an individual's COVID-19 vaccination status. By getting this information from NHS England's immunisation database individuals will not need to provide evidence of their vaccination status, making it easier for both them and their managers.

The legal basis for obtaining and using vaccination status information

Data protection law provides that it is lawful to 'process' (use) 'special category data' (i.e. health data, including information about vaccination status) where:

- it is necessary for employment purposes.
- in is in the 'substantial public interest', including to comply with legal obligations.
- it is necessary for the management of healthcare services; and/or
- it is necessary for public health purposes.

The Control of Patient Information (COPI) notices[3] issued by the Secretary of State for Health and Social Care under the Health Service (Control of Patient Information) Regulations 2002, provides a legal basis for NHS England to disclose this information to health and care organisations, and NHS organisations are required under the COPI notice to process what would otherwise be confidential patient information for 'COVID-19 purposes'. This includes:

- *"monitoring and managing the response to COVID-19 by health and social care bodies and the government including providing […] information about capacity, medicines, equipment, supplies, services and the workforce within the health services and adult social care services*
- *delivering services to patients, clinicians, the health services and adult social care services workforce and the public about and in connection with COVID-19, including the provision of information, fit notes and the provision of healthcare and adult social care services."*

Further information is available on the legal framework which supports access to the vaccination data: COPI notice - frequently asked questions.

The COPI Notice therefore provides a legal basis for NHS organisations to use what would otherwise be confidential patient information to support the pandemic response. Organisations need to know the vaccination status of individual members of staff who have direct face to face contact with patients and service users in order to protect patients and the workforce. A record should be kept of all data processed under the COPI notice.

Information governance

Organisations should also:

- Complete a data protection impact assessment describing how they plan to use staff vaccination status information, including privacy risks that might arise from this.
- Have an 'appropriate policy document' in place describing how the processing of staff information complies with data protection law.
- Limit who has access to information about staff vaccination status, to only those that 'need to know' as part of their role, and ensure that those that have access to this information are aware of its confidential and sensitive nature and handle it appropriately;

[3] https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002-general--2 . Equivalent notices have been given to NHS England and Improvement and NHS Digital.

- Make information available to staff describing how vaccination information is used ('fair processing' information).

Communication and engagement

Collective Consultation

Employers have responsibilities under section 188 of the Trade Union and Labour Relations (Consolidation) Act 1992 (TULRCA) to collectively consult with staff being made redundant. NHSEI and the Department for Health and Social Care have considered the issue and do not believe that any dismissals arising because a worker is unvaccinated should engage section 188 requiring collective consultation. However, this is ultimately a decision for each organisation to take independently and based on its individual circumstances.

It is important to note this is not a redundancy exercise. In the context of the regulations, there is no diminishment or cessation of work of a particular kind. Employers will not be concerned with finding "suitable alternative employment" and there will be no redundancy entitlements, including payments, whether statutory or contractual, triggered by this process. The redeployment or dismissal of workers is determined by the introduction of the regulations and an individual's decision to remain unvaccinated.

Whilst organisations are encouraged to explore redeployment, the general principles which apply in a redundancy exercise are not applicable here, and it is important that managers are aware of this.

In any event, organisations will wish to work in close collaboration with their local staff side representatives as far as possible to develop agreed approaches to issues such as redeployment, potential dismissal of staff and related processes due to VCOD.

It is also recommended that engagement with health and safety representatives should take place with regard to the potential impact the regulations will have on workforce health and safety e.g. the implementation of the regulations, changes to risk assessments and changes to working arrangements.

Communication with the workforce

Organisations, should have already engaged with their workforce about the regulations, primarily:

- the vaccination requirement.
- the need for people over 18 providing work or services to evidence vaccination or medical exemption.
- how the organisation is supporting workers to be vaccinated.
- addressing vaccine hesitancy and concerns.
- the potential consequences of not meeting the requirement on time.

Organisations are reminded to communicate with staff who are under the age of 18 on 1 April 2022 but will turn 18 later. This is because the requirement to be vaccinated or medically exempt will immediately apply when a staff member reaches the age of 18.

Formal processes

Formal processes outlined in this section apply only to those employed under a contract of employment with an employer (and not to other workers who are in scope of the regulations e.g. contactors, agency workers and volunteers), who are not fully vaccinated (excluding individuals who are exempt from the regulations as per pages 11 – 12, in phase one guidance).

Where an exemption applies, individuals may remain working in their current patient/service user-facing role if it is safe to do so and it is recommended that their risk assessments are reviewed to consider whether additional measures are required to mitigate against potential risks and provide additional support if necessary.

Staff should be provided with a reasonable opportunity to be vaccinated or obtain evidence they are exempt before any formal action is taken. In some circumstances, employers may need be flexible with regard to when formal processes commence as a reasonable adjustment.

Step one: engagement with unions

Employers should engage and work in collaboration with their trade union or staff side representatives, as to the formal measures being taken in respect of redeployment processes and potential dismissals of staff due to VCOD.

Step two: formal review process

It is recommended that within the grace period (from the 6 January 2022) a formal review process with staff who decline to disclose their vaccine status, for whom vaccination status cannot be ascertained, or who are unwilling to participate in the COVID-19 vaccination programme (and are not medically exempt) should take place, in which the consequences of remaining unvaccinated are clearly explained. This formal review process can be undertaken by way of meetings (whether in person or virtually), by written correspondence or a combination of these methods of communication, as appropriate in the particular case. The formal review process should include clarification of the dates by which the requirements must be complied with, and what steps will be taken for those who remain unvaccinated by those dates.

Alternative options potentially available to the individual, such as any possible adjustments to their current role, restrictions to duties or redeployment opportunities available, should also be explored with the individual, noted in writing and timescales confirmed. The individual

should be asked to make suggestions on potential adjustments to their current role and due consideration given to any such suggestions.

During this formal review process, line managers will need to advise staff that if the above options cannot be facilitated, a possible outcome is that the individual may be dismissed from their employment with their last day of employment being 31 March 2022 (or after depending on contractual notice period) if they remain unvaccinated or have not disclosed their vaccination status.

Staff may be given the opportunity to be accompanied to any meeting which takes place during the formal review process by a trade union representative or work-based colleague.

Where staff are away from work, for example on maternity leave, sabbatical, or long-term sick leave, employers should make appropriate arrangements in good time to avoid lack of knowledge of the requirement and potential outcomes of non-compliance being a barrier to returning to work on time.

Step three: formal meeting

From 4 February 2022, staff who remain unvaccinated (excluding those who are exempt) should be invited to a formal meeting chaired by an appropriate manager, in which they are notified that a potential outcome of the meeting may be dismissal. Meetings may take place in person or virtually.

Any dismissal will be on the grounds of contravention of a statutory restriction i.e. the regulations. Please refer to section 3 *Termination of employment*, for further information regarding dismissal processes due to the regulations.

It should be noted that employers can issue staff with contractual notice of dismissal whilst they explore redeployment options, and thus **notice periods and the search for alternative roles can run concurrently**. Every effort should be made to redeploy staff within their notice period up to and including their last date of service.

Formal processes leading to the termination of employment, including issuing notice of dismissal, should not commence before the 6th January 2022 and notice should not expire before 31 March 2022.

Equality Act 2010

In the consideration and exercise of formal processes for the purposes of the regulations, employers have a duty to ensure that they have due regard to the Equality Act 2010. Employers will need to ensure (not an exhaustive list):

- Formal processes avoid unlawful discrimination; for instance, for staff with a disability it may be necessary to make reasonable adjustments to any formal process followed.

- Formal processes should advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- That due regard is given to the impact of decisions on those people with one or more protected characteristics, which are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, marriage and civil partnerships, and sexual orientation.

- Redeployment processes which may include multiple cases of potential redeployment for a variety of reasons concurrently, are conducted in an equitable fashion.

- Where multiple cases of redeployment are being considered including for reasons other than unvaccinated status, organisations should take into account the enhanced statutory rights of disabled people and pregnant women.

Please refer to DHSC's Making vaccination a condition of deployment in health and wider social care settings - Equality Impact Assessment for further guidance with regard to the regulations equality analysis, in respect of people with protected characteristics.

Reconfiguration of roles

Employers will need to consider whether it is reasonable, practicable or appropriate to reallocate patient/service user facing duties amongst existing teams to enable an individual to continue working in their current role whilst remaining unvaccinated. An evaluation of the impact of amending an individual's duties will need to include consideration of the potential impact on resources, other staff within the service, the wider organisation and service provisions. **Patient pathways, care and experience must not be compromised**.

Employers should also be mindful to act consistently in conducting these evaluations to ensure fairness in approach and equality of opportunity.

Risk assessments will need to be reviewed and updated in line with changes to individual circumstances, to ensure the mitigation of workplace risk, identification of reasonable steps to be taken for health and safety purposes, so far as is reasonably practicable, and to establish if the individual requires additional support.

The reconfiguration of an individual's role should be effective from 1 April 2022 in accordance with the date the regulations come into force.

Redeployment for the purposes of VCOD

The approach to the redeployment of staff for the purposes of VCOD should be guided by the principles outlined in this section, which the Social Partnership Forum (SPF) has contributed to. This will ensure a fair, transparent, and efficient process with regard to the exploration of possible alternative employment.

It is unlikely that most organisations' local policies and procedures will apply to redeployment due to unvaccinated status. Whilst there may be similarities in approach to existing redeployment policies and procedures, employers will need to be cautious about extending said policies (e.g. the application of redeployment as a result of organisational change) to those under the scope of VCOD redeployment and thus setting a precedent.

The principles set out below provide a framework for organisations to follow as a standalone process.

Organisations should proactively identify roles not in scope of the regulations and if possible and if it doesn't compromise patient care and services, pause external recruitment processes to allow for internal redeployment. The earlier the exploration of redeployment options can take place, the better informed the individual can be as to whether the process is likely to deliver a beneficial outcome and in turn has any bearing on their decision whether to be vaccinated.

It is acknowledged that for many providers, redeployment of staff for the purposes of VCOD may not be feasible or practical.

Temporary redeployment

As noted in phase one guidance, scientific advice is that pregnant women can be vaccinated against COVID-19[4]. However, a short-term medical exemption from the COVID-19 vaccination is an option that pregnant woman may choose to take (pregnant woman can apply for an exemption or use a MATB1 certificate as an alternative). The exemption expires 16 weeks after giving birth. This will allow them to become fully vaccinated after birth. Whilst the short term exemption means that pregnant women can continue to be deployed in their role, temporary redeployment may be considered and mutually agreed upon following the

[4] https://www.gov.uk/government/publications/safety-of-covid-19-vaccines-when-given-in-pregnancy/the-safety-of-covid-19-vaccines-when-given-in-pregnancy

outcome of applicable risk assessments (COVID-19 risk assessment, pregnancy and expectant mothers risk assessment) or on the advice of occupational health.

Permanent Redeployment

Responsibility of the employer

- To ensure all recruitment and selection processes are carried out in accordance with local policies and procedures, best practice, and employment legislation.
- To work in partnership with other organisations within Integrated Care Systems (ICS) to explore the potential for wider redeployment opportunities across all service providers.
- Whilst this is not a redundancy scenario and therefore an organisation's local policies on suitable alternative employment and "slotting-in" will not apply to redeployment due to unvaccinated status, organisations may consider suitable slotting in opportunities where appropriate.
- Employers should provide individuals with easy access to job vacancies. This can include sharing vacancies lists.
- Whilst there is no guarantee that staff will obtain redeployment opportunities, employers must be committed to providing support and redeployment assistance to staff.
- To ensure staff who require VCOD redeployment are not provided with preferential treatment over other staff in organisational redeployment 'pools' and who might have a legal entitlement to redeployment.

Responsibility of manager

- Ensure there will be no unreasonable delays in commencing redeployment processes as an alternative to dismissal, for unvaccinated staff.
- Make reasonable efforts to support staff through the redeployment process inclusive of the continuation of one-to-one conversations, signposting staff to information, occupational health and/or specialist expert advice to address vaccine hesitancy.

- Proactively identify potential redeployment opportunities.

- Wherever practicable and reasonable, support staff who are successful in obtaining alternative employment through their transition period to the new role via access to training and development or other forms of support.

- To keep communication open and transparent throughout with staff and their representatives, where applicable.

Responsibility of employee

- Proactively engage in supportive conversations and consider the advice and information from specialist experts regarding vaccinations.

- Communicate changes in their vaccination status to their line manager without delay.

- To proactively search for and identify redeployment opportunities as an alternative to dismissal, keeping their line manager up to date on their progress.

- Engage with and participate in redeployment processes.

- Create either a CV or a recruitment profile, detailing skills, knowledge and competency and the types of role for which they wish to be considered.

- To recognise that redeployment opportunities may change current working arrangements inclusive of hours, pay and place of work, and impact upon professional registration if applicable.

- Should an individual decide not to apply for, or take up an offer of, a role identified as a permanent redeployment option, they will notify their line manager without delay, setting out their reasons for their decision.

Recruitment and selection

- Whilst organisations should look for redeployment opportunities, it must be noted that unvaccinated staff should not be given priority to vacancies over staff who are legally entitled to additional protection due to maternity leave or disability, or to 'slotting in' under a contractual organisational change policy;

- Staff will need to create either a CV or a recruitment profile, detailing their skills, knowledge and competency and the types of roles for which they wish to be considered.

- There should be clear agreed processes as to how staff will access vacancies i.e. via a regular circulated list of existing vacancies, for which they are free to apply, or by providing access to vacancies via organisational recruitment systems.

- Suitable vacancies i.e. those that do not fall within scope of the regulations, will not be opened to staff within the wider internal workforce who do not require redeployment due to VCOD (excluding staff who require redeployment due to organisational change, ill health, pregnancy/maternity or any other legal entitlement) or to applications externally, until it is established that no unvaccinated staff member is appointable;

- Redeployment opportunities will be achieved by staff applying for a role(s) unless an organisation considers that the use of “slotting-in” is appropriate in circumstances.

- The application of equality principles will be included in all recruitment and selection processes in accordance with the principles that underpin improving recruitment and career progression for all staff.

- Decisions in relation to alternative employment opportunities should be made objectively and without prejudice. A decision not to appoint must be justifiable and based on evidence which will withstand objective scrutiny and may include that the individual is not the best candidate for the role and/or that the individual does not meet the identified essential criteria required for the role and would be unlikely to be able to do so following reasonable training and support. The validity of recruitment decisions can be tested as part of any future dismissal process including consultation with the individual up to the effective date of termination and any appeal which follows.

Outcome

- A record of the reasons for the decisions made following a recruitment process should be kept, detailing clear justification as to why the individual has been successful/unsuccessful at obtaining the role.

- Individuals should be provided with the opportunity for feedback if they are unsuccessful at obtaining an alternative role to help with future interviews and assessments.

- Should an individual decline an offer of permanent employment following a recruitment process, they must notify their line manager, setting out their reasons for their decision. They will continue to be considered for redeployment up to and including their last date of service.

All changes to an individual's role/duties should be documented and expressly agreed with the individual. The impact of changes to working arrangements, banding, contractual hours, enhancements etc., on a staff member pay should be explained and followed up in writing.

The commencement date of all redeployments to new roles is 1 April 2022 in accordance with the date the regulations come into force. This date can be brought forward if mutually agreed with the employee.

Pay Protection

- Where redeployment is undertaken for the purpose of the VCOD framework, individuals in scope of the regulations are not eligible for pay protection of their basic salary or additional earnings (e.g. on-call payments, unsociable hours enhancements, high cost area supplement) should they obtain employment at a lower band/grade to the one currently held, with different working arrangement;

- Staff who are temporarily redeployed at the discretion of the organisation due to not being fully vaccinated for good reason until shortly after 1 April 2022 or due to being pregnant may be eligible for pay protection (inclusive of enhancements) in accordance with local pay protection arrangements.

Redeployment support for staff

- It is recommended that individuals be provided with the opportunity to informally discuss identified alternative roles with relevant parties (e.g. their line manager or the recruiting manager).

- The following measures will be considered by an organisation:
    - access to support services such as interview skills workshops.

- signposting to staff psychological, health and wellbeing services.
- reasonable paid time off to attend interviews.

Termination of employment for the purposes of VCOD

Employers will need to consider the termination of employment of staff whose roles are in scope of the regulations and who refuse to be vaccinated in-line with the mandated timescales (excluding staff who are exempt) or decline to disclose their vaccination status. Any such termination should be undertaken lawfully, which requires that there be a proper reason for the dismissal and that a fair and reasonable procedure is followed.

Employers should consider an individual's reasons for declining to be vaccinated and examine options short of dismissal, where appropriate. However, if it's not feasible to implement alternative solutions, staff will be taken through a formal process to dismissal.

As previously detailed, the fair reason for dismissal will be on the grounds of a contravention of statutory restriction or in the alternative, "some other substantial reason" (SOSR). SOSR could apply where, for example, an individual refuses to confirm their vaccination status and it cannot be established from existing records. It is unlikely that employers will have any existing policy in place for the management of dismissals on this basis and accordingly, employers will wish to be clear about the process they will apply in order to ensure fairness and consistency across the organisation.

Organisations should follow a fair and reasonable dismissal process to provide protection against unfair dismissal claims and such a process should include the following steps:

- Inviting the individual to an initial meeting to discuss the regulations and their vaccination status which could be either in person or virtual.
- One-to-one supportive conversations, discussing concerns, providing vaccination information materials and access to specialist experts.
- Consideration of the extent to which the regulations affect the individual's ability to carry out their job i.e. it is a legal requirement of the individual's role.
- Consideration of any possible adjustment to the individual's role.
- Consideration of alternative roles.

- Invitation to a meeting (either is person or virtually) warning the individual that the outcome may be dismissal if they do not evidence, they are vaccinated or exempt within specified timescales.

- A meeting (either in person or virtually) at which the individual can be accompanied by a trade union representative or work-based colleague. The Chair of the meeting should assess whether adequate consideration of alternatives, such as adjustment or redeployment, has been given and whether, in light of those matters, employment should be terminated.

- Dismissal on notice (in accordance with contractual arrangements) to terminate not before 31 March 2022.

- Providing the individual with a right of appeal against dismissal.

It is recognised that some employers may have significant numbers of unvaccinated staff who cannot be redeployed, and accordingly, processes may need to be adjusted to enable them to take place within the required timescales. In all cases, processes should ensure that individuals' representations can properly be taken into account and that overall, they are fair and reasonable in the circumstances.

In all cases, robust documentation of actions taken to date inclusive of a summary of discussions held, formal letters to the individual and redeployment efforts, should be maintained to support the assessment of the reasonableness of the employer's decision to dismiss. The validity of recruitment decisions can be tested as part of any future dismissal process.

Notice of Dismissal

Notice of dismissal should not be issued before 4 February 2022 and should not expire before 31 March 2022. Staff should not be pre-emptively issued with notice of dismissal at any point prior to the date by which they are required to have received their first vaccination, given that they may still wish to change their mind and seek to be vaccinated.

Where individuals are serving a notice period which extends beyond 1 April 2022, they will need to be redeployed or removed from patient-facing roles whilst they await termination of employment. If redeployment is not available individuals should be placed on leave from 1 April 2022 until termination takes effect.

Payment in lieu of notice (PILON) can only be applied in accordance with contractual arrangements or written particulars of employment.

Service contingency plans

During the grace period, as part of the implementation of the requirements, organisations should identify the potential for workforce capacity pressures, (alongside existing pressures e.g. due to staff absences), and the potential impact on service provision, and plan mitigating actions to ensure effective arrangements are in place to continue to deliver appropriate care to patients and service users.

Business as usual escalation routes apply for service disruption. Commissioners and systems should be informed of likely or actual service disruptions, which they can escalate to NHS England and NHS Improvement regional teams as needed.

Organisations must notify CQC (via email or using the on-line form) if they identify that they are unable to continue delivering activity safely[5]. Notification should take place if the registered provider has concerns that any event will prevent, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity.

Employers should continuously assess the impact of the regulations on recruitment and retention activity, patient care, staff health and wellbeing and their public sector equality duty.

Organisational support for staff

It is recognised that formal processes may be difficult and challenging for staff especially with regards to mental health, and as such, employers should provide staff with access to local staff support services such as occupational health, employee advisory services, psychological services, chaplaincy, and spiritual care.

NHS England provides a range of support resources available to staff which can be found here.

[5] Events that stop a service running safely and properly – notification form | Care Quality Commission (cqc.org.uk)

Resources

The Advisory, Conciliation and Arbitration Service (ACAS) has produced a range of guidance. This should be useful for employers when considering good employment practice as part of implementing vaccination as a condition of deployment.

- Getting the coronavirus vaccine for work
- Advice on dismissals
- Disciplinary and grievance procedures
- Dealing with a problem raised by an employee
- Tailored support for your workplace
- Informing and consulting employees
- Notice periods
- Pay during the notice period
- Discrimination, bullying, and harassment
- Reasonable adjustments
- Hiring someone

Dedicated to excellence

Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Public Trust Board
Date	24 January 2022
Agenda item	8

Title	Board Assurance Framework Quarter 3
Presenter	Richard Apps, Director of Governance
Author	Executive BAF risk owners, Richard Apps, Director of Governance

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

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

Reason for consideration	Previous consideration
• Note and agree the changes made to the review of the BAF • Consider if the Board is gaining sufficient assurance that controls and actions in place are mitigating risks described	Previous BAF iterations presented quarterly to Trust Board and Board Committees.

Executive Summary
The purpose of the Trust Board Assurance Framework (BAF) is to provide the Board of Directors with a simple but comprehensive method for the oversight of the effectiveness of the controls on the principal risks to meeting the Trust's strategic objectives/priorities. The BAF maps out both the key controls in place to manage the principal risks and also how sufficient assurance has been gained about the effectiveness of these controls. It also

provides a structure for various audit programmes and evidence to support the Annual Governance Statement.

All Board committees and the Board review the BAF quarterly. Each risk has been assigned to one or more Board committees. The Board has agreed to maintain this reporting process and frequency.

This report describes the updated Q3 position 2020/21 in relation to the Principal risks associated to delivery of Group objectives described on the BAF and the strategic risks specific to NGH.

The Trust Board is only properly able to fulfil responsibilities through an understanding of the principal risks facing the organisation. The Board therefore needs to determine the level of assurance that should be available to them with regard to those risks. Risks have been assigned to specific Board committees for discussion and challenge prior to presentation at Trust Board. All linked corporate risks have been reviewed and updated as required. Executive Director Leads have reviewed and updated all sections of the BAF with a particular emphasis on any gaps in control, gaps in assurance, and the assurance position.

All changes made are identified in red ink for ease of identification.

Appendices

Appendix 1- Summary of changes in Q3
Appendix 2- Group BAF Risks
Appendix 3- NGH BAF Risks

Risk and assurance

The Board assurance framework describes key risks to the Trust's corporate objectives and informs the organisational Annual Governance Statement

Financial Impact

Some actions required may have financial implications

Legal implications/regulatory requirements

Several risks could have impacts on legal or regulatory requirements

Equality Impact Assessment

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

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

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

Board Assurance Framework

1. Summary of changes to the BAF in Q3 2021/22

1.1 Group Strategic Risks:

The following changes have been made since the previous report:

a. GS103: 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. Reports to Quality Committee

- Current controls: No change
- Assurance of Control: Updated with additional assurances added
- Gaps in control: No change
- Gaps in assurance: No change
- Actions updated: One action deadline extended and aligned with the other
- Risk Score: 12- No change

b. GS104: Failure to deliver the NHCP Integrated Care System Partnership may result in an impact on the quality of service provided across the group. Reports to Quality and Finance Committee

- Current controls: Updated with additional controls added.
- Assurance of Control: Updated with additional assurances added
- Gaps in control: Updated with additional control gap added
- Gaps in assurance: No change
- Actions updated: One action deadline extended, one action updated, one new action added
- Risk Score: 16- No change

c. GS106: 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. Reports to Quality Governance Committee

- Current controls: No change
- Assurance of Control: No change
- Gaps in control: No change
- Gaps in assurance: Updated with additional gaps in assurance added relating to accommodation business case progression.
- Actions updated: Two further actions completed.
- Risk Score: No change

Group Risk score:

Total Risk score for Group Risks remains 116 for 8 risks.

4.2 NGH Strategic Risks:

- NGH 109: Risk of not meeting regulators minimum standards, local and national performance standards. Reports to Quality Governance Committee
- Risk co-owner updated to Medical Director, Director of Nursing and Midwifery, and Chief Operating Officer
- Current controls: No change
- Assurance of Control: No change
- Gaps in control: No change
- Gaps in assurance: No change
- Actions updated: No change
- Risk Score: 10- No change

- 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. Reports to Finance & Performance Committee
- Risk and Action Owners updated to reflect group shared leadership arrangements
- Current controls: No change
- Assurance of Control: No change
- Gaps in control: No change
- Gaps in assurance: No change
- Actions updated: No change
- Risk Score: 10- No change

- NGH 112: Risk of failure in ICT infrastructure and/or a successful cyber security attack may lead to a loss of service with a significant patient care and reputational impact.. Reports to Group Digital Hospital Committee
- Current controls: Significant additional controls added
- Assurance of Control: Assurances added pertaining to ongoing and new controls
- Gaps in control: No change
- Gaps in assurance: No change
- Actions updated: No change
- Risk Score: 16 – reduced likelihood and overall risk scores

- 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. Reports to Finance & Performance Committee
- Current controls: Updated with additional controls added
- Assurance of Control: No change
- Gaps in control: No change
- Gaps in assurance: No change
- Actions updated: Actions reviewed and updated
- Risk Score: 16 – No Change

2. Risk Score

Total Risk score for NGH Risks has decreased from 143 to 139 for 9 risks.

Board Assurance Framework
Group Strategic Initiative Risk Report
BAF Risks in Order of Severity (January 2022)

University Hospitals of Northamptonshire NHS Group

Ref	Group Priority	Risk Title	Initial Risk Level (July 21)	Current Risk Level (Nov 2021)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Comments
GSI07	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**	
GSI01	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**	
GSI08	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**	**Reduced score from 25 to 16** **Reduced residual score from 15 to 12**
GSI04	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**	
GSI03	Patient	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	**16**	**12**	↓	**8**	**Low**	**Reduced score from 16 to 12** **Reduced residual score from 12 to 8**
GSI02	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**	
GSI05	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**	
GSI06	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**	**Increased score from 8 to 12**

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

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Operational Infrastructure	Chief People Officer	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. 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) 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 aligned to People Plan. Formal People sessions workplans aligned to pledge delivery to be agreed. Comprehensive support for group HR team required.	People Pledge metrics / dashboards reporting to group people committee and to Divisional Performance Reviews. People Committee oversight of delivery of the HR restructuring programme.

Further Planned Actions	**Action Owner**	**Due Date**
1. Restructuring of HR functions to align to and support People Plan Pledges – leadership structure 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	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	1. 31.12.21 2. 30.01.22 3. Completed 4. 30.11.21 5. Completed 6. 31.12.21 7. 28.02.22

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:** Medical Directors and Directors of Strategy	**Scrutinising Committee:** Quality and Safety Committee

Underlying Cause/Source of Risk:	**Initial score**		**Current score**		**Residual score**	
	12 (High)		12 (High)		8 (High)	
No linked Corporate risks.	**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 Clinical Reference Group, with individual Trust Clinical Leadership meetings providing a further point of reference and point for resolving tactical issues. The fortnightly Strategic Collaboration Group manages the clinical collaboration and strategy development work against plan and resolves and agreed on the strategic direction of work.	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. Links between the Group Clinical Strategy and wider ICS plan are not yet fully established.	Comms plan that; 1. fully informs clinical staff across both Trusts of the work, it's objectives and timescales. 2. engages and listens to all staff about their ambitions for the clinical strategy, and how they wish to be engaged in delivering it. 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. Identification of Comms leads to support development of targeted comms plan. 2. Develop detailed plan for subsequent phase of work that will focus on the integration of specific services.	1. Theresa LaThangue 2. Polly Grimmett	1. 01.12.21 2. 01.02.22

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Quality Operational Infrastructure	Directors of Nursing and Midwifery	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. 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 December 2021 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 launched.	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 2. Establish strategy review group	1. Fiona Barnes 2. Sheran Oke/ Fiona Barnes	1. March 2022 2. March 2022

Principal Risk No: GSI04	Failure to deliver the NHCP Integrated Care System Partnership may result in an impact on the quality of service provided across the group

Changes since last review

Date Risk Opened:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Quality Finance	Directors of Strategy	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**
The development and delivery of the Northamptonshire Integrated Care System is being led through the Health and Care Partnership Board attended by the Group Chair and CEO. The system architecture to deliver the current plans is in place with representation from the Group and Trust executives. A blueprint of the building blocks of the ICS has been agreed, workstreams leads, groups and plans are being developed. Readiness to Operate Statements for April 2022 have been assessed and returned to NHSE/I. ICS weekly transition steering group ion place to monitor progress and delivery of the ICS transition reporting to the HCP Board Group ICS working group providing updates to Boards 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. This replaces the previously stated target date of 1 April 2022. An implementation date of 1 July means that the current statutory arrangements will remain in place until then, with the first quarter of 2022/23 serving as an extended preparatory period. The national team are currently reviewing the critical path and detailed ICB establishment timeline this is due to be shared with systems.	Northamptonshire Health and Care Partnership delivery plan to achieve 'maturing ICS' status has been submitted and signed off by NHSE/I Workplans in place for ICS design blueprint workstreams-reviewed at weekly ICS Transition Steering Group and HCP Board Director of ICS Transition in place for system Northamptonshire ICS Readiness to Operate Statements to be reviewed and assessed against revised timelines though NHCP governance System transition workplans and assurance to continue to reviewed through ICS Transition Steering Group and HCP Board
Gaps in Controls	**Gaps in Assurance**
Design and mapping work required across the NHCP to transition to statutory ICS body by April 22. The transition to a safe and legal ICS entity is an initial step, there will need to be clarity on the development horizon and the ambition for the ICS beyond April 22. This has now been extended to July 22 A series of Board development sessions have been established to shape our ambition for the ICS The CPC may be extended to include the ICS to enable rapid, collaborative decision making and receive broad input from across the programme in order to comprehensively represent the views of the Group	Clarity on the definition and a common system view of the ambition for the ICS arrangements Representation and engagement in current and emerging ICS agenda Clarity on how the future arrangements dock into those of the Group

Further Planned Actions	**Action Owner**	**Due Date**
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.	1. DoS&P	1. Completed
2. Review and increase Group engagement to include NEDS and EDs on existing and emerging ICS architecture.	2. DoS&P	2. Ongoing
3. Monthly ICS working Group established to report through to Boards	3. DoS&P	3. Completed
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.	4. DoS&P/GCEO	4. 31.12.21
5. Develop strategic plan for Group delivery of ICS	5. DoS&P	5. 15.12.21 - Ongoing

6. Provide leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance 7. Case for change, design and leadership of Elective Collaborative To be presented to Board in January 22 8. Full proposal for Elective Collaborative to be developed for implementation during 22/23	6. DoS, CFO, CDIO, MDs, DoNs, CPO, GDT&QI 7. DoS, DoS&P 8. DoS, DoS&P	6. 31.03.22 7. 31.12.21 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:** KGH Director of Strategy & NGH DoE		**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**
Partners have been appointed and commissioned to undertake a Group Estates Strategy, which will set out the combined assets and risks associated with the current Estate. 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) Kettering 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 Strategy for Net Carbon Zero needs to be written and ties into the System Green Plan. 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 March 22 4. A Group Strategic Estates Delivery Committee to be implemented.	1. KGH Director of Strategy 2. KGH Director of Strategy 3. KGH Director of Strategy 4. KGH Director of Strategy	1. 31.03. 22 2. 30.12.21 3. 31.03.22 4. 31.03.22

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Quality Finance	Medical Directors and Directors of Strategy	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: - • Estates • Finance • Medical Education • Research • Innovation- 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.	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.
Gaps in Controls	**Gaps in Assurance**
Royal College (RC) approval for the clinical academic posts is taking considerably longer than expected. 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. Palmer Kirsty 01/21/2022 11:11:17	No timeline from RC on anticipated approvals. 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. Teresa La Thangue 5. Matt Metcalfe / Kay Faulkner	1. Completed 2. Completed 3. November 2021 (Completed) 4. November 2021 5. November 2021 (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. CNIOs 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	HIMSS and What Good Looks Like Benchmarking Reporting and monitoring of underlying infrastructure performance

Further Planned Actions	**Action Owner**	**Due Date**
1. HIMSS EMRAD 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. 31.03. 22 2. Completed 3. TBC 4. 31.12. 21 5. 31.03.22

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
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. March 22 5. Oct 21 6. Oct 21 7. Nov 21 8. Jan 22

Movements on Board Assurance Framework (since previous report)		Rationale for change
ADDITIONS	None	
INCREASES	GS106- Increased from 8 to 12	Increase in gaps in assurance
DECREASES	GS103- Reduced from 16 (Extreme) to 12 (High)	Reduction in Gaps in control
	GS108- Reduced from 25 (Extreme) to 16 (Extreme)	Amended in terms of both the consequence score and overall score reduction due to changes to national finance arrangements and funding allocations.
CLOSURES/ AMALGAMATED	None	

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

Board Assurance Framework
Summary
BAF Risks in Order of Severity (January 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**	Score reduction due to changes to national finance arrangements and funding allocations
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**	Jan 2022 – Recommend reducing risk from 20 to 16 (reduction in likelihood from 5 to 4) due to increased cyber security controls and following deep dive review at GDHC, Audit Committee and ARC.
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	Risk co-owner updated to Medical Director, Director of Nursing and Midwifery, and Chief Operating Officer
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**	
NGH114	Quality	Risk that the Trust fails to promote a culture that puts patients first	**8**	**8**	→	**4**	**Low**	

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

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:	**Initial score**		**Current score**		**Residual score**	
	15		15		10	
CRR reference risks: 731,1303,1553,1665, 1782, 1867,1879,1902,1303; 1782; 1795; 1867; 1911; 1902;1930 1971;2132; 2341.	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**
	5	3	5	3	5	2

Current Controls	**Assurance of Controls**
• Clinical Governance structures and processes • Clinical Audit Strategy • Quality metrics in reports to QGC/ Board • Quality meetings with CCG • Quality Governance Committee • Clinical Quality & Effectiveness Group • Patient and Carer Experience Group • Ward Accreditation • Virtual CQC meetings and IPC Emergency Support Framework and Transitional Monitoring Approach • Performance management framework policy • Elective Access Committee held weekly • Bed meetings and safety huddle daily with escalation processes in place • Gold, Silver and Bronze Command structures and processes in line with Major Incident Policy • Symphony IT monitoring system in use for A&E • Cancer Improvement Group meeting monthly • County wide Cancer Board meets monthly & cancer site PTL meetings weekly for all cancer sites • Somerset reporting cancer • Daily tracking for DTOC • Elective Care Board CCG Monthly • Weekly performance meeting in place • RTT PTL performance meetings weekly for all specialties • Targeted 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-19 • Executive led Board round programme	• 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) +ve • Performance 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**
• Lack of timely surveys related to Medical Trainee reports due to Covid • Report to Board indicates under performance for: A & E / Stranded & Superstranded where these are national challenges • Attendances, admissions, and acuity remain high • Outsourcing of elective activity to reduce backlog in place • Social Care reductions impacting on discharge and flow in hospital • Diagnostic capacity reduced and insourced to reduce backlog • Absence 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

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:	**Initial score**		**Current score**		**Residual score**	
CRR reference risks: 1303; 1411,1478, 1776, 1782, 1867, 1879, 1911, 1955, 1972, 2150, 2187, 2195, 2216, 2219.	10		10		5	
	Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**
	5	2	5	2	5	1

Current Controls	**Assurance of Controls**
• Monthly review of Dr Foster information and alerts • Learning from Deaths Group • Audit plan • Incident and SI reporting policy • Monthly Clinical Quality and Effectiveness Group • Monthly Quality Governance committee • Countywide Patient safety M&M meetings • Review of Harm Group weekly • Dare to Share- currently suspended • FIT Group • MASH referral system • NGH Safeguarding Team • IP Steering Group • IPC Team • Maternity Dashboard • Saving Babies Lives – National Initiative • Maternity and Neonatal Safety Champion Role • Integrated risk assessment and prescription chart introduced • Mandated use of Deteriorating Patient Toolkit on iBox • Weekly Exec led Risk and Quality Briefings	• 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**
• NICE-/ VTE compliance remains inconsistent • Recurrent themes of harm identified requiring thematic approach to redress. • System Safeguarding resources and infrastructure • Dare to share events to be re established	

Further Planned Actions	**Action Owner**	**Due Date**
1. EPMA system review and introduction 2. Re establishment of Dare to Share events 3. Report to QGC re impact of Covid 19 pandemic on SI reporting processes	1. Matt Metcalfe 2. Matt Metcalfe 3. Matt Metcalfe	1. TBC 2. November 2021 3. November 2021

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Compliance, operational, quality, infrastructure, financial	Hospital Director of Estates & Facilities	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**
• Health and Safety committee • Fire safety committee • Estates Compliance group • Facilities Governance group • Water safety group • Resilience planning group • Business continuity plan • Training and scenario exercises undertaken • Annual capital programme • Medical Gas committee • Ventilation group • Asbestos group • Fire Safety Task and Finish Group • Assurance & Risk Committee • Additional screening/ doors in Covid areas • Oxygen monitoring system and dashboard for capacity monitoring	• 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, water • PLACE 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**
1. Large Backlog maintenance risk requires greater funding than is available 2. Estates strategy currently being reviewed for alignment in light of revised Clinical Strategy, KGH collaboration work and STP/HCP outputs. 3. Reduced capital plan due to financial constraints. 4. Review of internal assurance against key estates elements shows short fall. 5. Limited access to clinical areas to carry out maintenance and compliance work.	• Increased level of internal audits and checks.

Further Planned Actions	**Action Owner**	**Due Date**
1. 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. 2. Seek additional routes to Capital funding to reduce backlog and align with Estates strategy & Masterplan and Clinical strategy - regular conversations with NHSIE lead continue	1. Stuart Finn / Polly Grimmett 3. Stuart Finn / Paul Shead	1. March 2022 3. Ongoing

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Infrastructure	DCIO	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**
• 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 •	• 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 documentation submitted • Microsoft Defender Server Risk Exposure score at 25.8 (best in region) • Microsoft Defender Desktop Risk Exposure score at 45.6 (best in region)

Gaps in Controls	**Gaps in Assurance**

Further Planned Actions	**Action Owner**	**Due Date**
1. Windows to migrate from Windows 7	1. Dave Smith	1. 27 Devices left awaiting supplier upgrades in 21/22. Security patching in place until 22/23

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Compliance, operational, quality, infrastructure, financial	COO	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**
• 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	• 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**
• 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**

• Patient and Carer experience and engagement Group with the following reporting:
  ○ 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
	• 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**
• Opportunity for collaborative working with patients and carers to improve and inform service development	

Further Planned Actions	**Action Owner**	**Due Date**
1. Review of Patient Information- content and mode of delivery 2. Reinstate Board to Ward visits virtually 3. Work with Northamptonshire Healthwatch, carers and volunteers commenced		1. Ongoing 2. December 2021 3. Ongoing

<table>
<tr><td colspan="2">Principal Risk No: NGH 115</td><td colspan="4">Risk that the Trust fails to have financial control measures in place to deliver its 2021/22 financial plan</td></tr>
<tr><td colspan="6">Changes since last review</td></tr>
<tr><td>Date Risk Opened:
April 2021</td><td>Risk Classification:
Financial</td><td colspan="2">Risk Owner:
Group Chief Financial Officer
Hospital Director of Finance</td><td colspan="2">Scrutinising Committee:
Finance & Performance</td></tr>
<tr><td rowspan="3">Underlying Cause/Source of Risk:

CRR reference risks; 2343, 2344, 2346.</td><td colspan="2">Initial score</td><td colspan="2">Current score</td><td colspan="2">Residual score</td></tr>
<tr><td colspan="2">25</td><td colspan="2">15</td><td colspan="2">5</td></tr>
<tr><td>Consequence
5</td><td>Likelihood
5</td><td>Consequence
5</td><td>Likelihood
3</td><td>Consequence
5</td><td>Likelihood
1</td></tr>
<tr><td colspan="3">Current Controls</td><td colspan="3">Assurance of Controls</td></tr>
<tr><td colspan="3">• Finance and Performance committee
• Divisional performance reviews
• Audit arrangements
• SFOs SFIs & SOD
• Policies and procedures
• Financial and accounting systems
• Counter Fraud plan
• Purchasing and Supplies Strategy & Policies
• Financial Assurance oversight by NHSE/I
• HCP System Finance Director meetings</td><td colspan="3">• 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)</td></tr>
<tr><td colspan="3">Gaps in Controls</td><td colspan="3">Gaps in Assurance</td></tr>
<tr><td colspan="3">• Pay spend above plan
• Agency expenditure is currently above the set target for 2021/22.</td><td colspan="3">• 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</td></tr>
<tr><td colspan="2">Further Planned Actions</td><td>Action Owner</td><td colspan="3">Due Date</td></tr>
<tr><td colspan="2">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</td><td>1. Bola Agboola
2. Heidi Smoult/ Bola Agboola
3. Jon Evans</td><td colspan="3">1. December 2021
2. Ongoing
3. Completed</td></tr>
</table>

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	**Assurance of Controls**
• Finance and Performance committee • Efficiencies Undertaking meetings • Group transformation programme • Hospital Management Team	• Finance report to Finance and Performance committee • Includes progress on delivery and forecast plans (L1) • Report to Board (L2) • Internal audit (L3) • External Audit (L3)
Gaps in Controls	**Gaps in Assurance**
• Current operational pressures may impact on capacity to deliver the savings programme • Reorganisation of the PMO team may cause disruption to the programme	• 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

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:	**Risk Classification:**	**Risk Owner:**	**Scrutinising Committee:**
April 2021	Finance	Group Chief Financial Officer Hospital Director of Finance	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**
• Capital Committee • Finance and Performance committee • 5-year capital plan • Purchasing and Supplies Strategy • Leasing strategy in place/ IFRS16 • Hospital Management Team Meetings • Business Case process	• Finance report to Finance and Performance committee • Includes 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**
• The Trust has a large backlog maintenance programme and the estate is ageing • Affordability of additional capital • Ability to fully utilise Trust's CRL for the year if slippage occurs • Ability to fully utilise the new capital funding allocations e.g TIF, Diagnostics	• 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 2. Closely monitor delivery of the ITU Build to plan 3. Continue to manage capital needs in a prioritised manner	1. Jon Evans 2. Stuart Finn 3. Bola Agboola	1. Ongoing 2. Ongoing 3. Ongoing

Movements on Board Assurance Framework (since previous report)		Rationale for change
ADDITIONS	None	
INCREASES	None	
DECREASES	115- Reduced from 25 (Extreme) to 15 (Extreme)	Overall score reduction due to changes to national finance arrangements and funding allocations.
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