

Board of Directors (Part I) Meeting in Public

Fri 03 February 2023, 09:00 - 11:45

Boardroom, Northampton General Hospital



Northampton General Hospital
NHS Trust

Agenda

09:00 - 09:00
0 min

1. Welcome, Apologies and Declarations of Interest

Information

Alan Burns

1. NGH Board Part I Agenda 030223 v2.pdf (2 pages)

09:00 - 09:30
30 min

2. Staff Story: Winter Pressures

Information

Heidi Smoult

09:30 - 09:30
0 min

3. Minutes of the Previous Meeting held on 24 November 2022 and Action Log

Decision

Alan Burns

3.0 Draft NGH Public Trust Board Minutes - November 2022.pdf (9 pages)

3. Action Log Updated Post 241122 Part I Board.pdf (1 pages)

09:30 - 09:45
15 min

4. Chair's Report

Information

Alan Burns

4.1. Group Chief Executive's Report

Information

Deborah Needham

4.1 GCEO Board report NGH Feb 2023 V2.pdf (2 pages)

4.2. Hospital Chief Executive's Report

Information

Heidi Smoult

4.2 HCEO Board Report Feb 2023.pdf (5 pages)

09:45 - 10:30
45 min

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

Assurance

Hospital Chief Executive / Executive Directors

5.0 a IGR cover paper.pdf (2 pages)

5.0 Group Upward Reporting to February-23 Board.pdf (9 pages)

5.0 b Jan 23 IGR.pdf (88 pages)



5.0 c NGH Public Board Finance Report M9.pdf (5 pages)

10:30 - 10:45

10:45 - 11:05 **6. Review of Dedicated to Excellence Strategy Delivery**

20 min

Discussion *Rebecca Taylor*

-  6. 230202 Dedicated to Excellence Achievements Review NGH Cover Sheet.pdf (2 pages)
-  6. 230202 Dedicated to Excellence review.pdf (12 pages)

11:05 - 11:25 **7. Integrated Care Partnership Strategy**

20 min




Note and endorse *Karen Spellman*

-  7.0 a NGH Cover Sheet ICP Strategy.pdf (3 pages)
-  7.0 b ICN A4 Report 2022 low res.pdf (46 pages)

11:25 - 11:40 **8. Group Board Assurance Framework**

15 min

Assurance *Executive Leads*

-  8.0 a Group BAF_Jan 2023_NGH Cover Paper.pdf (2 pages)
-  8.0 b Appendix A_Group BAF _16JAN23.pdf (15 pages)
-  8.0 c Appendix B_Corporate risks aligned to BAF risks @ 260123.pdf (2 pages)

11:40 - 11:45 **9. Standing Financial Instructions**

5 min

Decision *Jon Evans*

-  9.0 NGH Cover & Report sheet SFI's.pdf (4 pages)

11:45 - 11:45 **10. Appointment of Non-Executive Director to the Group Digital Hospital Committee**

0 min

Decision *Alan Burns*

-  10.0 Appointment of Non-Exec to Group DHC.pdf (1 pages)

11:45 - 11:45 **11. Questions from the Public (Received in Advance)**

0 min

Discussion *Alan Burns*

11:45 - 11:45 **12. Any Other Business and close**

0 min

Discussion *Alan Burns*

Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Friday 3 February 2023, 09:00-11:45
Location	Boardroom, Northampton General Hospital

Purpose and Ambition

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

Item	Description	Lead	Time	Purpose	P/V/Pr
1	Welcome, Apologies and Declarations of Interest	Chair	09:00	-	Verbal
2	Staff Story: Winter Pressures	Hospital CEO	09:00	Discussion	Present- ation
3	Minutes of the Previous Meeting held on 24 November 2022 and Action Log	Chair	09:30	Approve	Attached
4	4 Chair's Report 4.1 Group Chief Executive's Report 4.2 Hospital Chief Executive's Report	Chair Group CEO Hospital CEO	09:30	Information Information Information	Verbal Attached Verbal
Operations					
5	Board Committee summaries / Integrated Governance Report (IGR)	Hospital Chief Executive / Executive Directors	09:45	Assurance	Attached
	BREAK		10:30		
Strategy and Culture					
6	Review of Dedicated to Excellence Strategy Delivery	Group Director of Transformation	10:45	Assurance	To Follow
7	Integrated Care Partnership Strategy	Group Director of Integration and Partnerships	11:05	Receive	Attached
Governance					
8	Group Board Assurance Framework	Executive Leads	11:25	Approve	Attached
9	Standing Financial Instructions	Group Chief Finance Officer	11:40	Approve	Attached

10	Appointment of Non-Executive Director to the Group Digital Hospital Committee	Chair	11:45	Approve	Attached
11	Questions from the Public (Received in Advance)	Chair	11:45	Information	Verbal
12	Any Other Business and close	Chair	11:45	Information	Verbal

Resolution to Exclude the Public and the Press:

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

Date of Next Meeting: Wednesday 5 April 2023, 9.30am

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

Minutes of the meeting

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Thursday 24 November 2022, 09:30 – 12:20
Location	Boardroom, Northampton General Hospital

Purpose and Ambition

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

Attendance	Name and Title`	
Present	Alan Burns	Chair
	Andy Callow	Interim Group Chief Executive
	Jon Evans	Group Chief Finance Officer
	Stuart Finn	Interim Group Director of Operational Estates
	Carl Holland	Deputy Chief Operating Officer (Deputy for Palmer Winstanley)
	Jill Houghton	Non-Executive Director
	Denise Kirkham	Non-Executive Director
	Paula Kirkpatrick	Group Chief People Officer
	Elena Lokteva	Non-Executive Director
	David Moore	Non-Executive Director
	Hemant Nemade	Interim Medical Director
	Debra Shanahan	Interim Director of Nursing and Quality
	Heidi Smoult	Hospital Chief Executive
	Karen Spellman	Interim Group Director of Integration and Partnerships
	Becky Taylor	Group Director of Transformation and Quality Improvement
In Attendance	Richard Apps	Director of Corporate Governance (KGH)
	Gregor Kerr	Chief of Division, Surgery (Item 2)
	Ilene Machiva	Deputy Director of Midwifery (Item 7)
	Richard May	Trust Board Secretary (KGH)

	Chandran Tanabalan	Consultant Urologist (Item 2)
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Apologies for Absence	Dan Howard	Interim Chief Digital Information Officer
	Andre Ng	Non-Executive Director
	Simon Weldon	Group Chief Executive
	Palmer Winstanley	Chief Operating Officer

Agenda Item	Discussion	Action Owner
1	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items.</p>	
2	<p>Patient and Staff Story: Robotic Surgery</p> <p>The Board welcomed colleagues to the meeting to showcase the robotic surgery recently launched by the Trust:</p> <ul style="list-style-type: none"> • Gregor Kerr, Chief of Division, Surgery • Chandran Tanabalan, Consultant Urologist <p>The presentation described the minimal invasive surgery which allowed surgeons to operate with enhanced vision, precision and control, using a robot which mimicked the surgeon's hand and wrist movements to enable keyhole operations with greater accuracy. The Board noted benefits of robotic surgery for patients, staff and the Group's plans for a Cancer Centre of Excellence, and viewed videos from a patient who had previously been required to travel to Leicester for surgery, and a patient who had benefited from the new surgery. The Trust had completed over 100 robotic procedures with excellent results and minimal complications, reducing the average waiting time for urology patients, referred following diagnosis, from 135 to 52 days.</p> <p>The Board thanked Mr Tanabalan and colleagues for their presentations and commended the hard work that had enabled the initiative to progress to successful implementation and the delivery of tangible business benefits, which should serve as a blueprint for other transformational activity across the organisation. In reducing waiting times for treatments, the robot would be contributing directly to improved survival rates, complemented by dedicated psychological support for patients throughout their pathways. The Board was advised that surgeons at Kettering would be trained in the new procedures as part of the next phase of implementation, noting that this innovative surgery helped to attract and retain staff.</p>	

	<p>Going forward, the Board requested the quantification of time savings arising from patients no longer being referred to Leicester for treatment, and looked forward to the preparation of strategic plans to ensure sufficient theatre capacity as the initiative expanded and other technological advances required different ways of working.</p>	
3	<p>Minutes of the Previous Meeting held on 29 September 2022 and Action Log</p> <p>The Board APPROVED the Minutes of the Meeting held on 29 September 2022 as a correct record.</p> <p>The Board noted the action log.</p>	
4	<p>Chair's Report</p> <p>The Chair advised that interviews for the position of Non-Executive Director had taken place on 22 November 2022, and recommendations made to NHS England in respect of a preferred candidate.</p>	
4.1	<p>Interim Group Chief Executive's Report</p> <p>The Board of Directors received and noted the Interim Group Executive's report, which paid tribute to staff who continued to work with care and compassion during a year in which demands had remained high and without respite; a challenging winter was anticipated due to the twin threats of COVID and 'flu, and in the context of possible industrial action and energy shortages; the Trust was working closely with the Integrated Care System (ICS) to ensure plans were in place to minimise disruption to patient care and emergency services.</p> <p>The Group had recently held a successful 'Dragon's Den' competition for staff to bid for funds to support improvement projects, resulting in five ideas being fully funded and two receiving project support to further develop ideas.</p> <p>The Board noted that October was Black History Month, which provided an opportunity to recognise and celebrate the contributions that people from Black, Asian and Minority Ethnic backgrounds had made to the country and the NHS through role model stories, and to reiterate the Group's commitment to progress its inclusivity journey at all times.</p>	
4.2	<p>Hospital Chief Executive's Report</p> <p>The Hospital Chief Executive presented her report, drawing attention to continuing challenges in securing supported patient discharges due to a lack of community capacity; the Trust was working closely with the ICS to identify and invest in measures that would make a positive difference to the position; a recent multi-</p>	

	<p>agency discharge event had provided the opportunity to constructively challenge current flow pathways through the hospital.</p> <p>The Trust had received negative recent media coverage following the use of a temporary shelter for patients waiting to enter the Emergency Department. Whilst the shelter was not intended as a clinical waiting area, the Board sought detailed evidence of the admission and acuity data giving rise to overcrowding when activity levels had not increased, including assurances around the quality of the data submitted as part of the Integrated Governance Report.</p> <p>The Board noted that the staff survey response rate was currently 45% (target 50%), with a final push to encourage responses before the closing date on Friday 25 November.</p> <p>The Trust was preparing to submit evidence for Pathways to Excellence redesignation in April 2023, the first NHS Trust to seek this status in the UK.</p> <p>The Hospital Chief Executive drew the Board's attention to a number of successes and examples of recognition, including the Macmillan Social Care team winning national recognition in the 'whatever it takes' category in the Professional Excellence awards, and the Patient Safety Team being highly commended in the Health Service Journal's 'Early-stage Patient Safety Innovation of the Year' award category.</p> <p>The Trust's financial position at Month 7 (31 October) showed a large deficit compared to plan and a forecast to deteriorate further during the year, contributing to the ICS being subject to national escalation measures due to partners being in similar positions. This would have consequences on spend limits and required a renewed focus on driving efficiencies and value for money.</p> <p>In response to a question, the Board was advised that external funding sources for the urgent treatment centre were being explored but had yet to be confirmed; the project would require a full business case identifying costs and implications for staffing, safety and patient flow through the hospital.</p> <p>The Board of Directors noted the Hospital Chief Executive's report.</p>	HS / PW
Operations		
6	<p>Board Committee summaries and Integrated Governance Report (IGR)</p> <p>Committee Chairs and Executive Leads brought the following highlights and exceptions to the Board's attention:</p> <p><i>Quality Governance Committee</i></p>	

	<p>The Committee:</p> <ul style="list-style-type: none"> - Noted C-Difficile cases exceeding target during the past two reporting periods; a peer review had taken place with KGH, who had recommended the input of a Gastroenterologist; - Noted with concern the increase in incidents of violence and aggression against staff, commending the work of the security team in responding to these incidents; - Noted continued strong performance against cancer treatment standards, and - Considered the Trust's initial response to the findings of the Kirkup report into maternity services at East Kent Hospital (see item 7 below). <p><i>Finance and Performance Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> - Noted and commended strong operational performance compared to peers, particularly in minimising waits for treatment over 78 weeks, but continuing underperformance in diagnostics, with work continuing to deliver community diagnostic centres in the county to meet current and future demand; - Received a report setting out progress against Integrated Care Across Northamptonshire (ICAN) objectives, noting progress against key targets to reduce the number of patients in hospital over the age of 65, and continuing challenges in respect of staffing levels and patients awaiting care packages; - Noted a deficit of £7.5m at Month 7 (31 October) which was £4.9m adverse to plan; primary drivers of the position remained under-delivery of efficiencies, particularly in respect of agency staffing spend (Board to receive a full briefing on the financial position as part of the Private Agenda). The ICS was investing significantly in winter schemes, the successful delivery of which was imperative; - Received assurance in respect of estates compliance. <p><i>Group People Committee</i></p> <p>The Committee:</p> <ul style="list-style-type: none"> - Reviewed the Group Board Assurance Risk relating to the delivery of the Group People Plan, requesting a review of key metrics in order to identify circumstances in which elements of the strategic risks were likely to materialise; - Noted concerns over sickness, vacancy and appraisal completion rates, and the introduction of a new appraisal system in January to address this; - Was undertaking a 'deep dive' review to identify areas incurring the highest agency staffing costs. 	
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	<p>The Board noted that the recent ratification of key Group HR policies enabled major restructures to proceed.</p> <p><i>Group Digital Hospital Committee</i></p> <p>The Board noted that:</p> <ul style="list-style-type: none"> - a method of unblocking GP data had been identified, which should accelerate progress towards the implementation of the Northamptonshire Shared Care Record, and - The Outline Business Case for the Electronic Patient Record had been approved by the national, enabling the programme to proceed to full business cases stage. <p><i>Group Transformation Committee</i></p> <p>The Committee received progress reports in respect of the theatres, outpatient and digital transformation programmes at its October meeting, and in November focussed on the delivery of the efficiency programme, noting resource risks to successful delivery.</p> <p><i>Group Strategic Development Committee</i></p> <p>The Committee received an update on the preparation of a business case for regional approval for an urgent treatment centre, with costings and impacts upon staffing and activity being developed.</p> <p><i>Elective Care (Lead Provider) Collaborative Committee</i></p> <p>The Committee held its first meeting on 21 November, noting and discussing the latest position regarding work to develop the Elective Care Collaborative for which the Group was Lead Provider. The Committee requested the establishment of the Elective Care Board and clarification of operational responsibilities within governance structures to be prioritised, having particular regard to the split of accountabilities between the Integrated Care Board and the Group; the first meeting of the Board had been arranged since this meeting.</p> <p>The Board of Directors noted the Integrated Governance Report.</p>	
6.	<p>Group People Plan</p> <p>The Board of Directors received an update on progress with implementation of the Group People Plan 2021-2024, noting key achievements and the outcomes of a mid-plan review, recently undertaken by the Group People Committee and specified in the report and appendix.</p> <p>The Board noted the latest position and indicated its support for the suggested areas of focus, having particular regard to the</p>	

	<p>provision of high quality management data to support teams to provide greater control and assurance in key areas such as agency staffing spend and time to hire, linked to quantifiable outcome measures, and the need to for innovative approaches to recruit and retention focussing on flexible working, career progression and new ways of working brought about by technological advances.</p>	
6.1	<p>Cultural and Leadership Programme</p> <p>The Board of Directors received a report setting out the latest position on the scoping phase of the Culture and Leadership programme, prior to the launch of recruitment to Excellence Ambassador roles to undertake discovery work in respect of the current culture and desired future state. Following recruitment, Excellence Ambassadors would be requested to report their initial findings to the Boards in Summer 2023.</p> <p>The Board noted, and indicated its support for, the latest position.</p>	
7.	<p>Overview Report on the Independent Investigation into East Kent Maternity Services</p> <p>The Board of Directors considered an overview report on the Independent Investigation into East Kent Maternity Services, undertaken by Dr Bill Kirkup and published on 19 October 2022. The headline findings of the report were far-reaching, extending further than the immediate focus of maternity services; of the 65 cases reviewed in which a baby died, the panel found that 45 of these could have resulted in a different outcome had different care been given.</p> <p>Key themes arising in the report included team working, professionalism, compassion, the importance of a learning culture and hearing the voice of patients, which gave rise to four key areas for action where change and improvement were required:</p> <ul style="list-style-type: none"> (1) Monitoring safe performance – finding signals among noise; (2) Standards of clinical behaviour – technical care is not enough (3) Flawed team working – pulling in different directions; (4) Organisational behaviour – looking good while doing badly. <p>The report concluded that the origins of the harm lay in failures of team working, professionalism, compassion and listening, highlighting failures after safety incidents, failures in East Kent's response and the actions of regulators, and numerous missed opportunities to rectify poor attitudes and behaviour and dysfunctional team working. Services often provided suboptimal clinical care leading to significant harm, failed to listen to families and made their experiences unacceptably and distressingly poor. Repeated problems were systemic including poor professional</p>	

	<p>behaviour amongst clinicians and a particular failure to work as a cohesive team with a common purpose.</p> <p>The NGH response would consider the wider context as well as specific conclusions relating to maternity and neonatal services, using evidence set out in the current Maternity Improvement Plan and the Trust's compliance with the Ockenden reports.</p> <p>The Board expressed its shock and sadness at the findings of the report and, whilst assured that many of the negative behaviours, particularly relationships between midwives and obstetricians, were not witnessed at NGH, committed to ensuring that the findings were used to challenge organisational practice and culture across the organisation; it would be particularly important for staff and teams to own improvements in their area, and that the findings should be disseminated thoroughly but compassionately amongst teams who continued to experience severe operational pressures in the context of the negative national publicity generated by the failures exposed at East Kent and other trusts.</p> <p>The Board noted the latest position, welcomed the Deputy Director of Midwifery to her new role and requested the results of further analysis to be presented in 4-6 months providing an assessment of the extent to which all stakeholders could be assured that maternity services were safe and compassionate.</p>	DS / IM
Governance		
8.	<p>Group Board Assurance Framework (BAF)</p> <p>The Board of Directors received the Group BAF, updated following consultation with Board (Trust and Group) Committees during November 2022. The Board noted that the residual risk score relating of Risk 008 had increased from 12 to 16, and that a progress report on the implementation of the new group risk management framework would be submitted to Audit Committees in January 2023; this would include confirm and challenge to ensure strategic risks accurately reflected operational pressures and related Corporate Risks. The Board of Directors indicated its assurance in respect of the management of strategic risks and APPROVED the revised Risk Appetite statement set out in the report.</p>	
9.	<p>Appointments to Board Committees 2023</p> <p>The Board of Directors APPROVED appointments to committees set out in the report, subject to:</p> <ul style="list-style-type: none"> (1) Rachel Parker retaining her membership of the Group Transformation Committee (replacing Elena Lokteva), and (2) The appointment of Denise Kirkham to the Group Strategic Development Committee. 	

	Non-Executive Directors wishing to fill the remaining vacancy on the Audit Committee were requested to contact the Trust Chair.	
9.	Appointment of Vice Chair and Senior Independent Director The Board of Directors APPROVED the appointment of Rachel Parker to the positions to Vice-Chair and Senior Independent Director.	
10.	Questions from the Public (Received in Advance) There were no questions from the public.	
11	Any Other Business and close All Board members were invited to attend a maternity services briefing, taking place following the conclusion of the Part II (private) meeting. The Board of Directors joined the Trust Chair in extending its thanks and best wishes to: <ul style="list-style-type: none"> • Andy Callow, Interim Group Chief Executive and Group Chief Digital Information Officer who was attending his last meeting before leaving the Trust in January 2023 for a new position, paying tribute to Andy's leadership of major transformation of culture and practice, initially at Kettering and subsequently within a group role. • David Moore, who second term as a Non-Executive Director expired on 30 November 2022. David's local knowledge and passion for the hospital had enabled him to constructively challenge and add value across the breadth of the Trust's activities. 	
12	Exclusion of the Press and Public The Board of Directors RESOLVED to exclude the press and other members of the public from the remainder of the meeting (a Private Meeting followed this meeting), due to the confidential nature of the business to be transacted.	

Next meeting

Date & Time	Friday 3 February 2023 – 09:00 (note earlier start time)
Location	Boardroom, NGH

Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 24 November 2022 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	PK/SO	Apr 2023	Group Director of Communications and Engagement to progress upon taking up post	OPEN
Nov 22 4.2	The Board sought detailed evidence of the admission and acuity data giving rise to overcrowding in ED when activity levels had not increased, including assurances around the quality of the data submitted as part of the Integrated Governance Report.	HS / PW	Feb 2023	To be covered as part of Integrated Governance Report at item 5.	CLOSE
Nov 22 7	East Kent (Kirkup) response: the Board requested the results of further analysis to be presented in 4-6 months providing an assessment of the extent to which all stakeholders could be assured that maternity services were safe and compassionate.	DS / IM	Jun 2023		NOT YET DUE

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	3 rd February 2023
Agenda item	4.1

Title	Group Chief Executive's report
Presenter	Deborah Needham – Hospital CEO KGH / Interim Group CEO
Author	Jen Towers; Chief of Staff, Deborah Needham

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

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

Reason for consideration	Previous consideration

Executive Summary

I would like to begin this report by acknowledging the hard work and contribution of Andy Callow, our outgoing Chief Digital Information Officer and more recently, Interim Group Chief Executive. Andy has taken up the role of CDIO at Nottingham University Hospitals and I would like to take this opportunity on behalf of the senior leadership teams and board to thank him for his work over the past 4 years.

Winter pressures

The winter period was predicted to be a challenging time for Health and Social Care due to the likely increase in covid and respiratory illness in the community. Despite robust capacity planning leading up to winter, all health and care providers in the county experienced intense pressure during December and into January. The high numbers of patients that we usually see discharged

prior to Christmas did not occur and with capacity open to maximum, both hospitals declared critical incidents as demand outstripped the available capacity. Some elective patients had their outpatient appointments or operations postponed to free up resource and capacity to allow us safely manage the numbers of patients coming into our Hospitals. The acuity of patients presenting and requiring a higher level of care, including level 2 and 3 critical care was higher than expected and contributed to the pressure.

System escalation calls were put in place thrice daily and led by the ICS Directors. The demand was challenging for many staff and additional capacity was provided by NHFT and Social Care colleagues to help ease the pressure on our Hospitals.

Both Hospitals reduced their escalation level from critical incident after the new year and demand has reduced, and additional capacity remains open in our hospitals and across the county.

Colleagues will be aware that some staff groups had voted to take Industrial action during December, on top of the extreme winter pressure our staff had to plan for absence of registered nurses (KGH) and a reduced emergency ambulance response to the whole county from our ambulance provider EMAS. Excellent plans were developed and executed across our hospitals and the system meaning that the majority of patients could be moved from ambulances into the Emergency Departments rapidly, allowing ambulances to be released to attend the next patient waiting within the community.

Thank you to our colleagues.

This has been, without any doubt, the most pressured winter that I have seen for our Hospitals and the NHS, notwithstanding industrial action and winter, we have also seen the increasing cost of living and whilst we have gone some way over the last year in supporting our staff through the various health and wellbeing initiatives the impact some of our colleagues have felt is very real. Many of our staff have worked additional hours to help cover sickness, they have worked in wards or departments where they would not normally work and with new colleagues who they may not know. They have spent endless hours looking after our patients over the Christmas and New year period instead of spending that time with their own families, they have had to speak to patients to cancel appointments and look after patients who have waited for longer periods of time in our EDs than we would want or expect. The commitment and dedication of our staff has been quite simply amazing, and I would like to put on record my sincere thanks to every colleague across our Hospitals.

Operational plan

Over the next month the operational, financial, and strategic requirements of us as two separate organisations, and as a system partner will become clearer. We must play an active role in defining and agreeing how we will respond to these challenges, particularly given the financial context in which the NHS and the wider public sector is currently operating in.

Appendices

N/A

Risk and assurance

NA

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.

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	03 Feb 2023
Agenda item	4.2

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

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

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

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

Executive Summary

The NHS nationally continues to face significant challenges, and as a hospital we declared a critical incident on 27 December 2022 due to these pressures with attendances at over 12,600 in December overall. NGH opened 36 bed to provide extra capacity during this period to manage the pressures with a clear focus on safety. This required significant teamwork both internally in NGH and across the ICS to benefit from the collaborative working aligned to the system winter strategy.

Industrial Action

Whilst our NGH nursing colleagues did not strike, our teams across the Group in our People and operational teams worked collaboratively to plan effectively for strike action within UHN and strike action of partners (ambulance).

We are very mindful and proactive in being aware of any strike action that may yet take place, Junior Doctors being a key area here we won't know the full impact re BMA members for NGH until 20th February. The other Junior Doctors member body re HCSA we have a very small membership so no impact from this body at NGH.

I would therefore like to thank each and every one of our staff and teams who continue to demonstrate excellence in teamwork during these pressures.

System working and collaboration

As a consequence of the work being done by the teams within the hospital and collaborative work with system partners we have seen a length of stay reduction by 4 days from October 2022 to January 2023. In alignment with the system winter plans we have seen an increase in supported discharges in January and the system team working with social and community colleagues has been cohesive. I would like to take this opportunity to thank those colleagues who have demonstrated some exemplary teamwork.

Streaming Hub

Due to increased occupancy in our emergency department we have seen on some occasion that our patients have been required to wait outside. This has resulted in our estates, operational and clinical teams working collaboratively on a temporary solution to improve our patient experience and flow during times of increased pressure. This new streaming hub was opened on 24 Jan 2023.

I would like to thank the teams involved in this work for their dedication and commitment.

Support and Partnership working

We continue to work with ECIST to ensure we embrace the expertise of their teams to continuously improve our pathways and flow. The ECIST teams have recognised the improvement work of urgent and emergency care teams, particularly the progress with recruitment and training of new Medical workforce at the start of their strategy to improve the long term recruitment, education and supervision opportunities throughout that team.

Our elective performance as a system continues to be the best in the region along with our cancer performance.

Pathways to Excellence

We are entering the final 3 months, prior to submitting our evidence for Pathway to Excellence redesignation in April 2023. Over the past 3 months, we have been celebrating the standards and the work of our Nursing teams and preparing for our Pathway to Excellence® evidence submission on April 1st and the subsequent nurse survey in June 2023.

In November, we celebrated Shared Decision Making month with a visit from NHS England. This also coincided with leadership council and over 20 areas were represented from within the Trust sharing their projects and innovations. This visit has also been followed up with the Pathway to Excellence team being asked to support the national guide to Shared Decision Making.

We held a showcase event where staff celebrated the successes of our councils in 2022 and in December, we celebrated Leadership – Standard 2 with our Pathway to Excellence advent calendar.

We held celebrations for our 2022 cohort of DON fellows who presented their QI projects to our Executive Teams and now we are in January we are celebrating safety month in with a real focus on connecting with our staff to understand what safety means to them via safety showcases and sharing Trust safety mechanisms.

February will bring us into quality month continuing to strengthen our evidence for submission

Faster Diagnosis Visit and Invitation to represent NGH

Following the site visit of the NHS Cancer Programme, faster diagnosis team to Northampton General Hospital, the NGH team has been invited to speak at The Faster Diagnosis Collaboration Event on 28 February 2023. This event would be focused on Pathways and best practice demonstrated at well-performing hospitals. With a deep dive into the key elements of the Faster Diagnosis Framework and how they contribute to delivery of the Faster Diagnosis Standard.

I would like to take the opportunity to recognise the hard work of our teams contributing to this work and making a positive difference to our patients.

CQC National Programme

As part of the CQC National programme to inspect all NHS maternity services in England, we had our inspection on 13th December 2022. We currently have the draft report as part of the factual accuracy process and the report will be published in due course. The team in maternity services embraced the opportunity to share their journey of improvement with the CQC and also share areas where we continue to need focus and improve.

The team responded proactively to any feedback received from the CQC during the inspection process. I would like to thank the CQC team for their professionalism and thorough approach as part of the inspection, as well as the teams across maternity services for their dedication and commitment on our journey to excellence

Medical Consultant event

On Friday 20th January we held our first consultant event to give thanks and honour the careers of those that retired under the shadow of COVID. The event was well attended with over 100 and it was a huge success and I would like to thank Mr Hemant Nemade and the wider medical team for their leadership in this event

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

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	03 February 2023
Agenda item	5

Title	Integrated Governance Report (IGR)
Presenters	Heidi Smoult, Hospital Chief Executive Executive Directors and Board Committee Chairs
Author	Richard May, Trust Board Secretary

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

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

Reason for consideration	Previous consideration
To enable the Board of Directors to be assured around organisational performance on an exception reporting basis.	NGH and KGH Board Committees, January 2023
Executive Summary	
Board Committee summaries and the Integrated Governance Report for January 2023 are enclosed. Committee Chairs and Executive Leads will be invited to draw the Board's attention to other significant items considered at meetings, indicating the degree of assurance the committee is able to provide in each case..	
Appendices	
<ul style="list-style-type: none"> Board Committee summaries, January 2023 Integrated Governance Report, January 2023 Finance Report, Month 9 (31 December 2022) 	

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

BOARD COMMITTEE SUMMARIES

Northampton General Hospital Board of Directors Meeting: 03 February 2023

AGENDA ITEM 5

Group Transformation Committee: 16 January 2023

Audit Committee: 18 January 2023

Group Digital Hospital Committee: 19 January 2023

Group Finance and Performance Committee: 24 January 2023

Group People Committee: 26 January 2023

Group Clinical Quality, Safety and Performance Committee: 27 January 2023

Group Transformation Committee Report to the Board of Directors	Date(s) of reporting group's meeting(s): <i>16th January 2023</i>
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Reporting Non-Executive Director: Rachel Parker (NGH Chair)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
ICP Strategy	Reflections on ICP strategy – GTC discussed how the Group can prioritise and ensure the proposals being put forward are fully consistent with planning that will be done within the hospitals over the coming months.	On Board Agenda	-
Priorities for 23/24	Reflections on Priorities for 23/24 – GTC had concerns about delivery and ensuring the Group can recognise the role it plays in the county to deliver the priorities. Discussions were held around how do we ensure the Group can see the consolidated benchmark data and share that with the group more widely. The Committee also touched on some of the concerns in the strategy in terms of linking to other strategy papers in particular re digital..	-	-
Estates Strategy	Reflections on Estates Transformation Delivery – the Committee noted the amount of work done and yet to do. GTC agreed that the workshops were key to test the findings and off the back of those workshops the team can build a plan to changes ways of working.	-	To be advised

Audit Committee Report to the Board of Directors		Date(s) of reporting group's meeting(s): 18 January 2023	
Reporting Non-Executive Director: Elena Lokteva (Chair)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Action Log –2019 CQC report reflection and review	The Committee agreed that the Medical Director would be asked for an update and what governance had been applied. It was noted that the Quality Committee should have picked up the clinical governance issues and whether part of this action could be referred to this Committee. It was agreed that the Board would be updated in the Chairs report and the request made.	Feb-23 & Apr-23	-
Internal Audit Progress Report	The Committee noted that three audits had produced reasonable assurance and there was zero outstand priority one recommendations. The Committee was satisfied with the progress made against the annual plan and highlighted joint learning between both Trusts on recommendations from Trust specific audits, for example the audit on violence & aggression conducted at KGH.	-	Reasonable
Anti-Crime Progress Report	The annual staff fraud awareness survey had been completed by 46 members of staff vs 19 in the same period of last year. There had been 6 referrals reported and 3 cases closed. There was two CFFS requirement's rated as amber, however the rest of the plan was progressing well.	-	Reasonable
Going Concern Statement	The Committee approved the Going Concern Statement and would prepare the accounts on the basis of this.	-	To be advised
Annual Report and accounts Timetable	NGH is required to have its AGM by 30 September and with the final report not available to be approved to mid-September, this was a narrow window. The NGH AGM had been scheduled for end of November-23 therefore this date would need to be rescheduled. The Convenor requested the Annual Reports and Accounts page turning exercise and this was agreed to be end of May/start of June-23.	May/June-23	To be advised
Clinical Audit Compliance report	It was proposed to the Clinical Audit Compliance Report would be rescheduled to June-23 to align with the Quality Committee. The report would look at how to use the output of clinical audit report to inform the risk profile for the year ahead	June-23	-
Group BAF, Corporate Risk Register & Risk Management Strategy Implementation	The Committee noted that there had been progress on the plan and that the deep-dive schedule was achievable. The Committee received substantial assurance from the report.	-	Reasonable
Standing Financial Instructions	The Committee ENDORSE Standing Financial Instructions	-	-

Group Digital Hospital Committee Report to Board of Directors

Date of meeting: 19 January 2023 (1 of 2)

Reporting Group Chair: Alice Cooper

Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
6	Overall Digital Roadmap Progress: It was noted that across a number of the digital strategy themes, progress was not as hoped against milestones this year – particularly in the themes of “delivering clinically lead systems”, “providing insight” and “empowering our patients”. In other themes, most notably “connecting our systems”, while progress looks good at first sight, it could be argued that the prioritisation of the milestones does not always reflect the clinical “wish list” for group collaboration. It was noted as disappointing that the Strategic Prioritisation Group which was to start the process of agreeing Group Digital and other Transformation priorities had not been able to meet in late 2022 as planned, and the first meeting was now scheduled for February 2023.	To revisit with new GCDIO following Strategic Prioritisation Meeting in February 2023.	Limited
8	Potential extension of System One (partial GP Data) availability to other areas of the Group: A proposal was reviewed to allow System One access to be one of a range of options we can have available to address the needs to see GP data (currently this is only used as part of the ICAN project). The evaluation of allowing this to be a tool considered by the digital teams in addressing clinical needs was reviewed, and the recommendation that it be available where it was assessed as a suitable system, and the costs and risks proportionate was accepted by the committee. The meeting was inquorate for this item therefore Committee Members have been asked to indicate their support for the proposal.	Proposal to have System One “on the table” for consideration approved.	Reasonable
9	Lessons learnt from 2022 ‘Advance’ Cyber attack incident: A paper summarising lessons learnt and actions taken to embed learning following a full debrief on the incident was shared with the committee.	Noted	Reasonable
10	NGH EPR Procurement Update: The committee was updated on the procurement process, which has just gone public to invite tenders. It was acknowledged that this was a very tight timeframe, and that the evaluation process would be key in reaching a good decision.	Noted	Reasonable

Group Digital Hospital Committee Report to Board of Directors

Date of meeting: 19 January 2023 (2 of 2)

Reporting Group Chair: Alice Cooper

Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
16	Board Assurance framework deep-dive: The committee undertook a deep dive into the BAF risk that is managed here, relating to delivery of the digital strategy. This was done in conjunction with the discussion of the corporate risks report. Along with some routine updates that were agreed as needed it was agreed that the way the corporate risks added towards the BAF risk needed some further consideration at a deeper level, and a separate workshop was agreed as necessary before the next committee to make some proposals regarding this.	Committee Workshop to be held in February 2023	Limited
19	AOB: Direction of the committee: The chair and other NEDs present reflected that in the light of the changes in the senior digital team, the acknowledged need to reassess digital transformation priorities to support group clinical collaboration more pragmatically and collaboratively, and the delays to the agreed meeting of the strategic prioritisation group, the committee was undergoing a time of change and challenge. The recent critical incident (from which the Trusts had only recently emerged) and other operational pressures, along with Exec changes in clinical roles too, had also meant that attendance at the committee of non-digital leadership as specified in the terms of reference had been disappointing in recent months. Various actions were underway to address these challenges, with the chair and the new GCDIO taking overall ownership of these.	Chair and new GCDIO to take forward in February 2023	Limited

Group Finance and Performance Committee Report to the Board of Directors		Date(s) of reporting group’s meeting(s): 24 January 2023	
Reporting Non-Executive Director: Rachel Parker (NGH Chair)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Diagnostic MRI Capacity	The Committee was provided an update on diagnostic MRI capacity with Chief Operating Officers flagging this area as high risk. A short-term plan for NGH was for a new MRI pod. There was a mobile MRI on site and NGH needed to agree whether to keep until March 2023 at a cost of circa £150k. A revised business case for the CDC's had been submitted with one CDC based in Northampton due August/September and one in Corby due end of next financial year. The GCEO stressed the risk of harm at KGH was high and confirmed harm reviews were taking place.	-	Limited Assurance
Operational Performance /Finance Report	The Committee discussed planning and performance. It was reported that based on planning guidance, the level of expectation around delivering elective care was to be more challenging than the current financial year. There was an increasing disconnect between operational performance and financial performance targets. The Committee noted the importance of transformation work to address this.	23-24 final plan to be submitted by 30 March 2023	Limited Assurance

Group People Committee Report to the Board of Directors		Date(s) of reporting group’s meeting(s): 26 January 2022	
Reporting Non-Executive Director: Denise Kirkham (Chair)			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
People Performance Report	The Committee discussed the recent pressures impacting on staff. The Committee noted the recent unprecedented times related to industrial action, the death of a member of staff and being on critical incident. The Committee extended its thanks to all staff, especially the staff providing wellbeing and psychological support.	-	To be advised
Update on agreed KPI's	The Committee considered proposed new metrics and targets. The last 12 months of data had been analysed to come to meaningful stretch targets. The Committee agreed the revised KPI's and associated targets.	Agreed	N/A
Safe Staffing	The Committee had an in-depth discussion and noted the completion of several actions from the previous Committee meeting. The March-23 Committee would receive the midwifery workforce plan.	March-23	To be advised
People Committee Workplan and Schedule	The Committee received the People Committee Workplan and Schedule. It requested that the Terms of Reference were reviewed. A further piece of work was needed on the workplan and schedule, therefore a further updated version would be brought to the March-23 Committee.	March-23	N/A

Group Clinical Quality, Safety and Performance Committee Report to Board of Directors		Date of meeting: 27 January 2023	
Reporting Group Convenor: Chris Welsh			
Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Integrated Governance Report	The committee noted that Diagnostics remains a serious challenge for both Trusts, with a huge increase seen in demand for MRI. Business cases submitted to NHSE had been rejected.	n/a	Limited Assurance
Integrated Governance Report	The committee received an update on the critical incidents that had been declared at both Trusts on 27 th December and which had ended on 12 th January. The committee noted the significant number of additional beds opened at each site and was assured that the incidents had been handled well and lessons learnt are being used to plan for next winter. Since the end of the critical incident, both Trusts had managed to get down to OPEL2 (operational pressure) status.	n/a	Substantial Assurance
Maternity Safety and CNST	The committee noted red flags in KGH Maternity due to activity and received assurance on the actions being undertaken. The committee received an update on the 30 th November unannounced CQC inspection of NGH maternity services, the draft report of which is being reviewed. The committee noted CQC concerns relating to IPC and mandatory training and CQC commendation of the team regarding good practice. The committee approved the KGH CNST submission and agreed to NGH chair's action to approve the NGH CNST submission following further validation, ahead of Group CEO sign-off in time for the submission deadline of 12 noon Thursday 2 February.	Deadline for submission 2 February 2023	Reasonable Assurance
Mortality and Morbidity	The committee noted the very positive SHMI at NGH and the work being undertaken at KGH to review weekday/weekend mortality.	-	Substantial Assurance
KGH Children and Young People Improvement Programme	The committee received an update on the Children and Young People Improvement Programme being implemented at KGH following the unannounced CQC inspection in December 2022. The committee was assured with the actions being undertaken by the Trust but noted this remained a work in progress.	-	Reasonable Assurance

*The Committee will indicate the level of assurance it is able to provide to the Boards of Directors using the following definitions:

Substantial Assurance	There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Reasonable Assurance	There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited Assurance	There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed
No Assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing



IGR

January 2023



Metric Categorisation Information

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

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

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

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

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

KGH NGH

Committee Name
Integrated Governance Report (l... ▾

GroupName
Patient ▾

0
Exec comments KGH

1
Exec comments NGH

3
Total No. of Metrics

Site	MetricName	Value
KGH	% Patients satisfaction score - Trustwide	86.00%
NGH	% Patients satisfaction score - Trustwide	86.00%
NGH	Number of complaints	32
KGH	Number of complaints	52
NGH	Patient safeguarding	97
KGH	Patient safeguarding	129

Metric	Comment	Site
Patient Satisfaction Scores	Decrease in patient satisfaction of 1.4% since the previous month. Continued overall stable performance since May 2022 despite a drop in satisfaction scores for Emergency Departments which is the main contributing factor to the decline in December.	NGH

Committee Name
Integrated Governance Report (IGR)

Group Name
Patient

Metric Name
All

Site
All

Variation
All



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Patient	% Patients satisfaction score ...	01/12/22	86.00%	95.00%	80.91%	88.36%	95.81%			Not Consistently Anticipated to Meet Target
NGH	Patient	% Patients satisfaction score ...	01/12/22	86.00%	95.00%	83.77%	88.06%	92.35%			Consistently Anticipated to Not Meet Target
NGH	Patient	Number of complaints	01/12/22	32	0	8	26	43			Consistently Anticipated to Not Meet Target
KGH	Patient	Number of complaints	01/12/22	52		14	40	66			Consistently Anticipated to Not Meet Target
KGH	Patient	Patient safeguarding	01/11/22	129		46	102	158			Consistently Anticipated to Meet Target
NGH	Patient	Patient safeguarding	01/12/22	97		17	87	158			Consistently Anticipated to Meet Target

Committee Name

All

GroupName

Patient

MetricName

% Patients satisfaction score - Trustwide

01/04/2019

18/02/2023



86.00%

KGH: Current Value

95.00%

KGH: Current Target

86.00%

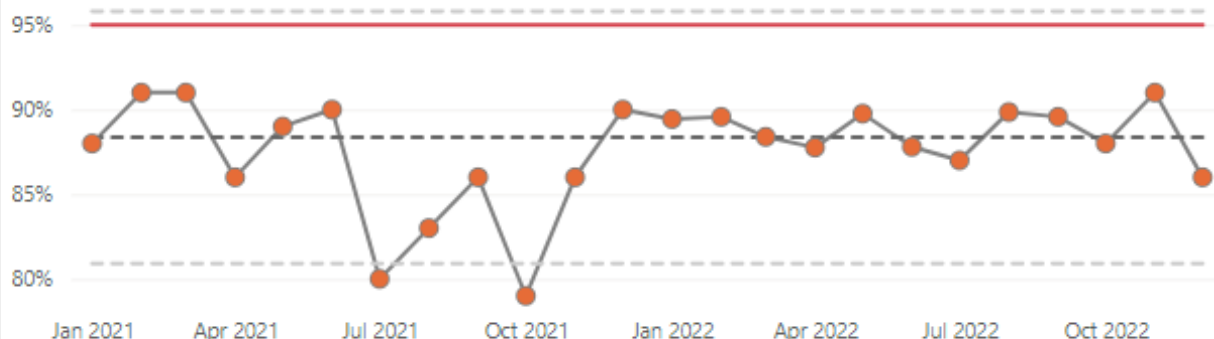
NGH: Current Value

95.00%

NGH: Current Target

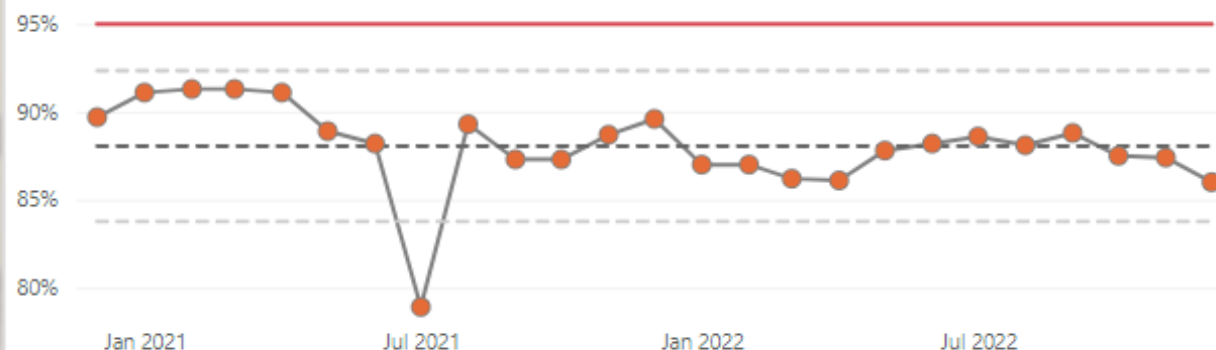
Kettering General Hospital

% Patients satisfaction score - Trustwide: Patient



Northampton General Hospital

% Patients satisfaction score: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Reduction in the overall satisfaction score.	Although improved this has not been sustained and is variable month on month.	Monthly reports sent to departments to share findings and themes of feedback responses.	Continue to work with low/no responding areas to increase participation and promote FFT and how we gather patient feedback. Actions should be taken from themes and addressed.
NGH	01/12/22	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Decrease in patient satisfaction of 1.4% since the previous month. Continued overall stable performance since May 2022 despite a drop in satisfaction scores for Emergency Departments which is the main contributing factor to the decline in December.	Reduction in ED patient satisfaction impacting the Trustwide overall score.	Performance reports provided along with themed negative feedback, with focus on ED patient experience.	Plans in place to provide a more robust waiting facility outside of A&E for patients. (Installation planned for completion during January 2023). Working to reduce ambulance handover times and improve patient flow.

Committee Name

All

GroupName

Patient

MetricName

Number of complaints

01/04/2019

18/02/2023

52

KGH: Current Value

KGH: Current Target

32

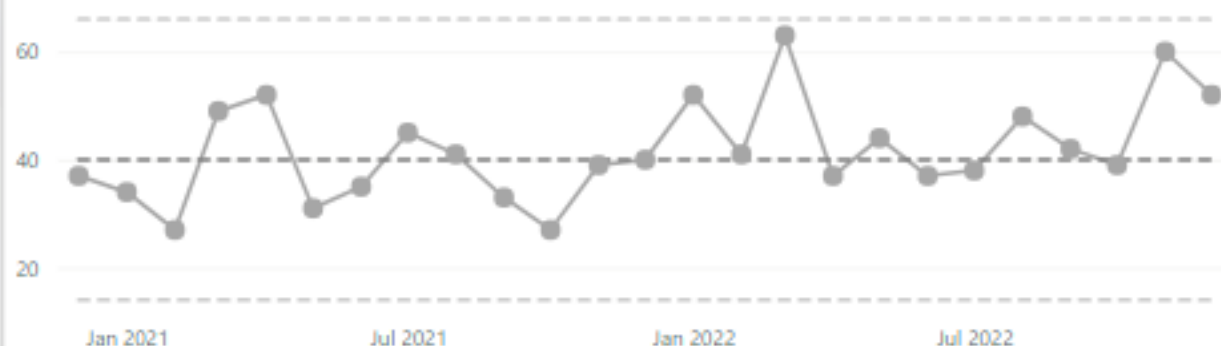
NGH: Current Value

0

NGH: Current Target

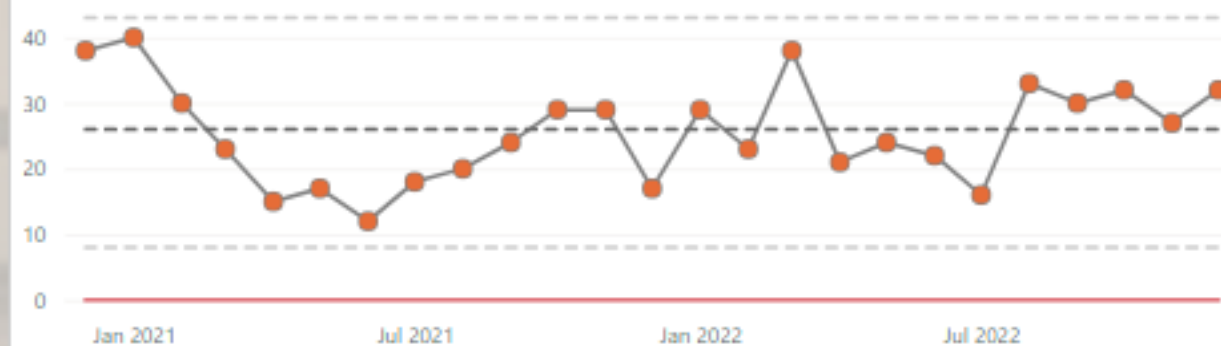
Kettering General Hospital

Number of complaints: Patient



Northampton General Hospital

Number of complaints: Patient



Number of complaints

Committee Name

All

GroupName

Patient

MetricName

Number of complaints

4/1/2019

3/1/2023

52

KGH: Current Value

KGH: Current Target

32

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	The chart is showing common cause variation. There is no agreed ceiling for the number of complaints received.	The Medicine Division continue to receive the highest number of complaints with 27 in December, a reduction on the 32 in November, but remains above the current years average of 22 per month. Surgery have received 13 which is consistent with the current years average. Family Health received the most complaints in December for 2022-23 to date at 12 above the current years average of 7.	No action to take, all complaints will be processed. Efforts to locally resolve complaints continue to be encouraged and progressed where possible.	None
NGH	01/12/22	Number of complaints received in month. This is the number of complaints that proceeded to a formal investigation. Any complaints that were locally resolved withdrawn or escalated to the patient safety team would not be included in this figure, this figure can be provided if required.	Complaints performance – Providing a written response to a complaint within an agreed timescale. The response rate (100%) shows that we are achieving our target, but this includes where an extension has been agreed with the complainant.	due to the pressure on clinical teams the directorates are occasionally unable to meet the initial time frame agreed with the complainant and the quality of responses is variable.	A weekly complaints status report is issued to members of the Executive team to keep them informed of current status.	all issues escalated as required support given to Directorate to complete quality responses

Committee Name

All

GroupName

Patient

MetricName

Patient safeguarding

01/04/2019

18/02/2023

112

KGH: Current Value

KGH: Current Target

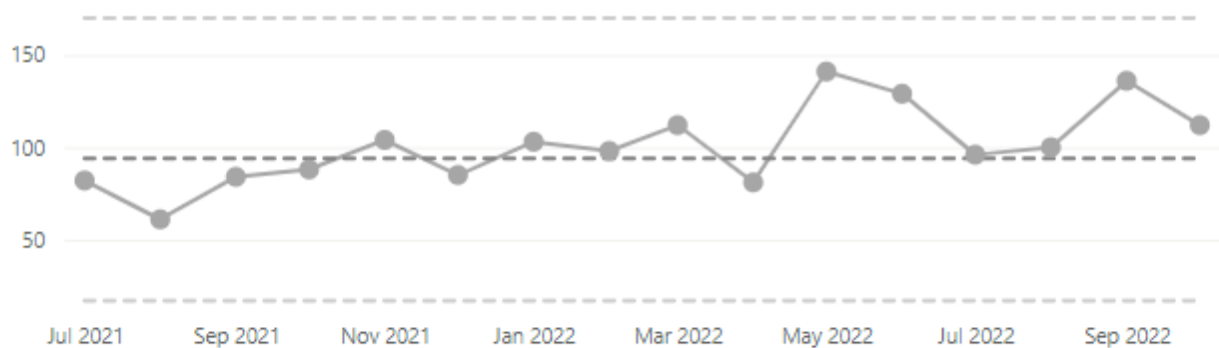
106

NGH: Current Value

NGH: Current Target

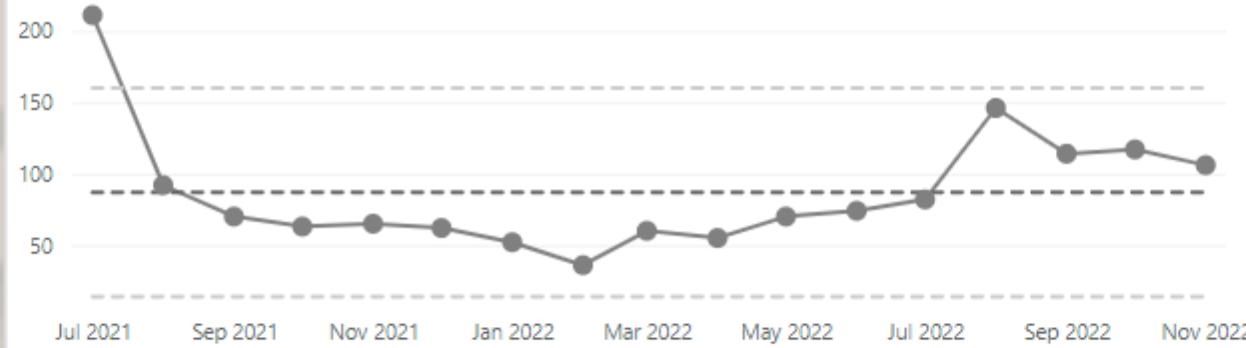
Kettering General Hospital

Patient safeguarding: Patient



Northampton General Hospital

Patient safeguarding: Patient





Summary Table



Committee Name

Integrated Governance Report (IGR) ▾

Group Name

People ▾

Metric Name

All ▾

Site

All ▾

Variation

All ▾



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	People	Quarterly People pulse advo...	01/07/22	55.00%			55%				Consistently Anticipated to Meet Target
NGH	People	Quarterly People pulse advo...	01/07/22	57.00%			56%				Consistently Anticipated to Meet Target
KGH	People	People pulse 'how are you d...	01/07/22	40.00%			40%				Consistently Anticipated to Meet Target
NGH	People	People pulse 'how are you d...	01/07/22	41.00%			32.75%				Consistently Anticipated to Meet Target
KGH	People	Mandatory training complia...	01/12/22	91.32%	85.00%	87.24%	90.03%	92.82%			Consistently Anticipated to Meet Target
NGH	People	Mandatory training complia...	01/12/22	85.63%	85.00%	61.76%	82.03%	102.3%			Not Consistently Anticipated to Meet Target
NGH	People	Appraisal completion rates	01/12/22	75.60%	85.00%	53.38%	72.79%	92.2%			Not Consistently Anticipated to Meet Target
KGH	People	Appraisal completion rates	01/12/22	82.53%	85.00%	77.62%	81.13%	84.64%			Consistently Anticipated to Not Meet Target
NGH	People	Sickness and absence rate	01/12/22	7.15%	3.80%	4.7%	6.11%	7.51%			Consistently Anticipated to Not Meet Target
KGH	People	Sickness and absence rate	01/12/22	6.04%	4.00%	3.64%	5.67%	7.69%			Not Consistently Anticipated to Meet Target
NGH	People	Vacancy rate	01/12/22	11.77%	9.00%	7.33%	8.86%	10.4%			Not Consistently Anticipated to Meet Target
KGH	People	Vacancy rate	01/12/22	9.94%	7.00%	7.21%	9.33%	11.46%			Consistently Anticipated to Not Meet Target
KGH	People	Turnover rate	01/12/22	8.98%	11.00%	9.46%	10.15%	10.85%			Consistently Anticipated to Meet Target
NGH	People	Turnover rate	01/12/22	8.60%	10.00%	8.13%	8.63%	9.12%			Consistently Anticipated to Meet Target

Committee Name

All

GroupName

People

MetricName

Quarterly People pulse advocacy questions

01/04/2019

18/02/2023

55.00%

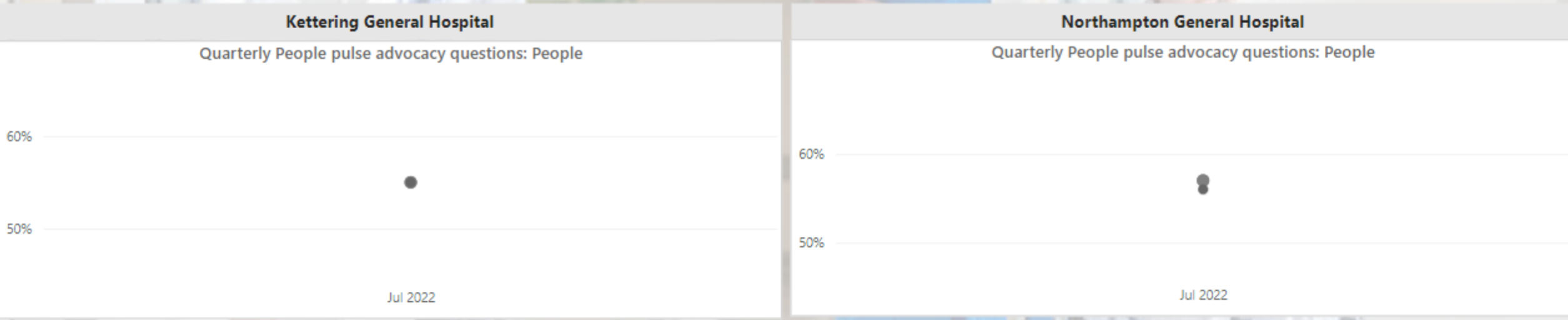
KGH: Current Value

KGH: Current Target

57.00%

NGH: Current Value

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Committee Name

All

GroupName

People

MetricName

People pulse 'how are you doing' measure

01/04/2019

18/02/2023

40.00%

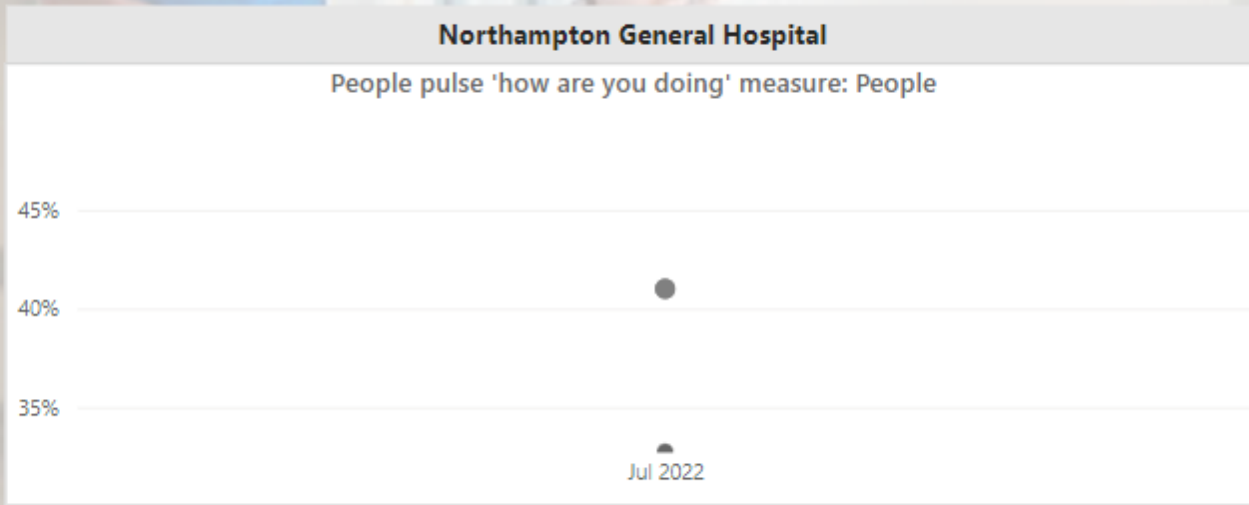
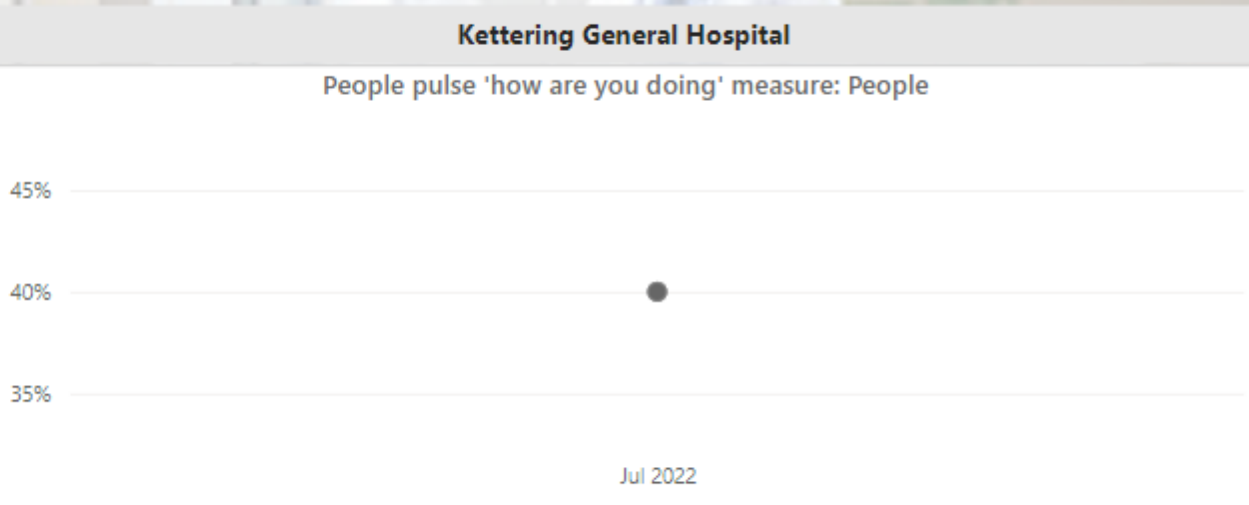
KGH: Current Value

KGH: Current Target

41.00%

NGH: Current Value

NGH: Current Target



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations

Committee Name

All

GroupName

People

MetricName

Mandatory training compliance

01/04/2019

01/03/2023

91.32%

KGH: Current Value

85.00%

KGH: Current Target

85.63%

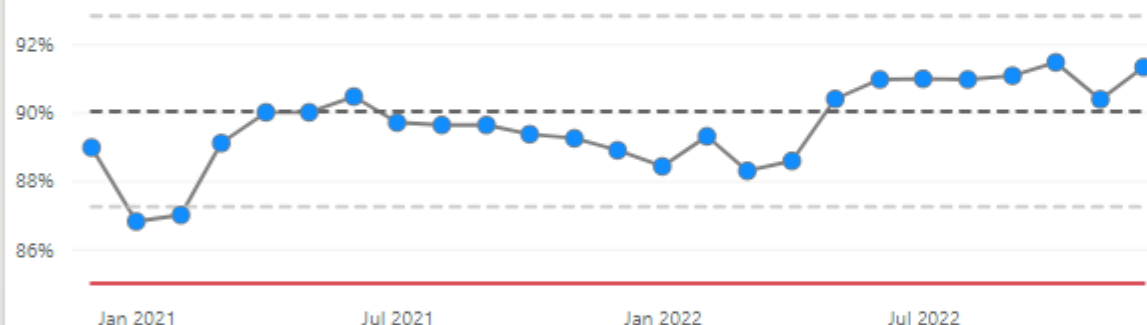
NGH: Current Value

85.00%

NGH: Current Target

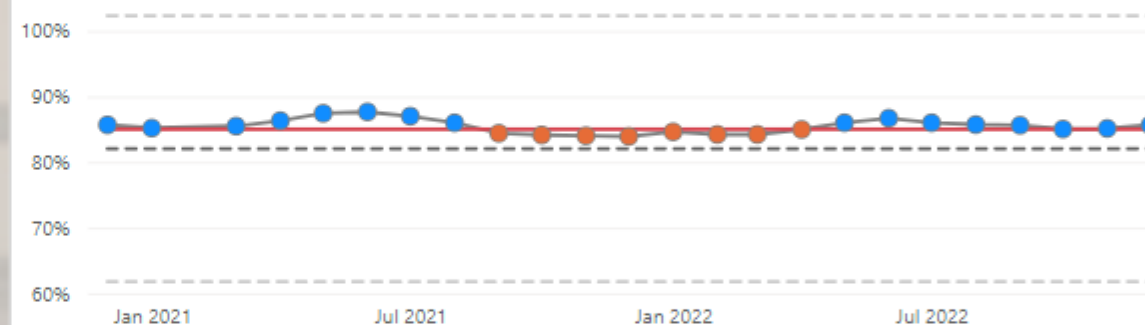
Kettering General Hospital

Mandatory training compliance: People



Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of staff compliant with their mandatory training	The percentage of staff that are compliance with their mandatory trianing profile	All areas of competencies have seen a small improvement in compliance. Resuscitation and sepsis continue to be the focus of support.	New BLS trainer commences in post in February. Focus on sepsis particularly in pediatrics has been in place over the past 3 weeks with good engagement. An updated training Tuesday is now commenced to support improved time commitment	Consistent reminders and manager notifications for those lapsing in compliance. Divisional discussion with ER advisor monthly.
NGH	01/12/22	% of staff compliant with their mandatory training	Trust is currently at compliance target for mandatory training	Manual Handling training continues to be challenging due having carried a vacancy for a manual handling trainer.	Manual Handling trainer now successfully recruited.	NA

Committee Name

All

GroupName

People

MetricName

Appraisal completion rates

01/04/2019

01/03/2023



82.53%

KGH: Current Value

85.00%

KGH: Current Target

75.60%

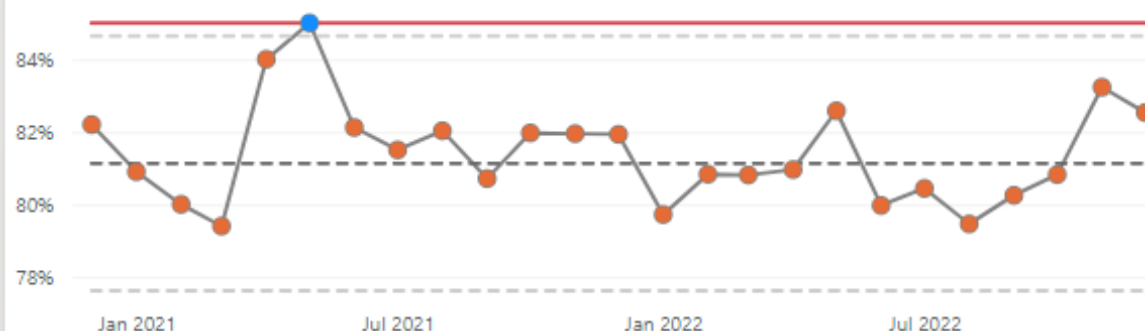
NGH: Current Value

85.00%

NGH: Current Target

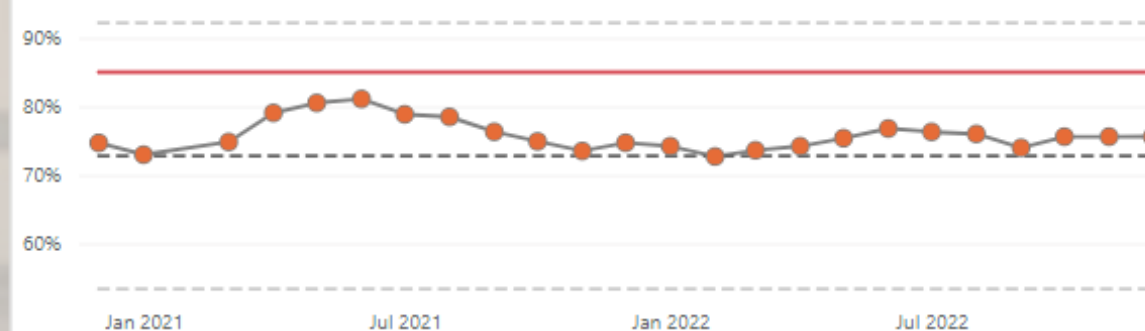
Kettering General Hospital

Appraisal completion rates: People



Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of staff having completed their appraisal	percentage of staff reported to of had an appraisal	Capacity to release staff for appraisal has been particularly challenging in the last period. At times staff report appraisal completion but manager process of informing the data is compromised	All staff and managers prompted. extension of appraisal light tool availability	Patient acuity, staff sickness, availability all impact on compliance figures
NGH	01/12/22	% of staff having completed their appraisal	Percentage of staff whom have had an appraisal completed	Appraisal compliance maintains but both the completion and recording continue to have challenges that mitigate	Manager and staff prompts. Divisional reporting, continue to develop a Group wide tool	Hospital accury and staff availability all challenge ability to time identify for appraisals

Committee Name

All

GroupName

People

MetricName

Sickness and absence rate

01/04/2019

01/03/2023

6.04%

KGH: Current Value

4.00%

KGH: Current Target

7.15%

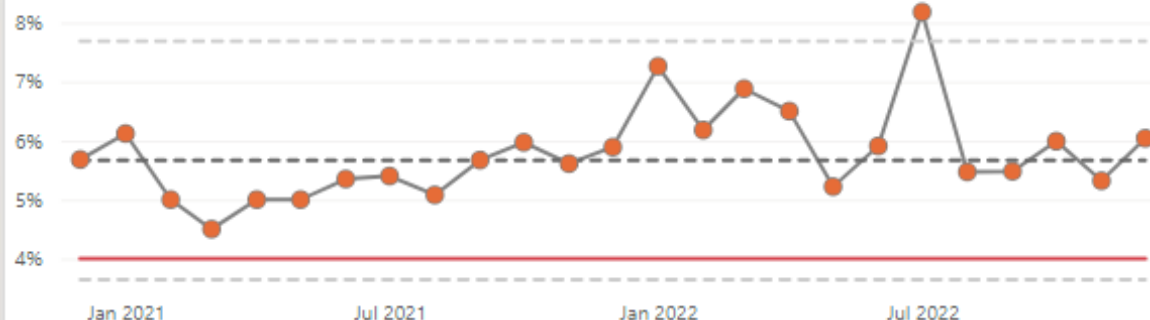
NGH: Current Value

3.80%

NGH: Current Target

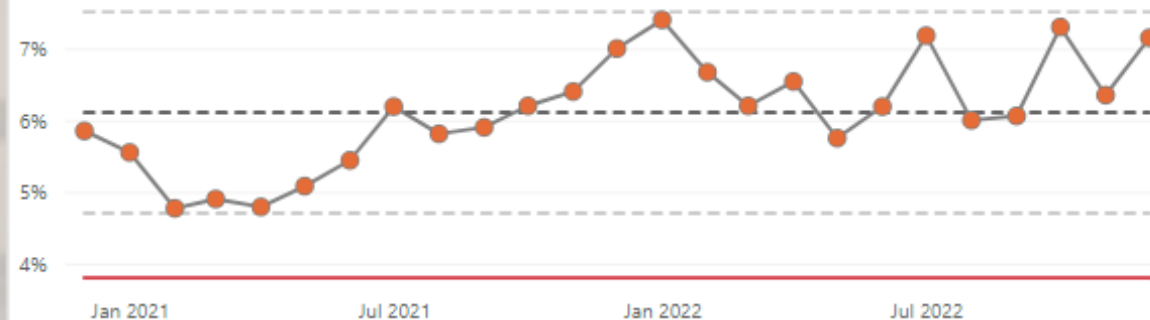
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Sickness and absence rate

Committee Name
All

GroupName
People

MetricName
Sickness and absence rate

4/1/2019 3/1/2023

6.04%
KGH: Current Value

4.00%
KGH: Current Target

7.15%
NGH: Current Value

3.80%
NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of Staff absent	Consistently not meeting our trust target on attendance, 6.04% against trust target of 4%, results are within statistical common cause.	<ul style="list-style-type: none"> * Short term absences relate to COVID / Gastroenteritis * Long term (over 28 days) relates mental health conditions * Management support monitoring and completing return to works inconsistently being applied * Unplanned absence biggest cause of additional workforce pressures / agency spend * RCN strike action on 15 and 20 December 2022 	<ul style="list-style-type: none"> * Targeting areas with high sickness absence (hot spot) * Auditing return to works * Actively managing attendance against absence triggers * Managing unavailability important part of reducing agency spend * Partnership working with union 	<ul style="list-style-type: none"> * Increased provision of mental health and wellbeing support * Developing group harmonised attendance management policy and toolkit to support managers * Automation of daily sit rep returns to support division and managers
NGH	01/12/22	% of Staff absent	Sickness absence increased during the month of December 2022.	The most common causes of absence relate to psychological well-being and musculoskeletal conditions. A return to pre-pandemic levels of absence has not transpired as demand on services continues to be challenging.	A range of psychological and health and wellbeing initiatives are in place and continue to be developed, which are specifically designed to address psychological related absence and a MSK physio is in place to support staff with musculoskeletal conditions. Manual handling training and DSE support and risk assessments are also in place. A Group Head of Health & Wellbeing is also in post. IPC measures also taken in response to increase in absence due to Covid and flu in conjunction with Trust wide vaccination	Supplementing absence related unavailability is supported through Bank back-fill in order to maintain critical services. Absence management continues to be supported by HR Business Partners and Advisors in conjunction with managers and OH advice to support those that are absent with a return to work.

Committee Name

All

GroupName

People

MetricName

Vacancy rate

01/04/2019

18/02/2023



9.94%

KGH: Current Value

7.00%

KGH: Current Target

11.77%

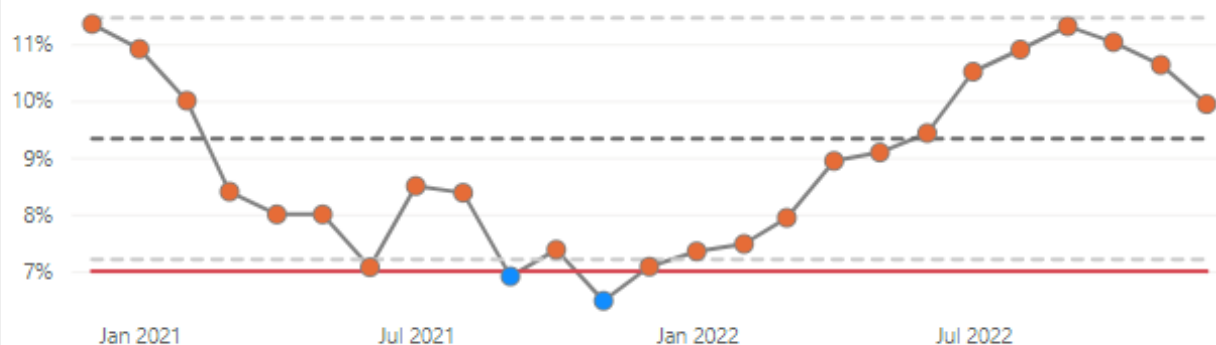
NGH: Current Value

9.00%

NGH: Current Target

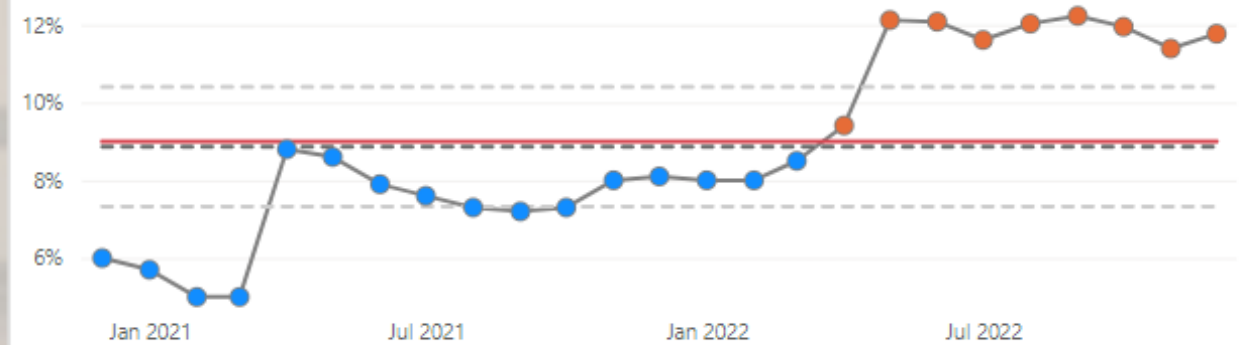
Kettering General Hospital

Vacancy rate: People



Northampton General Hospital

Vacancy rate: People



Committee Name

All

GroupName

People

MetricName

Vacancy rate

4/1/2019

3/1/2023



9.94%

KGH: Current Value

7.00%

KGH: Current Target

11.77%

NGH: Current Value

9.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% difference between budgeted establishment and actual establishment	% difference between budgeted establishment and actual establishment	Metric is experiencing special cause variation - trend is showing a negative performance below the mean of 9.90% below the Trust target of 7%	High vacancy in some staff groups especially HCA, therapists, facilities and some medical specialties. The high number of new starters in the organisation each month is causing pressures as existing staff seek to support, induct and train.	Ongoing targeted campaigns via social media and Best of Both Worlds for specific vacancies will continue to support an improved performance in 22/23. An increase in establishment is having an impact on vacancies but this may be mitigated by the new hospital vacancy approval process. Recruitment and Education are working closely with Divisional leadership to ensure the pressures are managed and new starters supported in their new roles, a new trust induction format has been launched to support this.
NGH	01/12/22	% difference between budgeted establishment and actual establishment	The value tells us that the 12.04% of budgeted posts are currently vacant.	Particular staff group hotspots for vacancy rates are AHPs, Additional Clinical Services (HCAs), Additional Professional Scientific and Technical and Estates and Ancillary. Factors impacting these particular areas relate to combination of a shortage of staff nationally and high turnover. The current volume of recruitment is also particularly high at the moment. Current activity encompasses unfunded posts too such as Volunteers, Clinical Attachments and Clinical Attachments. The level of activity can adversely affect time to hire.	Best of Both Worlds attraction campaign for ED nurses developed and due to go live w/c 19 December 2022 with discussion to take place regarding an open day. Therapies attraction workshop being devised to develop an attraction strategy. Last cohort of overseas nurses to be onboarded in January 23 and working with existing HCAs to transition become nurses and Refugee programme being explored to obtain external funding. 84 HCAs identified for a selection process to take place January 2023. 9 International midwives to be onboarded 2023. Relocation package for Radiologists currently under review. Time to Hire KPIs to be reviewed.	Recruitment activity and time to hire reports created and disseminated to divisions for discussion on a weekly basis to help identify and address any blockages. Additional temporary resource currently utilised within the recruitment team and KGH volunteer recruitment transferred back to KGH recruitment team to spread volume across the Group. Oncology RN and HCA recruitment day completed and candidates offered. 2 International Physios started in November and December 2022

Committee Name

All

GroupName

People

MetricName

Turnover rate

01/04/2019

18/02/2023



8.98%

KGH: Current Value

11.00%

KGH: Current Target

8.60%

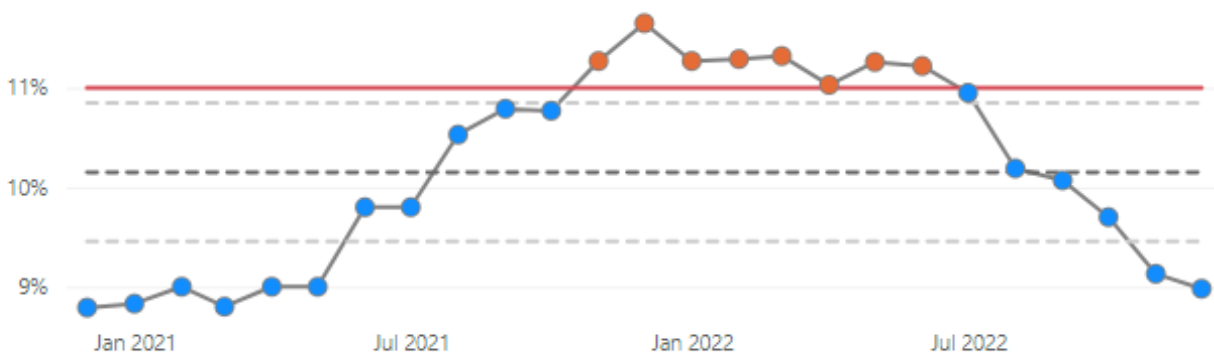
NGH: Current Value

10.00%

NGH: Current Target

Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People





Turnover rate



Committee Name

All

GroupName

People

MetricName

Turnover rate

4/1/2019

3/1/2023



8.98%

KGH: Current Value

11.00%

KGH: Current Target

8.60%

NGH: Current Value

10.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of staff leaving the organisation over a 12 month rolling period	% of staff leaving the organisation over a 12 month rolling period	Turnover rates are showing common cause variation and are at 9% against a Trust target of 11%	Turnover has been decreasing since January 2022. The metric continues to be under the Trust target and reducing. The local labour market has returned to normal activity and increased competition within this market and turnover rates still need to be closely monitored for specific staff groups.	Work is being undertaken to review exit interviews to ensure feedback is being acted upon and to assess the quality of the data and response rate. Divisions are being asked to review any areas of concern following staff leaving. Engagement with staff is still critical to understand staff views and reasons for leaving. The Staff Survey and Pulse Survey results have been received with Divisional Plans to improve and support staff experience. Further work will be planned following the results of the National Staff Survey.
NGH	01/12/22	% of staff leaving the organisation over a 12 month rolling period	Trust turnover decreased slightly during the month of December.	Issues relate to low morale a tired post pandemic and winter pressure workforce and the risk of those nearing retirement age wishing to retire.	Career pathway conversations available in conjunction with Practice Development and learning and development opportunities available including apprenticeships for existing staff. Midwifery Retention Manager appointed with NHSE funding.	Range of Health & Well-being initiatives in place. Career Development opportunities to continue to be developed and promotion of agile/flexible working and retire and return options to retain workforce. Midwifery Retention Manager appointed.



Quality



KGH

NGH

Committee Name

Integrated Governance Report (I... ▼

GroupName

Quality ▼

6

Exec comments KGH

0

Exec comments NGH

10

Total No. of Metrics

Site	MetricName	Value
KGH	30 day readmissions	24.47%
KGH	Hospital-acquired infections	8
KGH	Never event incidence	0
KGH	New harms	23.10%
KGH	Number of medication errors	62
KGH	Safe Staffing	88.64%
KGH	Serious or moderate harms	5
KGH	Serious or moderate harms – falls	0.06
KGH	Serious or moderate harms – pressure ulcers	0.24
KGH	SHMI	109.31

Metric	Comment
Pressure Ulcers	After a slight rise in September, in patient falls with harm has reduced from 0.13 in October and November with two falls with harm in each month, to 0.06 in December with one fall with harm. All in patient falls is 5.08 per 1000 bed days below the national average.
Falls	After a slight rise in September, in patient falls with harm has reduced from 0.13 in October and November with two falls with harm in each month, to 0.06 in December with one fall with harm. All in patient falls is 5.08 per 1000 bed days below the national average.
Pressure Ulcers	During the month of December 2022 Kettering General Hospital saw four category 2. There were no category 3, 4 or unstageable pressure ulcers, this remains within our stretch trajectory.
Infection Prevention & Control	Hospital Acquired Infections - Defined as patients experiencing a Gram-negative hospital acquired infection: E-Coli, Pseudomonas aeruginosa and Klebsiella species = 8 in December 2022. The Trust was to be visited in December by the Regional IPC team to review processes; however this had been delayed until January 2023. C Diff is within the cumulative trajectory of 30, at 28 to date (year-end ceiling is 41). There has been one Community Onset Healthcare Associated MRSA reported in December where the patient had a previous admission on a medical ward earlier in December. A full Root Cause Analysis is being undertaken.
Complaints	The Complaints performance continues to remain under trajectory and has reduced again from 40% to 22%. The number of complaints being returned by the internal date also remains non-compliant at 22%, and the number of complaints being returned for further work, remains high at 27%. Drop-in sessions are being held weekly to support the investigators of complaints and to improve the quality of responses, along with monthly training sessions. Additional resource has been put in to support Surgery complaints and confirm and challenge meetings are being held within the Medicine division. However, operational pressures and sickness have compounded the current position.
Mortality	The SHMI lies well within the expected range and it is continuing to show a decreasing trend. The alerts from the SMR/HSMR is being audited and the training is in place for sepsis. The pneumonia group continues to alert due to the ongoing and an increase in the number of COVID and Influenza A cases. However the diagnostic tests (X rays) are individually reviewed by the lead consultant to ensure appropriate diagnosis and care.

KGH

NGH

Committee Name

Integrated Governance Report (l... ▼

GroupName

Quality ▼

0

Exec comments KGH

4

Exec comments NGH

10

Total No. of Metrics

Site	MetricName	Value
NGH	30 day readmissions	13.34%
NGH	Hospital-acquired infections	8
NGH	Never event incidence	0
NGH	New harms	0.00%
NGH	Number of medication errors	123
NGH	Safe Staffing	0.00%
NGH	Serious or moderate harms	46
NGH	Serious or moderate harms – falls	0.15
NGH	Serious or moderate harms – pressure ulcers	13
NGH	SHMI	90

Metric	Comment
Complaints	Complaints performance – Providing a written response to a complaint within an agreed timescale target met
Falls	In total there was 1 severe harm fall and 2 moderate harm falls. All 3 falls have been discussed at the incident review group. 0.15 moderate and severe harm falls/1000 bed days remained unchanged. There has been an audit commenced to review acting on imaging and all themes and learning is shared through the falls MDT working group.
Infection Prevention & Control	The IPC Team continue to progress the GNB section of the HCAI Reduction Plan with no issues for escalation. A Post Infection Review occurs for each patient to develop a GNB and learning is highlighted to IPC Operational Group. The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and CQEG.
Infection Prevention & Control	The Trust is currently over the NHSE trajectory of 51 cases for 22-23 with 56 cases at the end of December.5 patients developed a healthcare associated C.diff infection (CDI) in December.96% of patients had antibiotics in the 3 months before CDI: 23% from a GP and 73% from the hospital, of which 80% had IV antibiotics. The Antimicrobial Stewardship Team and the IPC Team are delivering the CDI reduction plan to reduce the risk of CDI to patients through recommencing antimicrobial stewardship ward rounds, using iBox to prompt IV to oral switch, and launching Antimicrobial Stewardship Champions within the Divisions. The IPC Team have commenced stool pot stewardship checks and relaunched the escalation of isolation process in to ensure patients are isolated immediately on suspicion of CDI. The CDI reduction plan is monitored monthly through IPC Steering Group. No issues, the Trust remains below trajectory for Gram-negative bacteraemias.8 patients developed a Gram-negative bacteraemia (GNB) this month. The IPC Team continue to progress the GNB section of the HCAI Reduction Plan with no issues for escalation. A Post Infection Review occurs for each patient to develop a GNB and learning is highlighted to IPC Operational Group.



Summary Table



Committee Name

Integrated Governance Report (IGR) ▼

Group Name

Quality ▼

Metric Name

All ▼

Site

All ▼

Variation

All ▼



Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
NGH	Quality	New harms	01/02/22	0.00%	2.00%	0%	0%	0%			Consistently Anticipated to Meet Target
KGH	Quality	New harms	01/12/22	23.10%		18.25%	23.74%	29.23%			Consistently Anticipated to Not Meet Target
NGH	Quality	Serious or moderate harms	01/12/22	46	0	6	20	33			Consistently Anticipated to Not Meet Target
KGH	Quality	Serious or moderate harms	01/12/22	5	8	0	7	14			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms ...	01/12/22	0.06	0.18	0.46	0.46	0.46			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms ...	01/12/22	0.15	0.06	0.28	0.28	0.28			Not Consistently Anticipated to Meet Target
NGH	Quality	Serious or moderate harms ...	01/12/22	13	0	-4	3	10			Not Consistently Anticipated to Meet Target
KGH	Quality	Serious or moderate harms ...	01/12/22	0.24	0.69	1.02	1.02	1.02			Not Consistently Anticipated to Meet Target
NGH	Quality	Number of medication errors	01/12/22	123	0	-2	48	98			Not Consistently Anticipated to Meet Target
KGH	Quality	Number of medication errors	01/12/22	62	0	35	74	112			Consistently Anticipated to Not Meet Target
NGH	Quality	Hospital-acquired infections	01/12/22	8	7	-1	7	15			Not Consistently Anticipated to Meet Target
KGH	Quality	Hospital-acquired infections	01/12/22	8	7	1	9	17			Not Consistently Anticipated to Meet Target
KGH	Quality	SHMI	01/12/22	109.31	107	111.29	111.29	111.29			Not Consistently Anticipated to Meet Target
NGH	Quality	SHMI	01/12/22	90	100	93	95	98			Consistently Anticipated to Meet Target
NGH	Quality	Safe Staffing	01/02/22	0.00%	96.00%	0%	0%	0%			Consistently Anticipated to Not Meet Target
KGH	Quality	Safe Staffing	01/12/22	88.64%	96.00%	85.03%	91.51%	97.99%			Not Consistently Anticipated to Meet Target
KGH	Quality	30 day readmissions	01/12/22	24.47%	12.00%	10.97%	18.23%	25.49%			Not Consistently Anticipated to Meet Target
NGH	Quality	30 day readmissions	01/12/22	13.34%	12.00%	12.65%	14.47%	16.28%			Consistently Anticipated to Not Meet Target

Committee Name
Integrated Governance Report (IGR)

Group Name
Quality

Metric Name
All

Site
All

Variation
All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Quality	Never event incidence	01/12/22	0	0	0	0	1			Not Consistently Anticipated to Meet Target
NGH	Quality	Never event incidence	01/12/22	0	0	-1	0	1			Not Consistently Anticipated to Meet Target

Committee Name

All

GroupName

Quality

MetricName

New harms

01/04/2019

18/02/2023



23.10%

KGH: Current Value

KGH: Current Target

0.00%

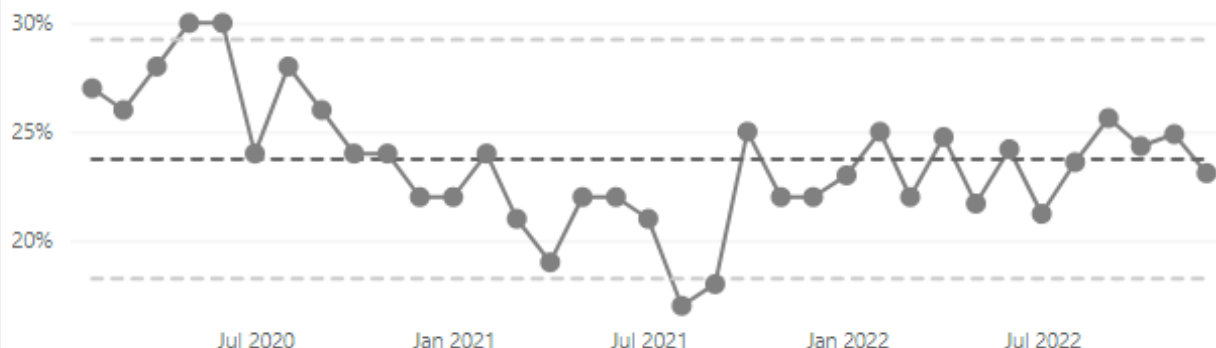
NGH: Current Value

2.00%

NGH: Current Target

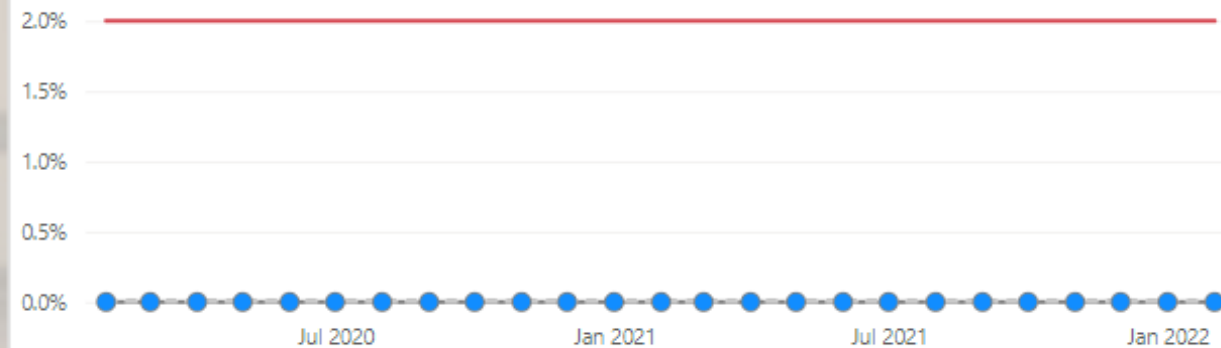
Kettering General Hospital

New harms: Quality



Northampton General Hospital

New harms: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Patients experiencing a new harm (low, moderate, severe, catastrophic and patient death as a result of a Patient Safety incident) reported as a percentage of ALL incidents reported	Recommend to the Committee to remove this metrics as no evidence to define.	Recommend to the Committee to remove this metrics as no evidence to define.	At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	For the time period stated the highest 'harm level' reported is for low harm incidents at 94.35%. Low level harms are investigated by the clinical area. The quarterly Patient Safety report presented to the Quality and Safety Committee provides full detail of incident reporting and analysis and themes.

Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms

01/04/2019

18/02/2023

5

KGH: Current Value

8

KGH: Current Target

46

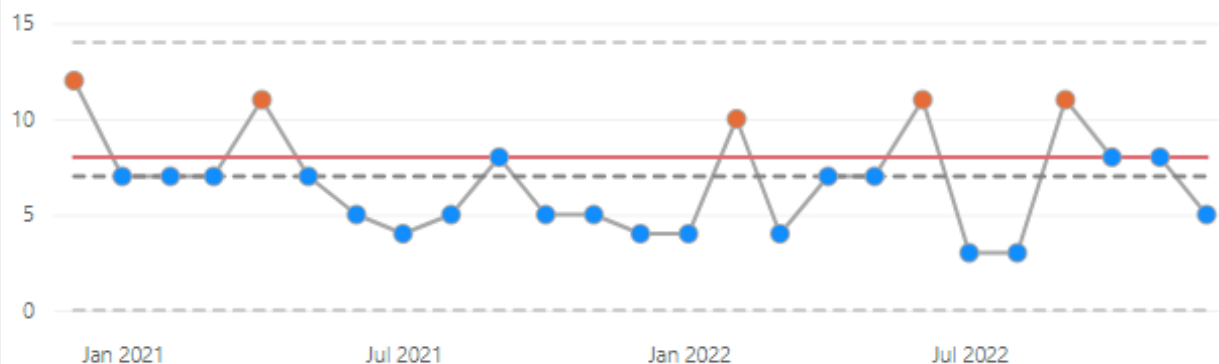
NGH: Current Value

0

NGH: Current Target

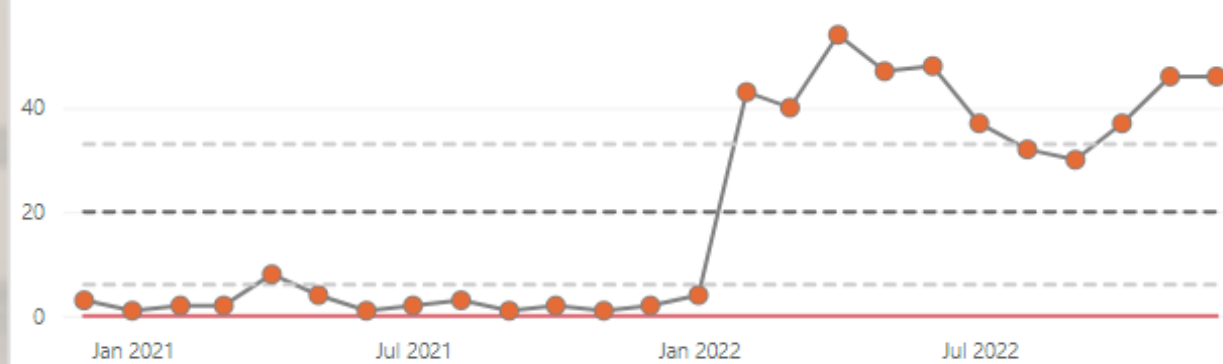
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms

4/1/2019

3/1/2023

5

KGH: Current Value

8

KGH: Current Target

46

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The chart is showing common cause variation with variable assurance. The ceiling was set on the average based on Dec-19-Mar-22 numbers and may require revision.	KGH has an average reporting number of 6.85 for the time period Dec-19-Mar-22. 2020-2021 average reporting was 7.25. 2021-22 average reporting number was 6. KGH propose to set the ceiling at 8 pending review. Caution must be applied as harms levels can change pending investigation which may take several months.	The Trust recognises that there will be incidents that do not meet the Serious Incident reporting threshold. Where moderate harm has occurred, such incidents fall within the scope of the Policy For The Reporting And Management Of Serious Incidents, Never Events And Investigations Into Moderate Harm Incidents and its guidance, in terms of provision of root cause analysis investigations and evidence of assessment of harm and duty of candour by the Serious Incident Review Group (SIRG).	For the time period stated, moderate, severe, catastrophic harm or patient death as a result of a patient safety incident equate to 3.2% of all incidents with a patient harm incurred and 0.74% of all incidents reported.
NGH	01/12/22	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The number of Moderate and above harms recorded on Datix	Number of moderate and above harms meeting serious incident criteria are increasing leading to a backlog of overdue investigation reports whilst continuing to declare serious incidents.	Incidents are considered in the twice weekly Incident Review Group meeting and declared if they meet the SI Framework 2015 criteria	Serious incidents are investigated using root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences

Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – falls

01/04/2019

18/02/2023

0.06

KGH: Current Value

0.18

KGH: Current Target

0.15

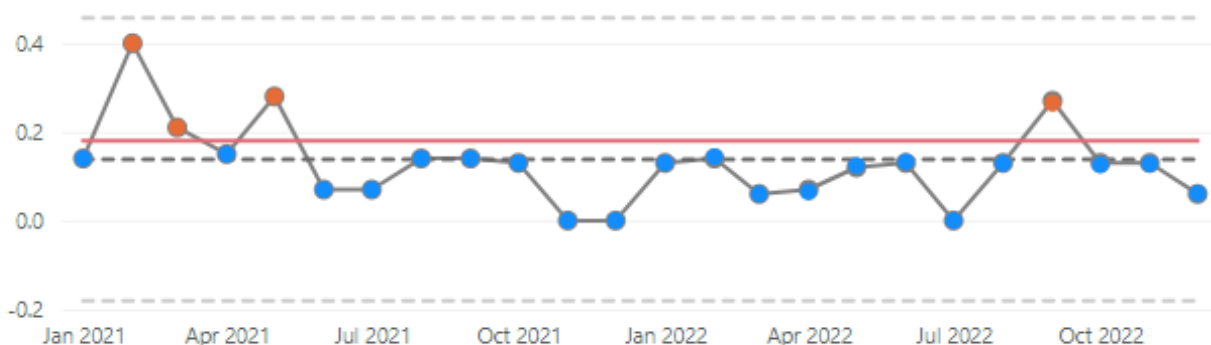
NGH: Current Value

0.06

NGH: Current Target

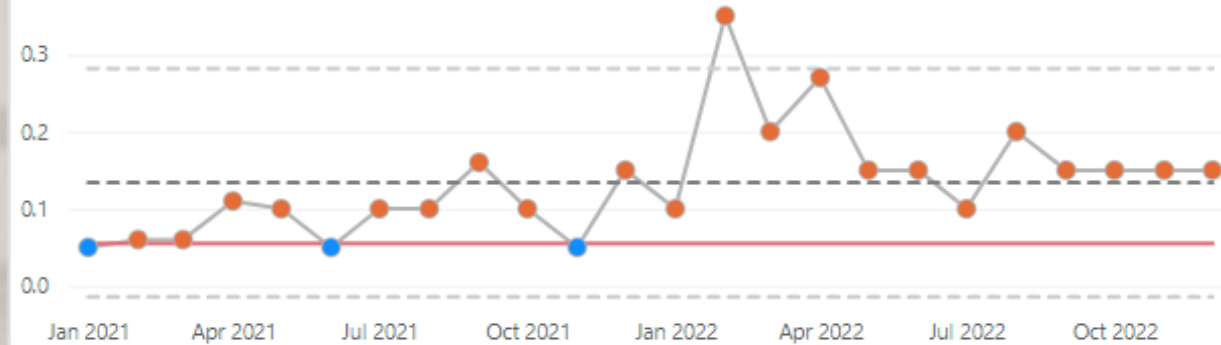
Kettering General Hospital

Serious or moderate harms – falls: Quality



Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing variable assurance, however demonstrating positive low variation since June 2020.	KGH have worked to a ceiling of 0.18 for many years. An agreed ceiling between KGH and NGH is required. KGH has recently aligned with NGH reporting methodology excluding near miss falls (patient lowered by staff or self) from all falls reporting.	The Trust continues with weekly harm free care meetings reviewing falls and pressure ulcer incidents and improvement actions.	Significant work has been undertaken over the last year, with a revision of paperwork and mandatory training for relevant staff. All falls with harm are reviewed by the Falls Prevention Lead and Practice Development Team in conjunction with the clinical area and reviewed by SIRG.
NGH	01/12/22	Patients experiencing falls with moderate harm or above per 1000 bed days.	0.15 moderate and severe harm falls/1000 bed days remained unchanged.	there were 2 moderate harm falls and 1 severe harm fall.	There has been an audit commenced to review acting on imaging.	all themes and learning is shared through the falls MDT working group.

Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulc...

01/04/2019

18/02/2023

0.24

KGH: Current Value

0.69

KGH: Current Target

13

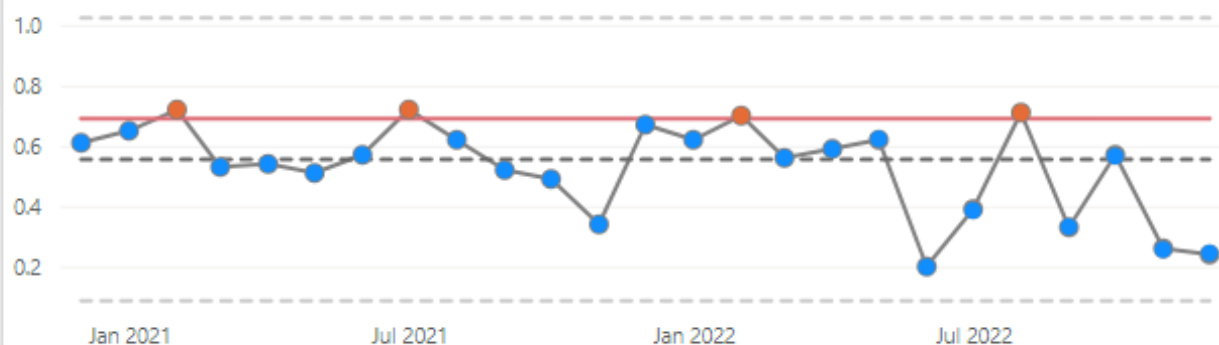
NGH: Current Value

0

NGH: Current Target

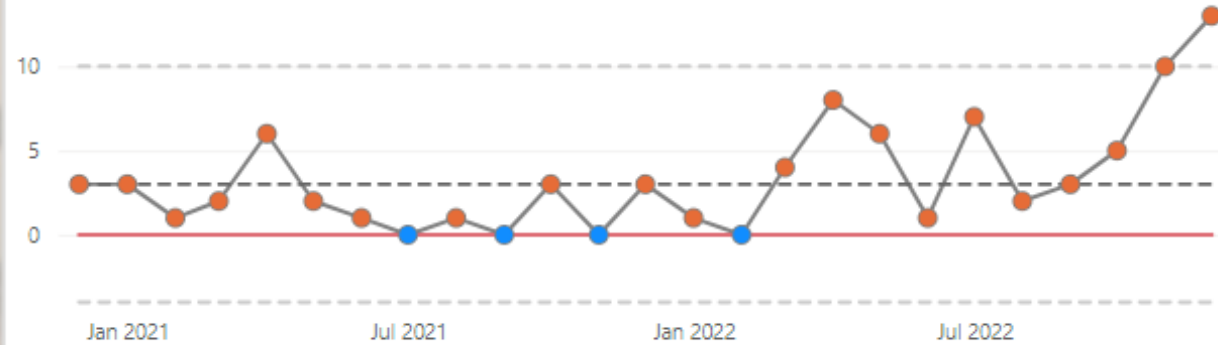
Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality



Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality





Serious or moderate harms – pressure ulcers



Committee Name

All

GroupName

Quality

MetricName

Serious or moderate harms – pressure ulcers

4/1/2019

3/1/2023

0.24

KGH: Current Value

0.69

KGH: Current Target

13

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	The chart is showing common cause variation. The ceilings have been revised based on a reduction of 10% across all levels of categories.	With the development of the IGR, the defined metric has been agreed as: Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. (Not including moisture associated skin damage or deep tissue injury).	The SSKIN Risk Assessment and Care Plan are established and in use across the Trust. Compliance with this is now being monitored through the 'Perfect Ward' system.	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.
NGH	01/12/22	Patients experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital per 1000 bed days. Not including moisture associated skin damage or deep tissue injury	the value is telling us the number of Patients that are experiencing pressure tissue damage category 2, 3, 4 or unstageable developed or worsened in hospital. The chart is showing common cause variation. The ceilings have been revised based on a reduction of 10% across all levels of categories	there has been an increase in pressure damage to the patient, during December because of consistent high activity and acuity	due to delay in moving patients to wards a new body-map documentation has been introduced in A&E to capture all our patients with any skin damage including pressure ulcers, so that pressure ulcers which occurred in the community can be documented as such. Face-to-face training continues to be delivered to staff on wards that have a high incidence of pressure ulcers. They are also encouraged to complete the pressure ulcer training on Moodle. Screensavers are regularly produced to provide information – our focus going forwards will be with regards to the use of slide sheets, equipment to offload heels, offloading medical devices (oxygen mask, nasal cannulas etc), to ensure safe movement of patients, and to help reduce skin damage to those at risk. Ward managers are invited but find it difficult to attend "Share & Learn" meeting with DDoN and TVN team. the TVN will be going out to the wards to share and learn	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.

Number of medication errors

Committee Name

All

GroupName

Quality

MetricName

Number of medication errors

01/04/2019

18/02/2023

62

KGH: Current Value

0

KGH: Current Target

123

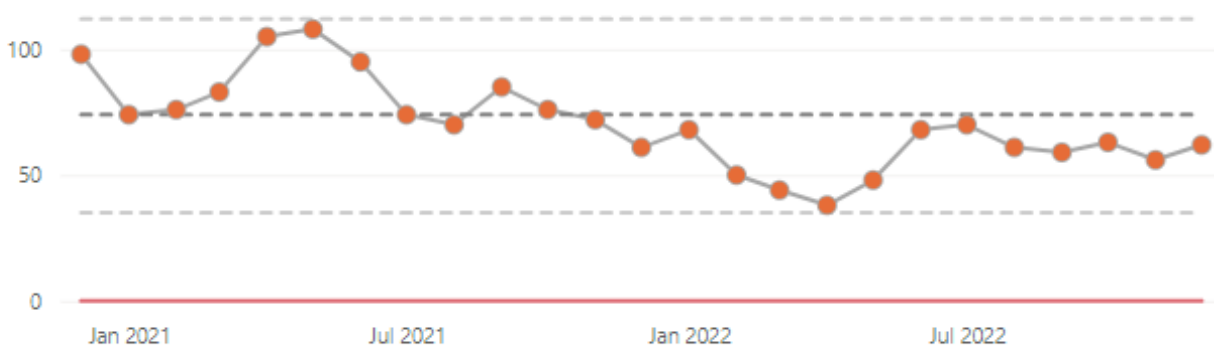
NGH: Current Value

0

NGH: Current Target

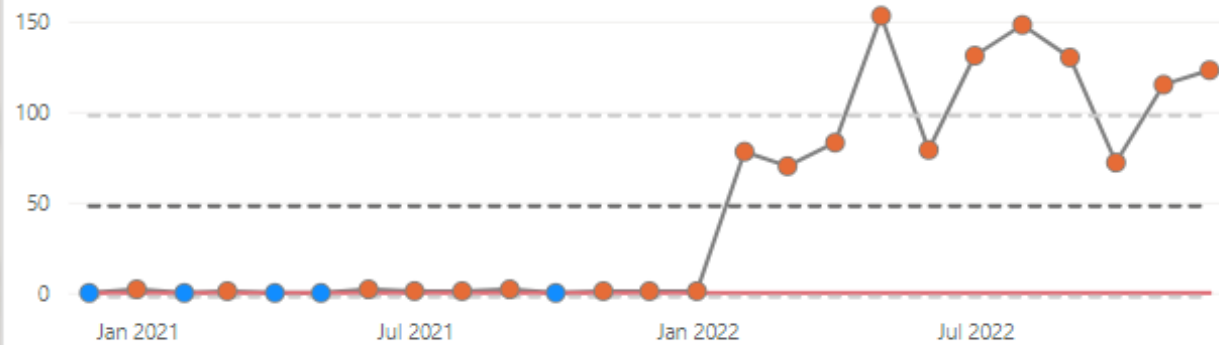
Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality



Number of medication errors

Committee Name
All

GroupName
Quality

MetricName
Number of medication errors

4/1/2019 3/1/2023

62
KGH: Current Value

0
KGH: Current Target

123
NGH: Current Value

0
NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Currently the target has been set to Zero. This makes the chart unreadable. Historically the Trust had taken a proactive approach to encouraging incident reporting. Historically the Trust had a target of exceeding 120 medication incident reports per month.	A 'low' reporting rate from an organisation should not be interpreted as a 'safe' organisation, and may represent under-reporting. Subsequently, a 'high' reporting rate should not be interpreted as an 'unsafe' organisation, and may actually represent a culture of greater openness.	The reporting of incidents to a national central system (The National Reporting and Learning System (NRLS)) helps protect patients from avoidable harm by increasing opportunities to learn from mistakes where things go wrong. At a national level the NHS uses these reports to identify and take action to prevent emerging patterns of incidents on a national level via patient safety alerts. At a local level these reports are used to identify and target areas of risk emerging through deficiencies in policy, practice process or therapeutics.	For the time period stated, no harm or near misses equate to 82.26% of all medication incidents reported. The remaining 17.74% were all low harm incidents.
NGH	01/12/22	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Incident reporting is encouraged. There is no target set for this but high reporting with no / low harm is considered a good reporting culture.	Rather than a marker of safety, low reporting may represent an under reporting culture and high reporting a culture of greater openness; further analysis can inform this. Medication error rates stratified by harm are useful for initial interpretation. Variable reporting rates may indicate that reporting is deprioritised during times of pressure or may relate to seasonal changes (e.g. junior doctor changeover).	Incidents reported nationally (via NRLS) and locally for learning. Reporting contributes to patient safety alerts allowing us to learn from mistakes. Themes and trends are monitored through local medicines governance to inform local actions and work programme.	Continue to encourage reporting and review any / levels of harm. Monitor themes and trends. Liaise through MSO (Medicines Safety Officer) network. Response to alerts and sharing of learning locally.

Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

01/04/2019

18/02/2023

8

KGH: Current Value

7

KGH: Current Target

8

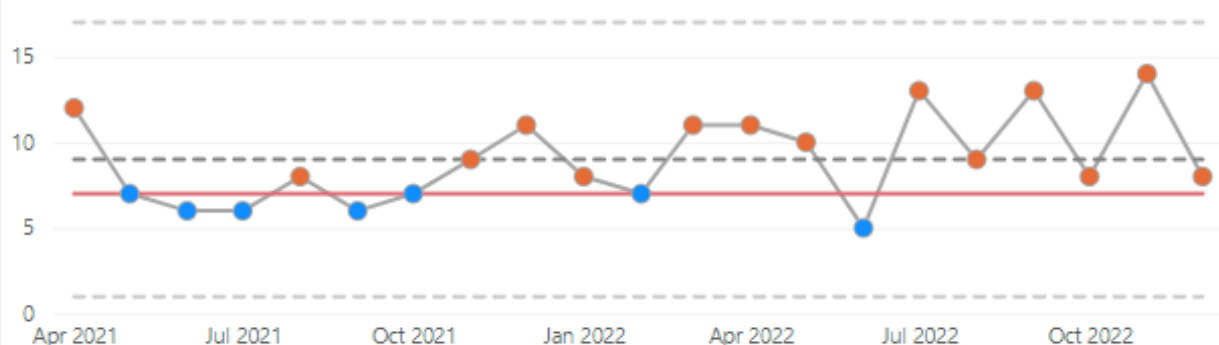
NGH: Current Value

7

NGH: Current Target

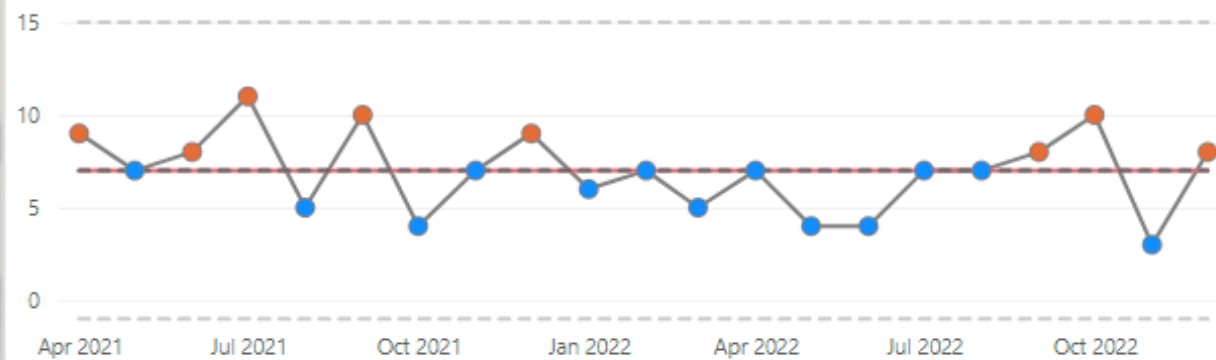
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Committee Name

All

GroupName

Quality

MetricName

Hospital-acquired infections

4/1/2019

3/1/2023

8

KGH: Current Value

7

KGH: Current Target

8

NGH: Current Value

7

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.	The chart is showing common cause variation and variable assurance.	Patients experiencing a Gram negative Hospital Onset Hospital Acquired (HOHA) or Community Onset Hospital Acquired (COHA) infection, defined as: E-Coli, Pseudomonas aeruginosa and Klebsiella species. E-Coli occurrences are above the trajectory set by the ICB.	The Trust was to be visited in December by the Regional IPC team to review processes, however this had been delayed until January 2023.	All HOHA cases are investigated by the IPC team and depending on the source of the bacteraemia, a post infection review is complete to look for any lapses in care.
NGH	01/12/22	Patients experiencing a Gram-negative Hospital Onset Healthcare Associated (HOHA) or Community Onset Healthcare Associated (COHA) infection, defined as: E.coli, Pseudomonas aeruginosa and Klebsiella species.	8 patients developed a Gram-negative bacteraemia (GNB) this month.	No issues, the Trust remains below trajectory for Gram-negative bacteraemias.	The IPC Team continue to progress the GNB section of the HCAI Reduction Plan with no issues for escalation. A Post Infection Review occurs for each patient to develop a GNB and learning is highlighted to IPC Operational Group.	The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and CQEG.

Committee Name

All

GroupName

Quality

MetricName

SHMI

01/04/2019

18/02/2023

109.31

KGH: Current Value

107

KGH: Current Target

90

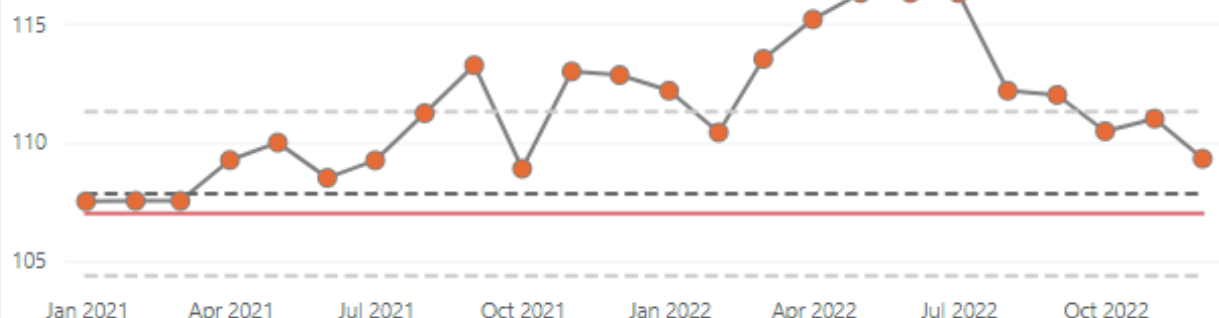
NGH: Current Value

100

NGH: Current Target

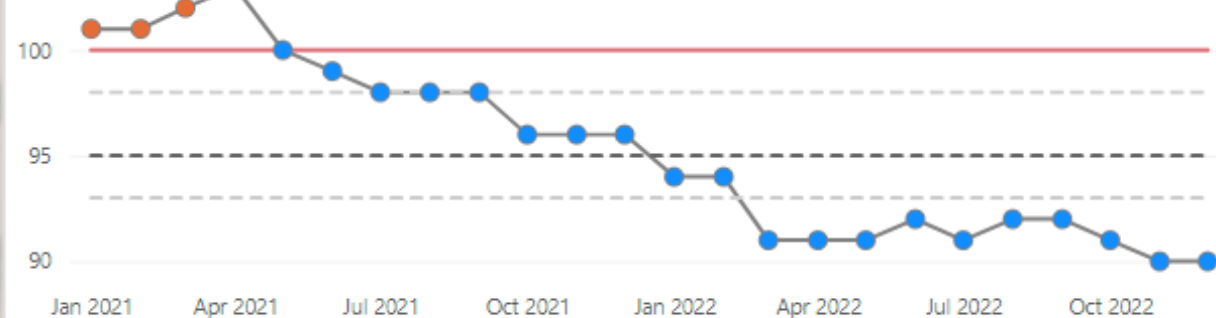
Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means	SHMI - 109.31 within the expected range compared to our peers.	SHMI is higher in the pneumonia group.	Continuous audit with the clinical and the coding team to reiterate the clinical pathway, appropriate coding and identify any issues.	As above
NGH	01/12/22	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means	SHMI has now decreased into the "below expected" range.	Nil	Nil	Nil required

Committee Name

All

GroupName

Quality

MetricName

Safe Staffing

01/04/2019

18/02/2023



88.64%

KGH: Current Value

96.00%

KGH: Current Target

0.00%

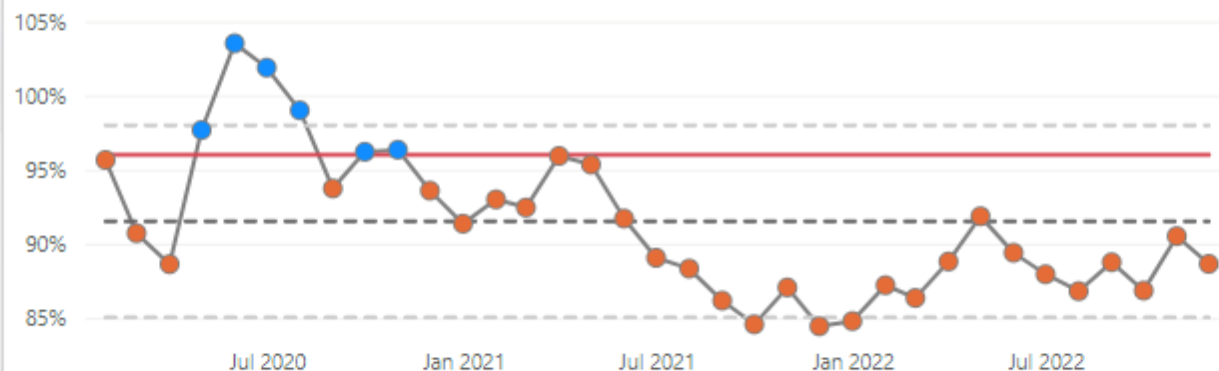
NGH: Current Value

96.00%

NGH: Current Target

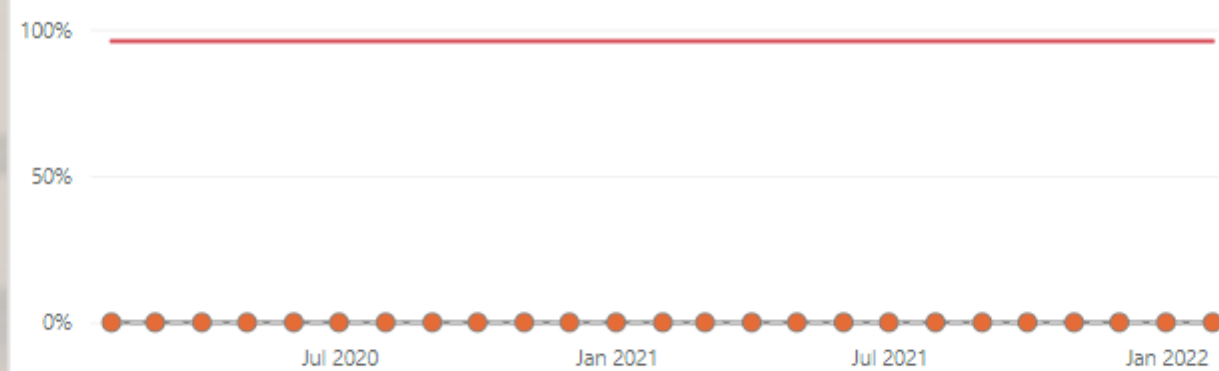
Kettering General Hospital

Safe Staffing: Quality



Northampton General Hospital

Safe Staffing: Quality



Committee Name
All

GroupName
Quality

MetricName
Safe Staffing

4/1/2019 3/1/2023

88.64%
KGH: Current Value

96.00%
KGH: Current Target

0.00%
NGH: Current Value

96.00%
NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Combined day & night shift fill rate % for registered & non-registered Nursing, midwifery & AHP staff. Reported nationally to NHSE in accordance with National Quality Board guidance.	The value tells us that combined Registered & non-registered Nursing staff fill rates reduced in December by 1.87% as compared to November.	Registered fill rates within paediatrics: Local Neonatal Unit & Skylark ward were a particular concern to the Trust and formed the mainstay of the reduced registered fill rate overall. December was also a period of peak emergency activity for the paediatric service with high prevalence of RSV, Influenza and public concern regarding Streptococcus A infection. Whilst the volume of emergency attendance increased, so did the acuity of the in-patients.	Staffing is monitored for all in-patient areas across the whole organisation by the twice daily Staffing Cell and is attended by a senior member of the corporate Nursing team to ensure oversight of risk. The paediatric staffing challenges were monitored closely by the cell and all possible mitigation including the balancing of risk across all paediatric areas (Skylark, LNU & Paediatric ED) to ensure Registered Children Nursing presence with support from adult Registered Nurses with Paediatric competence. HCA fill rates were maintained in order to support the Registered staff (non-registered fill rate Day: 95%, Night 145%). The Trust has also explored the utilisation of off-framework agency Children's Nurses.	Staffing is monitored for all in-patient areas across the whole organisation by the twice daily Staffing Cell. The paediatric staffing challenges were monitored closely by the cell and all possible mitigation including the balancing of risk across all paediatric areas (Skylark, LNU & Paediatric ED) to ensure Registered Children Nursing presence with support from adult Registered Nurses with Paediatric competence. The Neonatal Unit provided regular support to Skylark ward due to low activity & acuity on LNU (despite reduced fill rates). The Skylark Sister, Practice Development Nurse & Matron frequently worked clinically to support the Nursing team and maintain patient safety. HCA fill rates were maintained in order to support the Registered staff (non-registered fill rate Day: 95%, Night 145%). The Trust has also explored the utilisation of off-framework agency Children's Nurses.

Committee Name

All

GroupName

Quality

MetricName

30 day readmissions

01/04/2019

18/02/2023



13.65%

KGH: Current Value

12.00%

KGH: Current Target

14.12%

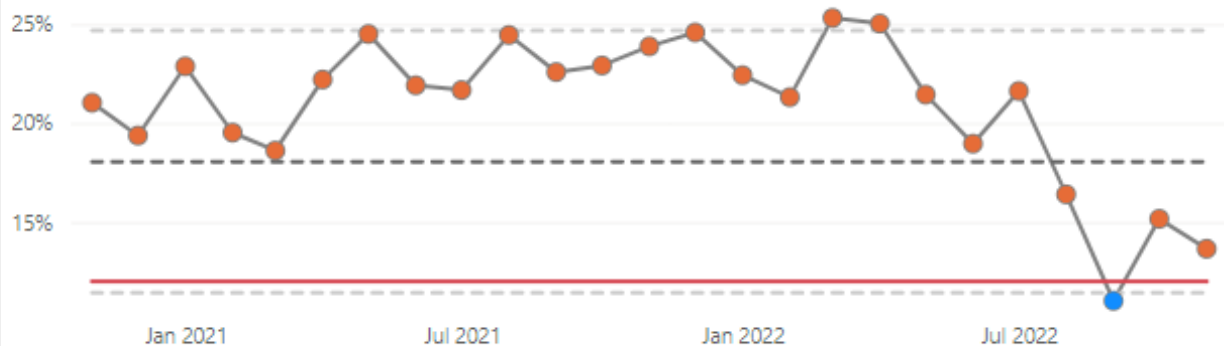
NGH: Current Value

12.00%

NGH: Current Target

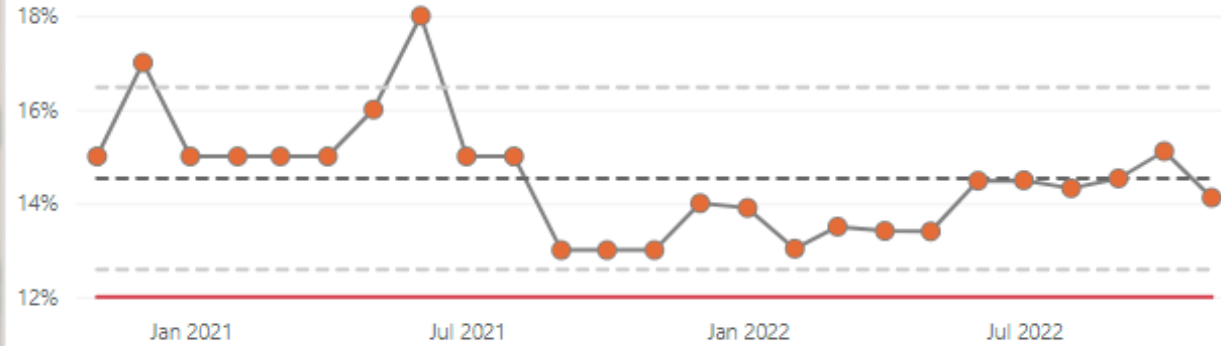
Kettering General Hospital

30 day readmissions: Quality



Northampton General Hospital

30 day readmissions: Quality



Committee Name

All

GroupName

Quality

MetricName

Never event incidence

01/04/2019

18/02/2023

0

KGH: Current Value

0

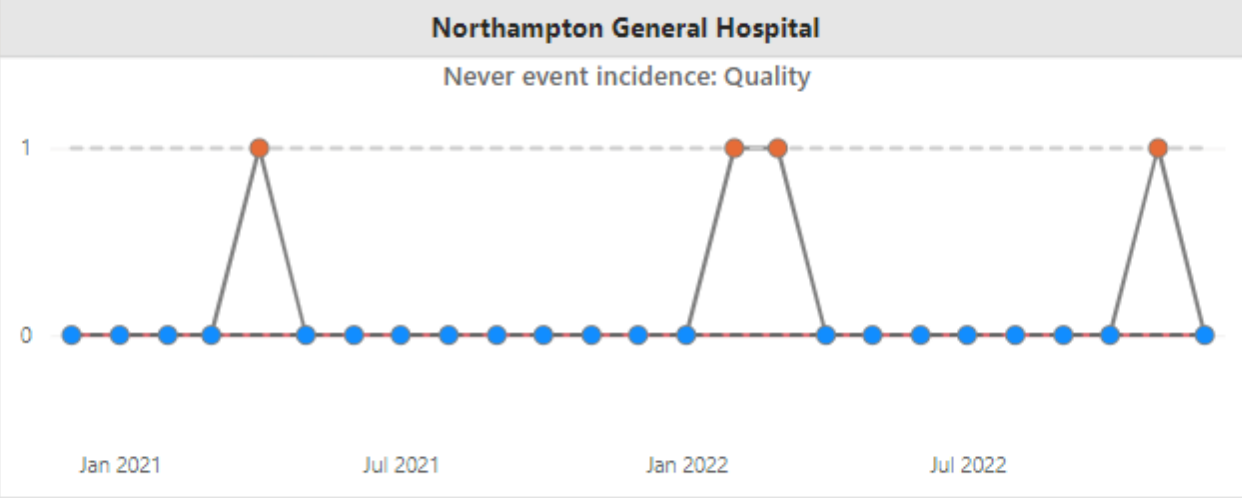
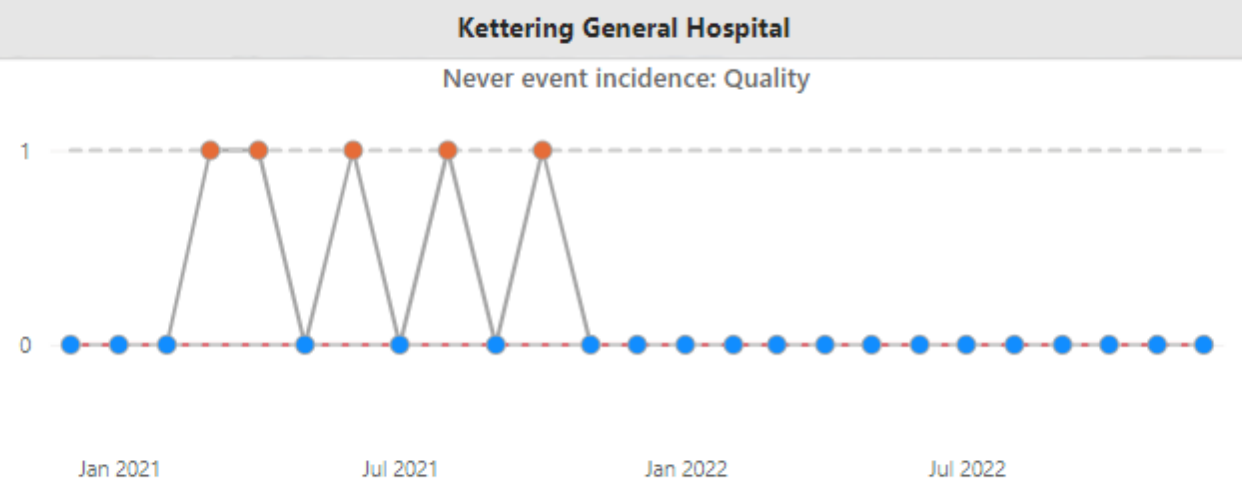
KGH: Current Target

0

NGH: Current Value

0

NGH: Current Target



Committee Name

All

GroupName

Quality

MetricName

Never event incidence

4/1/2019

3/1/2023

0

KGH: Current Value

0

KGH: Current Target

0

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Number of Never Events Reported. A never event is the "kind of mistake that should never happen" in the field of medical treatment where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level	The chart show common cause variation with variable assurance.	The Trust has experienced five Never Events since March 2021 after a period of showing low positive assurance from January 2020. 2021/4779 [WEB126862] – Medicine Division. Reported on 02/03/2021. Unintentional connection of a patient requiring oxygen to an air flowmeter. Low Harm. 2021/8904 [WEB128830] – Surgery Division. Reported on 26/04/2021. Wrong site surgery. Lucentis injection administered into the incorrect eye. Moderate harm. 2021/12906 [WEB130772] – Surgery Division. Reported on 21/06/2021. Wrong site surgery. Intravitreal Injection administered to the eye of the wrong patient as scans recorded with the previous patients' details. No harm. 2021/16393 [WEB132549] – Reported on 09/08/2021 Surgery Division. Oral medication was administered into a vascular access device. Low harm. 2021/21740 [WEB135321] – Reported on 25/10/2021 Family Health Division. Oral medication was administered into a vascular access device. Low harm.	All Never Events are investigated using robust Root Cause Analysis. Learning is shared in the Incident Learning Bulletins, Patient Safety Hot Topics and on the Trust Learning from Investigations page on K-Net.	There has been a Trust wide review to ensure that Air ports are removed where not needed, or are capped off to prevent inadvertent connection. A trust review has been made to review all imaging practices to ensure patients and imaging are linked. An external review by the Clinical Senate for Ophthalmology has been undertaken. Information regarding the root cause of the two medication incidents has been widely shared and the availability of enteral syringes reviewed.
NGH	01/12/22	Number of Never Events Reported. A never event is the "kind of mistake that should never happen" in the field of medical treatment where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level	The number of Never Events declared in the reporting period	There has not been a Never Event declared in December 2022	Incidents are considered in the twice weekly Incident Review Group meeting and if appropriate and they meet the criteria set out in the Never Event List 2018 they will be considered for Never Event status.	Declarations of serious incidents meeting the Never Event status are investigated using root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences.



Sustainability



KGH

NGH

Committee Name

Integrated Governance Report (I... ▾

GroupName

Sustainability ▾

5

Exec comments KGH

0

Exec comments NGH

11

Total No. of Metrics

Site	MetricName	Value
KGH	A&E activity (& vs plan)	112.70%
KGH	Bank and Agency Spend (M)	3.47
KGH	Capital Spend (M)	1.40
KGH	CIP Performance YTD (M)	0.66
KGH	Elective day-case activity (& vs plan)	125.60%
KGH	Elective inpatient activity (& vs plan)	99.40%
KGH	Headcount actual vs planned (substantive / agency / bank)	4,699
KGH	Maternity activity (& vs plan)	0.00%
KGH	Non-elective activity (& vs plan)	137.50%
KGH	Outpatients activity (& vs plan)	107.36%
KGH	Surplus / Deficit YTD (M)	-1.01
NGH	A&E activity (& vs plan)	109.12%
NGH	Bank and Agency Spend (M)	5.14
NGH	Capital Spend (M)	3.58
NGH	CIP Performance YTD (M)	0.19
NGH	Elective day-case activity (& vs plan)	122.62%
NGH	Elective inpatient activity (& vs plan)	143.23%
NGH	Headcount actual vs planned (substantive / agency / bank)	5,946
NGH	Non-elective activity (& vs plan)	145.08%
NGH	Outpatients activity (& vs plan)	118.41%
NGH	Surplus / Deficit YTD (M)	-2.03

Metric	Comment	Site
M5 Position	The Trust saw a YTD deficit (M1-9) of £14.2m, which is £8.0m adverse to Plan. The expected run-rate improvement is now evident within the financial plans across H2, as this has reduced from a YTD planned deficit of £7.5m back in M6 to a £6.2m planned deficit in M9. The deterioration in performance is due to the financial position not improving in line with plan expectations, as expenditure run-rate has remained in line with prior months and the actual position includes significant inflationary pressures which exceed national planning assumptions or funding.	KGH
YTD Position	The Trust saw an adjusted I&E deficit of £14.2m YTD against a planned deficit of £6.2m, resulting in an £8.0m adverse variance. The expected run-rate improvement is now evident within the financial plans across H2, as this has reduced from a YTD planned deficit of £7.5m back in M6 to a £6.2m planned deficit in M9.	KGH
Income	YTD has seen a £4.3m overperformance against plan. Key movements relate to: Capital grant funding, Supplier Rebates, Car Parking, Education & Training income, Medical Examiner Income, RTA income, Group Recharges, Cancer Alliance Income, IECCP (Elective Care Coordination) Programme Funding, IRTP recharges & ICAN cost reimbursement.	KGH
Pay	YTD is £6.1m adverse to plan. Pay has reduced by £0.5m in M9 compared to M8, mainly due to the additional provision for 'Working Time Regulation' claims in M8. Key pressures within Pay such as escalation, absence and vacancy cover including premium cost of agency continue to impact on the expected reductions in line with the planned financial improvements.	KGH
Non Pay	YTD is £6.7m adverse to Plan YTD. Key pressures within this related to £4.9m for utilities, drugs, clinical supplies, linen, cleaning materials and maintenance contracts. These are due to significantly higher inflation/price increases than funded as well as Radiology reporting, MRI and Teleradiology cost pressures.	KGH



Summary Table



Committee Name

Integrated Governance Report (IGR) ▾

Group Name

Sustainability ▾

Metric Name

All ▾

Site

All ▾

Variation

All ▾

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Outpatients activity (& vs plan)	01/12/22	107.36%		80.3%	132.87%	185.44%	↘		Consistently Anticipated to Meet Target
NGH	Sustainability	Outpatients activity (& vs plan)	01/12/22	118.41%		77.65%	109.51%	141.38%	↻		Consistently Anticipated to Meet Target
NGH	Sustainability	Elective day-case activity (& vs plan)	01/12/22	122.62%		62.68%	91.05%	119.43%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	Elective day-case activity (& vs plan)	01/12/22	125.60%		78.21%	148.44%	218.66%	↘		Consistently Anticipated to Meet Target
NGH	Sustainability	Elective inpatient activity (& vs plan)	01/12/22	143.23%		53.64%	93.94%	134.24%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	Elective inpatient activity (& vs plan)	01/12/22	99.40%		73.54%	96.58%	119.63%	↻		Consistently Anticipated to Meet Target
NGH	Sustainability	Non-elective activity (& vs plan)	01/12/22	145.08%		84.65%	108.58%	132.52%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	Non-elective activity (& vs plan)	01/12/22	137.50%		76.83%	121.29%	165.74%	↻		Consistently Anticipated to Meet Target
NGH	Sustainability	A&E activity (& vs plan)	01/12/22	109.12%		79.88%	92.56%	105.23%	↗		Consistently Anticipated to Meet Target
KGH	Sustainability	A&E activity (& vs plan)	01/12/22	112.70%		92.29%	103.41%	114.54%	↻		Consistently Anticipated to Meet Target
KGH	Sustainability	Headcount actual vs planned (substantive /...	01/12/22	4,699		4417	4572	4727	↗		Consistently Anticipated to Meet Target
NGH	Sustainability	Headcount actual vs planned (substantive /...	01/12/22	5,946		5823	5954	6085	↻		Consistently Anticipated to Meet Target
NGH	Sustainability	Capital Spend (M)	01/12/22	3.58	3.08	8.93	8.93	8.93			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Bank and Agency Spend (M)	01/12/22	5.14	1.07	5.94	5.94	5.94			Consistently Anticipated to Meet Target
NGH	Sustainability	CIP Performance YTD (M)	01/12/22	0.19	1.42		0				Consistently Anticipated to Not Meet Target
KGH	Sustainability	Capital Spend (M)	01/12/22	1.40	1.21	3.29	3.29	3.29			Not Consistently Anticipated to Meet Target
NGH	Sustainability	Surplus / Deficit YTD (M)	01/12/22	-2.03	-0.02	2.09	2.09	2.09			Not Consistently Anticipated to Meet Target



Summary Table



Committee Name

Integrated Governance Report (IGR) ▼

Group Name

Sustainability ▼

Metric Name

All ▼

Site

All ▼

Variation

All ▼

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Sustainability	Surplus / Deficit YTD (M)	01/12/22	-1.01	0.41	3.85	3.85	3.85			Not Consistently Anticipated to Meet Target
KGH	Sustainability	CIP Performance YTD (M)	01/12/22	0.66	1.21	1.02	1.02	1.02			Consistently Anticipated to Not Meet Target
KGH	Sustainability	Bank and Agency Spend (M)	01/12/22	3.47	1.62	3.75	3.75	3.75			Consistently Anticipated to Meet Target

Outpatients activity (& vs plan)

Committee Name

All

GroupName

All

MetricName

Outpatients activity (& vs plan)

01/04/2019 18/02/2023

107.36%

KGH: Current Value

KGH: Current Target

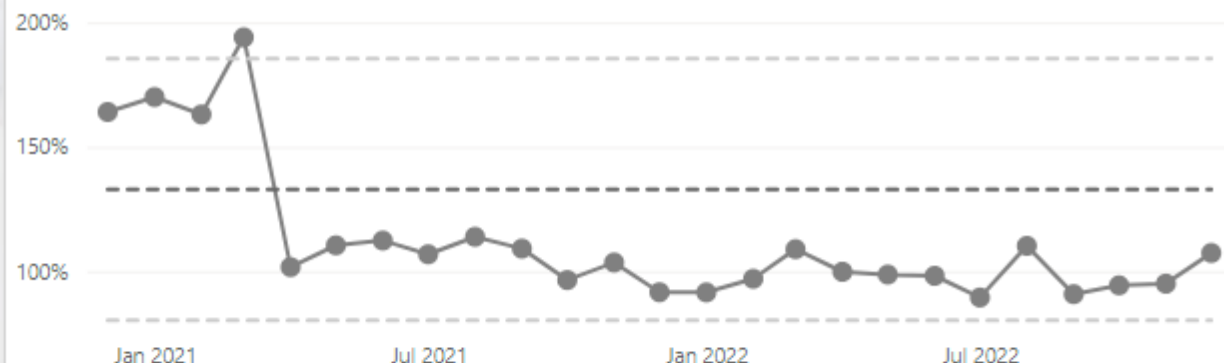
118.41%

NGH: Current Value

NGH: Current Target

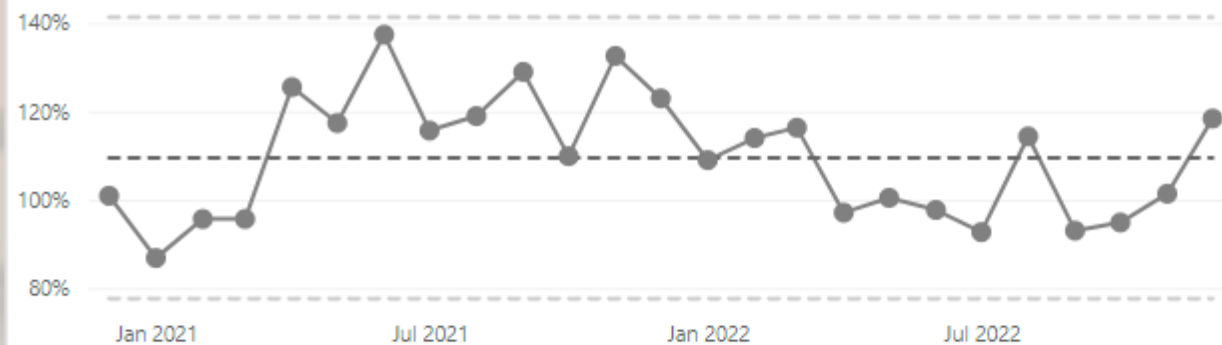
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (actual vs plan): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	The Trust has over delivered in December against the outpatient target	Despite over delivery in month, the year to date position is still showing a deficit against plan at 96.62%	Weekly reporting on activity and outpatient efficiency looking forward being reported to the Trust's Patient Access Board as well as monthly Divisional Workforce, Activity and Finance meetings.	Divisions to look at speciality level opportunities to increase activity to reduce overall year deficit
NGH	01/12/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at 118% against the plan for December (36,937 vs 31,194)	This is a 4 month improvement from 84% and represents 36,937 patients being seen against a target of 31,194. Target was lower in December to take account of Christmas and holidays	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item. Outpatient improvement project will recommence in the New Year with a Regional focus on DNA's	Rapid rebooking of slots enables good utilisation during the period

Outpatients activity (& vs plan) 2

Committee Name

All

GroupName

All

MetricName

Outpatients activity (& vs plan) 2

01/04/2019

18/02/2023

33,353

KGH: Current Value

35096

KGH: Current Target

46,319

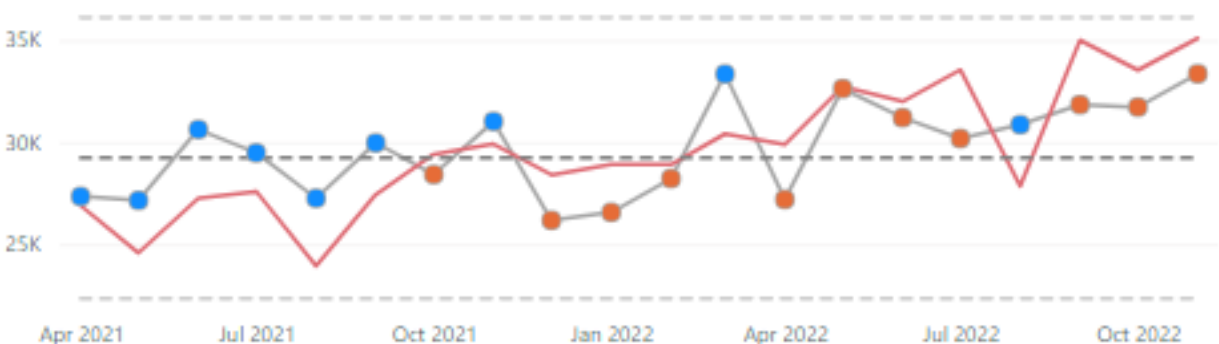
NGH: Current Value

45683

NGH: Current Target

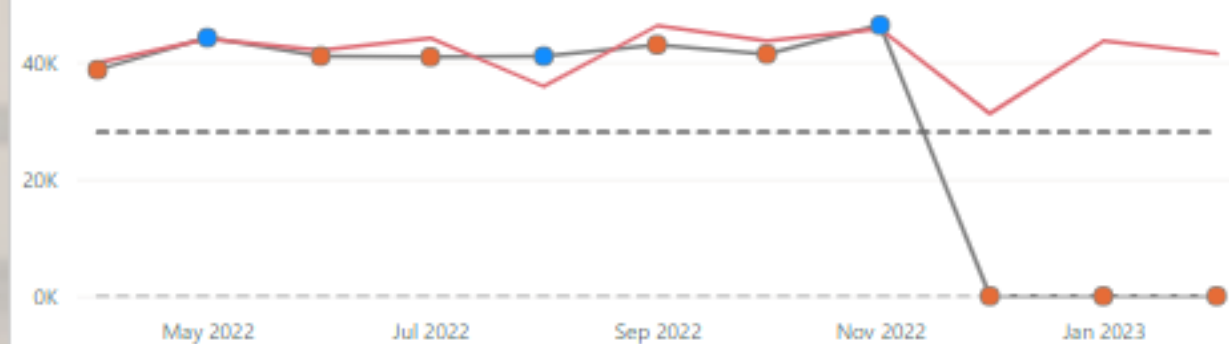
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	The Trust has over delivered in December against the outpatient target	Despite over delivery in month, the year to date position is still showing a deficit against plan at 96.62%	Weekly reporting on activity and outpatient efficiency looking forward being reported to the Trust's Patient Access Board as well as monthly Divisional Workforce, Activity and Finance meetings.	Divisions to look at specialty level opportunities to increase activity to reduce overall year deficit
NGH	01/12/22	This is the total number of outpatient appointments in the month (face to face and virtual, new and follow up)	Data shows that we are delivering at 118% against the plan for December (36,937 vs 31,194)	This is a 4 month improvement from 84% and represents 36,937 patients being seen against a target of 31,194. Target was lower in December to take account of Christmas and holidays	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item. Outpatient improvement project will recommence in the New Year with a Regional focus on DNA's	Rapid rebooking of slots enables good utilisation during the period

Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan)

01/04/2019

18/02/2023

125.60%

KGH: Current Value

KGH: Current Target

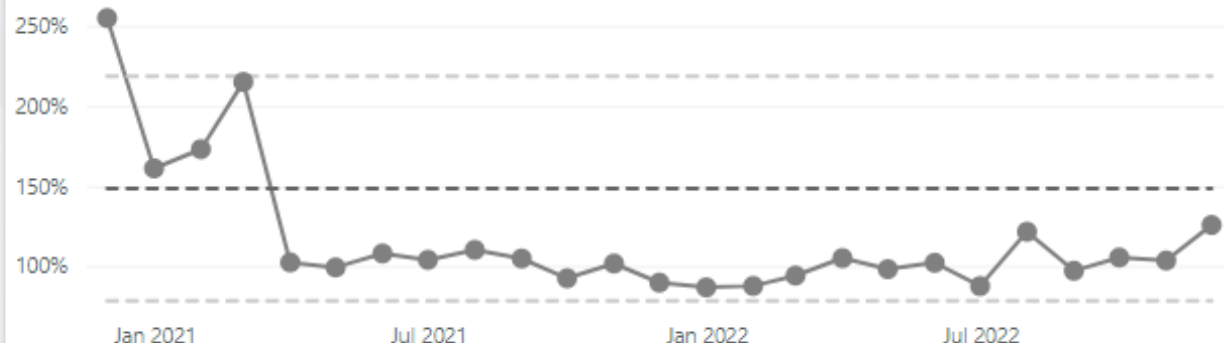
122.62%

NGH: Current Value

NGH: Current Target

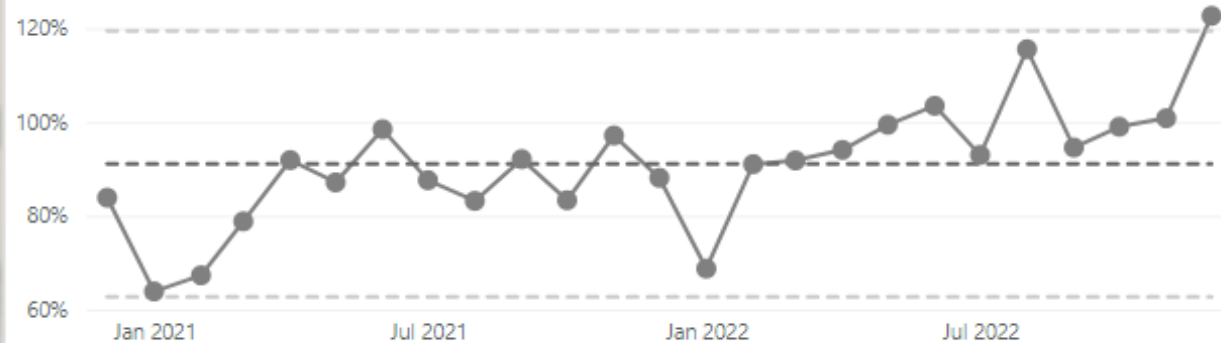
Kettering General Hospital

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



Northampton General Hospital

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



Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan)

4/1/2019

3/1/2023

125.60%

KGH: Current Value

KGH: Current Target

122.62%

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 125.6% of plan for December	Elective inpatient and day case activity has been adversely affected by absence amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics. December has been particularly affected by critical incidents and industrial action.	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing and beds wherever possible to minimise disruption
NGH	01/12/22	Elective day case activity actuals v plan	Data shows that we are delivering at 122.62 (3663 patient vs 2989 target) against the plan for December	Target was lower in December to account for the bank holidays but performance was pleasing despite the ongoing challenges with theatre staffing which is seeing a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist. During this time we also completed the planned maintenance of our main theatre block.	5 ODP's in place, with 2 more for Gynae to started in December with another anaesthetist appointed in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position.	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in December

Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan) 2

01/04/2019

18/02/2023

3,135

KGH: Current Value

2497

KGH: Current Target

3,665

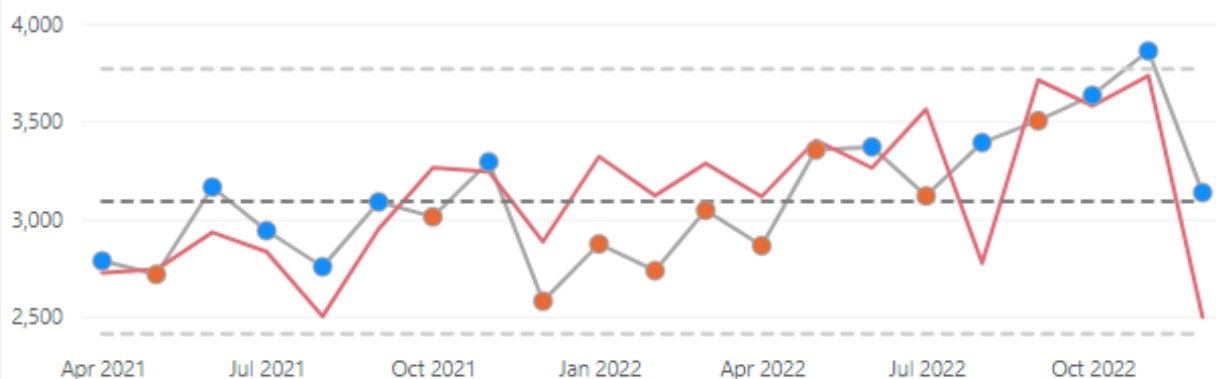
NGH: Current Value

2989

NGH: Current Target

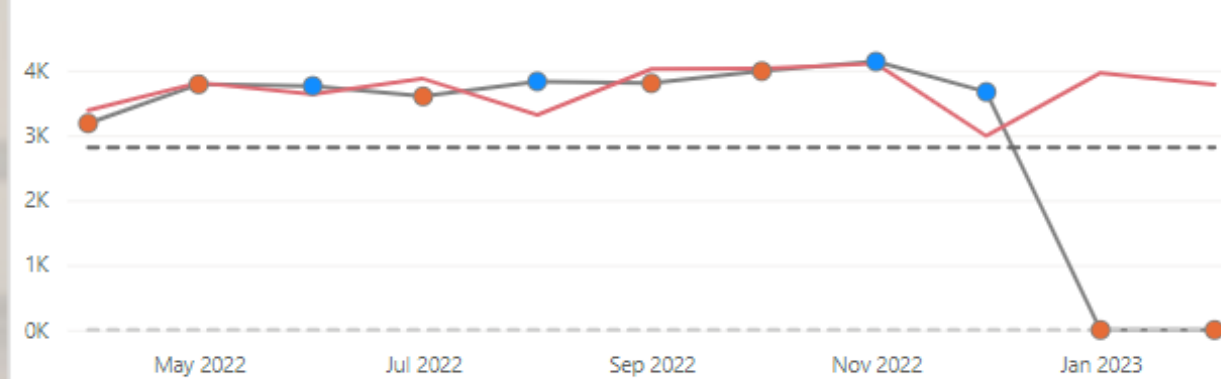
Kettering General Hospital

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



Northampton General Hospital

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



Committee Name

All

GroupName

Sustainability

MetricName

Elective day-case activity (& vs plan) 2

4/1/2019

3/1/2023

3,135

KGH: Current Value

2497

KGH: Current Target

3,665

NGH: Current Value

2989

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Elective day case activity actuals v plan	The chart tells us that day case activity is at 125.6% of plan for December	Elective inpatient and day case activity has been adversely affected by absence amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics. December has been particularly affected by critical incidents and industrial action.	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing and beds wherever possible to minimise disruption
NGH	01/12/22	Elective day case activity actuals v plan	Data shows that we are delivering at 122.62 (3663 patient vs 2989 target) against the plan for December	Target was lower in December to account for the bank holidays but performance was pleasing despite the ongoing challenges with theatre staffing which is seeing a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist. During this time we also completed the planned maintenance of our main theatre block.	5 ODP's in place, with 2 more for Gynae to started in December with another anaesthetist appointed in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position.	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in December

Committee Name

All

GroupName

Sustainability

MetricName

Elective inpatient activity (& vs plan)

01/04/2019

18/02/2023

99.40%

KGH: Current Value

KGH: Current Target

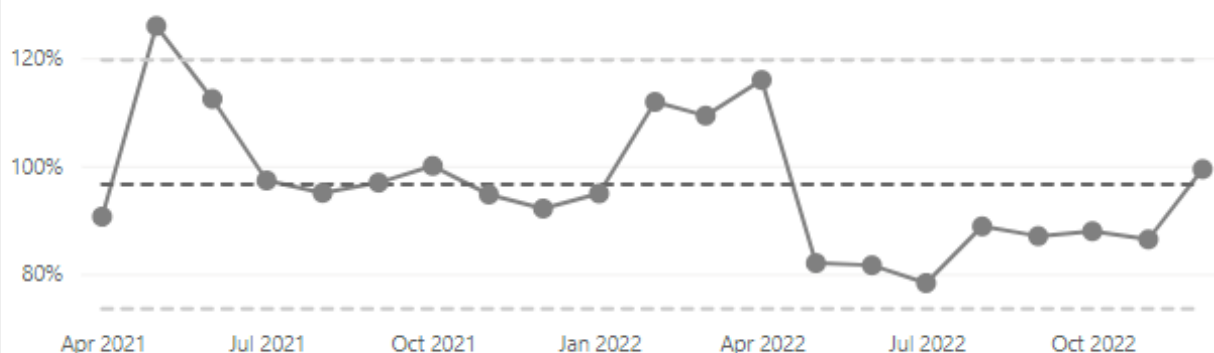
143.23%

NGH: Current Value

NGH: Current Target

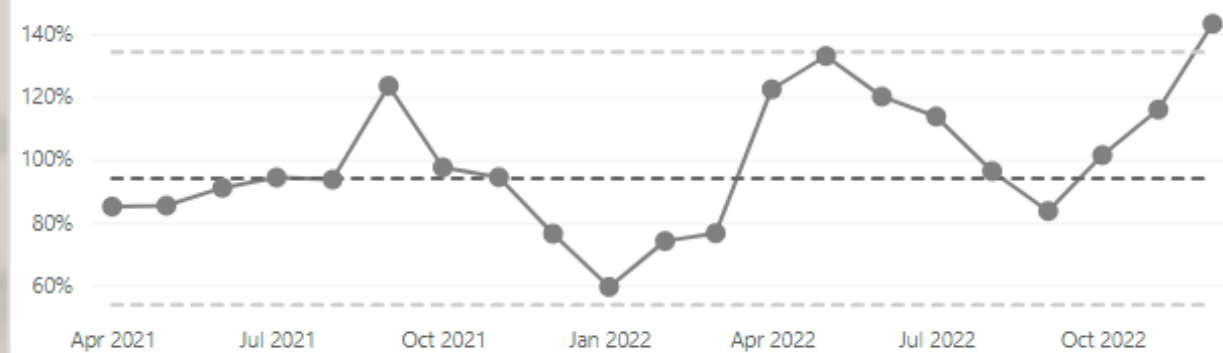
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Elective inpatient activity (& vs plan)

4/1/2019

3/1/2023



99.40%

KGH: Current Value

KGH: Current Target

143.23%

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 99.4% of plan for December	Elective inpatient activity has been adversely affected by absence amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics. December has also been adversely affected by industrial action and critical incidents.	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing and beds wherever possible to minimise disruption
NGH	01/12/22	Elective inpatient activity actuals v plan	The Trust saw 143% (328 vs 229 target) of its Elective activity vs plan during December 22 which is a 4 month improvement from 84%	Target was lower in December to account for the bank holidays but performance was pleasing despite the ongoing challenges with theatre staffing which is seeing a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist. During this time we also completed the planned maintenance of our main theatre block.	5 ODP's in place, with 2 more for Gynae to started in December with another anaesthetist appointed in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position.	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in December

Committee Name

All

GroupName

Sustainability

MetricName

Elective inpatient activity (& vs plan) 2

01/04/2019

18/02/2023

374

KGH: Current Value

433

KGH: Current Target

386

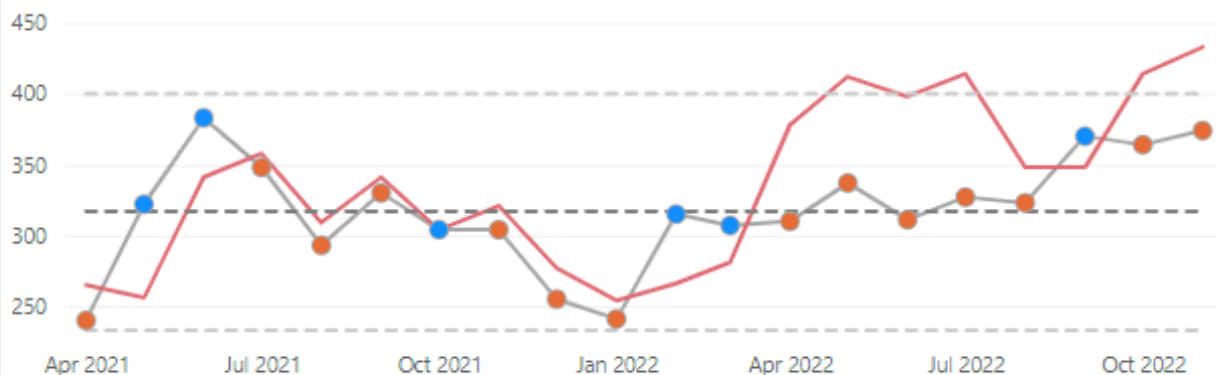
NGH: Current Value

333

NGH: Current Target

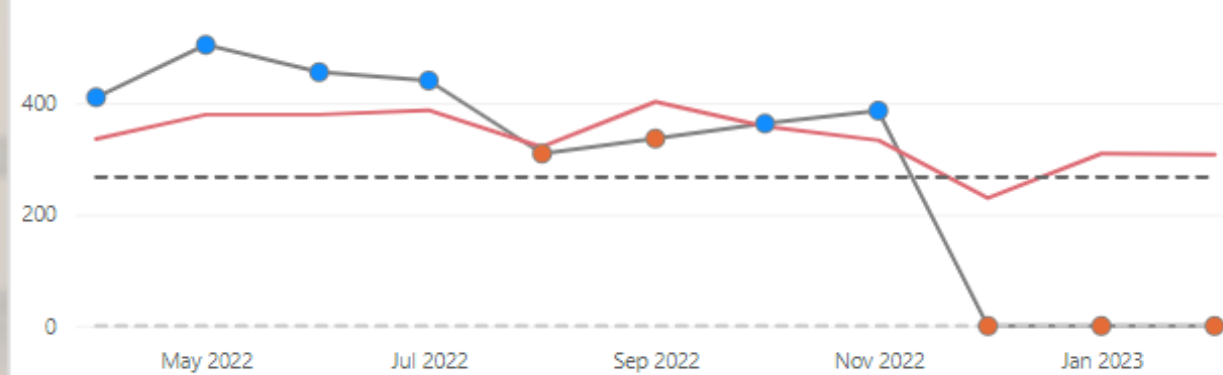
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Elective inpatient activity (& vs plan) 2

4/1/2019

3/1/2023

313

KGH: Current Value

315

KGH: Current Target

328

NGH: Current Value

229

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Elective inpatient activity actuals v plan	The chart tells us that inpatient activity is at 99.4% of plan for December	Elective inpatient activity has been adversely affected by absence amongst staff (including surgeons), theatre and anaesthetic staff availability and a significant increase in trauma activity, particularly affecting Trauma and Orthopaedics. December has also been adversely affected by industrial action and critical incidents.	Weekly Reset and Access meeting examines specialties where activity is below plan and requires actions to be taken - chaired by Deputy COO. Detailed analysis of activity by HRG requested of Health Intelligence to ensure coding is maximising opportunity in counting activity.	Backfilling of lists takes place wherever possible with alignment of unavailability through staffing and beds wherever possible to minimise disruption
NGH	01/12/22	Elective inpatient activity actuals v plan	The Trust saw 143% (328 vs 229 target) of its Elective activity vs plan during December 22 which is a 4 month improvement from 84%	Target was lower in December to account for the bank holidays but performance was pleasing despite the ongoing challenges with theatre staffing which is seeing a list a day being cancelled due to no scrub nurse, no ODP or anaesthetist. During this time we also completed the planned maintenance of our main theatre block.	5 ODP's in place, with 2 more for Gynae to started in December with another anaesthetist appointed in December. Agreement reached on parity of rates between grades of staff and hospital sites should help to stabilise the position.	Weekly theatre transformation meetings in place chaired by COO / DCOO. Robust cancelation escalation process in place to ensure all actions are taken before any list is taken down. Driving down late starts and late finishes in theatre. A step change in utilisation of theatre lists has been seen in December

Committee Name

All

GroupName

Sustainability

MetricName

Non-elective activity (& vs plan)

01/04/2019

18/02/2023

137.50%

KGH: Current Value

KGH: Current Target

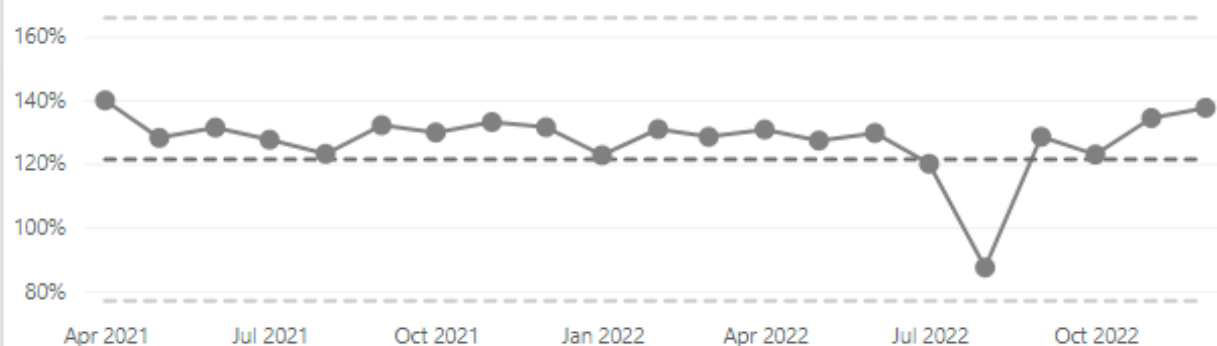
145.08%

NGH: Current Value

NGH: Current Target

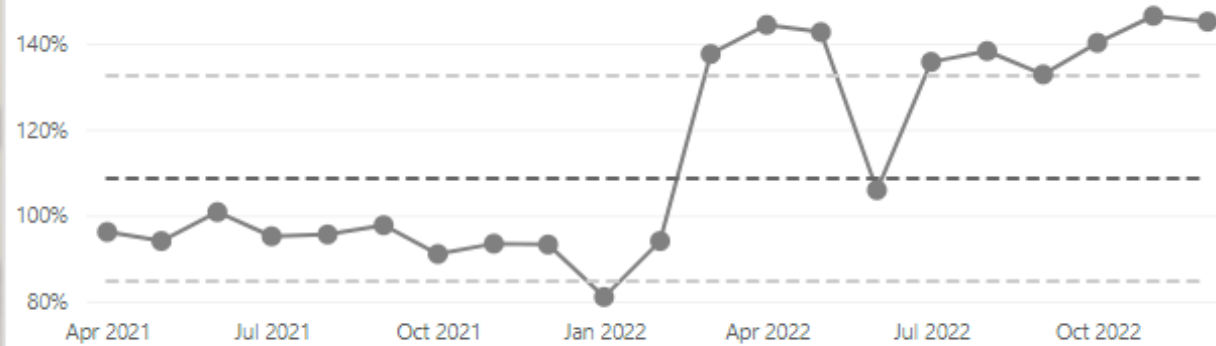
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

Non-elective activity (actual vs plan): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Non-elective activity (& vs plan) 2

01/04/2019

18/02/2023

2,581

KGH: Current Value

1877

KGH: Current Target

5,751

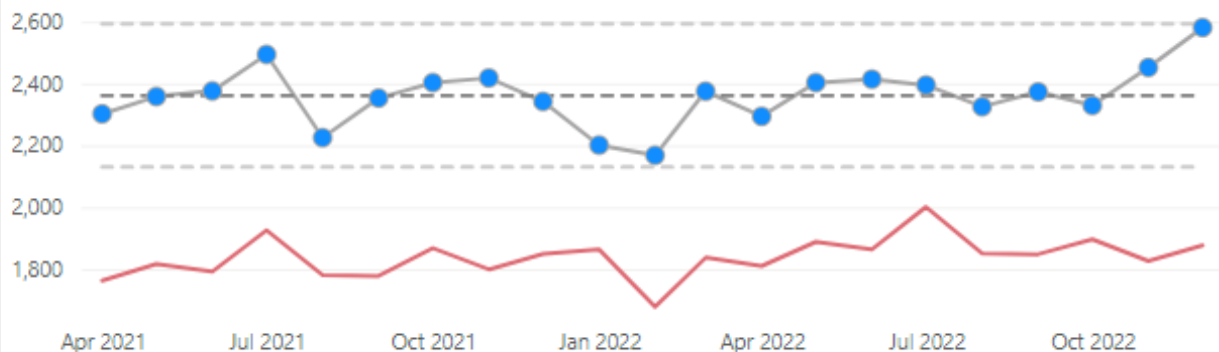
NGH: Current Value

3964

NGH: Current Target

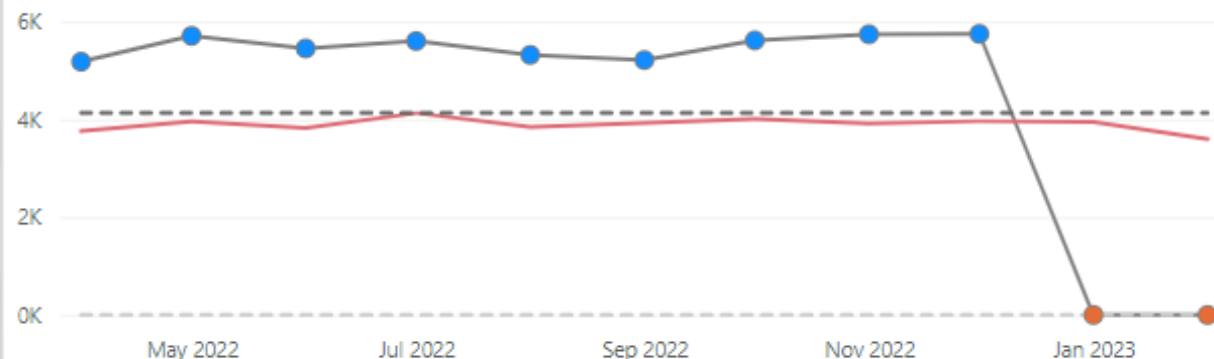
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

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



Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan)

01/04/2019

18/02/2023

112.70%

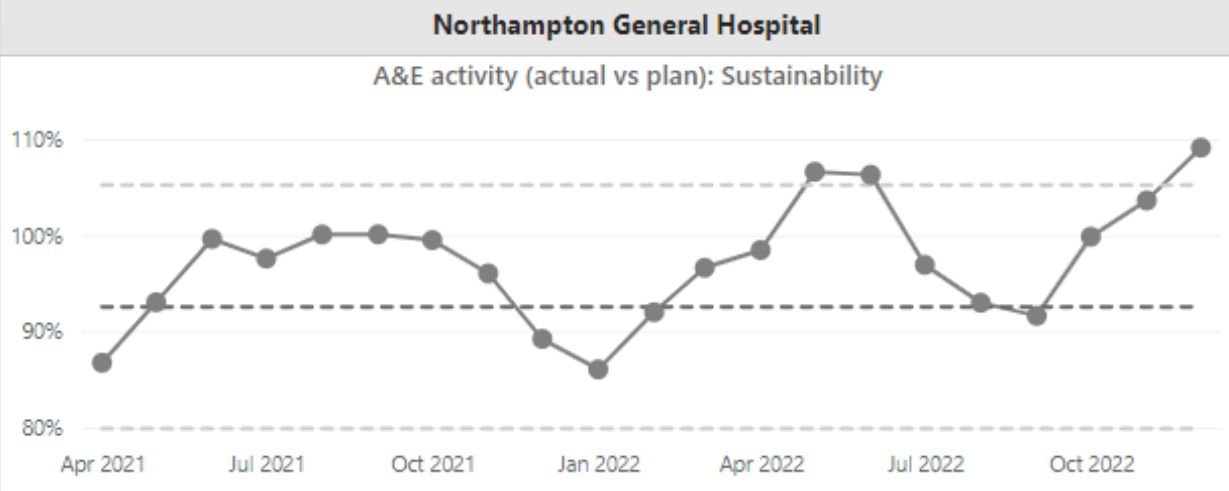
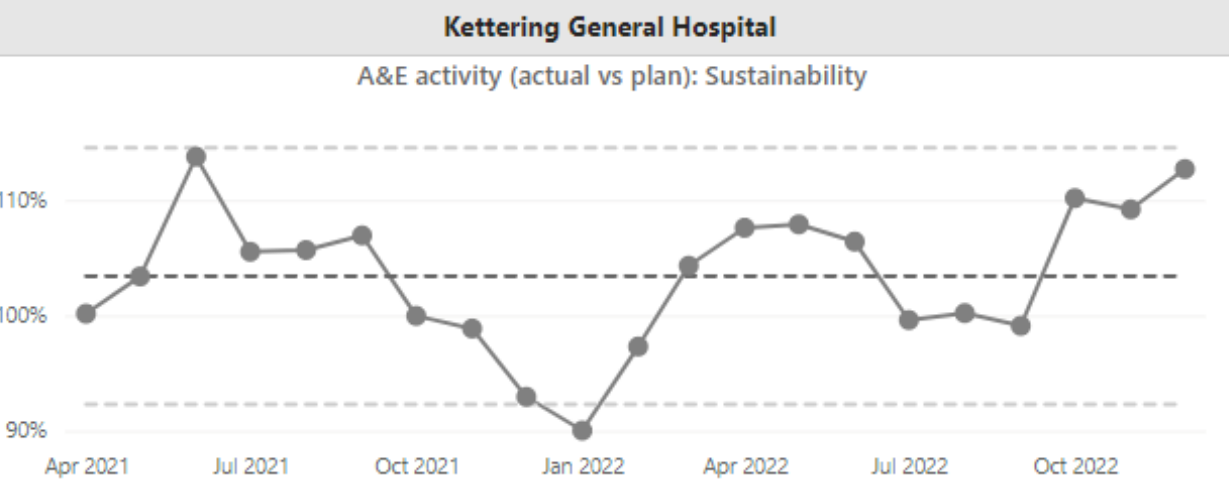
KGH: Current Value

KGH: Current Target

109.12%

NGH: Current Value

NGH: Current Target



Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan)

4/1/2019

3/1/2023

112.70%

KGH: Current Value

KGH: Current Target

109.12%

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	A&E attendances	A significant increase in the number of black breaches were reported in December. This was a direct consequence of capacity pressures within the Trust and us operating on Critical Incident.	<p>Lack of visibility on the ‘total time’ on the ambulance screen has still not been re-instated – this means it is not possible to have sight of the total time since arrival – reported to EMAS and waiting for this to be corrected</p> <p>Proactive in-reach from MSDEC to include patients who remain on ambulances for extended periods of time, to include education across paramedic crews for criteria</p>	<p>Continue to operate within the parameters of the Rapid Transfer protocol</p> <p>A de-brief post EMAS strike days with operating leads from EMAS/KGH</p>	We continue to undertake a clinical harm review into all ambulance handover delays >60 minutes to include precipitating factors around the position in the department and escalation triggers. 8 low harms identified during these reviews throughout December.
NGH	01/12/22	A&E attendances	total has reached over 12,600 attendances. This is 2,500 more than Oct, and 1,500 more than Dec 21.	ECIST have told the trust that Dec 22 was the highest acuity month we we have ever seen after analysing data point for HRG's. Occupancy in ED was on average over 84 people in every hour through the month.	Winter plans in place, Supported discharges increased in line with plans from May 22. Internal projects ensuring Pathway 0 patients were discharged. Boarding patients was enacted, and opening of surge areas of Quinton ward and RSU to support. Both NGH And KGH declared a critical incident to ensure the system were aware and supported where possible.	Extra medical and ED consultants in ED. Extra nurses to support occupancy, with regular safety rounds on all patients.

Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan) 2

01/04/2019

18/02/2023

9,911

KGH: Current Value

8791

KGH: Current Target

12,602

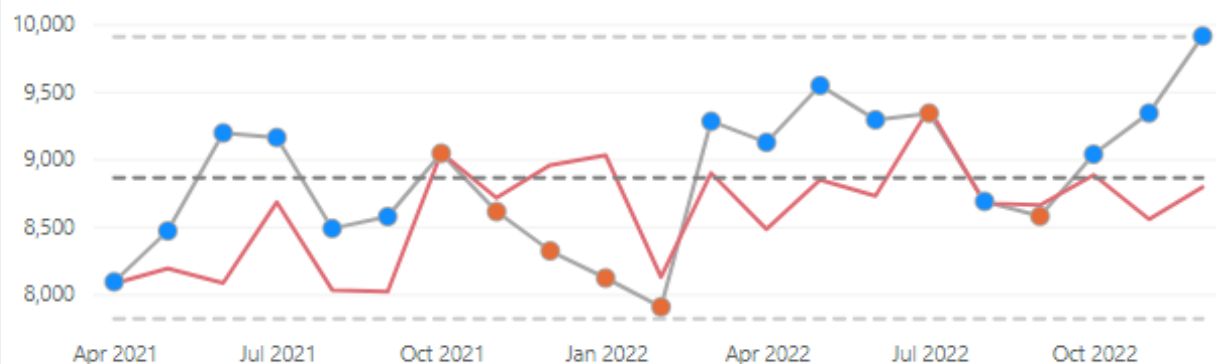
NGH: Current Value

11549

NGH: Current Target

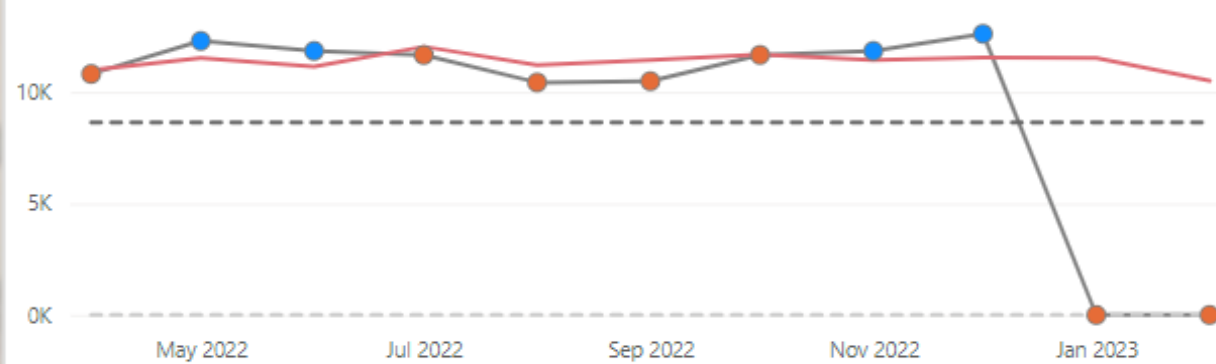
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

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



Committee Name

All

GroupName

Sustainability

MetricName

A&E activity (& vs plan) 2

4/1/2019

3/1/2023

9,911

KGH: Current Value

8791

KGH: Current Target

12,602

NGH: Current Value

11549

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	A&E attendances	A significant increase in the number of black breaches were reported in December. This was a direct consequence of capacity pressures within the Trust and us operating on Critical Incident.	<p>Lack of visibility on the 'total time' on the ambulance screen has still not been re-instated – this means it is not possible to have sight of the total time since arrival – reported to EMAS and waiting for this to be corrected</p> <p>Proactive in-reach from MSDEC to include patients who remain on ambulances for extended periods of time, to include education across paramedic crews for criteria</p>	<p>Continue to operate within the parameters of the Rapid Transfer protocol</p> <p>A de-brief post EMAS strike days with operating leads from EMAS/KGH</p>	We continue to undertake a clinical harm review into all ambulance handover delays >60 minutes to include precipitating factors around the position in the department and escalation triggers. 8 low harms identified during these reviews throughout December.
NGH	01/12/22	A&E attendances	total has reached over 12,600 attendances. This is 2,500 more than Oct, and 1,500 more than Dec 21.	ECIST have told the trust that Dec 22 was the highest acuity month we we have ever seen after analysing data point for HRG's. Occupancy in ED was on average over 84 people in every hour through the month.	Winter plans in place, Supported discharges increased in line with plans from May 22. Internal projects ensuring Pathway 0 patients were discharged. Boarding patients was enacted, and opening of surge areas of Quinton ward and RSU to support. Both NGH And KGH declared a critical incident to ensure the system were aware and supported where possible.	Extra medical and ED consultants in ED. Extra nurses to support occupancy, with regular safety rounds on all patients.

Committee Name

All

GroupName

Sustainability

MetricName

Headcount actual vs planned (substantive ...

01/04/2019

18/02/2023

4,699

KGH: Current Value

KGH: Current Target

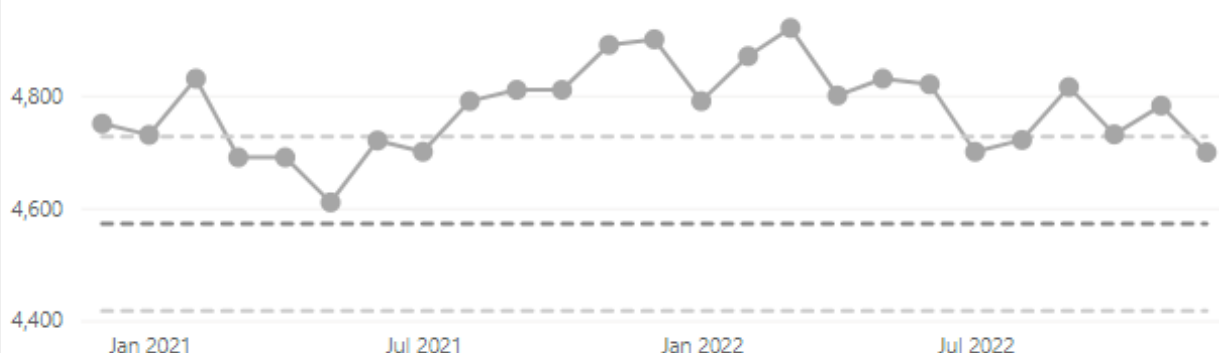
5,946

NGH: Current Value

NGH: Current Target

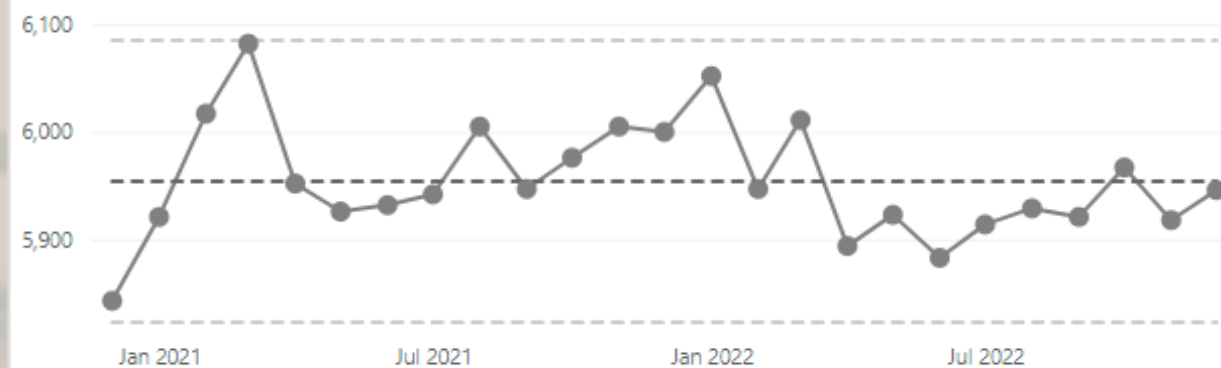
Kettering General Hospital

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



Northampton General Hospital

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



Site Date Background

What the chart tells us

Issues

Actions

Mitigations

Committee Name

All

GroupName

Sustainability

MetricName

Capital Spend (M)

01/04/2019

18/02/2023



1.40

KGH: Current Value

1.21

KGH: Current Target

3.58

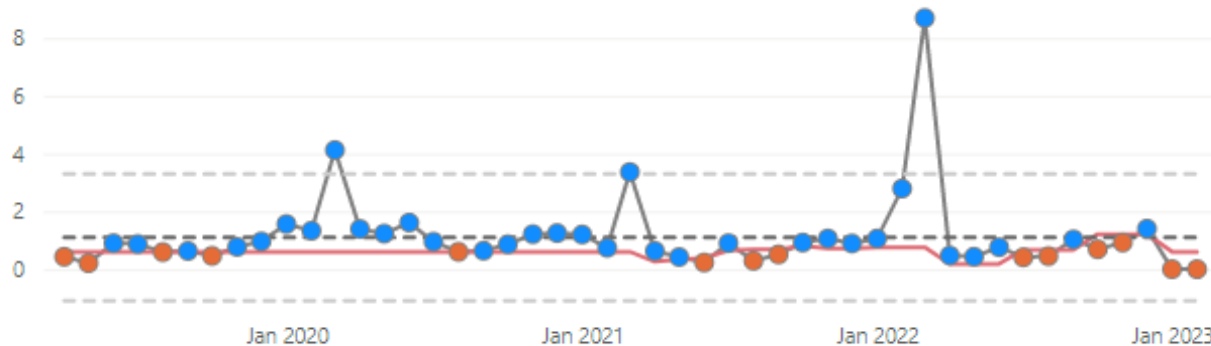
NGH: Current Value

3.08

NGH: Current Target

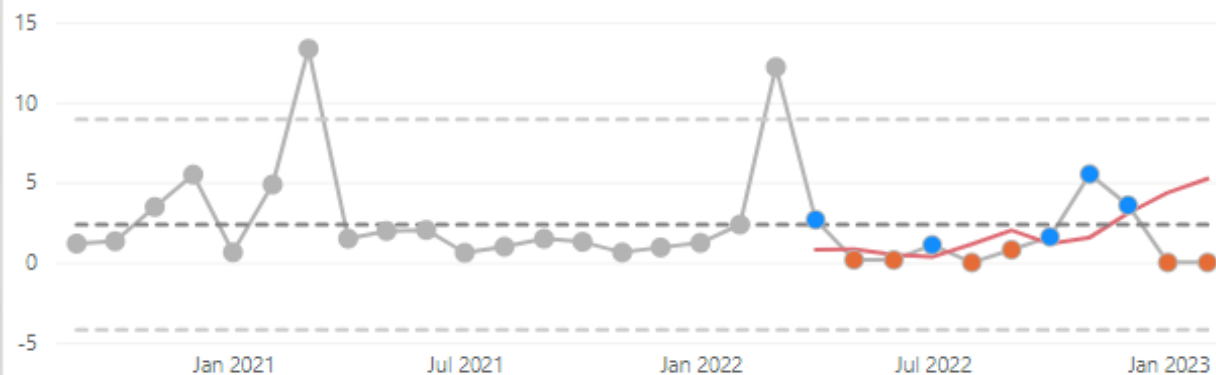
Kettering General Hospital

Capital Spend (M): Sustainability



Northampton General Hospital

Capital Spend (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Capital Spend (M)

4/1/2019

3/1/2023

1.40

KGH: Current Value

1.21

KGH: Current Target

3.58

NGH: Current Value

3.08

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	22/23 Plan vs Actual Capital expenditure	Total CAPEX in December is £1.4m, resulting in a year to date spend of £6.5m, reflecting delivery of 42% of the programme to date. The total value of outstanding capital orders raised to date is £7.3m hence £13.8m of the capital programme is contractually committed YTD (87%).	A detailed forecast review by scheme in December resulted in a £2.1m underspend to funding available. Mitigation plans have been developed with £1.6m of schemes identified to date to offset the £2.1m. Further discussions are underway to fully utilise the capital funds available in year. Additional national funding is also being awarded at short notice which will also need to be spent by year end.	<div>Vesting is an option for some specific equipment if delivery to the hospital cannot be made by 31st March.</div> <div>A further forecast review is taking place in January. Alternative capital plans are being developed to offset any underspend and reviewed to ensure schemes approved can be delivered by the end of the financial year.</div>	Further discussions are underway to identify and agree alternative capital plans to fully utilise the capital funds available in year.
NGH	01/12/22	22/23 Plan vs Actual Capital expenditure	Capital commitments are now ahead of the phased plan due to commitments in December.	However, work to manage spend by year end and align with external approval remains challenging. There are potential slippages on some schemes	<div>Mitigations to slippage continue to be agreed at Capital Committee</div>	Brokerage between schemes for in-year spend

Bank and Agency Spend (M)

Committee Name

All

GroupName

Sustainability

MetricName

Bank and Agency Spend (M)

01/04/2019

18/02/2023

3.47

KGH: Current Value

1.62

KGH: Current Target

5.14

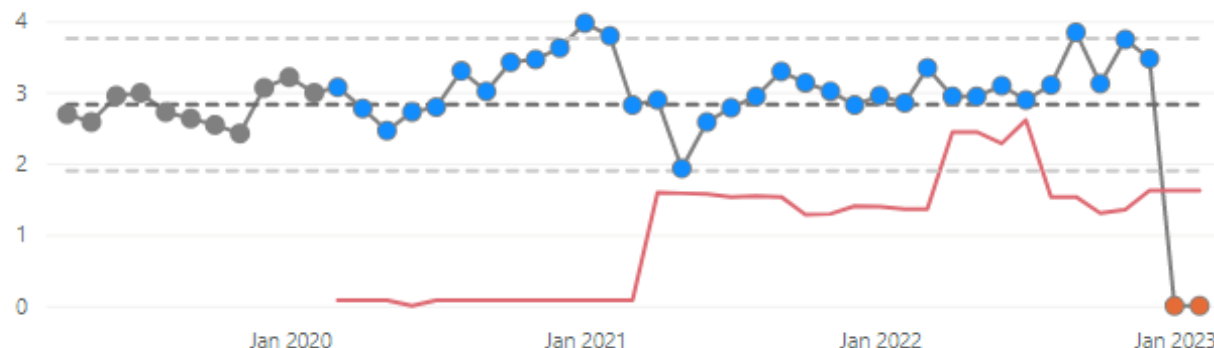
NGH: Current Value

1.07

NGH: Current Target

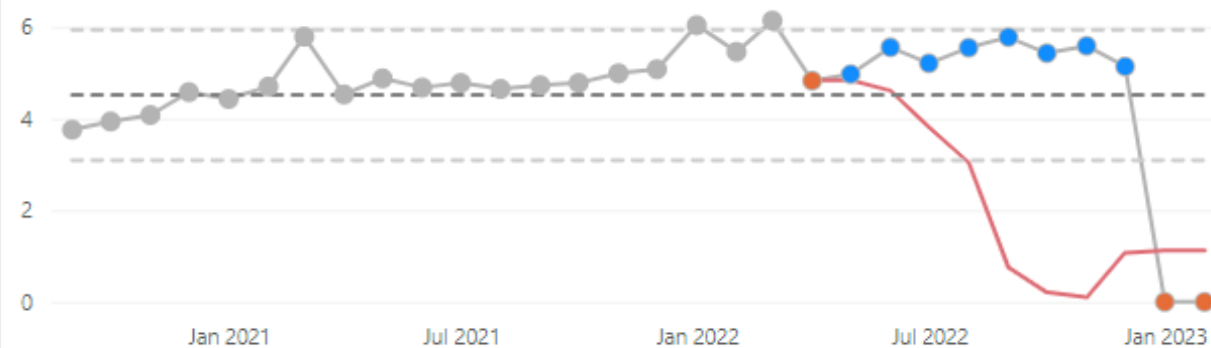
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	22/23 Bank & Agency Costs vs Plan	Overall bank and agency spend is adverse to plan by £11.13m due to continued sickness and operational pressures. As a result, there has not been a reduction in temporary staffing costs and the agency cap has been exceeded.	Locum and nursing agency spend usage continues in Medicine and Surgery as a result of operational pressures and opening escalation areas, vacancies and staff unavailability including sickness. There is high levels of agency usage in Corporate, Digital and Estates & Facilities Divisions.	Agency spend is reviewed through workforce meetings. Corporate, Digital and Estates agency costs need to be reviewed and reduced.	All Divisions to review workforce requirements and define and implement recruitment plans to reduce premium pay costs. Agency spend will be reviewed through weekly Hospital Vacancy Panels as part of the workforce and pay enhanced oversight.
NGH	01/12/22	22/23 Bank & Agency Costs vs Plan	Overall bank & agency expenditure is c.50% above plan year to date as costs have risen compared to 21/22	Operational circumstance has seen costs increase, rather than decrease, particularly in agency. Growth in nursing usage is linked to vacancies and sickness levels remaining, whilst costs of Medical agency continue to rise. Support Service areas are also showing increased spend.	To review agency spend through agency review meetings	To review recruitment plans and any other barriers stopping the removal of agency

Committee Name

All

GroupName

Sustainability

MetricName

CIP Performance YTD (M)

01/04/2019

18/02/2023

0.66

KGH: Current Value

1.21

KGH: Current Target

0.19

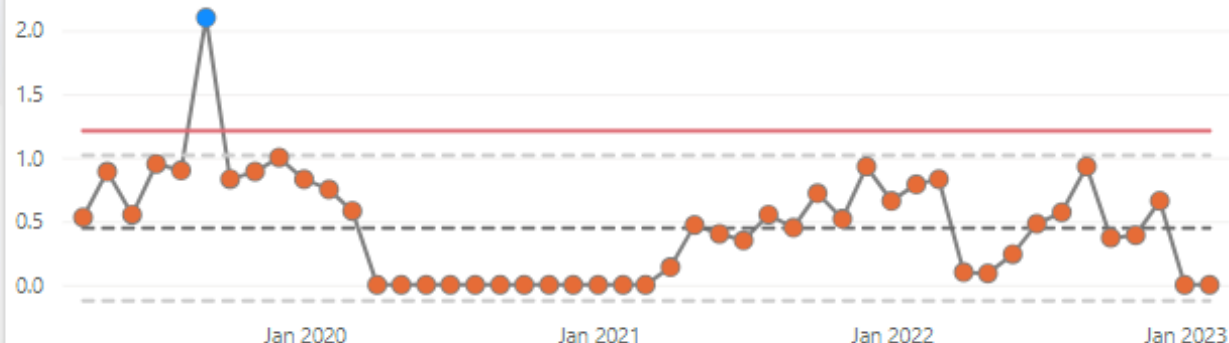
NGH: Current Value

1.42

NGH: Current Target

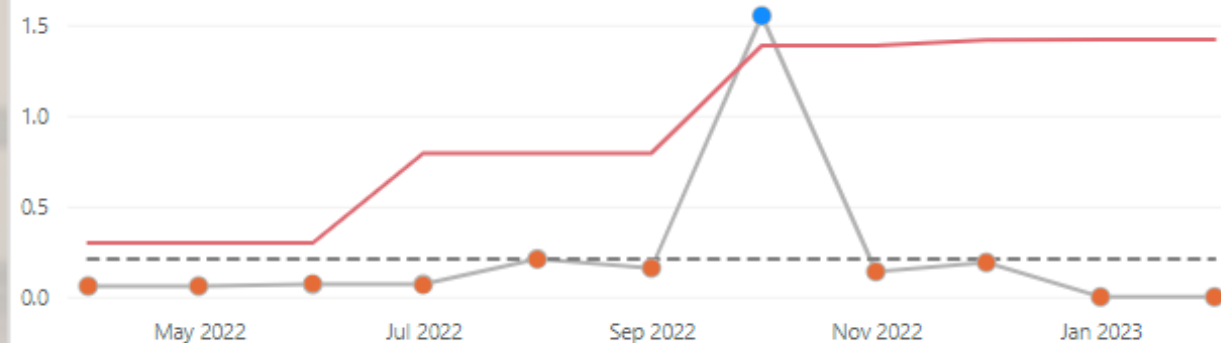
Kettering General Hospital

CIP Performance YTD (M): Sustainability



Northampton General Hospital

CIP Performance YTD (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Surplus / Deficit YTD (M)

01/04/2019

18/02/2023

-1.01

KGH: Current Value

0.41

KGH: Current Target

-2.03

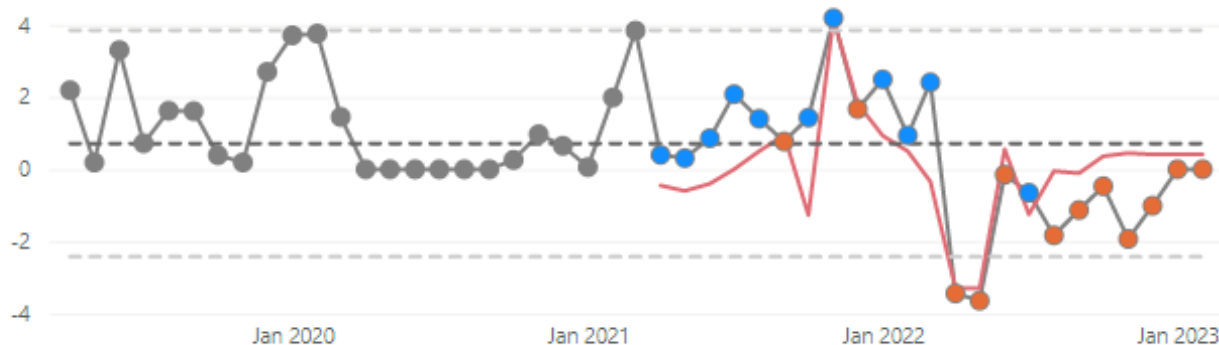
NGH: Current Value

-0.02

NGH: Current Target

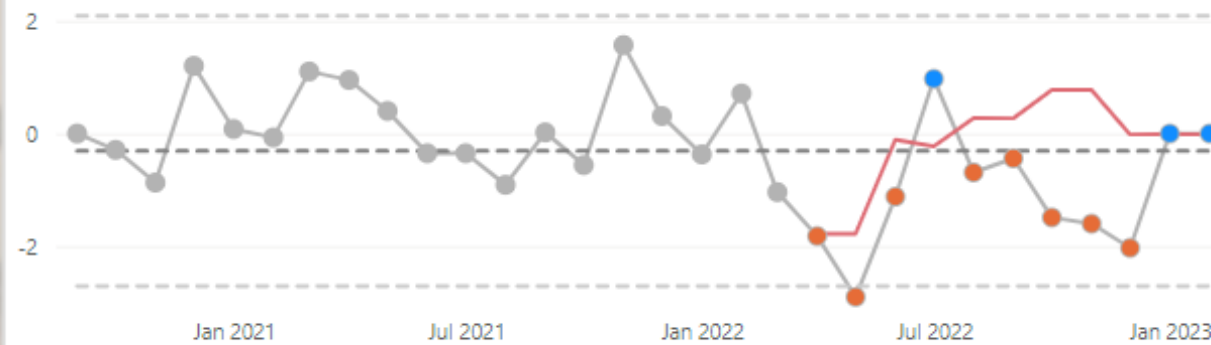
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



Committee Name

All

GroupName

Sustainability

MetricName

Surplus / Deficit YTD (M)

4/1/2019

3/1/2023



-1.01

KGH: Current Value

0.41

KGH: Current Target

-2.03

NGH: Current Value

-0.02

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Surplus / Deficit in relation to the 22/23 Plan	The deterioration in performance is due to the financial position not improving in line with plan expectations, as expenditure run-rate has remained in line with prior months and the actual position includes significant inflationary pressures which exceed national planning assumptions or funding	The deterioration in performance is due to the financial position not improving in line with plan expectations, as expenditure run-rate has remained in line with prior months and the actual position includes significant inflationary pressures which exceed national planning assumptions or funding.	Efficiency delivery continues to be monitored through the Trust Efficiency Steering Group, but Group efficiency targets (£3.8m) are not expected to be achieved. HMT continue to look for other opportunities to reduce the remaining financial plan improvement gap of £6m.	Divisions continue to look for further financial efficiencies. Workforce discussions continue to take place to define and implement recruitment plans and reduce premium pay costs including agency costs. There are ongoing discussions to review covid capacity and opportunities to step down escalation areas and reduce associated expenditure. Workforce and agency spend will be reviewed in the Hospital Vacancy panels.
NGH	01/12/22	Surplus / Deficit in relation to the 22/23 Plan	The Month 9 financial position is a deficit of £11.1m, £9.3m off plan.	The primary driver causing the Trust to be off plan is the under delivery of efficiencies. In addition to high efficiency targets in Q3 Month 9 was also impacted by significant operational in Urgent Care.	Divisional reviews and efficiencies to continue to be monitored closely	Review of potential invest to save impacts and barriers to removing



Systems and Partnerships



KGH

NGH

Committee Name

Integrated Governance Report (l... ▾

GroupName

Systems and Partnerships ▾

0

Exec comments KGH

1

Exec comments NGH

10

Total No. of Metrics

Site	MetricName	Value
KGH	62-day wait for first treatment	57.80%
KGH	6-week diagnostic test target performance	35.84%
KGH	Bed utilisation	97.18%
KGH	Cancer: Faster Diagnostic Standard	88.00%
KGH	Patients with a reason to reside	76.09%
KGH	RTT median wait incomplete pathways	12.20
KGH	RTT over 52 week waits	125
KGH	Stranded patients (7+ day length of stay)	264
KGH	Super-Stranded patients (21+ day length of stay)	83
KGH	Theatre utilisation	76.00%
NGH	62-day wait for first treatment	60.30%
NGH	6-week diagnostic test target performance	63.05%
NGH	Bed utilisation	87.67%
NGH	Cancer: Faster Diagnostic Standard	82.72%
NGH	Patients with a reason to reside	68.90%
NGH	RTT median wait incomplete pathways	12.50
NGH	RTT over 52 week waits	250
NGH	Stranded patients (7+ day length of stay)	365
NGH	Super-Stranded patients (21+ day length of stay)	234
NGH	Theatre utilisation	73.00%

Metric	Comment	Site
Urgent Care	December 22 was an incredibly difficult month. COVID, Flu A & B and in paediatrics, RSV and STREP A meant increased attendances, increased acuity and increased staff sickness. the highest attendances in the last 18 months at 12,600 meant beds were put under serious strain. NGH had to open surge areas and use Surgical beds for Medical Patients. A critical incident was declared for parts of the month. The system responded to winter plans increasing pathway discharges making it one of the highest discharge months we have seen. Additionally, the Trust had to deal with strikes and balance with elective care and bank holidays around the festive period. All things considered, the teams have done incredibly well, patients were put first and safety maintained at all time from the front door through to discharge.	NGH



Summary Table



Committee Name

Integrated Governance Report (IGR) ▾

Group Name

Systems and Partnerships ▾

Metric Name

All ▾

Site

All ▾

Variation

All ▾

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnershi...	62-day wait for first treatment	01/11/22	57.80%	85.00%	54.35%	74.11%	93.87%			Not Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	62-day wait for first treatment	01/11/22	60.30%	85.00%	52.83%	70.3%	87.76%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	Cancer: Faster Diagnostic Sta...	01/11/22	88.00%	75.00%	76.78%	84.67%	92.55%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Cancer: Faster Diagnostic Sta...	01/11/22	82.72%	75.00%	74.75%	80.78%	86.81%			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	6-week diagnostic test targe...	01/12/22	35.84%	99.00%	62.04%	77.99%	93.93%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	6-week diagnostic test targe...	01/12/22	63.05%	99.00%	70.84%	80.28%	89.72%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	RTT over 52 week waits	01/12/22	250	0	110	236	362			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	RTT over 52 week waits	01/12/22	125		1	28	55			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	RTT median wait incomplete...	01/12/22	12.50	10.9	10.95	10.95	10.95			Not Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	RTT median wait incomplete...	01/12/22	12.20		12.08	12.08	12.08			Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	Theatre utilisation	01/12/22	76.00%	85.00%	65.44%	71.57%	77.7%			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Theatre utilisation	01/12/22	73.00%			74.08%				Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Bed utilisation	01/12/22	87.67%		79.6%	83.62%	87.64%			Consistently Anticipated to Meet Target
KGH	Systems and Partnershi...	Bed utilisation	01/12/22	97.18%		85.91%	91.81%	97.71%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Stranded patients (7+ day le...	01/12/22	365	0	299	323	348			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Stranded patients (7+ day le...	01/12/22	264		206	248	290			Consistently Anticipated to Not Meet Target
NGH	Systems and Partnershi...	Super-Stranded patients (21...	01/12/22	234	0	109	135	160			Consistently Anticipated to Not Meet Target
KGH	Systems and Partnershi...	Super-Stranded patients (21...	01/12/22	83		62	90	117			Consistently Anticipated to Not Meet Target

Committee Name

Integrated Governance Report (IGR)

Group Name

Systems and Partnerships

Metric Name

All

Site

All

Variation

All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance	Assurance
KGH	Systems and Partnershi...	Patients with a reason to resi...	01/12/22	76.09%		64.63%	69.74%	74.85%			Consistently Anticipated to Meet Target
NGH	Systems and Partnershi...	Patients with a reason to resi...	01/12/22	68.90%	95.00%	59.68%	66.89%	74.11%			Consistently Anticipated to Not Meet Target

Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

01/04/2019

18/02/2023



57.80%

KGH: Current Value

85.00%

KGH: Current Target

60.30%

NGH: Current Value

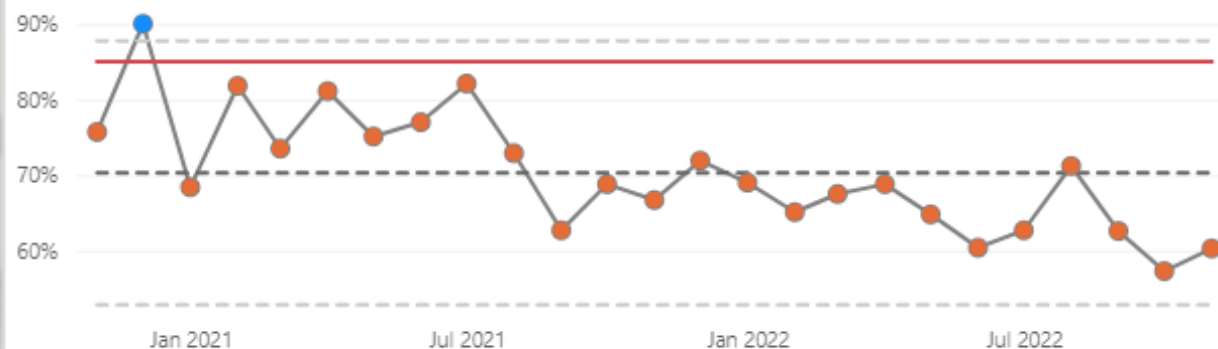
85.00%

NGH: Current Target

Kettering General Hospital

Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships



62-day wait for first treatment

Committee Name

All

GroupName

Systems and Partnerships

MetricName

62-day wait for first treatment

4/1/2019

3/1/2023

57.80%

KGH: Current Value

85.00%

KGH: Current Target

60.30%

NGH: Current Value

85.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/22	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not achieve the standard of 85%. Performance for November of 57.8%	<p>Continued high volume of patient choice relating to 1st OPA and diagnostics.</p> <p>Workforce issues in Breast delaying diagnostics and multiple MDT discussions continue.</p> <p>Increase in patients requiring second opinions for other tumour sites and discussions at Tertiary centres e.g Breast to Sarcoma resulting in extended pathways</p> <p>Due to the increase in 2ww referrals for Prostate from the previous months 'Turnbull effect' combined with NHS PSA invitation we have seen a decreased compliance against the standard.</p>	<p>Cancer recovery action plan discussed and updated weekly by division</p> <p>Weekly calls take place with tertiary centres for next steps of patients</p> <p>Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways</p> <p>Commencement of Radiology tracker to enable focus on booking and or bringing patients forward where capacity allows</p> <p>Review of MDT processes and efficiency to be reviewed</p> <p>Appointment of LATP CNS and training programme to commence.</p>	<p>We continue to hold the twice weekly Confirm and Challenge meetings, we discuss every patient passed breach date and up to day 31 of their pathway. This is chaired by the cancer management team and the DCOO.</p> <p>Easing of the workforce issues in Breast and communication with the team has facilitated introduction of MDT streamlining which continues to progress.</p>
NGH	01/11/22	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet this standard reaching 60.3% against the 85% standard. 117 treatments were undertaken, however 46.5 of these breached. The Trust undertook activity at pre covid levels however due to the volume of breaches, performance was poor. This is reflected regionally and nationally. Recovery of this standard is not currently a target from NHSI/E but reducing legacy is, recognising this is the crucial to recovery of this standard.	12 of the 46.5 breaches were unavoidable, leaving 34.5 as avoidable, the challenges remain in capacity for outpatients, surgery, oncology, diagnostics and later tertiaries	Cancer remains a priority for the Trust. Whilst the the themes remain the same deep dives are being undertaken again by the Cancer Management team on key sites with poor performance, head and neck, colorectal and urology, this will also include process mapping the admin processes in particular in urology as these are contributing to delays. Cancer Management team have met with Radiology to identify and implement improvements for the diagnostic waits for the National Optimal Lung Pathway.	Continue to focus on reducing legacy Site and Corporate PTL Meetings using trust escalation policy Use of national cancer funds to improve pathways

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Cancer: Faster Diagnostic Standard

01/04/2019

18/02/2023



88.00%

KGH: Current Value

75.00%

KGH: Current Target

82.72%

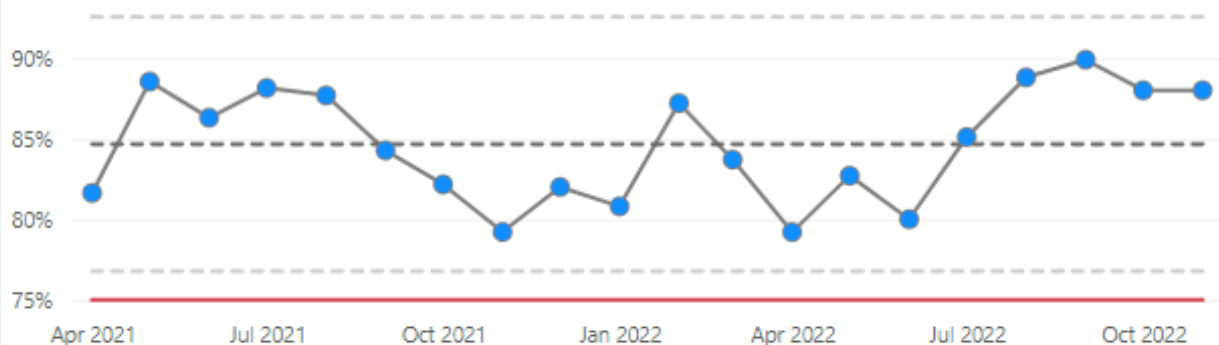
NGH: Current Value

75.00%

NGH: Current Target

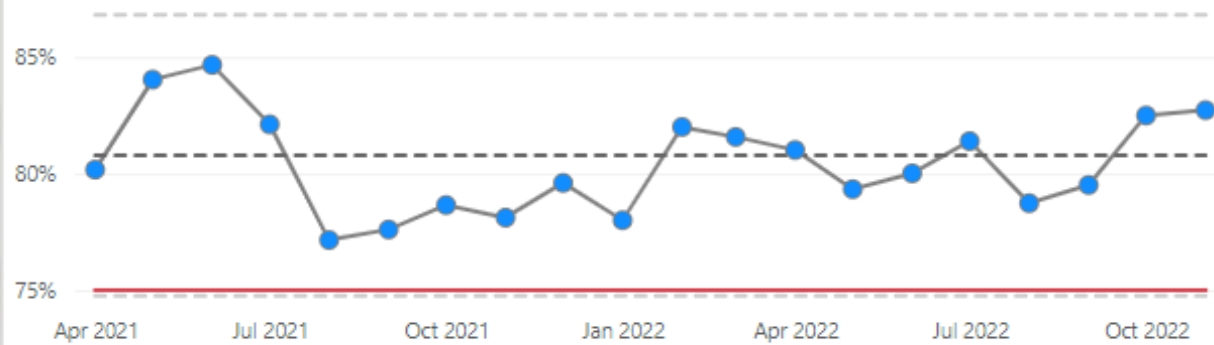
Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Cancer: Faster Diagnostic Standard

4/1/2019

3/1/2023

88.00%

KGH: Current Value

75.00%

KGH: Current Target

82.72%

NGH: Current Value

75.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/11/22	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard at 89.6%	<p>Gynaecology has increased performance for faster diagnosis from 80.2% in October to 91% in November, this is the 5th consecutive month of increased performance against the standard.</p> <p>Urology have seen a decrease in performance since October, of the recorded breaches a number of patients saw delays to diagnosis due to complexities of gaining diagnosis (further tests required to confirm)</p>	<p>Division to continue to monitor Gynae one stop clinic capacity to ensure performance</p> <p>Increased PTL meetings continue to maintain focus and performance</p>	Shared PTL twice weekly with Histopathology and radiology to ensure timely booking and reporting of investigations.
NGH	01/11/22	% of patients diagnosed in less than 28 days	The Trust has surpassed the standard reaching 82.7% against the 75% standard.	Whilst the Trust is exceeding the standard overall Colorectal are still not meeting it individually.	<p>Cancer Management undertaken further deep dive on pathway challenges</p> <p>Met with new tumour site lead to explore improvements</p> <p>National funding identified to secure a single point of contact in endoscopy to improve diagnostic booking process</p>	Weekly report shared with all teams of those patients at risk of breaching the standard

Committee Name
All

GroupName
Systems and Partnerships

MetricName
6-week diagnostic test target performance

01/04/2019 18/02/2023

35.84%

KGH: Current Value

99.00%

KGH: Current Target

63.05%

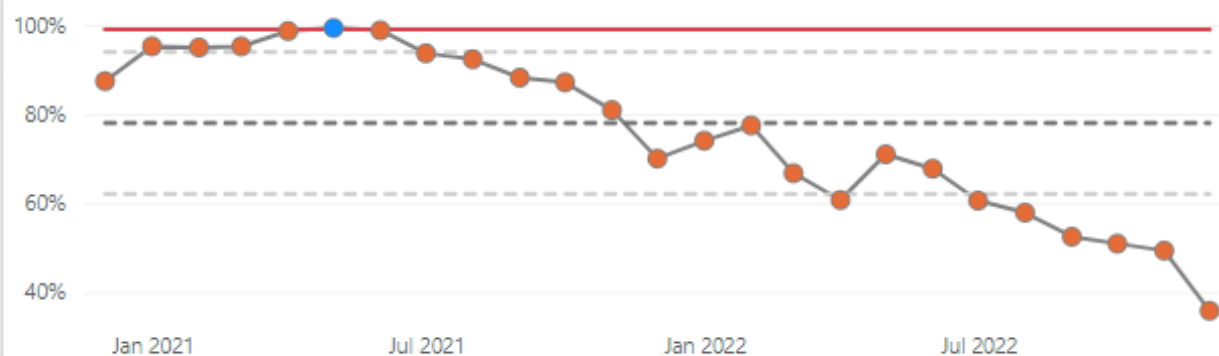
NGH: Current Value

99.00%

NGH: Current Target

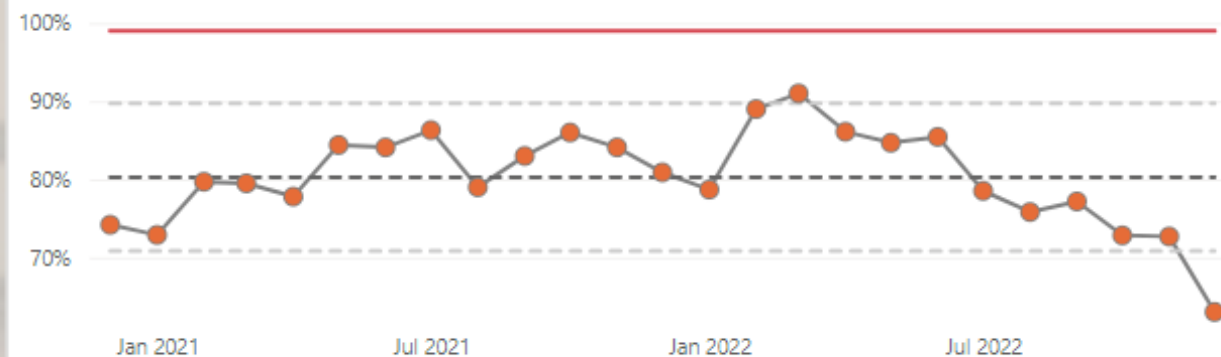
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

6-week diagnostic test target performance

4/1/2019

3/1/2023



35.84%

KGH: Current Value

99.00%

KGH: Current Target

63.05%

NGH: Current Value

99.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of patients not seen within six weeks	Unvalidated performance for Dec22 has declined to 37.26%	<p>Pressures in the modalities previously described continue in month. These include:</p> <ul style="list-style-type: none"> Increased overall demand for tests Continued high demand for cancer, inpatient and other urgent requests which are prioritised over routine requests Skill mix within the modalities to meet the demand of tests needed Impact of OPEL4 and Critical Incidents. Continued complications with data quality, specifically with Cardiology. 	<p>Weekly PTL meeting for Cancer/2ww requests to ensure patients are being fast tracked as needed.</p> <p>Encouraged communications from Ops teams re RTT patients who are long waiting and require imaging as part of their next steps in care.</p> <p>Continued developments with CDC plans which will see increased capacity for Imaging and Echo. Actual spokes (Corby and Kings Heath) not due for completion until 2023/24. Business Cases being considered for interim solutions that will allow for delivered capacity by April 1st 2023.</p> <p>Recovery plans for Cardiac Investigations have been requested - due Jan 2023.</p>	<p>Weekly DM01 Access Meetings to meet with modality leads to discuss concerns and actions taking places</p> <p>Weekly meetings with Health Intelligence as Data Quality issues continue</p> <p>Continued meeting with ICT re developments with PAS that will improve both recording and reporting of DM01 requests and activity.</p>
NGH	01/12/22	% of patients not seen within six weeks	Unvalidated Performance has deteriorated to 63%.	<p>Constraints/Pressures from previous month are ongoing:</p> <ul style="list-style-type: none"> High volume of referrals. MRI and echo continue to be challenged. Increased Inpatient, Cancer and Urgent care demand across all modalities. Continued emergency pressures and Covid-19 demand. Volume of cancer inpatient demand & urgent care work has impacted on the backlog clearance. KGH cardiac MRI capacity delayed until December Skill mix within the modalities to meet demand of tests needed 	<ul style="list-style-type: none"> Support from IS provider being explored currently scope for 10 MRI MSK a week. Locums are being explored however financial/Workforce constraints apply. CDC business case on-going Additional weekend work is being completed where feasible Additional capacity for MRI being put in place (marginal) MRI Business case constrained due to financial pressures Echo Insourcing case approved - Implementation delayed due to procurement constraints MSK/U/S additional sessions being offered out to clinicians Training to be provided for diagnostics validation for Radiology PET-CT capacity to be used for additional CT Communications to be sent to MRI patients who have breached 6 week target. 	<ul style="list-style-type: none"> Weekly Diagnostic PTL Escalation to DCOO and COO via Access Committee

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

01/04/2019

18/02/2023



125

KGH: Current Value

KGH: Current Target

250

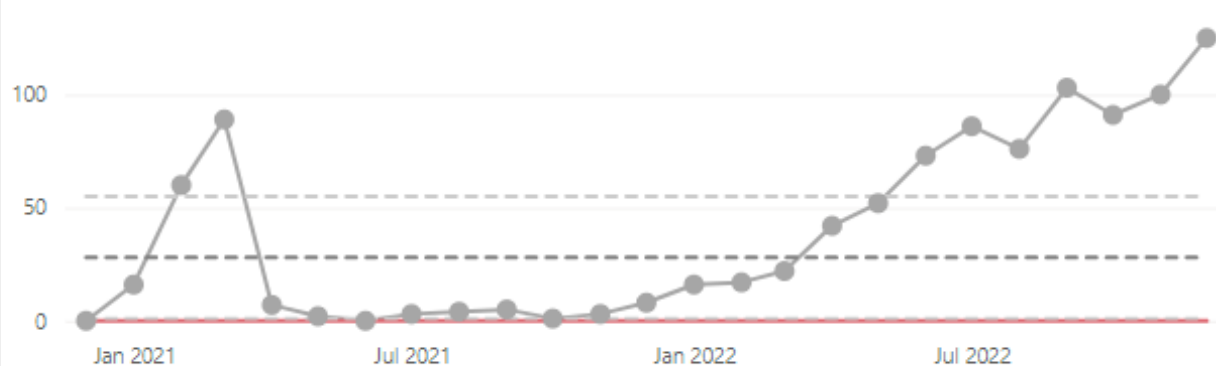
NGH: Current Value

NGH: Current Target

0

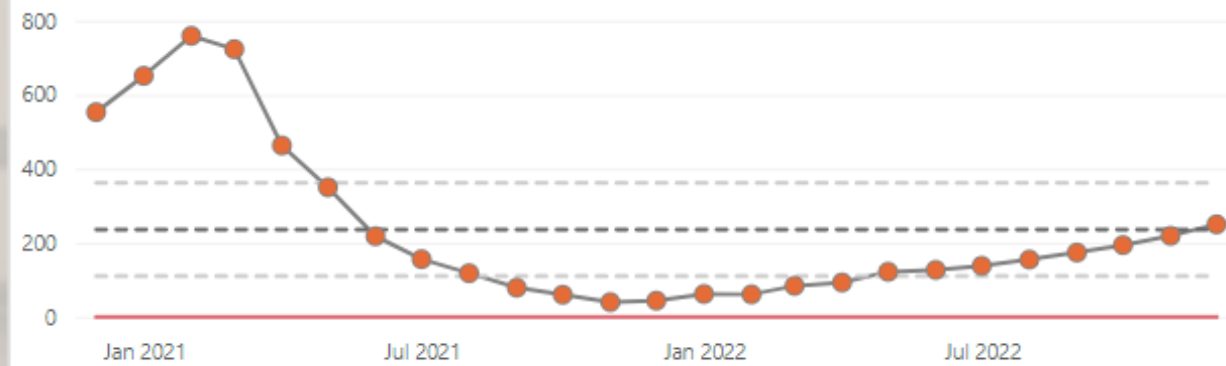
Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

4/1/2019

3/1/2023

125

KGH: Current Value

KGH: Current Target

250

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Unvalidated position for December 2022 has reported 125 patients over 52 weeks on their RTT Pathway. This is an increase from 100 patients as at the end of November 2022. All of the longest waiting patients (78wk+) are remaining IPTs from UHL (3 Patients as at the 03/01/23)	Operational pressures as the site fluctuates in and out of Critical Incidents and OPEL4. This results in both IP and OP activity being stood down. 912 patients have been impacted (750 OPA, 59 IP/DC, 87 Cancer Services, 16 Diagnostics) Patient Fitness and Patient Choice continues to be a root cause as patients have declined treatment over Christmas and New Years. Continued capacity problems with Raspatory Medicine resulting in patients waiting longer for their first appointment.	Weekly PTL meetings are conducted to review all patients on the Surgical Waiting list over 40 weeks. This is attended by several lines of management and operational support including RTT Management, HoA, DDs and Waiting List Management. This ensures any delays can be progressed as well as decision made on patients suitable next steps. Radiology are contacted directly with any requests for test to support timely turn around of both test and reporting.	The 52w+ PTL is validated weekly to ensure accurate reflection and national reflection of the trust. Clinical Harm Reviews are conducted on all patients who have waited in excess of 52 weeks for their treatment All patients who were impacted by the IA and UEC in December have been subject to clinical review before decisions made to ensure decisions made have no adverse impact on patients.

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT over 52 week waits

4/1/2019

3/1/2023

125

KGH: Current Value

KGH: Current Target

250

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/12/22	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	- Performance has deteriorated with 285 over 52+ weeks (week ending 7/1/23 position)	<ul style="list-style-type: none"> - Critical Incident and OPEL 4 status has resulted in activity being stood down and PTL's being stood down which has impacted greatly on position. - T&O Compton ward now reallocated utilised to support emergency pressures during critical incident and OPEL 4 status meant cessation of operating elective cases for T&O during this period. - Theatre maintenance and seasonal reduction in activity have also impacted - ENT has seen a significant increase in number of 52+ and continues to be constrained.. ENT has significant number of patients waiting for outpatients over 35 weeks which is a risk re. long waiting position. - Administrative staffing issues in H&N impacting • NGH taken 142 long waiting patients (most >than 104 weeks) from UHL. These were/are managed on top of our own activity due to their wait times. This has meant that the 104+ position, 78+ position and 52+ position has deteriorated as it has impacted the trust's ability to progress NGH patients who have been waiting for treatment in excess of 52 weeks. - UHL patients now treated • Theatre staffing issues both ODP's and Anaesthetists availability continues and has impacted on the number of cancellations and therefore clearance rate of all long waiters . We have also had cancellations of the UHL mutual Aid patients which also results in the need for these to be redated impacting further on clearance of internal long waiters. • Due to financial constraints ICB have advised to stop utilising IS to support elective work. • Covid-19 sickness and Operational Pressures continue. • Cancer/urgent patients demand increasing and are prioritised impacting ability to clear long waiters. 	<ul style="list-style-type: none"> • H&N exploring Source group re. Admin staff • H&N exploring Insourcing to support outpatient waits • Divisional Manager and Director have been asked for recovery plan re. H&N • Additional lists are being explored but theatre staffing shortages are impacting ability to secure these. • Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item. 	<ul style="list-style-type: none"> • Harm reviews completed on any patient who waits more than 52 weeks for treatment. • Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where 52+weeks is a standing agenda item.

Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT median wait incomplete pathways

01/04/2019

18/02/2023

12.20

KGH: Current Value

KGH: Current Target

12.50

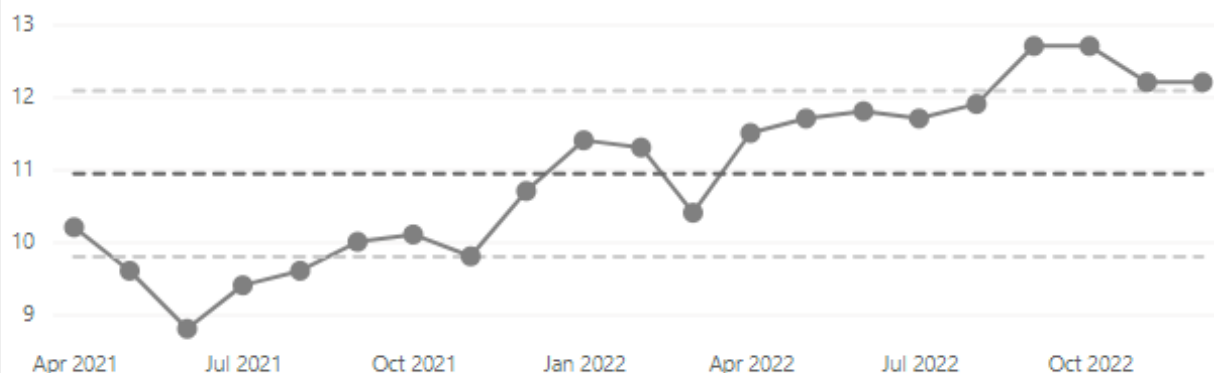
NGH: Current Value

NGH: Current Target

10.9

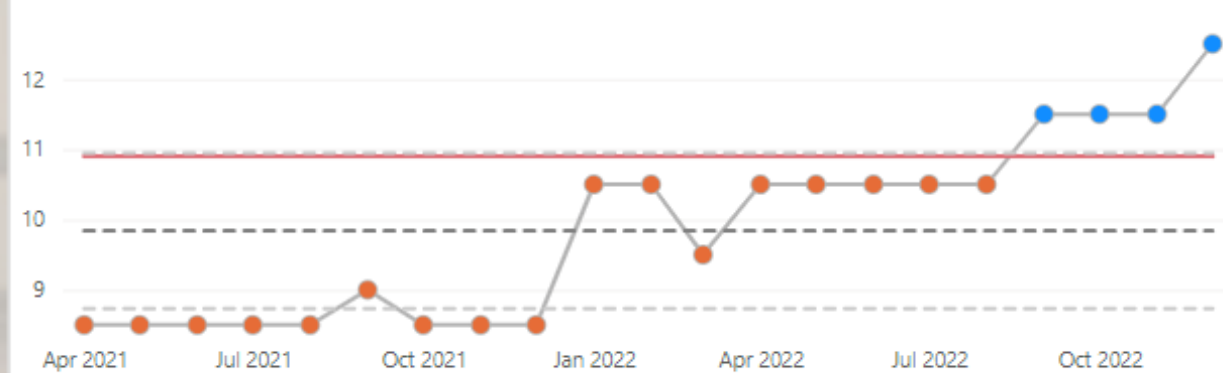
Kettering General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Northampton General Hospital

RTT median wait incomplete pathways: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

RTT median wait incomplete pathways

4/1/2019

3/1/2023

12.20

KGH: Current Value

KGH: Current Target

12.50

NGH: Current Value

10.9

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% of patients waiting more than 18wks for treatment (incomplete pathways)	RTT Median Waiting time for November 2022 has remained the same as the previous month at 12.2 week	<p>The clearance of patients over 104 and 78 weeks have been consistent with plans and are likely to be zero by the end of March 2023.</p> <p>Patients over 52 weeks continue to be as a result of:</p> <ul style="list-style-type: none"> - Patient Choice - Capacity for Consultant Specific treatments - Impact from IA, and UEC in December 2022 resulting in both IP and OP cancellations - Complex cases that have required multiple diagnostic or OP attendances - Capacity issues within Medicine Specialties - Neurology and Resp Services where patients are waiting in excess of 30 weeks for their OPA First. 	<p>Recovery plans have been created for both Resp and Neurology services as well as details of additional capacity needed to support recovery of the service</p> <p>PTL meetings continue within specialties to ensure patients waiting are being planned for their next steps and any delays (e.g. Diagnostics) are flagged for action</p> <p>Continued monitoring of waiting list at SLT Meetings such as Patient Access and OMG</p>	<p>Clinical Harms Review for patients over 52weeks</p> <p>Validation of patients over 52 weeks conducted weekly with no pathways having been reviewed in excess of 12 weeks.</p>
NGH	01/12/22	% of patients waiting more than 18wks for treatment (incomplete pathways)	Median waits position increasing	<ul style="list-style-type: none"> - Increased number of referrals and capacity constraints across the Trust have contributed - OPEL 4 and Critical incident status and resultant activity reduction also impacting position. - ENT continues to be constrained, divisional manager and director have been asked for recovery plan. 	<p>Weekly monitoring at PTL and standing agenda item and Access Committee</p> <p>Continued efforts to increase use of A&G, triage and Virtual consultation and PIFU to support the position.</p>	As per actions

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Theatre utilisation

01/04/2019

18/02/2023



76.00%

KGH: Current Value

85.00%

KGH: Current Target

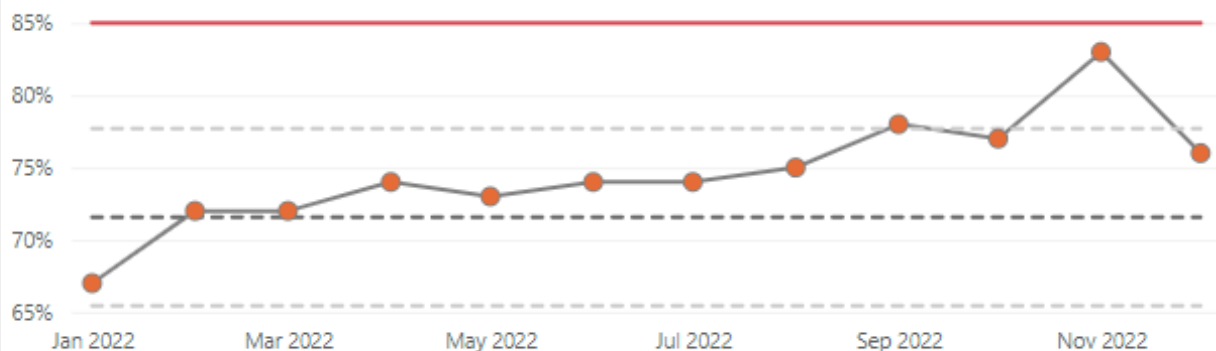
73.00%

NGH: Current Value

NGH: Current Target

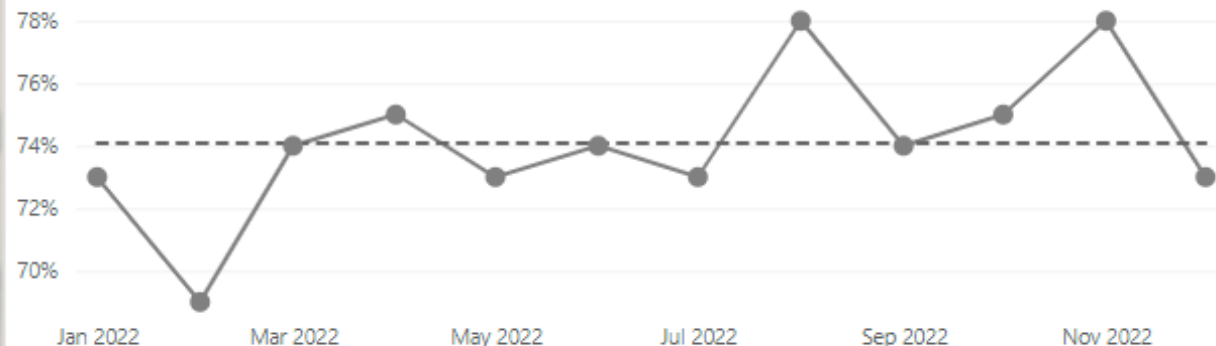
Kettering General Hospital

Theatre utilisation: Systems and Partnerships



Northampton General Hospital

Theatre utilisation: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Theatre utilisation

4/1/2019

3/1/2023

76.00%

KGH: Current Value

85.00%

KGH: Current Target

73.00%

NGH: Current Value

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 76% in December	Theatre utilisation was affected by a high number of late cancellations of patients due to choice and late pre-assessment processes. December was particularly affected by increased non-elective demand (and the associated critical incidents) and industrial action.	Daily monitoring of booking levels by the WL Office and a focus on theatre starting times to ensure patients are not cancelled due to running out of time	Relaunched 642 and theatre scheduling meetings with improved booking practice. New accommodation for Pre-Assessment Service identified in early December for increased face to face appointments - will be available during January.
NGH	01/12/22	Theatre utilisation % against 85% national target	78% - consistently between 75 - 80%.	Lack of informatics to monitor utilisation in real time. Cultural change required to drive the theatre lists, improve start and finish times Admissions team vacancies and new recruits resulting in lists not fully booked Late cancellations of patients due to the Christmas period.	Scheduling meeting and 6-4-2 meetings continues. Theatre dashboard in progress. Monthly Divisional Theatre Productivity meeting with Transformation Team and workstreams in progress.	Implementation of CCS Additional Pre Op capacity

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Bed utilisation

01/04/2019

18/02/2023

97.18%

KGH: Current Value

KGH: Current Target

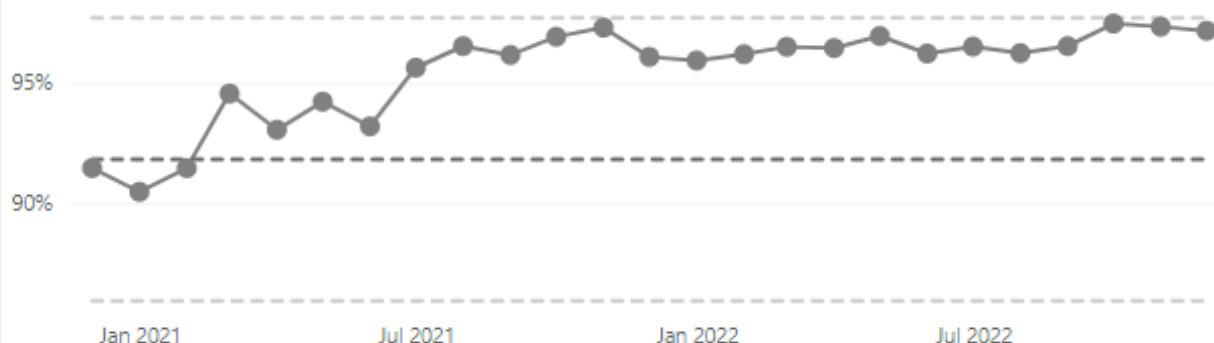
87.67%

NGH: Current Value

NGH: Current Target

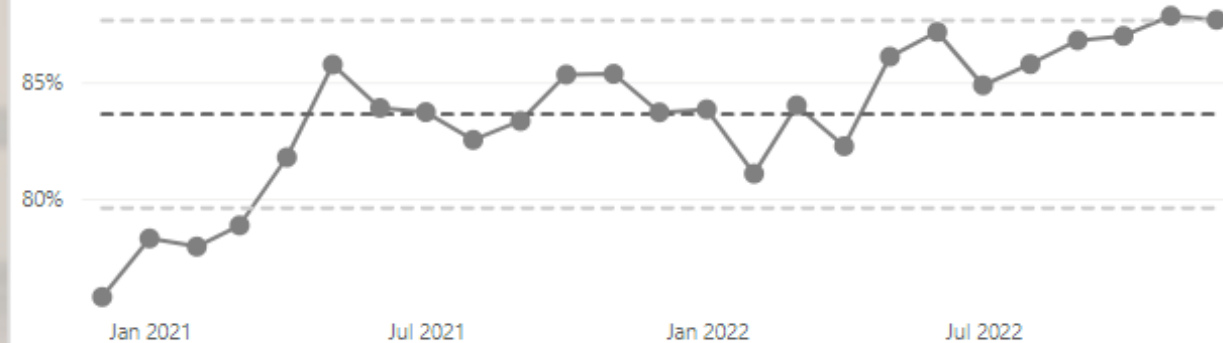
Kettering General Hospital

Bed utilisation: Systems and Partnerships



Northampton General Hospital

Bed utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	% General and acute beds utilised - excluding maternity	As per last month bed utilisation remains consistently high in December at 97.2%. From mid December the Trust has been on Critical Incident and pre-emptively opened capacity to support ambulance strike on 21/12. This resulted in the full capacity protocol being instigated, and at one point 70 additional beds over winter capacity were opened and all elective wards were occupied by emergency patients. Even with this capacity opened we remained at a utilisation of over 97%	Recommended national bed utilisation levels are 85% to support patients getting in to the right bed without delay. Utilisation over this, in particular over 95%, impedes timely flow and will result in patients being bedded in non ideal areas resulting in multiple bed moves. Bed modelling predicts continued 95%+ utilisation and this will require escalation capacity to manage peaks and impediment to flow and experience due to multiple moves.	Daily focus on pathway zero patients with no reason to reside. Daily work with partners to support discharges for patients on pathways 1,2 or 3. Discharge Bronze 3 x weekly for all medical and surgical wards continues (all patients reviewed) Winter schemes provided additional pathway 1 implemented.	Winter schemes provided additional pathway 1, 2 and 3 capacity being implemented by ASC and NHFT. MADE events planned as routine events. NH beds to be commissioned from additional Govt winter funding supposedly arriving in Jan

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Stranded patients (7+ day length of stay)

01/04/2019

18/02/2023



264

KGH: Current Value

KGH: Current Target

365

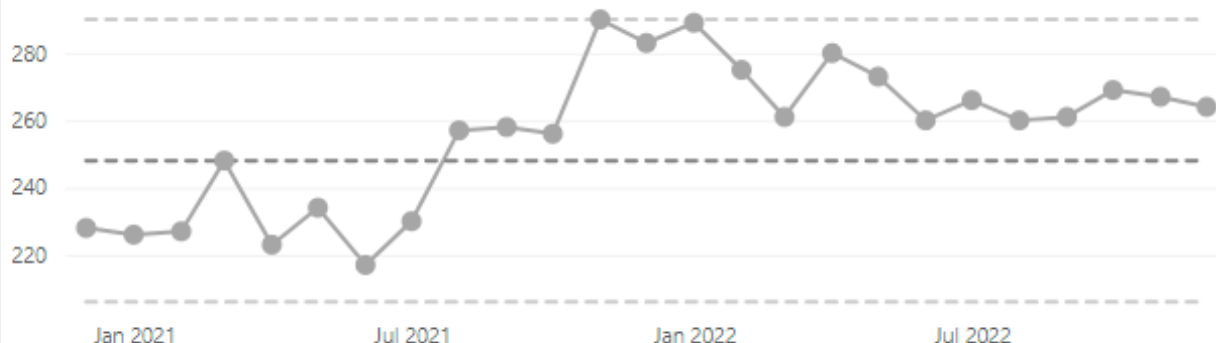
NGH: Current Value

NGH: Current Target

0

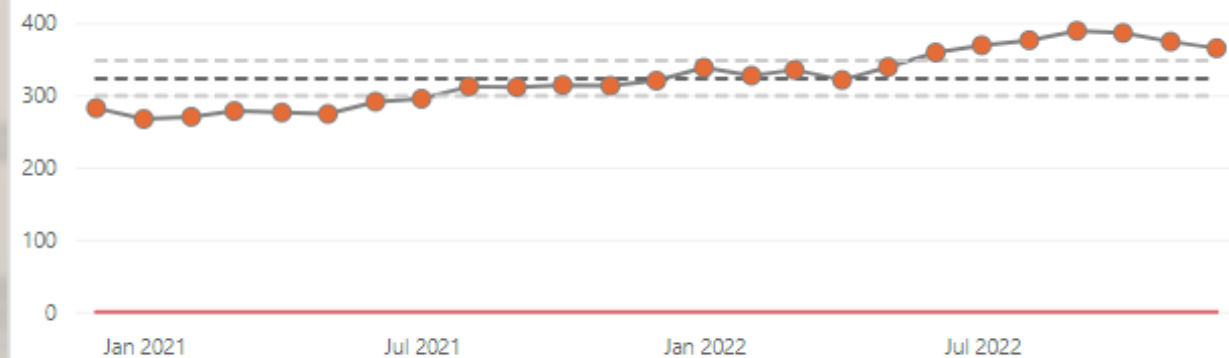
Kettering General Hospital

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



Northampton General Hospital

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



Stranded patients (7+ day length of stay)

Committee Name
All

GroupName
Systems and Partnerships

MetricName
Stranded patients (7+ day length of stay)

4/1/2019 3/1/2023

264
KGH: Current Value

365
NGH: Current Value

0
NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Number of patients with a LoS > 7 days	The number of stranded patients has remained stable as a monthly snapshot over the last 5 months. Our aim is to get it to less than 250.	Emergency demand from Xmas Eve until 11th Jan resulted in super surge escalation capacity being required, and as a result over this period an increase in the number of stranded patients. From the 12th Jan onwards this is reducing as the impact of the focus internally and from system partners is seen.	The Newton supported Patient Flow Dashboard has been launched which provides real time data on LoS and sits alongside the complex discharge dashboard. This data access will support our operational teams focus in the key issues and support reducing the number of stranded patients. Sustaining high quality board rounds with clear actions Ensure delays expedited incl diagnostics. Max use of SDEC services.	Involvement of senior nurses and matrons to support senior decision making at board rounds
NGH	01/12/22	Number of patients with a LoS > 7 days	Bed utilisation continues to be over 85%	545 beds are NEL beds, the rest as not usable by Emergency admissions. Additionally, at NGH we have Renal, Oncology and Stroke which cannot be filled by patients not from those specialties, therefore can be empty despite site pressures. Bed modelling done as part of the system show that for winter, we are 65 beds short to achieve 95% occupancy.	System winter planning initiative to increase discharges for pathways 1 & 2 which have started to deliver with c.20 supported discharges per day. Internally, there are flow projects continually rolled out across IVABx, Board rounds, Diagnostics and complex discharge hub. If all these work, we will be 5 beds in surplus of achieving 95%.	Ongoing work on flow programmes of activity are in place an monitored daily/weekly at flow board.

Committee Name

All

GroupName

Systems and Partnerships

MetricName

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

01/04/2019

18/02/2023

83

KGH: Current Value

KGH: Current Target

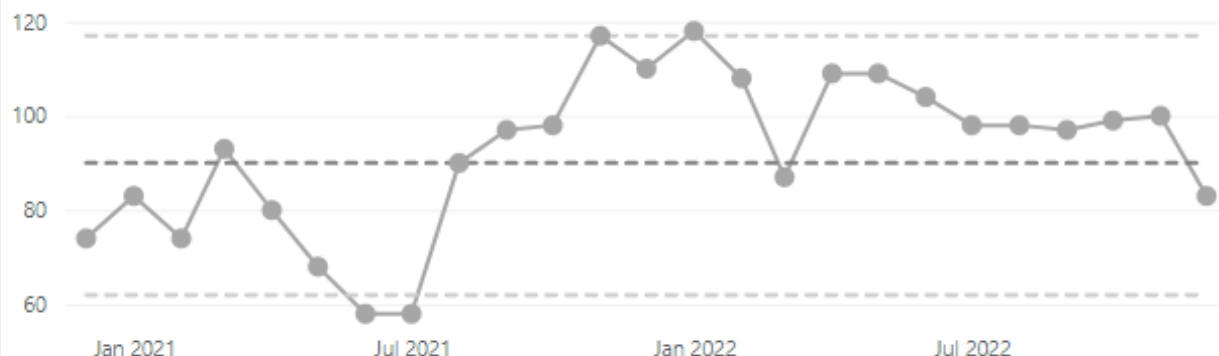
234

NGH: Current Value

NGH: Current Target

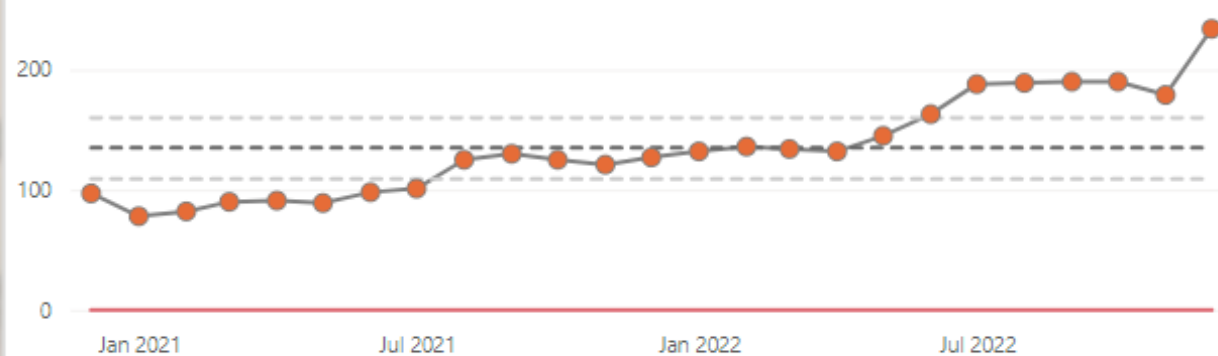
Kettering General Hospital

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



Northampton General Hospital

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





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



Committee Name

All

GroupName

Systems and Partnerships

MetricName

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

4/1/2019

3/1/2023

83

KGH: Current Value

KGH: Current Target

234

NGH: Current Value

0

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Number of patients with a LOS> 21 days	The number of Super Stranded (LoS>21 days) had reduced by month end, although over the following two weeks it increased significantly and now (13/1/23) is reducing down to the levels at end Dec	Emergency demand from Xmas Eve until 11th Jan resulted in super surge escalation capacity being required, and as a result over this period an increase in the number of super stranded patients. From the 12th Jan onwards this is reducing as the impact of the focus internally and from system partners is seen.	The Newton supported Patient Flow Dashboard has been launched which provides real time data on LoS and sits alongside the complex discharge dashboard. This data access will support our operational teams focus in the key issues and support reducing the number of stranded patients. Sustaining min delays with supported discharge quality SBAR submission Working closely with system partners to expedite delays	Reviews of all Super Stranded patients 3 x per week with super complex review of selected patients 1 x per week with partners. Daily updates with OOC providers. Allocated actions for all senior dc co-ordinators on a daily basis to keep focus on these patients. Escalate directly to ASC & NHFT director with particularly complex cases or significant delays.
NGH	01/12/22	Number of patients with a LOS> 21 days	Value is wrong. Current value is at 89 - our 4rd lowest state in the last 2 years.	Increasing Medically Fit for discharge Patients (MFFD) rising in both quality (202) peak in Sept and Length of Stay (LoS) averaging almost 3 weeks once MFFD. This vastly reduces the ability for teams to utilise beds.	We have in place 6 programmes of activity to decrease LoS. 1. IVABx; 2. Diagnostic; 3. Modernising Medicine; 4. Board rounds; 5. System working to increase capacity on Pathway 1-3; 6. Discharge Hub ways of working. Plans are starting to work, with almost 50 drop in last 2 months.	-

Committee Name

All

GroupName

Systems and Partnerships

MetricName

Patients with a reason to reside

01/04/2019

18/02/2023



76.09%

KGH: Current Value

KGH: Current Target

68.90%

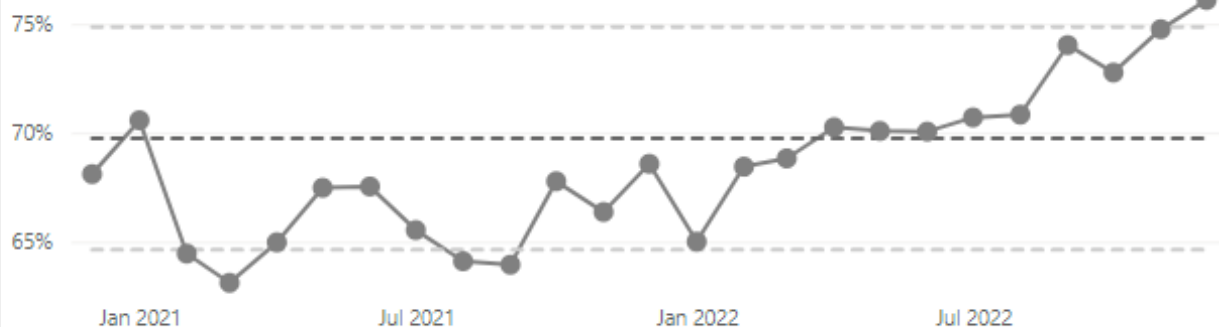
NGH: Current Value

NGH: Current Target

95.00%

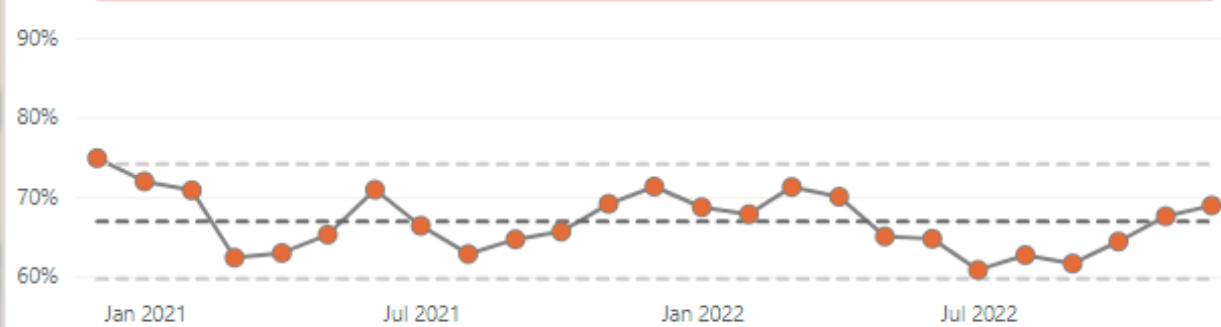
Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships



Northampton General Hospital

Patients with a reason to reside: Systems and Partnerships



Committee Name

All

GroupName

Systems and Partnerships

MetricName

Patients with a reason to reside

4/1/2019

3/1/2023

76.09%

KGH: Current Value

KGH: Current Target

68.90%

NGH: Current Value

95.00%

NGH: Current Target

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/12/22	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	Number of patients who have a reason to reside in hospital based on national reason to reside criteria. The proportion of patients with a reason to reside has increased due to the focus on discharging patients whom do not have a reason to reside and the acuity of the patients in hospital being higher than previous	As per last month an increasing proportion of patients since April 2021 are being identified as having a reason to reside although it is relatively stable at 70% for the last 5 months with an increase to 73-75% in the last 3 months as the focus on discharging improves flow.	24% of patients (approx. 100) do not have a reason to reside, with approx. 55-65 at any one point of time awaiting supported care discharge and a further 10-15 patients in the process of identifying the supported discharge package required. This is an improvement over the last 2 months as a result on continued focused work with our partners.	Gaps in complex P1 and P3 provision identified and Adult Social Care identifying provision as part of winter funding with capacity coming online over November - ongoing sustainable provision required. Rehab capacity is a bottleneck.
NGH	01/12/22	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	Number of patients who have a reason to reside in hospital based on national reason to reside criteria. This shows that along with 7+ and 21+ patients, we are moving the right way throughout LoS and patient flow metrics.	Increasing Medically Fit for discharge Patients (MFFD) rising in both quality (202) peak in Sept and Length of Stay (LoS) averaging almost 3 weeks once MFFD. This vastly reduces the ability for teams to utilise beds.	We have in place 6 programmes of activity to decrease LoS. 1. IVABx; 2. Diagnostic; 3. Modernising Medicine; 4. Board rounds; 5. System working to increase capacity on Pathway 1-3; 6. Discharge Hub ways of working. Plans are starting to work, with almost 50 drop in last 2 months.	-

Northampton General Hospital Financial Position

**Month 9 (December 2022)
FY 2022/23**



The Trust financial position in month 9 is a deficit of £11.1m, which is £9.3m worse than plan. The primary driver of this position is under-delivery of efficiencies, particularly agency reduction. We are actively working with divisions to increase scale and pace of change on agency reduction and general efficiencies delivery.

The 'in-month' financial position for month 9 reports a deficit of £2.1m, against a breakeven plan, a variance of -£2.1m. The monthly deficit is £1m above trend due several areas of non pay expenditure, estates costs, plus the bank holiday pay costs of Christmas..

KEY VARIANCES - MONTH 9:

Income – on plan in-month.

- £0.2m adverse against original vaccination centre plan for reimbursement.
- £0.1m favourable against ICAN and EDMS income targets to offset expenditure.

Pay - £1.6m adverse variance in-month.

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

Non-Pay - £0.7m adverse variance in-month.

- £0.2m adverse due to estates work in December.
- £0.2m adverse due to training costs of continuing professional development and recruitment costs of international nurses.
- £0.1m adverse on lab consumables and diagnostic costs.

Cash - The cash balance at the end of December is £15.9m

Capital - Spend at Month 7 is £6.8m with commitments of £8.6m (total £15.4m), c.56% of the annual plan. The Year to date Plan is £11.26m. The Year to date shortfall is £4.5m of which £1.75m is the Decarbonisation scheme (PSDS) and £1.96m relates to ROU assets.

2022/23 M9 I&E Summary

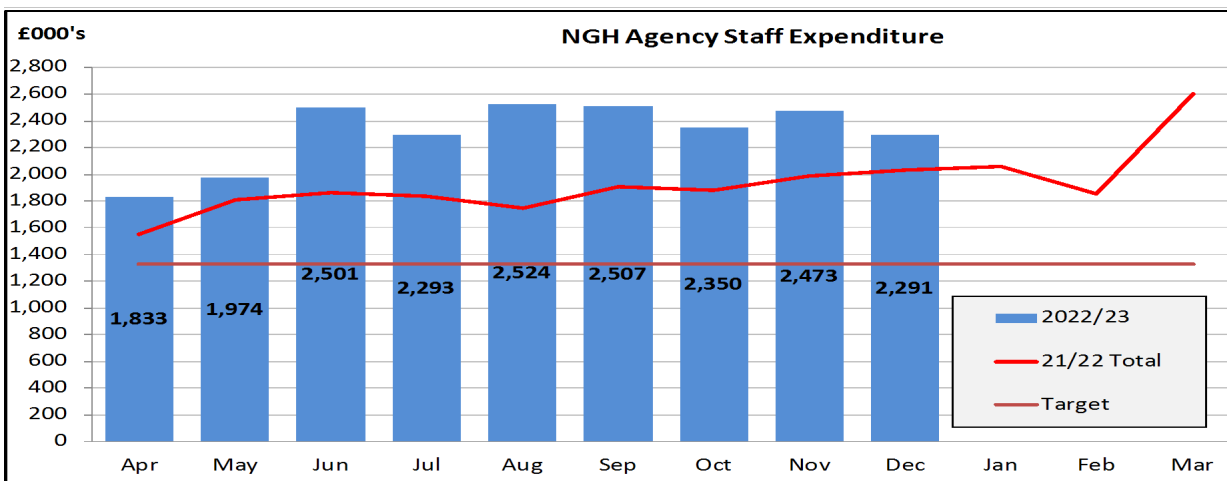
Description	NGH Year To Date			NGH In Month		
	Plan £m's	Actual £m's	Variance £m's	M9 Plan £m's	M9 Actual £m's	Variance £m's
Total Income	334.4	336.1	1.7	37.1	37.1	0.0
Total Pay	(230.6)	(241.3)	(10.7)	(25.3)	(26.9)	(1.6)
Total Non Pay	(102.7)	(103.3)	(0.6)	(11.4)	(12.1)	(0.7)
Operating (Deficit)	1.0	(8.6)	(9.6)	0.3	(2.0)	(2.3)
Capital Charges	(4.6)	(4.4)	0.2	(0.5)	(0.3)	0.2
Trust Surplus / (Deficit)	(3.6)	(13.0)	(9.3)	(0.2)	(2.3)	(2.1)
System Support Funding	1.9	1.9	0.0	0.2	0.2	0.0
I&E Surplus / (Deficit)	(1.8)	(11.1)	(9.3)	0.0	(2.1)	(2.1)

At Month 9 the Trust financial performance is a deficit of £11.1m, which is £9.3m worse than plan. The primary driver of this position is under-delivery of efficiencies of plus the required expenditure savings expected in the updated annual plan.

KEY VARIANCES - YEAR TO DATE:

- **Income £1.7m favourable to plan**
 - Elective recovery fund (ERF) income is included in the YTD position at 100%, as per NHSE guidance.
 - Patient Care income is on plan, with marginal favourable variances on RTA income offsetting adverse in excluded drugs & devices.
 - £0.9m adverse, due to the lower than anticipated activity at the vaccination centre (now closed).
 - £2.6m favourable from other sources of income, including non-recurrent VAT review & £0.6m income from local authority to reimburse iCAN.
- **Pay £10.7m over plan**
 - £3.4m under-delivery against the efficiency target to date is the key driver.
 - £2.1m of agency expenditure addressing flow issues.
 - £2.2m overspend on medical staff due to a further 20 WTE doctors above budget levels, over and above the urgent care flow issue.
- **Non-Pay £0.6m adverse to plan**
 - Predominantly, £2.9m underspent in clinical consumables, due to activity not reaching the 104% level set in the plan.
 - This is offset by professional fees, training and recruitment costs; some of this income backed for projects e.g. electronic document management service.

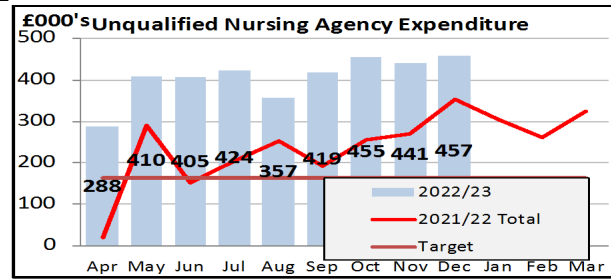
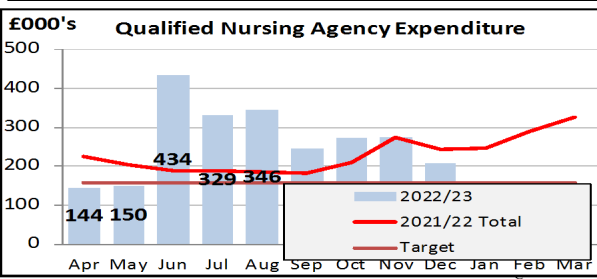
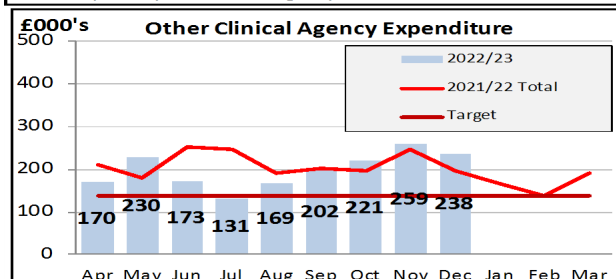
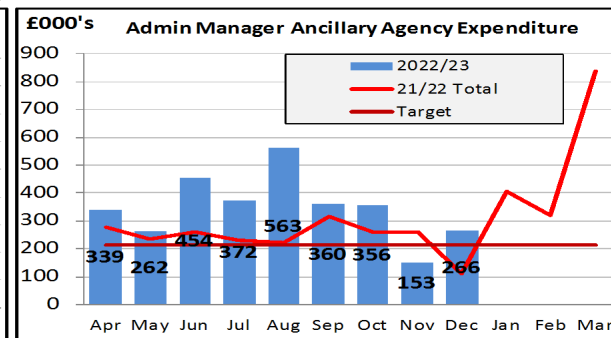
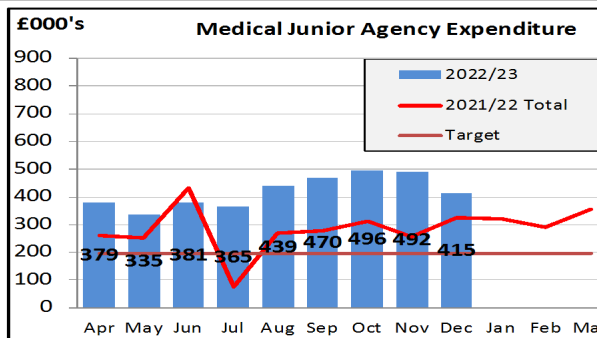
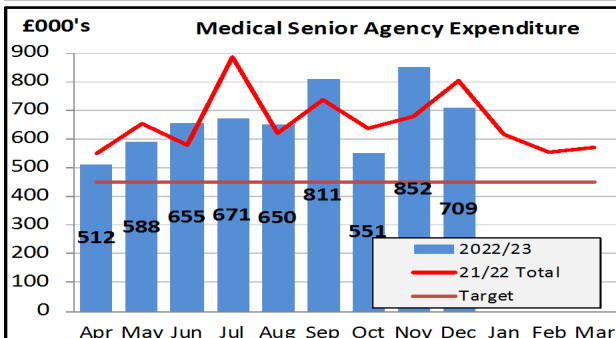
Agency Pay Expenditure



Monthly agency spend of £2.29m in December, is the lowest it has been since May 22, and has decreased as we enter winter, rather than increase as we have seen in previous years.

Qualified nursing and medical staff spend has decreased in December, but reliance on agency HCA maintains strong.

In respect of specialties, elderly & outpatients, plus medical inpatients spend in December is broadly 20% down on Sep-Nov.



Statement of Financial Performance

The key movements from the opening balance are:

Non Current Assets

- M9 Capital additions of £3m, consists of PSDS Decarbonisation spend of £2.1m, Estates block spend of £0.3m, MESC spend of £0.4m and Digital spend of £0.2m.
- Depreciation in M9 is as plan.

Current assets

- Inventories - £0.2m. Increase in Pharmacy (£0.1m) and Pacing (£0.1m) stock holdings.
- Trade and Other Receivables – £1.4m due to: Increases in NHS Receivables (£0.6m) and Non-NHS Debtors (£0.1m). Decreases in NHS Income Accruals (£0.6m), Trade Receivables (£0.4m), VAT reclaim (£0.2m), Prepayments (£0.8m) and Salary advances (£0.1m).
- Salary overpayments have increased in month with an overall balance of £0.4m. Year to date overpayments are £0.27m which is less than the same period last year (£0.30m). The number of occurrences is slightly more (135 compared to 133).
- Cash – Decrease of £4.3m

Current Liabilities

- Trade and Other Payables - £1.9m due to: Decreases in NHS Payables (0.4m), Trade Payables (£1.3m), Tax, NI and Pension Creditor (£1.2m), Net Pay - weekly payrolls processed & paid in month (£0.5m) and Receipts in Advance (£0.3m). Increases in PDC Dividend (£0.3m), Capital Creditors (£0.1m) and Accruals (£1.4m).

Non Current Liabilities

- Finance Lease Payable - £0.3m. Nye Bevan and Car Park lease repayment (£0.1m). ROU assets (£0.15m)

Financed By

- Revaluation Reserve - £0.1m yearly Equipment Historic cost adjustment, the writing down affect of indexation over the life of the asset.
- I & E Account - £1.8m deficit in month. -£0.1m Historic cost adjustment

TRUST SUMMARY BALANCE SHEET MONTH 9 2022/23				
	Balance at 31-Mar-22 £m	Opening Balance £m	Closing Balance £m	Movement £m
NON CURRENT ASSETS				
OPENING NET BOOK VALUE	208.5	218.2	218.2	0.0
IN YEAR REVALUATIONS	0.0	0.0	0.0	0.0
IN YEAR MOVEMENTS	0.0	4.0	7.0	3.0
LESS DEPRECIATION	0.0	(10.7)	(12.0)	(1.4)
NET BOOK VALUE	208.5	211.5	213.1	1.6
CURRENT ASSETS				
INVENTORIES	6.7	7.3	7.5	0.2
TRADE & OTHER RECEIVABLES	17.7	17.4	16.0	(1.4)
NON CURRENT ASSETS FOR SALE	0.0	0.0	0.0	0.0
CLINICIAN PENSION TAX FUNDING	1.0	1.0	1.0	0.0
CASH	10.1	20.3	15.9	(4.3)
TOTAL CURRENT ASSETS	35.4	45.9	40.4	(5.6)
CURRENT LIABILITIES				
TRADE & OTHER PAYABLES	30.1	45.2	43.3	(1.9)
FINANCE LEASE PAYABLE under 1 year	1.3	1.3	1.3	(0.0)
SHORT TERM LOANS	0.3	0.3	0.3	0.0
STAFF BENEFITS ACCRUAL	0.0	0.0	0.0	0.0
PROVISIONS under 1 year	2.3	2.2	2.2	0.0
TOTAL CURRENT LIABILITIES	33.9	49.0	47.1	(1.9)
NET CURRENT ASSETS / (LIABILITIES)	1.5	(3.1)	(6.7)	(3.6)
TOTAL ASSETS LESS CURRENT LIABILITIES	210.0	208.4	206.4	(2.0)
NON CURRENT LIABILITIES				
FINANCE LEASE PAYABLE over 1 year	7.1	14.9	14.7	(0.3)
LOANS over 1 year	0.7	0.5	0.5	(0.0)
PROVISIONS over 1 year	1.9	1.9	1.9	0.0
NON CURRENT LIABILITIES	9.6	17.3	17.0	(0.3)
TOTAL ASSETS EMPLOYED	200.4	191.1	189.4	(1.8)
FINANCED BY				
PDC CAPITAL	268.5	268.5	268.5	0.0
REVALUATION RESERVE	47.8	47.7	47.6	(0.1)
I & E ACCOUNT	(115.9)	(125.0)	(126.7)	(1.7)
FINANCING TOTAL	200.4	191.1	189.4	(1.8)



Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	03 February 2023
Agenda item	6

Title	Review of Dedicated to Excellence Achievements
Presenter	Becky Taylor, Director of Transformation and QI
Author	Becky Taylor, Director of Transformation and QI

This paper is for			
	✓ Discussion		
	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it		

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
Update on delivery of the Dedicated to Excellence Strategy	Previous consideration of the Dedicated to Excellence Strategy in November 21 at Public Board

Executive Summary

This paper outlines the delivery achievements in line with the Dedicated to Excellence Strategy launched in July 2021. We have been particularly proud of the teams and individuals who have been recognised through regional and national awards for their achievements.

We have been able to make progress in many areas despite in what has been a really challenging time to deliver due to high urgent and emergency care demand, waves of Covid and flu, managing elective backlogs, including providing mutual support to other providers, and the ongoing impact on staff wellbeing of workloads.

Due to this ongoing pressure, there are also areas where we have not made as much progress as we had hoped. In upcoming Board committee meetings, a

review of the delivery of Group priorities will be undertaken as part of our annual Integrated Business Planning cycle:

- Review each Group priority performance measures, projects outlined for delivery, how far our achievements have taken us on our journey to Excellence, the challenges we have faced in delivery and any lessons learned in each area.
- Setting priorities for delivery for the upcoming year.

Appendices

Slides: Review of Dedicated to Excellence Achievements

Risk and assurance

The Group Board Assurance Framework, available to view at item (8) of this agenda, sets out key risks to the delivery of key enabling strategies.

Financial Impact

No direct implications arising from this report and recommendations.

Legal implications/regulatory requirements

No direct implications arising from this report and recommendations.

Equality Impact Assessment

No direct implications arising from this report and recommendations.

Review of Dedicated to Excellence Achievements

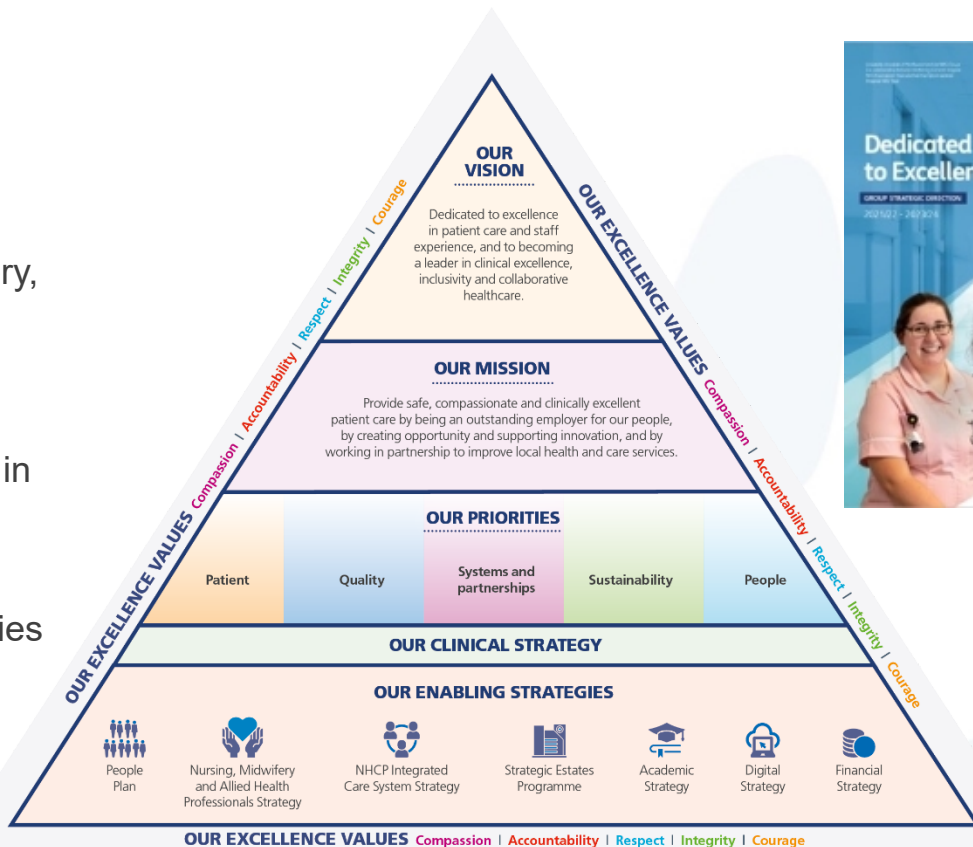
NGH and KGH Boards of Directors, 2-3 February 2023

Becky Taylor, Group Director of
Transformation and Quality
Improvement



Our Dedicated to Excellence strategy

- ▶ Our Group Dedicated to Excellence strategy was launched in July 2021
- ▶ Our strategy outlined our vision and mission, our Group priorities, the strategic initiatives supporting delivery, and our Excellence values
- ▶ This paper outlines an update to the Boards on achievements in delivery in 22/23
- ▶ A formal review and setting of priorities for 23/24 will be undertaken through committees in the coming months



Embedding our Values, Celebrating Achievements and Embedding Excellence



Celebrating achievements and our values

- ▶ We held the UHN Long Service awards in both Kettering and Northampton in October to celebrate those staff who have been working with us for a long time to recognise their contribution over a number of years.
- ▶ We are looking forward to the Excellence Awards having received a huge number of nominations for staff who are living our values each and every day. Nominations are currently being shortlisted ahead of the ceremony on the 16th March 2023.

- ▶ The dragons opened up the den to pitches for funding once more to help support Excellence projects across UHN from our teams. We were pleased to support six teams with their requested funding and look forward to the projects improving the experience and outcomes for our patients and staff.



Our Group priorities and initial focus were outlined in our strategy

Our Group priorities

Patient

Excellent patient experience shaped by the patient voice

Quality

Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation

Systems and partnerships

Seamless, timely pathways for all people's health needs, together with our partners

Sustainability

A resilient and creative university teaching hospital Group, embracing every opportunity to improve care

People

An inclusive place to work where people are empowered to be the difference

Our 3-5 year goals and success measures

- Top 10% nationally in the inpatient and cancer surveys
- Positive feedback in local patient feedback and surveys

- 0 avoidable harm
- Standardised Hospital Mortality Index (SHMI) score that is best in peer group
- 100% of teams achieve MDT accreditation plus
- No unwarranted clinical variation

- All cancer patients treated in 62 days unless clinically inappropriate
- Exceed planned and emergency care standards
- Maximum 85% bed occupancy

- Double the number of patients who can participate in research trials
- Eliminate our carbon footprint by 2040
- No unwarranted financial variation

- Top 20% in national staff survey
- Improvement in diversity measures
- Positive feedback in staff pulse survey

Our current Group focus

- To improve the clarity, consistency and compassion of our communications to our patients and families
- To involve our patients in all major change and collaboration programmes

- To reduce harm caused to our patients through delays in responding to deteriorating patients
- To reduce harm caused to our patients through medication errors
- To reduce the chance that our patients need to be readmitted
- To implement a Group nursing, ward and MDT accreditation system

- To treat all cancer patients within 62 days unless clinically inappropriate and minimise waiting times for planned surgeries
- To ensure the right type of care is available in the community so you only come into hospital if you need to, and if you need to come in, that your stay in hospital is as short as possible

- To reduce our spend on temporary staffing
- To reduce improve our carbon footprint by reducing the impact of our use of medical gasses and reducing food waste
- To increase the number of our patients who participate in research trials

- To improve the support for our staff from line managers, leaders and the Group
- To implement a People pulse survey to support the People priority



We have achieved a lot across our UHN priorities

Patient

- ▶ Our Stroke Community Support Team won the UK Stroke Forum's Patient, Carer and Public Involvement Prize for their development of our CST to truly put patients at the heart of their care.
- ▶ Successful Autism listening events were held, hearing our patients experience of pathways and how we can make reasonable adjustments to our care pathways
- ▶ The Palliative Care team have opened Swan Rooms to provide a suitable and supportive environment for patients and their families at the end of life.



Quality

- ▶ Our Patient Safety team's implementation of our deteriorating patient task list in NGH was awarded a high commendation at the HSJ Patient Safety Awards in recognition of the contribution this has made to improving the outcomes of deteriorating patients.
- ▶ Our Acute Illness Response team in KGH were also shortlisted for a HSJ Patient Safety Award for their work on Call 4 Concern providing a route for patient families to raise concerns if their loved ones begin deteriorating while in hospital.



We have achieved a lot across our UHN priorities

Systems and Partnerships

- ▶ Through the hard work and dedication of our teams, we have some of the best elective care delivery in region and have provided mutual aid to support neighbouring providers to tackle their long waits.
- ▶ We are exceeding the cancer faster diagnosis standard for our patients.
- ▶ Our theatre productivity has been increasing with a record month for productivity in both hospitals in November 22.
- ▶ There has been a 7 day reduction in the time between when an over 65 patient is medically optimised for discharge and when they leave our hospitals.



Sustainability

- ▶ We were awarded a £20.6m decarbonisation grant to reduce our carbon footprint and use of fossil fuels in the hospital.
- ▶ Our infection prevention control team in NGH won a national award for Best Waste Reduction Project in the Investors in the Environment Awards, reducing the spend and use of PPE, saving over 315kg of plastic waste whilst retaining safe IPC standards for our patients and staff.
- ▶ We have installed electric vehicle chargers for staff and patients in Northampton Hospital car parks.



We have achieved a lot across our UHN priorities

People

- ▶ We have revamped our induction process in KGH, with a new induction video containing lots of information before people start, and a 'Welcome breakfast' with stalls from various teams from across the hospital and ensuring that hiring managers come and meet staff members at the start of their first day.



- ▶ To better support our aspiring, emerging and established managers and leaders, we are piloting our management and leadership training programme in NGH, with a programme covering compassionate leadership, high performing team-building and personal development, as well as a 'toolbox' of skills needed when managing or leading teams.



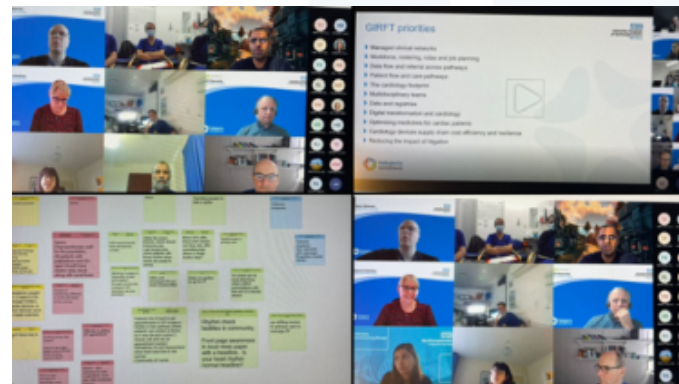
- ▶ Our UHN People Pulse is now embedded and is run three times a year in line with national guidance. In January we have chosen to include bank staff for the first time.

Our clinical strategy has been further developed, with conferences held for our two Centres of Excellence

- ▶ We held a Cancer Centre of Excellence conference to define and set our ambitions across our cancer pathways, supported by Professor Mike Richards, CBE, former National Cancer Director.
- ▶ Our Surgical robot, named Stitch by local school children, was installed in March 22 and means we can now treat more patients in Northamptonshire, rather than requiring a journey to other hospitals, improving their care and experience.



- ▶ We held a Cardiology Centre of Excellence conference to develop our strategy and pathways, supported by Professor Simon Ray, National lead for Cardiology GIRFT and former President of the British Cardiovascular Society.



- ▶ Many other clinical services have been meeting to discuss current practice and develop their future service strategies for collaborating across UHN.

Each of our strategies have begun delivering exciting improvements for our Group

Digital Strategy

- ▶ Over 1,600 new devices have been issued across the group, upgrading hardware for our staff
- ▶ MediViewer is live across both KGH and NGH, which allows our clinicians to see records electronically through scanning clinical records
- ▶ We have implemented IslaCare in pilot specialties, which allows patients to share photos, videos and forms securely with clinicians. Over 2,500 submissions have been made by patients, improving the clinical care we are able to provide and saving the need for paper forms.

People Plan

- ▶ Our volunteering team continues to grow, with an 80% increase in active volunteers in KGH and recent feedback surveys found 100% of patients, staff and visitors found their experience was enhanced by a volunteer and 97% found the volunteer went above and beyond for them.
- ▶ We now have cultural ambassadors in place across both Trusts supporting our Equality, Diversity and Inclusion agenda in our Trusts.
- ▶ In support of our UHN collaboration, the key HR policies across the group are being aligned, with six having been approved.



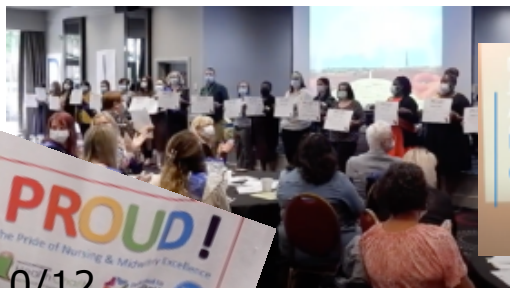
Each of our strategies have begun delivering exciting improvements for our Group

Nursing, Midwifery and AHP Strategy

- ▶ We held a Pathway to Excellence conference, supporting our Pathway accreditation status in Northampton and celebrating what this has brought to the hospital, and have appointed a lead for Pathway to Excellence within Kettering
- ▶ 7 Director of Nursing and Midwifery fellows have been appointed, and there are now over 30 shared decision-making councils, promoting leadership and improving outcomes and experience
- ▶ The first UHN Allied Health Professionals conference was held in October, highlighting the fantastic work our AHP staff do and promoting the leadership role they play as valued members of the MDT team

Academic Strategy

- ▶ Four clinical academic posts have been recruited to across UHN and funded a PhD scholarship for Emily Lambert to focus on benchmarks in Nursing Excellence.
- ▶ We were part of a successful bid for NIHR funding, £36m that trebles their funding as part of the Leicester Biomedical Research Centre, and opportunities to extend Phase III and Phase IV clinical trials into Northamptonshire.
- ▶ Largest ever cohort of University of Leicester medical students and student placements in research launched for Nursing and Midwifery
- ▶ The first commercial product launch for a controlled drug ruler for EezyCD



Each of our strategies have begun delivering exciting improvements for our Group

Estates Strategy

- ▶ This year there have been a number of projects completed to improve our sites, including the opening of a new Critical Care Unit in NGH, staff restaurant and Macmillan Cancer Support Centre.
- ▶ We have had confirmation that in Kettering we are able to access £38m capital funding to start to preparations for the site for the rebuild, which will include building a new energy centre



Integrated Care System Strategy

- ▶ The Integrated Care Partnership 5-year strategies have been developed through place-based leadership, aligned to our 'Live Your Best Life' ambitions.
- ▶ The draft of the Integrated Care Northamptonshire Strategy has been developed across all system partners.



Next steps

- ▶ This paper outlines some of the highlights and achievements within our two hospitals in support of our Dedicated to Excellence strategy.
- ▶ In the past year we have had a challenging context for delivery due to high urgent and emergency care demand, waves of Covid and flu, managing elective backlogs, including providing mutual support to other providers, and the ongoing impact on staff wellbeing of workloads. This means that there are areas where we have not made as much progress as we hoped.
- ▶ In upcoming Board committee meetings, a full review of the delivery of Group priorities will be undertaken as part of our annual Integrated Business Planning cycle:
 - ▶ Review performance measures, how far our achievements have taken us on our journey to Excellence, challenges in delivery and any lessons learned in each area.
 - ▶ Setting priorities for delivery for the upcoming year.

Cover sheet

Meeting	Board of Directors (Part 1) Meeting in Public
Date	Friday 3 February 2023
Agenda item	7

Title	Integrated Care Partnership Strategy
Presenter	Karen Spellman Director of Integration and Partnerships
Author	Integrated Care Partnerships Strategy Steering Group

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

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

Reason for consideration	Previous consideration
Note and endorse the final approved ICP Strategy developed together by NHS providers, local councils, voluntary and community organisations and other partners.	The draft strategy was reviewed and considered at a Board Development session on 31 st October and the Group Transformation Committee 16 th January 2023.

Executive Summary

Background

The Northamptonshire Integrated Care Partnership (ICP) has a central oversight role in the development of the five-to-ten-year strategy to:

- Improve health and care outcomes

- Reduce inequalities in health and wellbeing outcomes
- Make best use of public funds
- Contribute to the social and economic wellbeing of our County

This strategy has been developed together by NHS providers, local councils, voluntary and community organisations and other partners, with a focus on enabling residents to benefit from equitable opportunities to live their best life, wherever they live in the county.

Strategy Summary

The ICN Strategy sets out the following shared vision;

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

Our shared vision and aims will be delivered through our ambitions which are underpinned by the following;

1. Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years
2. Community engagement framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see
3. Integrated care system operating model shows where and how we will work in partnership to deliver the aspirations and outcomes through a new way of working together

The strategy sets out 10 'Live Your Best Life' ambitions and outcomes. We are collectively committed to collaborate to deliver on these ambitions. We will be collaborating not just with our partners and local business, but also with local population to ensure we understand the needs of our population.

To enable us to achieve our collective ambitions and outcomes the ICN Strategy sets out our commitment to working through a new delivery approach at Place and across the system through our Collaboratives.

Implementation

The ICN strategy will be underpinned by Health and Wellbeing strategies and delivery plans lead through each of the Health and Wellbeing Boards and the ICB five year forward plan.

Recommendation

- Note and endorse the final approved ICP Strategy developed together by NHS providers, local councils, voluntary and community organisations and other partners.

Appendices	
Integrated Care Northamptonshire Strategy	
Risk and assurance	
BAF UHN04	<p>Risk; Failure of the Integrated Care Board (ICB) to deliver transformed care that will result in an impact on the quality of service provided across the group</p> <p>The ICP Strategy sets out to implement the ICS operating model to deliver improved outcomes for Northamptonshire residents.</p>
Financial Impact	
There are no financial impacts outlined, these will be detailed in the delivery plans supporting the implementation of the strategy	
Legal implications/regulatory requirements	
There are no legal/regulatory implications of the proposed course of action	
Equality Impact Assessment	
The Strategy sets out to improve outcomes for residents of Northamptonshire and enable residents to benefit from equitable opportunities.	

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
















Integrated Care Northamptonshire Strategy

live your best life

A 10 year strategy 2023-2033

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Foreword

Live Your Best Life

We are pleased to introduce our Integrated Care Northamptonshire Strategy: **Live Your Best Life**. This 10-year strategy sets out our plan to help people benefit from equitable opportunities to live their best life, whoever they are and wherever they live in Northamptonshire.

Our ambition is for residents to ‘live their best life’ in all aspects: health and wellbeing, education, housing and employment. It sets out a collaborative direction of travel for the people of Northamptonshire to achieve our shared vision and ambitions to deliver better outcomes.

We know the impact partnership working can have and the positive difference it can make for both communities and service delivery. We saw this from the county’s response to COVID-19. This strategy aims to continue to build on this work, ensuring joined up working at county-wide and local level.

Having a shared strategy that sets out our direction for the next 10 years can make a positive difference to people’s lives. It can bring better outcomes throughout their lifetime; from pregnancy to newborns, to improved education and employment opportunities, to social connection and better access to health and care services.

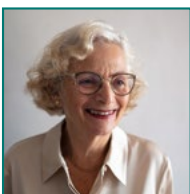
Like many areas, Northamptonshire faces a number of challenges that continue to place pressure on our county’s local authorities, health and care services. We face significant demand from our growing older population and working age adults, as well as our children population. These are happening at a time when operating cost pressures are high, with utility costs rising and people feeling the impact of the rising cost of living. It is clear that organisations, and their services, must adapt to ensure that they meet the challenges ahead. We know that through shared working and community involvement, we have the best opportunity to respond to these challenges.

We hope that by reading our strategy, you feel better informed and assured about the work that is being carried out to help everyone live their best life, whoever they are and wherever they live in Northamptonshire. As joint signatories we are committed to ensuring that all partner organisations play their full part in realising the ambitions set out in this strategy.

We very much welcome your feedback.



Councillor Matt Golby
Cabinet Member for Adult Social Care and Public Health,
West Northamptonshire Council



Naomi Eisenstadt
Chair of NHS Northamptonshire Integrated Care Board



Councillor Helen Harrison
Executive Member for Adults, Health and Wellbeing,
North Northamptonshire Council

Executive summary

On the 1st July 2022 our new Integrated Care System (ICS) was created across Northamptonshire. Our name is Integrated Care Northamptonshire (ICN) and brings together health, care and wellbeing organisations from across the county to deliver and commission services in partnership, ensuring our communities are involved and at the heart of all we do. Historically, we have been striving to work better together to improve outcomes and reduce inequalities for people. However, now through our long term ICN strategy, we have the ideal opportunity to build, expand and deliver our ambitions over the next five to ten years. You will see the wide range of organisations, structures and partners who are involved and committed to working together to make a real difference to people.

This strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will realise these ambitions. These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.

**We are committed to working together through our shared vision:
We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident, and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if, and when they need help.**

We have a set of shared aims that will:

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

Our shared vision and aims will be delivered through our ambitions which are underpinned by:

The Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

The Community Engagement Framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see.

The Integrated Care System Operating Model shows where and how we will work in partnership to deliver the aspirations and outcomes through a new way of working together.



Executive Summary

We are collectively committed to delivering our shared ten ambitions and outcomes:

Ambition

Outcome

The best start in life



Women are healthy and well during and after pregnancy.
All children grow and develop well so they are ready and equipped to start school.

Access to the best available education and learning



Education settings are good and inclusive and children and young people, including those with special needs, perform well.
Adults have access to learning opportunities which support them with work and life skills.

Opportunity to be fit, well and independent



Children and adults are healthy and active and enjoy good mental health.
People experience less ill-health and disability due to lung and heart diseases.

Employment that keeps them and their families out of poverty



More adults are employed and receive a 'living wage'.
Adults and families take up benefits they are entitled to.

Good housing in places which are clean and green



Good access to affordable, safe, quality accommodation and security of tenure.
The local environment is clean and green with lower carbon emissions.

To feel safe in their homes and when out and about



People are safe in their homes, on public transport and in public places.
Children and young people are safe and protected from harm.

Connected to their families and friends



People feel well connected to family, friends and their community.
Connections are helped by public transport and technology.

The chance for a fresh start, when things go wrong



Ex-offenders and homeless people are helped back into society.
People have good access to support for addictive behaviour and take it up.

Access to health and social care when they need it



People can access NHS services and personal and social care when they need to.
People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.
Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

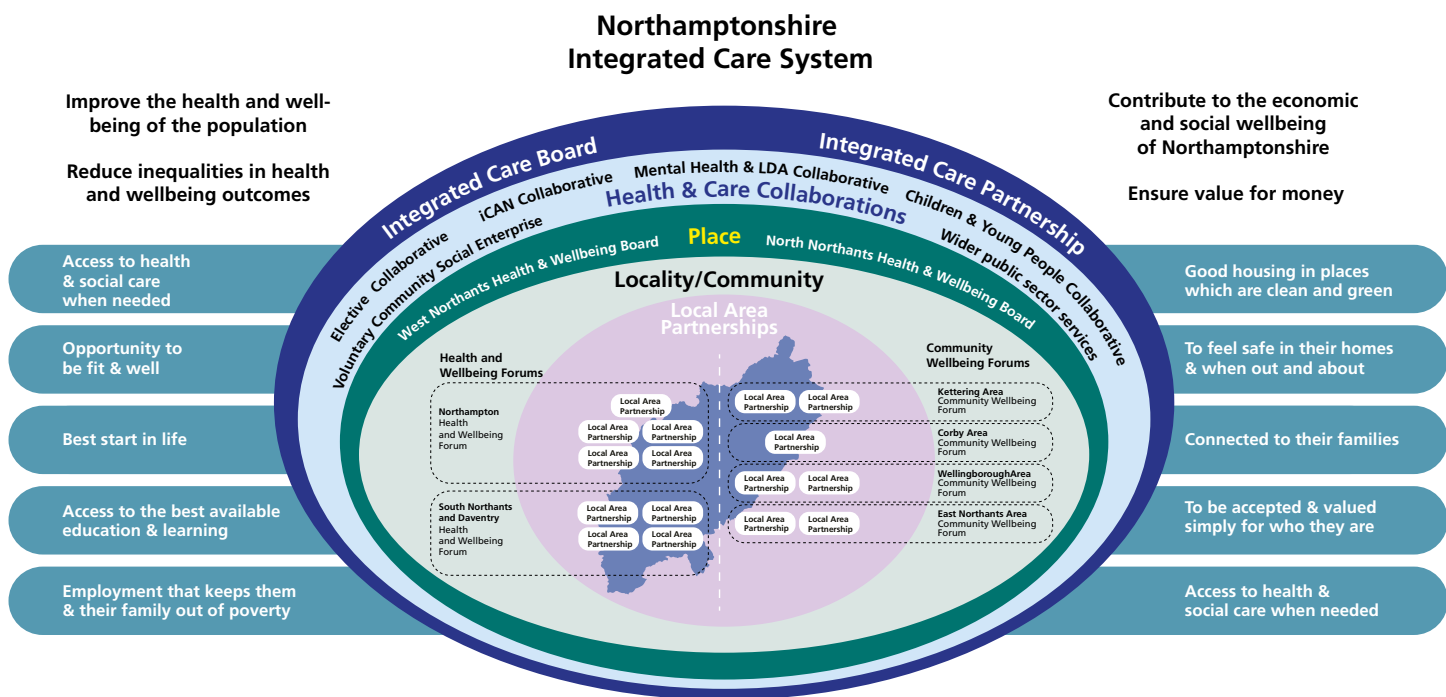
To be accepted and valued simply for who they are



People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.
Diversity is celebrated.
People feel they are a valued part of their community and are not isolated or lonely.

Executive summary

To enable us to achieve our collective ambitions and outcomes we are committed to working together through our new delivery approach:



This diagram shows the operating model for Northamptonshire Integrated Care System which outlines how we work together.

Systemwide:

- Integrated Care Partnership
- Integrated Care Board

Collaboratives:

- Mental Health, Learning Disabilities and Autism
- Children and Young People
- Integrated Care Across Northamptonshire for people over 65 years old
- Elective Care

Health and Care Collaborations:

- **West Northamptonshire**
2 Health and Wellbeing Forums
9 Local Area Partnerships
- **North Northamptonshire**
4 Community Wellbeing Forums
7 Local Area Partnerships

To support people with our ten ambitions we must collaborate, not just with our partners and local business, but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

Introduction

We are delighted to launch our 10 year Live Your Best Life Strategy for the people and communities of Northamptonshire.

Our strategy for us means people have equity of opportunity to be the best version of themselves and the best outcomes for everyone. We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone.

Our strategy outlines ten core ambitions key for the people of Northamptonshire to live their best life.

These are:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps people and families out of poverty
- Good housing in places which are clean and green
- Feel safe in homes and when out and about
- Connected to family and friends
- Chance for a fresh start
- Access to health and social care when they need it
- Valued for who they are.



Our strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will meet these ambitions.

These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.



This diagram shows:

Source: Dahlgren and Whitehead (1991)

Personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors. Individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity. Social and community networks include family and wider social

circles. Living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services. General socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work.

It is only by working together with our communities across Northamptonshire, whilst recognising their distinct characteristics, that we can make a real and lasting difference to the health, care and wellbeing of over 800,000 people that we serve, who face different challenges and have different opportunities.

Our shared vision and aims will be delivered through our ambitions and strategic outcomes framework. As we deliver our 10 ambitions we will need to focus on prevention and wellbeing if we are to reduce inequalities and boost the economic and social wellbeing of Northamptonshire.

This builds upon the aims and priorities set out in many local health, wellbeing and care strategies already in existence across Northamptonshire providers and commissioners. This outlines our intentions as an Integrated Care System moving forward. It is based on the available data and evidence locally, nationally, and internationally. We have taken into consideration our

refreshed Joint Strategic Needs Assessment, and health and wellbeing trends in Northamptonshire.

We recognise that the health, care and wellbeing of our population is proportionally impacted by the following estimates:

- The health and care received 20%
- Lifestyle choice 30%
- Population genetics and wider economic, physical and social environments 50%.

Although estimates vary, it is the wider determinants of health that have the largest impact.

To enable our communities and residents to truly flourish, we need to understand what drives our health and wellbeing. The circumstances in which people are born, grow, live, work and age provide the foundations for people to live healthy.



Partners working together

In partnership with all our voluntary sector and social enterprises



Partners working together



Who we are

We're working together. An Integrated Care System is where community, local government, VCSE, universities, anchor institutions and NHS organisations work together to improve your health and wellbeing. You've told us how important this is and we are now committed to work together in this way.

Why we need to work together

We've been listening and will continue to do so. A variety of different engagement exercises have taken place over the recent past by a range of public services. We have used all the data from these engagements to build a picture of your views. You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. You have also told us that you want access to local activities and tidier green spaces. However, the biggest message by far was easy access to information about services, support and community activity.

We will continue to listen to your views with an ongoing programme of community engagement to make sure we are responding to the issues which matter most to you.

This is OUR strategy. Every area in the country now has a strategy and ours is **AMBITIOUS**. We want to support you to live your best life by having the best health and care system in the country. We will do this by helping you to avoid ill health whilst also having access to excellent care when you need it.

Our local population is changing. We are increasingly affected by significant population growth. Clearly, it's a good thing that we're all living longer – however more of us are living with multiple long-term conditions and dementia. We are also increasingly affected by deprivation.

We're 'Thinking Differently'. New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We will focus on research, development, innovation and evaluation so we can also make a difference by building better networks and relationships, opening access to services and information, and developing the potential in our local communities.



Anchor institutions

We have already said that socio-economic factors play a huge role in determining people's long-term health, and contribute significantly to health inequalities. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in our local area. They have sizeable assets that can be used to potentially support our local communities health and wellbeing and tackle health inequalities, for example, through training, employment, professional development, buildings and land use.

Anchor institutions are defined more by their link to a place than their sector. We will continue to explore the opportunities with the many private and voluntary sector organisations across Northamptonshire that hold a significant interest in the long-term development and health of our local areas.

Northamptonshire Anchor Network is bringing communities, businesses and public sector together to commit to the following:

- Empowering the next generation
- Employment opportunities
- Social value gained from local investment
- Improving health and wellbeing outcomes for our local communities.

Health protection

Our local authorities, Public Health and UKHSA will work closely together as a single public health system through joint working, with clarity on roles and responsibilities, which is crucial for the safe delivery of health protection. The Directors of Public Health will work with local NHS and non- NHS partners to ensure that threats to health are understood and appropriately addressed.


ICN research

Research and innovation are central to improving the delivery of health and care services and interventions in community settings and informing future delivery of health and care. Our approach to research and innovation is underpinned by effective research governance, strong leadership and partnerships with academia and industry across the healthcare and wider system. We will include research in commissioning and contracting discussions and embed evaluation of new and existing services and interventions so we can be assured they deliver the benefits and outcomes we desire for the population of Northamptonshire.

Strong patient and public involvement and engagement is central to our approach to research. We will ensure that we will work proactively to ensure participation reflects the diversity of our population and includes the individuals and communities most at risk of poor health outcomes.



Shared vision, aims and ambitions



Our shared vision and aims will be delivered through our ambitions which are underpinned by the:

- a. Outcomes Framework**
- b. Community Engagement Framework**
- c. Integrated Care System Operating Model**



Shared vision, aims and ambitions

Shared vision

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

Shared aims

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire.

Shared ambitions

We want the people of Northamptonshire to have:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- Safety in their homes and when out and about
- Feel connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are.

Each ambition is further explained from page 25 of this document and sets out what good looks like for our population.



Our case for change



Our case for change

Population growth

Northamptonshire's location and setting makes it an attractive county to settle in. Over the last decade our population has grown at a faster rate than most local authorities, not just in the region but in England.

While the population that has grown the most over that time is those aged over 70, we have also locally seen a big increase in the numbers of children aged 5 to 15. Conversely, the numbers of babies born in the county has been slowly decreasing over the last ten years.

This change in population presents real challenges for our integrated care system in terms of the likely continuing increase in demand for public services, at the same time as a pull in our workforce being attracted to nearby commutable cities of London, Leicester and Birmingham.

If we are to meet these needs, we need to change how we work as a system.

In 2021 the population of West Northamptonshire was 425,700 and North Northamptonshire 359,500.

In the last 10 years the population has increased by over 42,000 in North Northamptonshire and over 50,000 in West Northamptonshire (an increase of 13.5%).

This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million and is among the highest population growth in the region.

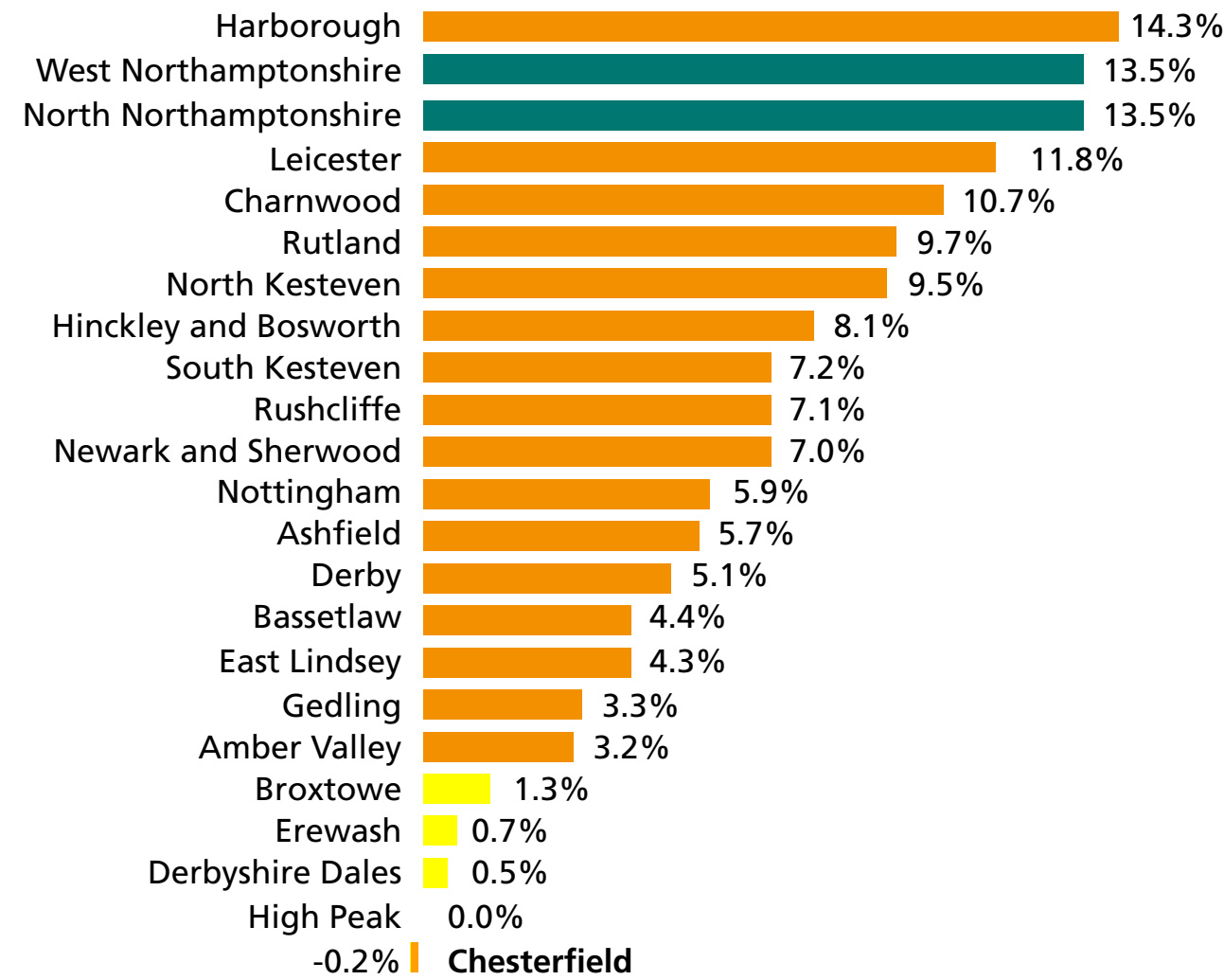
West Northamptonshire is now the 13th and North Northamptonshire the 21st largest local authority, out of 128 local authorities in England.

Economic environment

To create a Northamptonshire where everybody's health and wellbeing can thrive we need all of the right building blocks in place including stable jobs, good pay, and quality housing. Right now, in too many of our communities, the national economic downturn means that these building blocks are not in place. There is strong evidence that economic crises have a significant impact on population mental health. As was the case during the COVID pandemic, those most vulnerable residents in our county are likely to be hit hardest by this – thereby widening the health gap.

In response to this situation, we are likely to see continued real-terms reduction in public sector funding meaning that we will again have to do more with less. The power of working together as an Integrated Care System is that resources can be pooled to be used more efficiently and effectively.

Population change of local authorities in the East Midlands
between 2011 and 2021 (Percentage change)



Demographics

We know that while the county as a whole is less diverse than the England population, there is huge variation in the shapes of our communities. This can very broadly be divided into much less diverse rural communities and much more diverse towns and urban areas. Understanding our communities better and how they differ will be key to ensuring that our integrated care system delivers better outcomes for all.

Health and Wellbeing in North Northamptonshire

August 2022

Key



Not compared



Worse than national average



Similar to national average



Better than national average

Start Well



3,789 babies were born in 2021.



12.2% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.



The population of North Northamptonshire was 359,500 in 2021.



70% of children achieved a good level of development at the end of reception class in 2019.



14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.



24% of children in reception class were overweight or obese in 2019/20. This is similar to the England average.*



34% of children in Year 6 were overweight or obese in 2019/20. This is similar to the England average.*



69% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.



The Chlamydia detection rate was 1,330 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.



There were 14 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17 in 2020. This is similar to the England average.

Live Well



A 2018 based projection estimated there were 150,136 households in North Northamptonshire in 2021.



The average salary (persons) in 2020 was £30,189. This was an increase of 9% compared to 2019.



79.6% of adults were employed in 2020/21. This is better than the England average.



10% of households experienced fuel poverty in 2018.



There were 323 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.



62.6% of adults were physically active in 2020/21. This is worse than the England average.



53% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.



70% of adults were overweight or obese in 2020/21. This is worse than the England average.



There were 431 alcohol related hospital admissions per 100,000 population in 2020/21. This is better than the England average.



18% of adults smoked in 2019. This is worse than the England average.



There were 11 suicides per 100,000 population in 2018-2020. This is similar to the England average.



There were 196 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.



There were 4 deaths from drug misuse per 100,000 population in 2018-2020. This is similar to the England average.



38 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is better than the England average.



There were 28 deaths in under 75s from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 24 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is worse than the England average.



There were 60 deaths from preventable cancers per 100,000 population in 2017-2019. This is worse than the England average.

Age Well



There were 1,893 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is better than the England average.



The average male life expectancy was 79.2 in 2018-2020. This is similar to the England average.



The average female life expectancy was 82.4 in 2018-2020. This is worse than the England average.

* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Produced by Public Health Intelligence, North Northamptonshire Council. All figures have been calculated using the latest district level data available in August 2022 and rounded to whole numbers. Icons by Freepik from flaticon.com.

Health and Wellbeing in West Northamptonshire

August 2022

Key



Not compared



Worse than national average



Similar to national average



Better than national average

Start Well



4,647 babies were born in 2021.



12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.



The population of West Northamptonshire was 425,700 in 2021.



72% of children achieved a good level of development at the end of reception class in 2019.



14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.



21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.*



30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.*



73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.



The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.



There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

Live Well



A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.



The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.



78% of adults were employed in 2020/21. This is similar to the England average.



9% of households experienced fuel poverty in 2018.



There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.



63% of adults were physically active in 2020/21. This is worse than the England average.



52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.



69% of adults were overweight or obese in 2020/21. This is worse than the England average.



There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.



15% of adults smoked in 2019. This is similar to the England average.



There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.



There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.



There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.



42 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is similar to the England average.



There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

Age Well



There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.



The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.



The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Produced by Public Health Intelligence, North Northamptonshire Council. All figures have been calculated using the latest district level data available in August 2022 and rounded to whole numbers. Icons by Freepik from flaticon.com.

Case for change

Starting Well

It is in early childhood (and even earlier during pregnancy) that the foundations for future health and wellbeing are built. While for many of our children in Northamptonshire there are good opportunities for healthy development, for some more vulnerable, particularly those children who need support from health and care services (including looked after children, children with disabilities), those building blocks for healthy development (such as access to play and leisure activities, a supportive education environment) might be harder to come by. It is only by working together as a system that we can make sure all children in Northamptonshire have all they need to thrive.

Living Well

Our living and working conditions, the environment we live in and our relationships and social networks continue to shape our health and wellbeing through adulthood. The diseases that are responsible for most of the ill health and early deaths in Northamptonshire – cancers, heart disease, chronic lung disease, musculoskeletal diseases and poor mental health – are all hugely shaped by these social, economic and environmental factors. While rate of death and disability due to these conditions may be similar in scale to the national average in Northamptonshire, the volume of hospital care required is significantly higher than the national average suggesting that the county is much better at treating these conditions when they cause problems, than preventing them.

Ageing Well

In Northamptonshire, too many older people get admitted to hospital and stay too long, resulting in a greater chance of them losing their independence and not being able to return to their home or needing long term care and support. While the foundations for healthy ageing are laid in middle age, there are things that we can continue to do throughout older age to stay fit, well and resilient. There are huge opportunities in working together as an integrated care system to ensure that Northamptonshire provides the right conditions for older people to avoid having to stay in hospital and leave their homes.

Resource utilisation

We recognise as a system that the way we utilise our collective resources and assets needs to change and this is our opportunity to do that more effectively to support delivering our ambitions. We are committed to working together to understand how we can further consolidate and strengthen the way we deliver financial sustainability and value for money for Northamptonshire.

Inequalities

Northamptonshire benefits from high employment levels and a beautiful rural setting. However, many in our communities face the same challenges affecting people nationally around poverty (including food and fuel poverty), a lack of affordable housing, crime and safety in our neighbourhoods as well as issues such as a lack of access to green space. These all have a significant impact on the health of our children, young people and adults alike and affect our ability to be able to engage in healthy behaviours like eating well, moving more, sleeping well, drinking less alcohol and stopping smoking.



Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions.

Some of our local communities and specific groups – for example travellers, migrants and carers – are among the most disadvantaged in England. It is unacceptable that life expectancy on average can be as much as 8.25 years less depending on where you live. The top 3 broad causes of death that contribute the most to the gap in life expectancy between the most and least deprived areas in Northamptonshire are Cardiovascular disease, Cancer and Respiratory disease. This is why we are committed to working together to tackle the health inequalities caused by deprivation.

You can find the strategy here:

www.icnorthamptonshire.org.uk/health-inequalities



**What we plan
to do together**



Our strategy is focused on

- Our ten ambitions that all partners across our system have collectively committed to delivering over the next 5 to 10 years.
- Our ten ambitions are underpinned by our Strategic Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

To support our residents with these ten ambitions we have to collaborate, not just with our partners and local business but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

Our shared vision and aims will be delivered through our ambitions which are underpinned by the:

- Outcomes Framework**
- Community Engagement Framework**
- Integrated Care System Operating Model**

Our ten ambitions

- Best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- To feel safe in their homes and when out and about
- Connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are



Outcomes Framework

We have developed the Outcomes Framework and its purpose is to outline priority outcomes, based on the needs identified in the joint strategic needs assessments (JSNA). The Outcomes Framework provides a mechanism by which we can measure joint efforts in driving progress on the most important outcomes for our local population.

The Outcomes Framework has been shaped around the ten “Live Your Best Life” ambitions and fundamentally underpins this strategy. It sets out the short, medium and long term outcomes ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing.

We will be developing measures throughout our new operating model described in the next section. These will be at System, Place and Local Area Partnership (LAP) levels based on JSNA data, local insights data and what local people agree are priorities. This will allow us to measure and report whether we are successfully delivering our outcomes or whether we need to reorganise and refocus our resources.

Through this framework we will show:

- How outcomes for residents are being achieved across the system
- Focus plans and inform priorities on an annual basis through clearly articulated measures; and
- Support organisations to work as one system to deliver impact and continually improve.

The framework describes for each of our ambitions:

- Where we are now
- Our approach to achieving our ambition
- The outcomes we want to achieve.

The best start in life

Where we are now

Our population aged 5-15 has grown by nearly 20% in the last 10 years but this is likely to slow in future as birth rates fall.

Risks of birth complications and poor health in newborns is higher than it ought to be due to high levels of smoking and obesity in pregnancy.

Looked After Children (LAC) in Northamptonshire get poorer access to regular health and dental checks than LAC in other areas.

Not enough children are starting school with the skills they need to succeed.

Organisational boundaries continue to be a barrier to better care for children and young people.

Our approach

Everyone will recognise their role in our collective responsibility to improve children and young people's health and wellbeing, including parents, families, friends and schools.

Our communities will raise children to become healthy adults, who themselves raise healthy families and are net contributors to a healthy society.

Young people want to make healthy choices and will seek support for their needs before they reach crisis.

Our children and young people will have a voice in the decisions that affect them, supporting them to be involved in the identification of problems and creation of positive solutions.

The services and support systems available to children and young people will be consistent and stable.



Outcomes we want to achieve

Women are healthy and well during and after pregnancy.

All children grow and develop well so they are ready and equipped to start school.

You've said...

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

Advice and care should be provided as close to home as possible and for care to be received at the right place, at the right time.

Waiting times need to be reduced and for services to be equitable for all who access them.

Access to the best available education and learning

Where we are now

Too many young people are not reaching their educational potential, which limits their future options.

We have an increasing gap in attainment between the least and most disadvantaged children.

Northamptonshire has a higher rate of permanent exclusions from school than the England rate.

There are a large number of children in county electively home educated.

Too many children with special educational needs or disabilities are being educated outside of the county or at home.

Our approach

Schools in the county will be places that encourage not just academic achievement for all but also healthy social and emotional development.

Families of all children, regardless of need, will be confident in the quality of the education they receive at schools within the county.

Education settings will be trauma-informed environments so that those with challenging home lives and histories will not have their trauma compounded by school exclusions.

Further and higher education settings will provide the skills training that local employers are looking for in employees.



Outcomes we want to achieve

Education settings are good and inclusive and children and young people, including those with special needs perform well.

Adults have access to learning opportunities which support them with work and life skills.

You've said...

Access to special educational needs (SEN) support and education needs to improve.

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

Opportunity to be fit, well and independent

Where we are now

Over one in four adults in the county are classified as physically inactive and almost two thirds are classified as overweight or obese.

Smoking is the single greatest risk factor for death and disability in the county with 16.4% of adults in the county being current smokers.

Around 90,000 adults in the county are estimated to be experiencing a common mental health disorder.

Too many young people have poor mental wellbeing and this is increasing.

The severity of poor mental health in adolescence is also increasing resulting in high rates of admission to hospital for self-harm and eating disorders.

Our approach

The county's built environment and infrastructure will support people to be more active and make healthier food choices easier to make.

Taking up smoking will not be an easy or attractive choice for young people and adults who smoke will be supported with treatment to help overcome the addiction.

Long term conditions and their risk-factors will be spotted early and treated appropriately.

People recognise and have opportunities for all of the factors that promote mental wellbeing including: parenting and early years support, good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities.



Outcomes we want to achieve

Children and adults are healthy and active and enjoy good mental health.

People experience less ill-health and disability due to lung and heart diseases.

You've said...

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

The opportunity to receive care in your own homes to support independence is something that is important to you.

You would like to see better communication, so you can stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

Employment that keeps people and families out of poverty

Where we are now

We have relatively high rates of employment in the county but a large proportion of work available is very low paid.

Many people and families are not claiming financial support they are eligible for.

There are large gaps in employment for vulnerable communities such as those with serious and enduring mental illness and those with learning disabilities.

Our approach

Training and education settings, employers and recruiters as well as the job centres will work more effectively in collaboration to ensure that skills match.

The economy of Northamptonshire grows in a way that is sustainable not just environmentally, but also socially; meaning that the increase in the county's revenue doesn't increase inequalities or create more environmental damage.

The right support will be given for those in groups who are under-employed to access jobs and remain in employment.

People, especially in under-served communities, get good information and advice on financial and other support available to them.



Outcomes we want to achieve

More adults are employed and receive a 'living wage'.

Adults and families take up benefits they are entitled to.

You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

Good housing in places that are clean and green

Where we are now

The population of Northamptonshire has grown by over 13% in the last decade which represents among the highest growth in the country.

We have among the least affordable housing in the East Midlands with over 9,000 people on a waiting list for social housing in the county.

While the county is largely green and rural, with much of land usage in the county agricultural, access to green spaces for people who live in our urban centres is poor.

Air quality in our largest towns is particularly poor and contributing to poor heart and lung health.

Our approach

Our built environment will support and encourage more people to walk and cycle.

As well as more active travel, more transport via electric vehicles will ensure that air quality, particularly in our urban areas, is improved.

Our local housing market and social housing offer will ensure that all people and their families (but in particular vulnerable groups such as care leavers) have access to affordable safe and good quality accommodation.

While new homes are being built across the county, priority will be given to ensuring that these new developments are green, with plenty of access to open green spaces, urban trees and other green and blue infrastructure.



Outcomes we want to achieve

Good access to affordable, safe, quality, accommodation and security of tenure.

The local environment is clean and green with lower carbon emissions.

You've said...

Investment is needed in local public green spaces as well as a focus on reducing litter and fly tipping to increase civic pride in residential areas.

Feel safe in their homes and when out and about

Where we are now

Though the rate has been gradually reducing over the past ten years there are still over 130 young people (under 17) entering the youth justice system each year.

Twice as many entrants to the criminal justice system in the most deprived communities compared with the least deprived communities.

The rate of violent offences is higher than the national average, and has increased significantly in recent years. A significant proportion of violent crime in Northamptonshire is domestic abuse and the rate of incidents is increasing year on year.

Too many young people are ending up in hospital due to injuries including deliberate injuries; the rate is increasing in contrast with national patterns.

Our approach

People will feel safer walking around their communities and feel confident in being out and about in their local neighbourhoods.

Young people will grow up in families, communities and environments that are supported to be safe and nurturing, with plenty of opportunities for personal development and to have fun and enjoy.

Organisations will work together more effectively to ensure children and young people at risk of harm are identified at the earliest opportunity and protected.

Those who experience abuse at home and in their intimate relationships will be supported to have stability in their lives while being protected from perpetrators.



Outcomes we want to achieve

People are safe in their homes, on public transport and in public places.

Children and young people are safe and protected from harm.

You've said...

That community safety needs to be a focus and this includes improving the quality and safety of public spaces with improved safer footpaths, reducing anti-social behaviour as well as preventing gangs and grooming.

Connected to family and friends

Where we are now

Many of our neighbourhoods score poorly compared with the national average in measures of connectivity to key services, digital infrastructure and isolation.

There is huge variation in digital exclusion across the county with high rates of exclusion both in our most deprived communities as well as less deprived rural communities.

While lots of learning and positive action has been taken from the COVID-19 pandemic, social isolation remains an issue including for younger people in deprived urban centres.

Our approach

Not only will digital infrastructure and technology be available to the most vulnerable groups, people will have the knowledge and skills to be able to confidently use it.

As well as being better connected digitally, transport will be sustainable and affordable to connect those in greatest need.

People who care for friends and family will be connected so that they have social contact as well as access to support and services for their own mental and physical health.

People will have stronger relationship networks within their communities so that they can share knowledge, experience and give each other support.



Outcomes we want to achieve

People feel well connected to family, friends and their community

Connections are helped by public transport and technology

You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as have a clear understanding of where to go for support on grants, benefits and opportunities.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

Chance for a fresh start

Where we are now

Too many people in the county have experiences associated with ‘deep social exclusion’ – namely, homelessness, substance misuse, history of offending and ‘street culture’ activities (such as begging and street drinking).

Too many preventable and early deaths happen due to drug use or in people experiencing rough sleeping.

Our approach

Rough sleeping in the county is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

People with addictions have access not only to effective treatment and support but also stable accommodation and environments that support recovery.

Employers, landlords and community groups are inclusive so that people with experience of any features of social exclusion may be offered opportunities to thrive.



Outcomes we want to achieve

Ex-offenders and homeless people are helped back into society.

People have good access to support for addictive behaviour and take it up.

You’ve said...

We know we need to talk to you more about areas of focus to improve the ‘chance for a fresh start’. We look forward to talking to you and hearing your feedback about this soon.

Access to health and social care when they need it

Where we are now

We are missing opportunities to prevent disability and early deaths through screening and vaccination.

Groups such as adults with serious and enduring mental illness, adults with a learning disability and looked after children are missing out on opportunities for more focused preventative health and care services through regular health checks.

The demand for some services (e.g. adolescent mental health services) is such that there are long waiting times.

Older and frail people are staying longer in hospital than necessary and as a result are leaving in poorer physical condition.



Our approach

Organisations will be more health literate and recognise and address the barriers that people face in accessing preventative health services.

We will prevent chronic mental and physical conditions but also support those already diagnosed to have the skills and confidence to manage their own conditions.

People will be confident in managing minor illness at home but when acute care is needed, appropriate services will be staffed at a level to allow timely response.

Hospital stays will be avoided where possible for those who are frail and be as short as possible for those who cannot avoid it.

Outcomes we want to achieve

People can access NHS services, personal and social care when they need to.

People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.

Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

You've said...

Communications with patients needs to be improved to enable an open dialogue about care available.

The opportunity to receive care in your own homes to support independence is something that is important to you.

Improving access to services including GPs, mental health support services for children and young people, bereavement support and those with dementia is needed.

Waiting times for services needs to be reduced.

Valued for who they are

Where we are now

Early conversations with people about what it means to them, to “be valued”, tells us that:

- **Belonging**
People talked about wanting to feel connected, to feel like they had roots and a network in their community.
- **Being yourself**
People talked about being respectful and celebrating differences and being comfortable to just “be who you are”.
- **Being considered**
People talked about wanting their voice to be heard and to know that they are “thought of” in every decision.
- **Being needed**
People talked about wanting to help and support each other and feel helpful and needed.



Our approach

People living and working in Northamptonshire will feel connected to their communities, respected and considered in decisions.

Stronger networks and relationships within our communities will mean that people are in a better position to be able to support each other.

Outcomes we want to achieve

People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.

Diversity is celebrated.

People feel they are a valued part of their community and are not isolated or lonely.

You’ve said...

Services need to be equitable for all who access them.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

Working together to include the voice of people and communities in all we do

Collaborating as Integrated Care Northamptonshire (ICN) offers a great opportunity for health and care to work together more effectively.

- We have developed a Community Engagement Framework to shape our shared approaches for involving and working with people and communities.
- Our framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see. Through having a framework, we have clarity on our direction of travel, accountability for our actions and agreement on our communication and engagement priorities.
- Shaped together through co-design, and in the true essence of co-production we will continue to shape and evolve our approach. It is ambitious, but together so are we.
- It sets out our expected ways of working, our shared vision and our highest priority projects to help us to work together with people and communities, not just in pockets or on an ad-hoc basis, but across all we do in better and more authentic ways.

This framework and our approach was developed by and for members of Integrated Care Northamptonshire, in partnership with Traverse – an independent social purpose consultancy – and with a wide range of local partners and people through a co-design and co-production process. We co-produced our vision, ambitions and values for working together with people and communities below:

Community Engagement Framework

Our co-produced vision, ambitions and values

Our vision	Our ambitions	Our values
"We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them. Everyone will know how their contribution has made a difference."	We build trusting relationships and effective partnerships by embedding as consistent approach to co-production	Trusted
	We are all committed to genuinely hearing what people say, and feeding back the influence on our decisions and actions	Transparent
	We have genuine diversity and inclusion at all levels in the system, involving people according to their needs and preferences	Authentic
	We prioritise the needs and issues that are important to people in communities	Accountable
	We evaluate what we do, share learning and celebrate our successes	Accessible

You can read and find out more about the full Community Engagement Framework here: icnorthamptonshire.org.uk/involvement

Our delivery approach

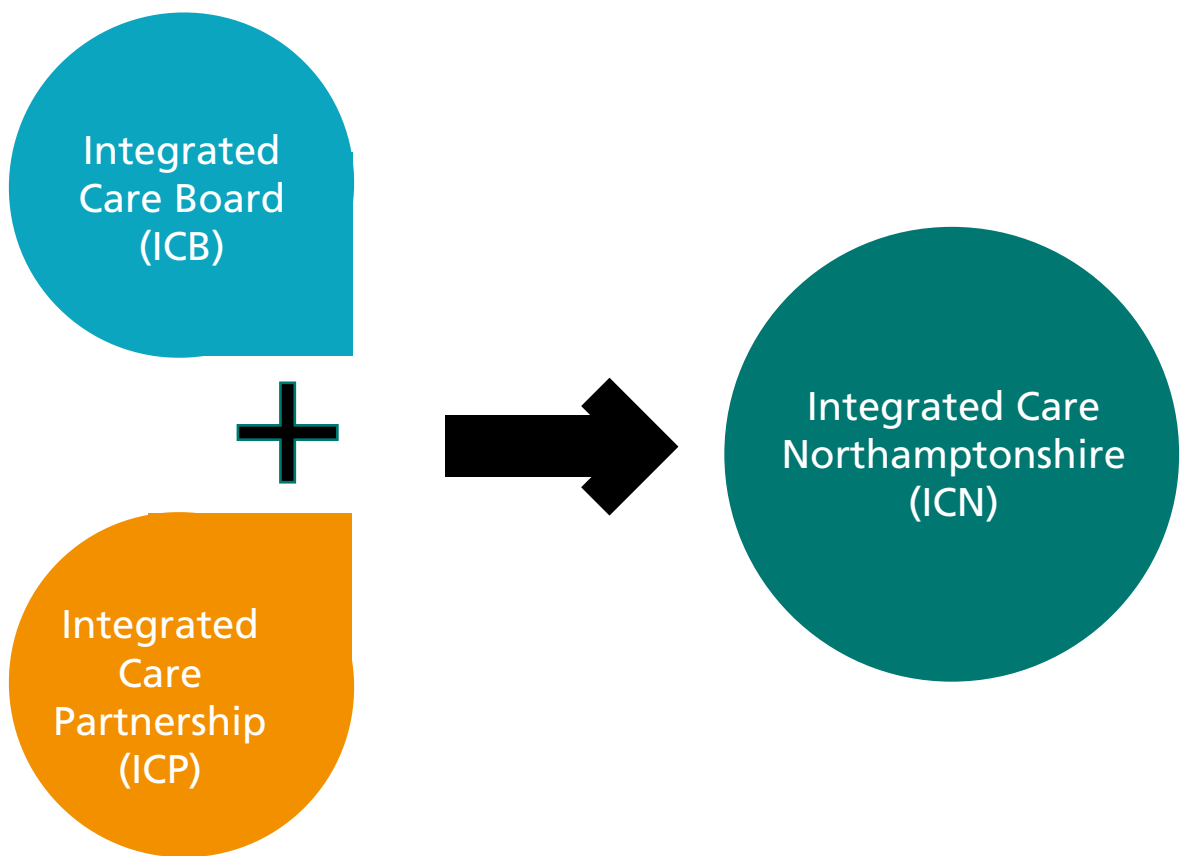
We will work in partnership to deliver the aspirations and outcomes through a new way of working together. As Integrated Care Northamptonshire we have new opportunities to bring together services and staff on a systemwide, place and local community level relating to the needs of the population.

We will combine skills, knowledge and expertise from across communities, commissioners and providers and based on intelligence and insights will identify where resources should be focused to deliver our ambitions and reduce inequalities. We will deliver improved outcomes by ensuring services are integrated at the right place that make sense to our population.

Our Integrated Care System is in a privileged position in that we had the launch of our two new Unitary Authorities in 2021. In addition we had the introduction of the new Integrated Care Board and Integrated Care Partnership in 2022 providing us with opportunities to work together differently and focus on improving outcomes for the population we serve.

Our Integrated Care Northamptonshire high level structure is illustrated below

The diagram below shows:
The Integrated Care Board works together with the Integrated Care partnership to make up Integrated Care Northamptonshire, which is also known as the ICN.



You can read and find out more about the full Community Engagement Framework here: icnorthamptonshire.org.uk/involvement

Our delivery approach

Our System Operating Model consists of the following components:

An Integrated Care Partnership (ICP)

- Members of the ICP include a wide range of key players from the two local authorities, the voluntary sector, the NHS, and other public bodies that are key to delivering our aims.
- The partnership is responsible for agreeing this strategy to improve health and wellbeing across the whole of Northamptonshire. It will use the best insights from data available, built bottom-up from local assessments of needs and assets identified at place level and Local Area Partnership level.
- Our Health and Wellbeing Boards will also use this strategy as the basis of their Health and Wellbeing strategy and delivery planning.

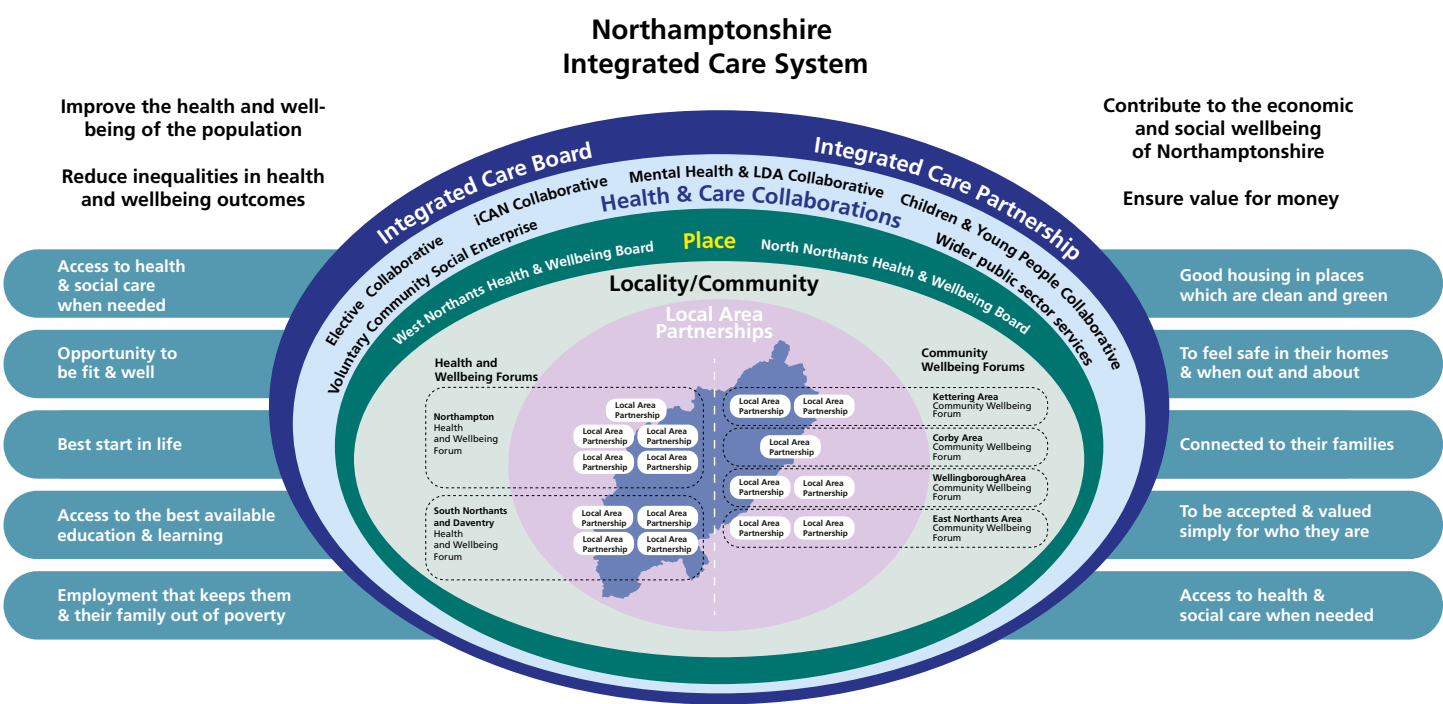
Both the ICP and the ICB work together to:

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

An Integrated Care Board (ICB)

- Members of the ICB include a Chief Executive and Chair, senior representation from each local authority, senior representation from NHS provider organisations (the Hospital Group, Northants Healthcare NHS Foundation Trust, and primary care) and four non-executive directors.
- The ICB is responsible for commissioning healthcare services for the population. This includes hospitals, GP practices and wider primary care, mental health, community services, ambulance services and some specialised services.
- As our system further matures the functions and budgets associated with commissioning healthcare services could be delegated to our Collaboratives and Places. As we integrate services and blur organisational boundaries, we will ensure we will use pooled budgets under s75 agreements where it seems sensible and where evidence shows it provides additional benefit.

Service design and delivery is organised across the geography of the county:



Our delivery approach

Through our places

Two places - North and West Northamptonshire

- Six communities / localities: geographically smaller than the places, but are larger than the Local Area Partnerships (LAPs)
- Sixteen Local Area Partnerships.

We aim to deliver our ten ambitions through a joined-up approach across all the organisations and services involved in supporting our population and communities.

This will be through a new very local approach with our communities central to our operating model – our Local Area Partnerships (LAPs).

Local Area Partnerships:

- They represent local areas and give a voice to residents, translating strategy into local action.
- They empower residents to co-produce new services and solutions for their local area.
- They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
- They empower local leaders to take accountability for local action.

Localities/Communities:

- They consolidate the views of residents, local providers and local area partnerships.
- They unblock challenges and identify at scale opportunities for their areas.
- Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
- Local leaders influence policy to access the right resource and capabilities to deliver their functions.
- They support our collaboratives by identifying and co-ordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design.

Places:

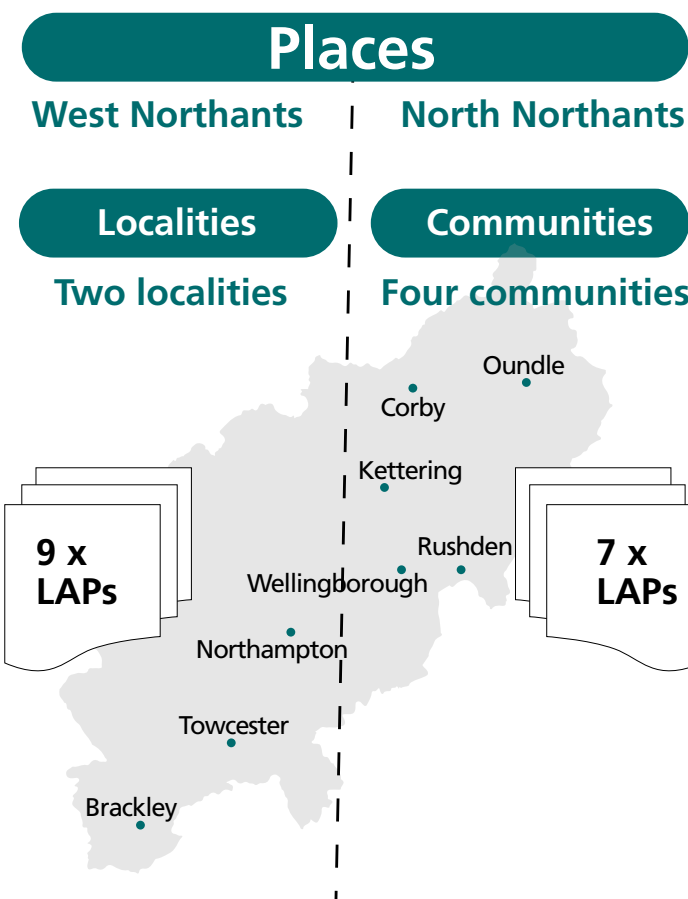
- The North and West Places in Northamptonshire mirror the two unitary population footprints and boundaries.

Our Places:

- Initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities such as housing, policing, education, leisure, planning, community activities.
- Understand and work with communities by joining up and coordinating services around the needs of people.

We will actively and collectively engage, involve and co-produce with local people and communities to understand needs and priorities. This will be supported by local intelligence and local profiles to assist with identifying needs, priorities and actions.

Northamptonshire's approach to place development



- Our two Health and Wellbeing Boards enable key leaders from across North and West Northamptonshire to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.

Our delivery approach

Through our collaboratives that operate countywide

Collaboratives are partnerships of organisations working together to plan and deliver services for the people of Northamptonshire. They bring together, voluntary and community organisations, the NHS, local authorities and other organisations. Through partnerships, collaboratives will join up services. Connected care, delivered in partnership will improve the delivery of the ten core ambitions for people living in Northamptonshire.

There is recognition that each of our four collaboratives; Children’s and Young People, Elective Care, iCAN (Integrated Care Across Northamptonshire) and Mental Health, Learning Disability and Autism are at different stages of maturity and there are different planned approaches to delivery. However, their visions clearly demonstrate how, by working in collaboration across identified populations they align and contribute to the delivery of our ten ambitions and underpinning outcomes framework.

Mental Health, Learning Disabilities and Autism vision

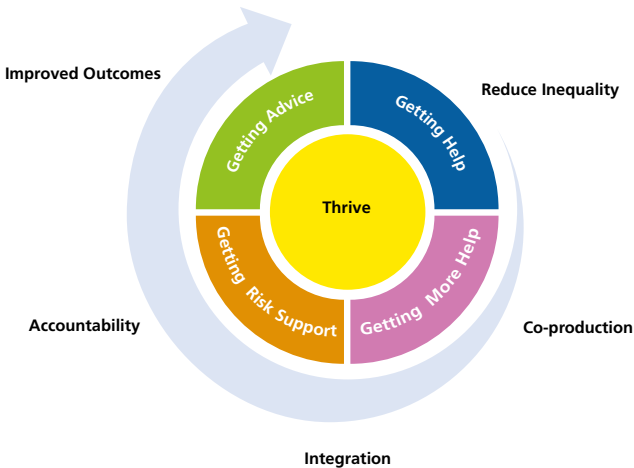
Mental Health, Learning Disabilities and Autism (MHLDA) have re-structured their governance, leadership, commissioning and coproduction processes in order to scope and plan improved pathways for individuals that feel:

- meaningful
- person-centred
- agile/ responsive
- integrated
- intelligent

In doing so, the MHLDA collaborative seeks to ensure improved outcomes for patients, service users, carers, and residents of Northamptonshire. Secondly, the collaborative seeks to ensure the delivery of both known and emerging requirements (including the NHS Long-Term Plan, our Outcomes Framework, responsibilities under the Care Act, as well as the 35 Service User generated ‘I’ Statements). We also seek to use collaborative structures to make the best use of limited resources, by addressing duplications and gaps within pathways and reinvesting savings into preventative initiatives. We seek to enable longer term transformation, via cross-system partnerships and integrated commissioning principles that resolve long-standing barriers to good health and care. Lastly, the collaborative allows us to reframe relationships in support of Integrated Care System aspirations, as well as place-based aspirations, to drive service user satisfaction, sustainability, transparency, and accountability.



Children and Young People Transformation Programme vision



The Children and Young People collaboration has been set up to bring our organisations together to collaborate and work together to improve outcomes for children and the wider population of Northamptonshire.

Our vision is that:

Together we will help and support children, young people and their families.

We will do this through our THRIVE framework. The framework ensures that all needs for children and young people are considered at every level of the program and throughout the decision making process which may affect them. The THRIVE framework is an evidence-based approach that is used globally across sectors working with children and young people and their families and was chosen as a check and balance system to ensure that the child remains at the centre of everything we do.



Our delivery approach



Through our collaboratives that operate countywide

iCAN

(Integrated Care Across Northamptonshire) vision:

Integrated Care Across Northamptonshire (iCAN) is about improving the quality of care on offer for older people in our county. We want to achieve the best possible health and wellbeing outcomes for older people and support them to stay independent for as long as possible.

To meet the needs of adults over the age of 65, the elderly and those who are frail, the three core aims of the iCAN programme are to:

- ensure we choose well: no one is in hospital without a need to be there
- ensure people can stay well
- ensure people can live well: by staying at home if that is right for them.

The three key areas that make up the iCAN programme are:

- Community resilience: be fully supported to live independently within my community as an older person
- Frailty escalation and front door: be assessed swiftly and treated effectively when I need to be so I can remain independent
- Flow and grip: be fully aware of when I will leave hospital and what support will be given to me once I'm back home.



Elective Care vision:

Elective care is care that is planned in advance. It involves specialist clinical care or surgery, generally following a referral from a GP or community health professional.

We recognise that we have the opportunity to make the experience of care better for our population by supporting communities to stay well, reducing duplication and fragmentation in delivery of care and reducing inefficiencies of working as separate organisations.

The vision:

To improve health outcomes, inequalities and quality of life through all partners working together in a patient-centred approach, across the whole elective pathway. We will do this by transforming delivery of services to enable patients to be supported to keep well, but where required to ensure equitable access to timely treatment for patients across the county.

The collaborative will need to include places and local government to ensure services are designed to meet the needs of the different communities across Northamptonshire and achieve our vision.



Our workforce

National approach

PP* pillars	People functions	Intended outcomes
Looking after our people	1. Supporting the health and wellbeing of all our people	People working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and therefore are better able to provide high-quality, compassionate care to patients.
Growing for the future	2. Growing the workforce for the future and enabling adequate workforce supply	The system is retaining, recruiting and where required, growing its workforce to meet future need. The 'one workforce' across the ICS is representative of the local communities served.
Belonging in the NHS	3. Supporting inclusion and belonging for all, and creating a great experience for our people	People working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.
	4. Valuing and supporting leadership at all levels, and lifelong learning	Leaders at every level live the behaviours and values set out in the People, and make strides so that this is the experience of work for all of their 'one workforce'.
New ways of working	5. Leading workforce transformation and new ways of working	Service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation – to both meet population health needs and drive efficiencies and value for money.
Growing for the future	6. Educating, training and developing our people and managing talent	Education and training plans and opportunities are aligned and fit for the needs of our people, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.
Cross cutting	7. Driving and supporting broader social and economic development	Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.
	8. Transforming people services and supporting our people profession	High-quality people services are delivery by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
	9. Leading coordinated workforce planning and using actionable intelligence and analysis	Integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.
	10. Supporting system design and development	The system uses organisational and cultural system design and development principals to support the establishment and development of the ICB, and the ICP. The organisational development approach creates a system-wide culture that is; driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

*People Plan

Our workforce

Local approach



System workforce responsibilities to be considered in the future operating model

- System-wide workforce strategy as a guiding framework support transformation
- System wide organisational development
- Investment and funding
- Single and consistent employment approach.
- Development of leadership
- Greater ownership of education and training and partnerships with Universities
- Developing new roles and ways of working aligned to local models of care
- Detailed workforce planning to establish local capacity requirements
- Enabling staff to work across organisational boundaries
- Implementation of new roles and ways of working
- Alignment and co-location of staff
- Multi professional working
- Closer links with voluntary sector
- Northamptonshire Training Hub.

Digital transformation across

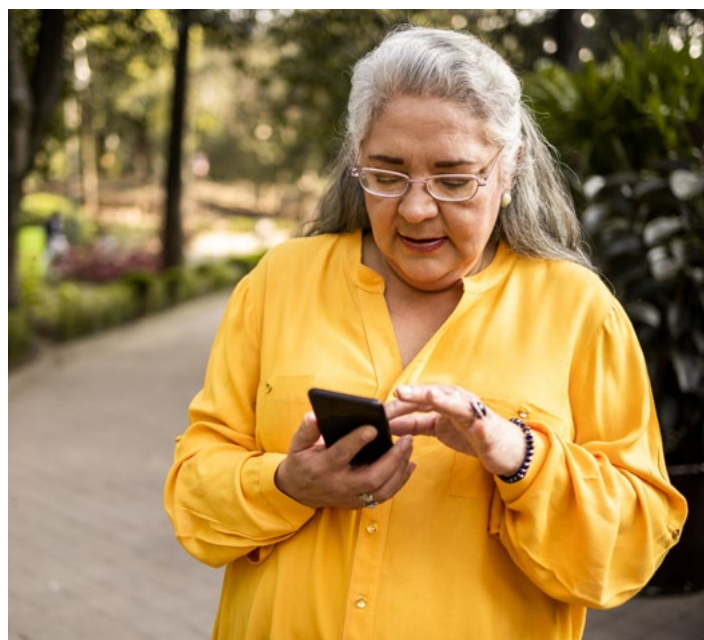
Our vision for digital transformation across Northamptonshire is to:

- Empower: our population and workforce with access to digital solutions that are inclusive, integrated and high quality to revolutionise overall health, wellbeing and care.
- Inclusive: access to digital services that are easy to use and understand; supporting active management of health, care and wellbeing across diverse communities.
- Integrated: access to digital tools that provide joined up health and care details; facilitating access to holistic information across care pathways.
- High Quality: access to digital tools that are safe, reliable and efficient; enabling enhanced health, care and wellbeing experiences across our communities.

We have developed a digital transformation strategy to deliver our vision and meet digitisation requirements over the next three years and enable the effective delivery of integrated care.

For Northamptonshire, these ambitions were also considered in the context of:

- The 800,000 people that live in our county, all with different and distinct health and care needs.
- High level and complexity of demands on our services that we are currently challenged to meet.
- The desire to provide our population and workforce with the tools to proactively prevent and manage ill health.
- The ability for digital solutions to enable a collaborative and seamless health and care experience.
- How data can be utilised to best assess and identify ways to improve health and care outcomes.
- The digital transformation programmes that have been implemented to date across ICS organisations.



There are a number of core health, care and social drivers that have informed the need for transformation. These drivers reflect the key reasons why we need to transform and become more digital in order to provide the right care, in the right setting, across our communities and improve health and care outcomes for all. These transformation drivers include:

- Joining up health and care data
- Addressing impacts of Covid-19
- Connecting health and care pathways
- Developing local insights to transform care.

With the possibilities of digital transformation in mind, it is the improved health, care and wellbeing outcomes for our population and workforce that remain at the heart of our continued transformation.

A photograph of a man and a woman smiling outdoors. The man, on the left, is wearing a grey beanie and a red shirt. The woman, on the right, has blonde hair and is wearing a yellow sweater. They are standing in front of some trees with autumn-colored leaves. A teal banner is overlaid on the bottom half of the image.

Northamptonshire's future

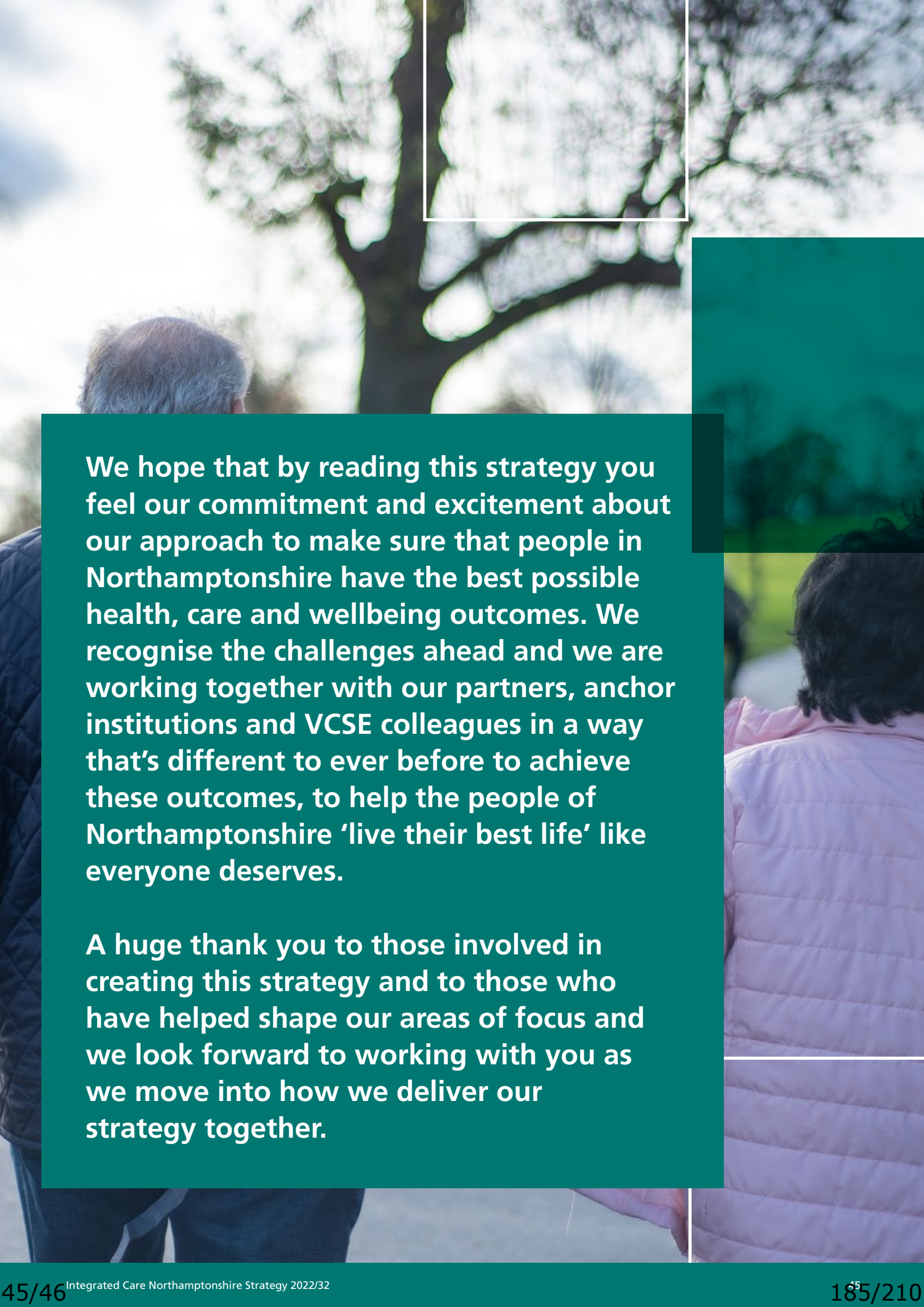
Over the next five to ten years we want children, young people and adults to

live your best life

We have ambitions to empower and support healthy local communities, so that local people have the best start in life and can live and age well and we will do that because:

- We are focussing on factors that really matter to people
- We have aligned our shared vision, aims, ambitions and outcomes for the first time
- We are collectively responsible for the delivery of these ambitions and outcomes
- We know that we can only make a positive difference by aligning our commitment, our resources and our strengths.

We have far reaching and ambitious plans and a clear focus on where we will start. We have a relentless focus on tackling inequalities and improving outcomes and together we will deliver positive change.



We hope that by reading this strategy you feel our commitment and excitement about our approach to make sure that people in Northamptonshire have the best possible health, care and wellbeing outcomes. We recognise the challenges ahead and we are working together with our partners, anchor institutions and VCSE colleagues in a way that's different to ever before to achieve these outcomes, to help the people of Northamptonshire 'live their best life' like everyone deserves.

A huge thank you to those involved in creating this strategy and to those who have helped shape our areas of focus and we look forward to working with you as we move into how we deliver our strategy together.



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Integrated Care Northamptonshire



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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	3 rd February 2023
Agenda item	8

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

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

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

Reason for consideration	Previous consideration
To seek assurance that there is clear oversight on the relationship between the Group Board Assurance Framework (BAF) and the Corporate significant risks at both Kettering General and Northampton General Hospitals.	Previously considered by all committees in January 2023 and Trustboard in November 2022

Report
<p>This report provides oversight of the Group Board Assurance Framework at 16th January 2023 and the relationship between the strategic risks on the Group BAF and the significant risks contained on the Corporate Risk Registers at both Kettering General and Northampton General Hospitals.</p> <p>During the development of the Group BAF in early 2022 it was identified that there was a requirement to have clear sight of the corporate operational risks that potentially impact on the BAFs strategic risks. Each BAF risk identifies the corporate</p>

risk register links and each of the board committees are provided with a summary detail of those risks along with the current risks score of the significant risk.

Each committee received the Group BAF in January 2023.

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

Appendices

Appendix A – UHN Group BAF @ 16/01/2023

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

Risk and assurance

As set out in the report.

Financial Impact

Financial risks are detailed within the BAF

Legal implications/regulatory requirements

Duty to identify and manage risks / CQC Well-Led

Equality Impact Assessment

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

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

Group Board Assurance Framework

16th January 2023

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (January 2023)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committee	Failure to deliver the group People Plan leads to reduced staff engagement, empowerment and lack of inclusion which would impact negatively on staff satisfaction, recruitment and retention resulting in detriment to patient care.	16	16	→	12	Moderate	Implementation of Just Culture Stronger ownership of ER cases
UHN02	Quality	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.	12	12	→	8	Low	
UHN03	Patient	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the group Nursing, Midwifery and Allied Health Professionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	12	12	→	8	Low	Further actions to develop the NMAHP Group Strategy. Assurance gap on delayed reporting to CPC
UHN04	Systems and Partnership	Quality & Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance & Resources (KGH) Finance & Performance (NGH)	Failure of the Integrated Care Board (ICB) to deliver transformed care that will result in an impact on the quality of service provided across the group	16	16	→	12	High	
UHN05	Sustainability	Group Strategic Development Committee Performance, Finance & Resources (KGH) Finance & Performance (NGH)	Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, patient safety incidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious incidents, possible prosecution and associated reputational damage	12	12	→	6	High	
UHN06	Quality	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire's (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group	12	12	→	4	Low	KGH NED appointed
UHN07	Sustainability	Group Digital Hospital Committee	Failure to deliver the group Digital Strategy may result in poor performance of systems resulting in a lack of consistency and expected levels of quality of patient and staff experience of digital services across the group	20	20	→	15	High	
UHN08	Sustainability	Performance Finance & Resources Committee (KGH) Finance and Performance Committee (NGH)	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	16	16	→	16	High	Addition to existing controls relating to group vacancy control panels. Structure and processes for Group transformation, investment controls and opportunity identification / delivery (internal) included

Principal Risk No:	UHN01	Risk Title:	Failure to deliver the group People Plan leads to reduced staff engagement, empowerment and lack of inclusion which would impact negatively on staff satisfaction, recruitment and retention resulting in detriment to patient care.						
		Materialising in [any/several] of the following circumstances:	The Group People Committee will determine circumstances in which it considers the risk to have materialised, having regard to key qualitative and quantitative evidence including: <div>(1) Declines in Staff and People Pulse Survey key indicators in respect of response rates, morale, wellbeing, and advocacy</div> <div>(2) Key metrics relating to sickness absence, turnover, vacancies and statutory and mandatory training/appraisal completions in special cause variation for at least three consecutive reporting periods</div> <div>(3) Key metrics relating to safe staffing</div> <div>(4) Customer experience performance/concerns referred from quality committees</div> <div>(5) Cumulative qualitative and anecdotal evidence identified in the course of business-as-usual activities e.g. Non-Executive site visits/presentations to Committee/regular communication mechanisms.</div> <div>(6) Corporate Risks (below) materialise.</div>						
Date Risk Opened:	April 2021		Risk Classification:		Operational / Infrastructure	Risk Owner:	Group Chief People Officer	Scrutinising Committee:	Group People Committee
Corporate Risk Register Links:									
NGH CRR:	Linked Corporate risks: NGH151 NGH29 NGH32 NGH268 NGH468 NGH332 NGH205 NGH536 NGH366 NGH483					KGH CRR:	Linked Corporate risks: KCRR017, KCRR051, KCRR057		
Initial Risk Score			Current Risk Score				Residual Risk Score		Risk Appetite
16 (Extreme)			16 (Extreme)				12 (High)		Moderate
Consequence		Likelihood		Consequence		Likelihood		Group Priority	
4		4		4		4		3	
								People	
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps	
1	People Planning Pledge: We support people plans for our patient services with effective attraction and retention plans that support new roles, new ways of working and career pathways (L/I)		Delivered our International Recruitment programmes to reduce our vacancy position in both Trusts. 287 international nurses (Northampton:103 Kettering:184) – Target 200 (Internal)		HR structures not fully aligned to People Plan across both Trusts.				Align HR structures to people plan
2	People Processes Pledge: Colleagues are able to access systems to enhance their work experience and flexibility		Launched aligned and consistent employment contract for AFC (Internal) Enhanced MyESR now across both Trusts to provide access to on-line payslips and mandatory training (Internal)		No collaborative bank model – requirement to have collaborative bank to support group working				Have a collaborative bank model across both Trusts which could be adapted across our system, with comparable pay rates
3	People Development Pledge: We support colleagues to build a career providing opportunity for people joining us from any level and background to progress		Provided dedicated OD support for clinical collaborations e.g., Cardiology (internal) Facilitated 28 reset and recovery sessions (Internal)		Mandatory training not aligned across the group				To have a consistent, multi-mode, statutory and mandatory training offer to increase compliance
4	People Partnering Pledge: We work with one another, reflecting, learning and ensuring feedback is heard and actioned, leading to a reduction in formal employee relations management		Embedded our people pulse results into our performance reporting framework (Internal)		Reporting framework is work in progress.		ROAG meetings in place at both sites stronger ownership of medical ER cases. HRBP case management meetings weekly to ensure cases are kept on track and learning shared/captured .		Implementation of Just Culture principles , training & development with HR and Union and management teams .
5	OD and inclusion: We bring our dedicated to excellence values to life, improving the way we work with each other, particularly focusing on empowerment and inclusion		Oversight at Group Executive Meeting, Board Development Sessions, People Committee (Internal)		No group excellence, cultural and leadership programme.		Excellence ambassador appointed and progress underway for the set-up of rollout from March 23.		Develop dedicated to excellence, cultural and leadership programme
6	Health and Wellbeing Pledge: We provide bespoke health and wellbeing spaces and access to health assessment and psychological support for all our people Benefits package of working within both Trusts		Shortlisted for a HSJ award for our system Health and Wellbeing Festival (External) ID46 – Detrimental staff wellbeing and mental health including self-harm and suicide (score 20) (Internal)		Currently differing offers across both sights , no psychological service at KGH		Development of a one service strategy dependant on structure sign off.		Continuation of the education and learnings from our psychological service and our offer of staff wellbeing with planned agenda for 23 re menopause training , financial planning etc

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

Principal Risk No:	UHN02	Risk Title:	Failure to deliver the group Clinical Strategy may result in fragmented and inefficient service delivery, fragile service provision, and sub-optimal outcomes of care alongside negatively impacting staff retention, recruitment, and morale.									
		Materialising in any/several of the following circumstances:										
Date Risk Opened:	June 2022		Risk Classification:	Quality, Operational Infrastructure, Financial		Risk Owner:	Medical Directors and Director of Strategy and Strategic Estate			Scrutinising Committee:	Quality and Safety Committee (KGH) Quality Governance Committee (NGH)	
Corporate Risk Register Links:												
NGH CRR:	Linked to Corporate Risk NGH422 NGH73 NGH20 NGH88 NGH205 NGH156 NGH39 NGH157 NGH195 NGH74 NGH176					KGH CRR:	Linked to Corporate Risk KCRR035, KCRR011,KCRR048,KCRR052,KCRR046,KCRR042, KCRR043,KCRR049,KCRR053,KCRR014, KCRR060, KCRR061					
Initial Risk Score			Current Risk Score				Residual Risk Score				Risk Appetite	
12 (High)			12 (High)				8 (High)				Low	
Consequence		Likelihood		Consequence		Likelihood		Consequence		Likelihood		Group Priority
4		3		4		3		4		2		Quality
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date	
1	The Clinical Strategy is managed through the Joint Strategic Collaboration Group and Joint Clinical Senate, with individual Trust Clinical Leadership meetings providing a further point of reference and point for resolving tactical issues.		Progress of work shared and reviewed at Trust Clinical Leadership Meetings (Internal) Final Strategy approved at May public Boards (Group) (Internal)				Final strategy not shared with Health & Wellbeing		Final strategy to be approved at Health and Wellbeing Boards in alongside our detailed engagement activity report.		Director of Strategy and Strategic Estate	31.07.2022
2	The Collaboration Programme Committee oversees progress on behalf of both Boards.		Plans and progress presented at Collaboration Programme Committee (Internal)									
3	Detailed plan for subsequent phase of work that will focus on the integration of specific services.		Schedule of service strategy developments (Group) (Internal) Oversight being monitored through Asana Project Software (Group) (Internal)		Bed & Theatre capacity demand analysis has been completed which will support service strategy development but not completed in outpatients and diagnostics				Agreement of proposed detailed analysis of demand and capacity across outpatient and diagnostics , which in turn will support further strategy development.		Director of Strategy	31.07.2022
4	Clinical Strategy shared at Integrated Care Board		Integrated Care Board oversight (Group) (internal)		Links between the Group Clinical Strategy and wider Integrated Care System plan are not yet fully established.				Elective Collaborative to agree how we will develop group service strategies that are aligned with ICS strategies		Director of Strategy	31.07.2022
5					Lack of patient and public engagement				Engagement with specific patient groups will take place as detailed design work commences. Initially patient views will be incorporated into the work via historical complaints data and general input from Healthwatch		Director of Strategy / Director of Nursing (KGH / NGH)	30.06.2023
6					Implementation of projects will require additional resource as yet unidentified				Additional resource agreed for additional strategy and transformation support for implementation of recruitment (Group)		Director of Strategy and Director of Transformation	30.09.2022

Principal Risk No:	UHN03	Risk Title:	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care						
		Materialising in any/several of the following circumstances:	N,M,AHP reduced engagement with patient centred initiatives focused on improving safety and quality of care N,M,AHP reduced engagement with professional projects that enhance our working environment and improve morale N,M,AHP are not offered, engage or attend development, training and education opportunities NGH is not able to demonstrate Pathway to Excellence compliance for re-designation						
Date Risk Opened:	April 2021		Risk Classification:	Quality, Operational, Infrastructure	Risk Owner:	Directors of Nursing and Midwifery	Scrutinising Committee:	Quality & Safety Committee (KGH) Quality Governance Committee (NGH)	
Corporate Risk Register Links:									
NGH CRR:	Linked to Corporate Risk NGH254, NGH291,NGH260,NGH263,NGH291,NGH206,NGH163				KGH CRR:	Linked to Corporate Risk KCRR014 KCRR057			
Initial Risk Score			Current Risk Score				Residual Risk Score		Risk Appetite
12 (High)			12 (High)				8 (High)		Low
Consequence		Likelihood	Consequence		Likelihood		Consequence		Group Priority
4		4	4		3		4		Patient
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner Due date
1	NGH and KGH have a shared Nursing, Midwifery & AHP professional strategy (IGNITE) monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting. Aligned reporting and monitoring across the Group		NGH in progress for Pathway to Excellence re-accreditation (June 23) (Internal)						
2	There is a Director of Nursing and Midwifery and a Deputy who have jointly led the development of the NMAHP strategy at NGH and KGH.		The NMAHP is linked to our People, Academic and Clinical Strategies (Internal) Ignite strategy oversight at NMHAP (Internal) Establishment of a quarterly joint NMAHP Board (Internal) Established quarterly strategy review groups (Group) (internal)						
3	Workstream leads and working groups identified to define progress against objectives.		Each Trust has a Strategy Group Meeting where each Workstream Lead provides an update on progress (internal) Established quarterly strategy review groups (Group) (internal)		Objectives not fully AGREED for KGH Objectives not fully agreed across the group		NMAHP strategy group (KGH) Group NMAHP strategy group		DoN (KGH) DoN (KGH & NGH) 28.02.2023 31.03.2023
4	Reporting structure agreed to the joint Collaborative Programme Committee		Reports to joint Collaboration Programme Committee (CPC), Group People Committee (internal) Report individually to NMB (NGH) and CPAG (internal)				Potential for delayed reporting on objectives to CPC and people		
5	KGH Strategy / Pathway Lead proactively managing the implementation of the IGNITE strategy Secured funding to commence P2E journey (KGH)		Named KGH lead for IGNITE and in due course P2E (internal)						

6	Dedicated communication programme to support the implementation of IGNITE (NGH and KGH)	Strategy celebrated through International Nurses Day, Midwives Day & AHP Day 2022 (Group) (internal) NGH Pathway and Strategy at Nursing & Midwifery conference (May 2022) (internal)			KGH Strategy/Pathway Lead to plan monthly communication updates via different media avenue	To commence 01.04.2023	
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Principal Risk No:	UHN04	Risk Title:	Failure of the Integrated Care Board (ICB) to deliver transformed care that will result in an impact on the quality of service provided across the group						
		Materialising in any/several of the following circumstances:							
Date Risk Opened:	June 2022		Risk Classification:	Quality Finance	Risk Owner:	Director of Integration and Partnerships	Scrutinising Committee:	Quality and Safety Committee (KGH) Quality Governance Committee (NGH) Performance, Finance and Resources Committee (KGH) Finance and Performance (NGH)	
Corporate Risk Register Links:									
NGH CRR:	Linked to Corporate Risk				KGH CRR:	Linked to Corporate Risk			
Initial Risk Score			Current Risk Score			Residual Risk Score			Risk Appetite
16 (Extreme)			16 (Extreme)			12 (High)			High
Consequence		Likelihood		Consequence		Likelihood		Group Priority	
4		4		4		4		3 Systems and Partnership	
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps	
1	The development and delivery of the Northamptonshire Integrated Care System (ICS) has been led through the Health and Care Partnership Board attended by the Group Chair and CEO.		ICS transition steering group in place to monitor progress and delivery of the ICS transition reporting to the HCP Board/shadow ICB (Internal / External) Progress reported through to the shadow ICB (Internal / External)				Confidence in system architecture to deliver change for the 22/23 winter period		Review and increase Group engagement to include NEDS and EDs on existing and emerging ICS architecture.
	Full proposal for Elective Collaborative developed for implementation		Case for change, design and leadership of Elective Collaborative presented to Board in January 22		Clarity on national planning guidance and local strategic plans for delivery				System Winter Plans developed- delivery to be led at Place for North and West
2	Transition arrangements in place between CCG and ICB.		The shadow ICB came into form in April 22 (External)						
	Fully established ICB Governance structure with clarity on Group membership.		Transition plan has been agreed by ICB and all system partners (Internal / External) Readiness to Operate Statements for April 2022 have been assessed and returned to NHSE/I.						
3	Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes		ICP Strategy Board established to develop ICP Strategy-engagement and consultation across the Group at Board Development session		Development of Strategic plan for delivery of ICS				Provide leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance
			Collaborative Boards developing prioritised delivery plans		Development of the Winter Plans				ICP strategy developed
			Establishment of Place Deliver Boards		Connection of decision making across the ICB to include Place and Collaboratives				ICB 5 year forward plan and operational plan completed
									Prioritisation of delivery and transformation priorities across the collaboratives and Place
4	A revised target date of 1 July 2022 has been agreed nationally for the new statutory arrangements for ICSs to take effect and for ICBs to be legally established, subject to the passage of the legislation through Parliament.		The Bill has now been passed and the 1st of July date confirmed (External)						

Principal Risk No:	UHN05	Risk Title:	Failure to deliver the group Strategic Estates programme may result in care delivery from poor clinical environments, cost inefficiencies, health and safety incidents, accidents and statutory non-compliance attributable to some degree to substandard existing estate, and lost opportunities for integrated care delivery at place, resulting in serious safety incidents causing injury or death, fines, prosecution and associated reputational damage.				
		Materialising in any/several of the following circumstances:	(1) Linked corporate risks materialising: <ul style="list-style-type: none"> - NCRR 1174 Failure of Estate heating and hot water infrastructure (current 16, target 8) - NCRR 1177 Failure of medical gas systems - NCRR 1701 Water Safety incidents - NCRR 1702 Fire Safety major injuries - NCRR 1738 Ventilation Systems failure - NCRR 2041 Failure of the critical ventilation systems in operating theatres - NCRR 2264 Fire on Top Floor of Blocks 41 and 42 Ward Areas and Corridors - NCRR 2440 Asbestos related diseases from exposure to asbestos fibre - KCRR015 No sustainable capacity for urgent care - KCRR026 Loss of power or reduced power to site if the main high voltage incoming switchgear fails - KCRR030 Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system - KCRR036 Recognition that due to the age of the Trust's estate not all wards or services have suitable environments to be able to provide a high-quality service from. (2) Risks related to strategic estates programmes, as defined in programme risk registers.				
Date Risk Opened:	01 April 2022	Risk Classification:	Quality Finance Infrastructure	Risk Owner:	Director of Strategy and Strategic Estate	Scrutinising Committee:	Strategic Development Committee Finance & Performance Committee (NGH) Performance, Finance & Resources Committee (KGH)
Corporate Risk Register Links:							
NGH CRR:	Linked to Corporate Risk NGH265, NGH196, NGH288, NGH192, NGH262, NGH501, NGH502			KGH CRR:	Linked to Corporate Risk KCRR040, KCRR036, KCRR015, KCRR026, KCRR030, KCRR045, KCRR055, KCRR058, KCRR059		
Initial Risk Score		Current Risk Score			Residual Risk Score		Risk Appetite
12 (High)		12 (High)			6 (Moderate)		High
Consequence		Likelihood		Consequence		Likelihood	
3		4		3		2	
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	The Group Clinical Strategy has started and this will define the clinical requirements of both sites for the future.	Group now has a Strategic Development Committee in place (Internal)					
2	Kettering Hospital now have a full Development Control Plan as part of its HIP2 programme.	Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External)	NGH do not have a Development Control Plan		KGH outline business case to be submitted to July Board	DofS&SE	31.07.2022
	Northampton Hospital have a site masterplan.				NGH Development Control Plan to commence	DofS&SE	01.09.2022
3	These foundations will come together to start to form the Group Strategic Estates Plan.			The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy.	DofS&SE	01.06.2022
					Community Diagnostic Hub business case to be submitted May 22	DofS&SE	31.05.2022
4	A System Estates Board is in place across the ICS with all Health and Care partners.			The System Estates Strategy is not strategic and needs further development			
5	Health and Safety Policies and Procedures / Fire Safety	Health & Safety Groups and annual reports / fire safety inspections etc					
6	Back-up systems	Regular testing schedules					

Principal Risk No: UHN06		Risk Title:	Failure to deliver the long-term Group Academic Strategy may result in University Hospitals Northamptonshire’s (UHN) ability to attract high calibre staff and research and education ambitions. Recognition of impact on financial income to the Group													
		Materialising in any/several of the following circumstances:	Sustainability of 5-year project													
Date Risk Opened:		April 2021		Risk Classification:		Quality Finance		Risk Owner:	Medical Directors and Directors of Strategy		Scrutinising Committee:		Quality & Safety Committee (KGH) Quality Governance Committee (NGH)			
Corporate Risk Register Links:																
NGH CRR:		Linked to Corporate Risk NGH2188, NGH2270							KGH CRR:		Linked to Corporate Risk KCRR017					
Initial Risk Score					Current Risk Score					Residual Risk Score				Risk Appetite		
12 (High)					12 (High)					4 (Moderate)				Low		
Consequence			Likelihood			Consequence			Likelihood			Consequence		Likelihood		Group Priority
4			2			4			3			4		1		Quality
Current Controls			Plan Delivery Assurance/ Group IGRs (Internal / External)				Control Gaps			Assurance Gaps			Further planned actions to mitigate gaps		Action Owner	Due date
1.	The Academic Strategy is managed through the Academic Strategy Programme Board which reports into the Joint Quality Committee and Collaboration Programme Committee (CPC)		The Academic Strategy and the supporting Business Case has been approved by both Hospitals (Internal / External) Quarterly Update / deep dive at CPC and non-executives on delivery of academic strategy –							Due to trust pressures inconsistent meetings of the subcommittees (Group)					Chief Medical Advisor	31/12/23
2.	Themes relating to academic strategy delivery. • Medical Education (ME)		HEE new schedule regards student income for 22/23. Finance confirming numbers and income allocated to the Academic Strategy. Agreed to develop a MOU with Uni of Leics School of Healthcare to cover, education appointments, placements for expanding provision, and research opportunities. Assistant Professor post in Medical Education starts with Uni of Leicester on 1st November				HEE reduction of 10% on per student fee which impacts on the income for the Academic Strategy.			Estate- expansion to fill the capacity of on site accommodation. External accommodation may be required to support expanding numbers from Uni of Leics. Uni of Leics have lost United Lincoln Hospitals as a placement provider due to the establishment of the Lincoln Medical School. Potential for more Uni of Leics students. Uni of Leics are aware of accommodation limitations and impact of increased placements by academic year 2023/2024.			Agreement of MOU with School of Healthcare		Directors of Medical Education Directors of Nursing	31/03/2023 31/01/2023
• Estates (E)			Academic Programme Board oversight (Internal)				(E) Accommodation – teaching space. With rising student numbers, there are no current firm plans to manage the demands on the estate (Group)						The Estates Subgroup to develop short term and long-term potential solutions across the group. Outcome of Integrated Business Case submitted for a short-term solution at NGH.		Operational Director of Estates	31/12/2022
			Academic Programme Board oversight (Internal)				(E) Accommodation- Student living space. With rising student numbers there is pressure on the current estate and at NGH poor feedback from the Medical Students staying onsite at CRIPPS (NGH)						The Estates Subgroup to develop short term and long term potential solutions across the group to manage growing cohorts. A refurbishment plan to be completed at CRIPPS to address student feedback.		Operational Director of Estates	31/12/2022

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

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

Principal Risk No:	UHN07	Risk Title:	Failure to deliver the group Digital Strategy may result in poor performance of systems resulting in a lack of consistency and expected levels of quality of patient and staff experience of digital services across the group								
		Materialising in any/several of the following circumstances:	Consolidating: KGH BAF 009 Delivery of the digital strategy and NGH BAF 112 Risk of failure in ICT infrastructure and/or a successful cyber security attack may lead to a loss of service with a significant patient care and reputational impact a) inability to make management and operational decisions effectively b) a significant impact on the quality and level of safety of patient care c) A deterioration in staff satisfaction and feedback (due to a reduced ability to do their jobs effectively and efficiently). d) Cyber security of [level of severity] causes disruption to key systems / significant data loss								
Date Risk Opened:	April 2021		Risk Classification:	Quality / Infrastructure / Finance	Risk Owner:	Group Chief Digital Information Officer	Scrutinising Committee:	Group Digital Hospital Committee			
Corporate Risk Register Links:											
NGH CRR:	Linked to Corporate Risk NGH114,NGH16,NGH92,NGH92,NGH97				KGH CRR:	Linked to Corporate Risk KCRR038, KCRR009, KCRR054					
Initial Risk Score			Current Risk Score			Residual Risk Score		Risk Appetite			
20 (Extreme)			20 (Extreme)			15 (Extreme)		High			
Consequence		Likelihood	Consequence		Likelihood	Consequence		Likelihood	Group Priority		
5		4	5		4	5		3	Sustainability		
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps		Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date
1	Group Digital Roadmap		Monitored bi-monthly at Group Digital Hospital Committee (Group) (Internal).								
2	Group Digital Strategy		Regular updates and reporting on digital strategy to Group Digital Hospital Board Committee (Group)(Internal). Group Digital Operational Meetings in place (Group) (internal). Weekly EPR Operations meeting in place at both Trusts, with escalation to Group Digital Hospital Committee as necessary (Group) (Internal) Weekly Digital programmes meeting in place at both Trusts, with escalation to Group Digital Hospital Committee as necessary (Group) (Internal)		(1) Capacity and capability to implement Theme 5: Providing insight to support decision-making, including: • Deployment and use of data visualisation tooling across the Group (2) Constraints linked to financial restrictions and internal budgetary constraints, and externally required procurement and funding bid processes and requirements.		Recognised benchmarking – against HIMSS EMRAM (Healthcare Information and Management Systems Society) or the emerging Minimal Digital Foundations (MDF) assessment. Formal assessment of What Good Looks Like – framework developed by NHS Transformation (formerly NHSX) to measure ICS (Integrated Care System) digital maturity against 7 success measures.		HIMSS EMRAM (Electronic Medical Record Adoption Model) Assessments – external validation (2022) or MDF assessment Board development session Digital Boards with NHS Providers	GCDIO GCDIO / DoG	30.09.22 Tbc
3	Clinical Chief Information Officers (CCIO) in place across the Group		Monitored bi-monthly at Group Digital Hospital Committee (Group) (Internal). Medical CCIOs in place for KGH and NGH.		No Clinical Chief Information Officers (CCIO) in post for Nursing, Midwifery, AHP and Clinical Scientists Chief Nursing Information Officers for each site – none in post June 2022				Recruit to CCIO post – due to start 1st July 2022 CCIO to determine team structure including how continue to support nursing directorate	GCDIO	01.07.22 TBC
4	Self-assessment against digital maturity frameworks: 'What good looks like' framework and HIMSS EMRAM		Group self-assessment November 2021 (what good looks like) Group self-assessment HIMSS EMRAM April 2022								

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

Principal Risk No:	UHN08	Risk Title:	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives, specifically: (a) Failure to deliver Revenue Plans results in deficits and an inability to finance investments (b) Failure to deliver efficiency and productivity changes result in revenue deficits (c) Failure to generate sufficient cash to finance required capital investment (d) Non-delivery of transformation and efficiency targets results in non-delivery of external funds e.g. Elective Recovery, discretionary capital. <i>Consolidates/replaces the following:</i> (KGH011) Delivery of control total and meeting the trajectory to live within our financial means.) (NGH116 Risk that the Trust fails to fully deliver the financial efficiency programme) (NGH115 Risk that the Trust fails to have financial control measures in place to deliver its 22/23 financial plan) (NGH117 Risk that the Trust fails to manage its capital programme within the capital resource limit or fails to secure sufficient funding for infrastructure and equipment improvements)									
		Materialising in any/several of the following circumstances:	<ul style="list-style-type: none">- Financial performance (income and expenditure) is materially worse than Plan- Insufficient cash to continue day to day operations;- Materially lower transformation, efficiency and productivity performance compared to Plan- Qualified external audit opinions- Significant control weaknesses identified by Internal Audit- Failure to deliver capital plan elements causes detriment to programme delivery outside agreed tolerances.									
Date Risk Opened:	April 2021		Risk Classification:	Financial Operational		Risk Owner:	Chief Finance Officer		Scrutinising Committee:	Performance Finance and Resources Committee (KGH) Finance and Performance Committee (NGH)		
Corporate Risk Register Links:												
NGH CRR:	Linked to Corporate Risk NGH35,NGH211.NGH132,NGH40					KGH CRR:	Linked to Corporate Risk KCRR056					
Initial Risk Score			Current Risk Score				Residual Risk Score			Risk Appetite		
16 (Extreme)			16 (Extreme)				16 (extreme)			High		
Consequence		Likelihood		Consequence		Likelihood		Consequence		Likelihood		
5		5		4		4		4		4		
Current Controls		Plan Delivery Assurance/ Group IGRs (Internal / External)		Control Gaps			Assurance Gaps		Further planned actions to mitigate gaps		Action Owner	Due date

1	Business planning process, alignment of activity, workforce and finances	Planning submissions subject to board and board committee scrutiny (internal) Implementation of Group Benefits Realisation approach, agreed by Board (Internal)					
2	Group Performance Management framework, including areas where not on track.	Performance management framework and meetings (Internal)		Role of GEM preboard committees on review and delivery of performance	Review of GEM governance and effectiveness	Director of Corporate Governance	31.03.23
3	Management of capital and working capital.	Performance management framework and meetings (Internal)					
4	Workforce Management meetings (Workforce)	Finance & Performance Committee minutes (Internal)(NGH))					
5	Efficiency/Productivity reporting	Group Transformation Committee and Group Strategic Delivery Group (internal)					
6	Elective recovery monitoring	Finance & Performance Committee (internal)					
7	Finance & Performance meetings	Finance & Performance Committee minutes (Internal) System Finance meeting minutes (External) System collaboration and joint working including Group representation (Group CFO, DoFs & NEDs) at System Finance Committee minutes		Group policy on planning, reporting and reforecasting	Development of a policy on planning, reporting and reforecasting	CFO/DoS	31.01.2023
8	Hospital Management Team meetings	Hospital Management Team minutes (Internal)					
9	Group Executive meetings	Group Executive meeting minutes (Internal)					
10	External review of underlying deficit and improvement opportunities	22/23 plans have an underlying financial position, which will continue to be managed (Internal/ External)			Agree definition of financial sustainability	CFO	31.03.2023
11			Scope and priorities of Group Financial Strategy not yet finalised.	Group Financial Strategy not in place.	Development of Group Financial Strategy	CFO	31.03.2023
12	Established Group Transformation Committee and Group Strategic Delivery Group	Structure and processes for Group transformation, investment controls and opportunity identification / delivery (internal)					
13	Established Hospital and group Vacancy control panels						
14							

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR051 - The Trust is at risk of an HSE Enforcement notice due to non-compliance of Health and Safety at Work Act. Recognition of risk to staff safety through lack of assurance on compliance with Health & Safety requirements. (Current risk score 20) KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20) KCRR057 – Risk to patient safety and high quality care due to impact from industrial action by RCN staff (Current risk score 15)
	NGH 151 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Score 25) NGH 29 - Out of hours staffing (ST3 and above) is inadequate for the level of activity (Score 20) NGH 32 - Fuel prices affecting staff who provide clinical community care, may lead to vacancies and cancelled patient care (Score 16) NGH 268 - Risk of insufficient staff within Domestic Services to manage its statutory obligations and reactive works (Score 16) NGH 468 - Lack of ODP's / anaesthetic nurses throughout directorate due to national recruitment shortage (Score 20) NGH 332 - Staffing levels demonstrate there are insufficient registered midwives within maternity services (Score 16) NGH 205 - Crisis Community Paediatric Staffing (Score 20) NGH 536- Struggling to safely staff/sustain Respiratory on-call Physio service (Score 20) NGH 366 - Specialist Palliative Care Medical Staffing inadequate to provide effective service. NGH 483 - Inability to provide 24-hour outreach service
UNH002 (Clinical Strategy)	KCRR035 - Backlog of investigations of incidents and closure KCRR011 - Performance and sustained patient flow through the Emergency Department KCRR048 - Lack of escalation of deteriorating patients can lead to increased patient harms and poor patient experience KCRR052 - Potential loss of JAG accreditation due to not having ability to work towards NED 2 compliancy KCRR046 (formerly HLC002) - Risk of cross infection of patients in the acute environment KCRR042 - Cross divisional risks associated with compliance with MCA / DoLs relating to knowledge gap at service level KCRR043 - Cross divisional risks associated with completion of patient level risk assessments for all patients that are clearly documented in patient notes. KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached. KCRR053 - Above expected Standard Hospital Mortality Indicator (SHMI) is likely to increase scrutiny from regulators (CQC / NHSEI) and result in detrimental impact on reputation. KCRR014 - Risk to processing of Safeguarding concerns due to financial challenges at Northants County Council KCRR060 – Impact on patient safety due to industrial action by EMAS KCRR061 –Significant risk that the Trust has the potential to lose its Paediatric services, if it fails to make the improvements required and give the assurances needed to keep children safe
	NGH 422 - Risk of reduced patient safety when demand exceeds capacity (Score 25) NGH 20 - There is a risk to patient care and safety due to boarding of patients in non-bed spaces (Score 20) NGH 88 - Failure to continuously meet national cancer targets with the addition of covid19 causing further restriction (Score 16) NGH 205 - Crisis Community Paediatric Staffing (Score 20) NGH 156 - There is a risk that patient care may not be delivered according to guidance due to delayed ambulance transfers from ED (Score 20) NGH 39 - Unable to provide an end of life or palliative care service in children and young people at NGH (Score 20) NGH 157 - There is a risk of delays in follow up care and no communication to GPs due to lack of EDN completion in SDEC by specialty teams (Score 20) NGH 195 - Inability to meet Idiopathic Pulmonary Fibrosis NICE Guidelines (score 20) NGH 74 - Risk of harm to patients from physical and psychological deconditioning (Score 20) NGH 176 - Risk of non-compliance with outcome of National Audits and Clinical Senate Recommendations for heart failure service (score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	KCRR014 - Risk to processing of Safeguarding concerns due to financial challenges at Northants County Council (Current risk score 16) KCRR057 – Risk to patient safety and high quality care due to impact from industrial action by RCN staff (Current risk score 15)
	NGH 254 - Risk of missed safeguarding and ongoing midwifery care issues due to outstanding 10-day CMW visit discharges (Score 20) NGH 291 - Risk of an adverse event due to delays in the Induction of Labour process (Score 20) NGH 260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Score 20) NGH 263 - Risk that an unborn or new-born baby or vulnerable woman/family may not be identified or managed as per local safeguarding procedures due to external issues and factors with the Local Authority provision for Children's social care. (Score 20) NGH 291 - Risk of an adverse event due to delays in the Induction of Labour process (Score 20) NGH 206 - Unable to provide an end of life or palliative care service in children and young people at NGH (Score 20) NGH 163 - Risk of harm to staff & patients as cubicles too small to safely restrain and use de-escalation techniques (Score 20)
UHN004 (Integrated Care Board)	

BAF Link	Risk ID (BAF/CRR)
UHN005 (Group Strategic Estates Programme)	KCRR040 - Recognition that due to the age of the some of the medical and diagnostic equipment, maintenance and replacement parts are no longer available (Current risk score 15) KCRR036 - Recognition that due to the age of the Trusts estate not all wards or services have suitable environments to be able to provide a high-quality service from. (Current risk score 16) KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15) KCRR030 - Loss of heating and hot water failures and interruptions to some or all areas of the trust due to age of boiler system (Current risk score 16) KCRR045 - A significant increase in headcount coupled with reduced useable office accommodation puts at risk operational and clinical efficacy and compliance with workplace occupational health and safety regulations (Current risk score 16) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) KCRR058 – Failure to identify an agreed and Trust approved option for delivery of Maternity Bereavement suite, , resulting in reputational damage (Current risk score 16) KCRR059 - Risk to patient safety and quality of care due to the current layout of LNU as there is a lack of visibility of all babies and the lack of continuous supervision of these babies (Current risk score 16) KCRR062 – Risk to staff safety thorough lack of Entonox monitoring (Current risk score 16)
	NGH 265 - Heating and hot water infrastructure (Score 16) NGH 196 - Fire safety (Score 20) NGH 288 - Risk of failure of the critical ventilation systems in operating theatres (Score 16) NGH 192 - Risk of fire on top floor of Blocks 41 and 42 ward areas and corridors preventing full evacuation (Score 20) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre NGH 501 - Post Mortem Room facilities, premises and environment (Score 20) NGH 502 - Fridge Room capacity, facilities & premises (Score 20)
UHN006 (Group Academic Strategy)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)
	NGH2188 - There is a risk that insufficient numbers and skill of ED nursing workforce may not meet the needs of patients causing harm (Score 25) NGH2270 - There is a risk there are insufficient medical Physics staff to support the Trust compliance with Ionising Radiation Regulations
UHN007 (Digital Strategy)	KCRR038 - Loss of the current Intranet service and experience a loss of data contained therein. (Current risk score 16) KCRR009 - Threat to IT systems from Cyber security and malware attacks (Current risk score 16) KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16)
	NGH 114 - TECH - threat to our IT systems and / or infrastructure from a cyber or malware attack resulting in a loss of service or data (Score 15) NGH 16 - Increased incidents relating to a ‘pause’ in Acting on Results Patient Safety Work Stream (Score 15) NGH 92 - TECH: The ability to access clinical systems by Midwives in the community is not reliable due to inadequate connectivity (Score 20) NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (Score 16) NGH 97 - CLIN / DSP: Inability to record allergies on Trust clinical systems (Score 15)
UHN008 (Group Medium Term Financial Plan)	KCRR056 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Current risk score 20)
	NGH 35 - Failure in having financial control measures to deliver the 22-23 Financial Plan and return to medium term financial balance (Score 20) NGH 211 - Risk of failure to provide Facilities Services to the Trust (Score 20) NGH 132 - There is a risk that the division will be overspent due to the high demand for 1:1 care (Score 16) NGH 40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (Score 15)

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	3 February 2023
Agenda item	9

Title	Standing Financial Instructions (SFI's) Revision
Presenter	Jon Evans, Group Chief Finance Officer
Author	Richard May, Interim Group Company Secretary

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

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

Reason for consideration	Previous consideration
The Audit Committee, at its meeting on 18 January 2023, considered, supported and RECOMMENDED TO THE BOARD OF DIRECTORS approval of amendments required to Standing Financial Instructions, as detailed in the report.	Audit Committee, 18 January 2023

Executive Summary
<p>This report provides a small number (3) of light touch technical procurement changes to the SFI's which require approval.</p> <p>The Audit Committee RECOMMENDED TO THE BOARD OF DIRECTORS that the requested changes, as set out in the report, be approved.</p>

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Appendices
None
Risk and assurance
GROUP BAF REFERENCE
Financial Impact
Financial Governance and Control key component in addressing Financial Performance
Legal implications/regulatory requirements
Changes to Standing Financial Instructions are required to be approved by the Board of Directors in accordance with the Trust's Scheme of Delegation.
Equality Impact Assessment
Neutral

There are three requested changes, two relating to the procurement operating environment with the third making a change to Procurement Teams name.

1. Section 6.9.1 Capital Investment (Current Page Number 43)

Current Extract

The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the latest delegated limits for capital schemes as notified by the Department of Health.

Procure 22 is a partnering framework and procurement method, with a choice of six key supply chain partners which will run until 2020. It is managed by the Department of Health (supported by HM Treasury and the Cabinet Office) to deliver fixed price design and build projects.

Tracked Change

The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the latest delegated limits for capital schemes as notified by the Department of Health.

Procure 23 is a partnering framework and procurement method, with a choice of a select number of key supply chain partners. It is managed by the Department of Health (supported by HM Treasury and the Cabinet Office) to deliver fixed price design and build projects.

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Revised Extract

The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the latest delegated limits for capital schemes as notified by the Department of Health.

Procure 23 is a partnering framework and procurement method, with a choice of a select number of key supply chain partners. It is managed by the Department of Health (supported by HM Treasury and the Cabinet Office) to deliver fixed price design and build projects.

2. Section 6.9.1 Capital Investment (Current Page Number 44)

Current Extract

The Contract Framework Agreement shall be subject to formal tender procedures and shall comply with the EU directives governing public procurement.

Tracked Change

The Contract Framework Agreement shall be subject to formal tender procedures and shall comply with the Public Contract Regulations 15 governing public procurement.

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Revised Extract

The Contract Framework Agreement shall be subject to formal tender procedures and shall comply with the Public Contract Regulations 15 governing public procurement.

3. Section 6.10 Stores and Receipt of Goods (Current Page Number 46/7)

Current Extract

For goods supplied via NHS Supply Chain, the Chief Executive shall identify those authorised to requisition and accept goods via this route. The authorised person shall check receipt against the delivery note and report discrepancies to the Chief Financial Officer to

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avoid overpayment where such discrepancies cannot be resolved via the Central Procurement Team.

Tracked Change

For goods supplied via NHS Supply Chain, the Chief Executive shall identify those authorised to requisition and accept goods via this route. The authorised person shall check receipt against the delivery note and report discrepancies to the Chief Financial Officer to avoid overpayment where such discrepancies cannot be resolved via the Procurement Team.

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Revised Extract

For goods supplied via NHS Supply Chain, the Chief Executive shall identify those authorised to requisition and accept goods via this route. The authorised person shall check receipt against the delivery note and report discrepancies to the Chief Financial Officer to avoid overpayment where such discrepancies cannot be resolved via the Procurement Team.

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public			
Date	3 February 2023			
Agenda item	10			
Title	Appointment of Non-Executive Director to the Group Digital Hospital Committee			
Presenter	Alan Burns, Trust Chair			
Author	Richard May, Interim Group Company Secretary			
This paper is for				
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Discussion	<input type="checkbox"/> Note	<input type="checkbox"/> Assurance	
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place	
Group priority				
<input type="checkbox"/> Patient	<input type="checkbox"/> Quality	<input type="checkbox"/> Systems & Partnerships	<input type="checkbox"/> Sustainability	<input checked="" type="checkbox"/> People
Excellent patient experience shaped by the patient voice	Outstanding quality healthcare underpinned by continuous, patient centred improvement and innovation	Seamless, timely pathways for all people's health needs, together with our partners	A resilient and creative university teaching hospital group, embracing every opportunity to improve care	An inclusive place to work where people are empowered to be the difference
Reason for consideration		Previous consideration		
Board approval required to appoint Non-Executive Directors to Committees		None		
Executive Summary				
Anette Whitehouse joined the Trust as a Non-Executive Director on 3 January 2023. The Board of Directors is invited to APPROVE the appointment of Anette to the Group Digital Hospital Committee.				
Appendices				
None				
Risk and assurance				
No direct implications				
Financial Impact				
None				
Legal implications/regulatory requirements				
Appointments to Board Committees are reserved to the Board of Directors within the Trust's Standing Orders.				
Equality Impact Assessment				
Neutral				