Board of Directors (Part I) Meeting in Public

Fri 06 October 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 *John MacDonald*

- 1. NGH Board Part I Agenda 061023.pdf (2 pages)

09:00 - 09:30
30 min

2. Staff Story - Pathway to Excellence

Discussion *Nerea Odongo*

09:30 - 09:35
5 min

3. Minutes of the Previous Meeting held on 27 July 2023 and Action Log

Decision *John MacDonald*

- 3.0 Draft NGH Public Trust Board Minutes - July 2023.pdf (10 pages)
- 3.2 Action Log Updated Post 270723 Part I Board.pdf (1 pages)

09:35 - 09:45
10 min

4. Chair's Report (verbal)

Information *John MacDonald*

4.1. Chief Executive's Report

Information *Heidi Smoult*

- 4.1 CEO Board Report Oct 23 Final.pdf (9 pages)

09:45 - 10:15
30 min

5. Board Committee summaries / Integrated Governance Report

Assurance *Chief Executive / Executive Directors*

- 5.0 a IGR cover paper.pdf (2 pages)
- 5.0 Group Upward Reporting to NGH 061023 Board.pdf (13 pages)
- 5. Sep23 IGR_final.pdf (87 pages)
- 5. M5 NGH Board.pdf (5 pages)

10:15 - 10:30
15 min

6. Trust response to events at the Countess of Chester Hospital

Assurance *Nerea Odongo*

- 6. C of C Verdict - Assurance and Lessons Learnt.pdf (10 pages)

10:30 - 10:50
20 min

7. Winter Plan

Assurance *Carl Holland*

BREAK 10:40-10:50

- 7. 230920-FandP_Winter_Planning_Update.pdf (7 pages)

10:50 - 11:00
10 min

8. Dedicated to Excellence Process for in-year Review

Assurance *Rebecca Taylor*

- 8. 231005 Dedicated to Excellence review NGH cover sheet.pdf (2 pages)
- 8. 231005 Dedicated to Excellence review (1).pdf (4 pages)

11:00 - 11:20
20 min

9. Freedom to Speak Up (FTSU) Annual Report 2022-2023

Discussion *Jane Sanjeevi, FTSU Guardian*

- 9. NGH FTSU Report Board October 2023.pdf (12 pages)

11:20 - 11:30
10 min

10. Group Board Assurance Framework (BAF)

Assurance *Richard Apps*

- 10. Group BAF_Oct2023_NGH Cover Paper.pdf (2 pages)
- 10. Appendix A_Group BAF_29SEPT23.pdf (16 pages)
- 10. Appendix B_Corporate risks aligned to BAF risks @ 29SEPT2023.pdf (2 pages)

11:30 - 11:35
5 min

11. Audit Committee Terms of Reference

Decision *Richard May*

- 11. Board Cover Sheet AC 061023 Terms of Reference1.pdf (2 pages)
- 11. Appendix A NGH Audit Committee Terms of Reference Draft Revised October 2023.pdf (8 pages)

11:35 - 11:40
5 min

12. Board Composition, Appointments to Committees and NED Champion roles

Decision *Richard Apps*

- 12. NGH Cover Sheet Board composition and appointments 061023 (1).pdf (2 pages)

11:40 - 11:45
5 min

13. NHS England Enforcement Undertakings

Decision *Richard Apps*

- 13. NGH Cover Sheet - NHSE Undertakings report.pdf (3 pages)
- 13. NGH Undertakings.pdf (6 pages)

11:45 - 11:45
0 min

14. Questions from the Public (Received in Advance)

11:45 - 11:45
0 min

15. Any Other Business and close

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Board of Directors (Part I) Agenda

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Friday 6 October 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	Patient/Staff Story: Pathway to Excellence	Director of Nursing, Midwifery, and AHPs	09:00	Discussion	Present-ation
3	Minutes of the Previous Meeting held on 27 July 2023 and Action Log	Chair	09:30	Approve Receive	Attached Attached
4	4 Chair's Report 4.1 Chief Executive's Report	Chair Chief Executive Officer	09:35	Information Information	Verbal Attached
Operations					
5	Board Committee Chairs' Reports/ Integrated Governance Report (IGR)	Committee Chairs / Chief Executive and Executive Directors	09:45	Assurance	Attached
6	Trust response to the events at the Countess of Chester Hospital	Director of Nursing, Midwifery, and AHPs / Medical Director	10:15	Assurance	Attached
7	Winter Plan	Deputy Chief Operating Officer	10:30	Assurance	Attached
Strategy					
	BREAK		10:40		
8	Dedicated to Excellence Six-Month Review	Director of Transformation and QI	10:50	Assurance	Attached
Culture					

9	Freedom to Speak Up Annual Report	FTSU Guardian	11:00	Presentation	Attached
Governance					
10	Group Board Assurance Framework	Director of Corporate Affairs	11:20	Receive	Attached
11	Audit Committee Terms of Reference	Trust Board Secretary	11:30	Approve	Attached
12	Board Composition and appointments to Committees	Director of Corporate Affairs	11:35	Approve	Attached
13	NHS England Enforcement Undertakings	Director of Corporate Affairs	11:40	Approve	Attached
14	Questions from the Public (Received in Advance)	Chair	11:45	Information	Verbal
15	Any Other Business and close	Chair	11:45	Information	Verbal
Date of Next Meeting: Friday 8 December 2023, 9am					

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 27 July 2023, 09:30-12:10
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	John MacDonald	Chair
	Natasha Chare	Group Chief Digital Information Officer
	Colin Groom	Group Head of Financial Reporting, Planning and Analytics (Deputy for the Interim Group Chief Finance Officer)
	Jill Houghton	Non-Executive Officer
	Denise Kirkham	Non-Executive Officer
	Paula Kirkpatrick	Group Chief People Officer
	Elena Lokteva	Non-Executive Director
	Hemant Nemade	Medical Director
	Nerea Odongo	Director, of Nursing, Midwifery and Allied Health Professionals (AHP)
	Rachel Parker	Non-Executive Director
	Becky Taylor	Group Director of Transformation and Quality Improvement
	Palmer Winstanley	Chief Operating Officer
In Attendance	Charlotte Boyce	Organisation Improvement Lead, Surgery Division (Item 2)
	Richard May	Group Company Secretary
	Jonathan McGee	Chief Executive, Northamptonshire Healthcare Charitable Fund (Item 7)
	Liz Summers	Cancer Lead Nurse (Item 2)
	Chandran Tanbalan	Consultant Urological Surgeon and Clinical Lead for Robotic Surgery (Item 2)

Apologies for Absence	Richard Apps	Interim Group Director of Corporate Governance
	Stuart Finn	Interim Group Director of Operational Estates
	Professor Andre Ng	Associate Non-Executive Director
	Suzie O'Neill	Group Director of Communications and Engagement
	Heidi Smoult	Interim Chief Executive
	Anette Whitehouse	Non-Executive Director

Agenda Item	Discussion	Action Owner
1	**Welcome, Apologies and Declarations of Interest** The Chair welcomed Board Members and guests to the meeting and noted apologies for absence as listed above. There were no declarations of interest relating to specific Agenda items. The Chair declared his position as Chair of University Hospitals Leicester NHS Trust, which did not represent a conflict of interest.	
2	**Patient Story – Surgical Robot** The Board welcomed guests to present a review of robotic-assisted surgery following one year of operation: - Charlotte Boyce, Organisation Improvement Lead, Surgery Division, - Chandran Tanbalan, Consultant Urological Surgeon and Clinical Lead for Robotic Surgery; - Liz Summers, Cancer Lead Nurse The presentation: - Described patients' experiences before the introduction of robotic surgery, which often required them to experience uncomfortable round trips to Leicester for treatment; - Defined robotic surgery and described its benefits for patients, staff and the University Hospitals of Northamptonshire (UHN) Group; - Described benefits for patients including reduced waiting times and lengths of stay, reduced conversions to open surgery and reduced travel times; - Described benefits for staff including the opportunity to recruit substantive robotic trained surgeons, develop robotic-trained surgery staff and new nursing roles within diagnostics, recruitment of a Surgical Care Practitioner and involvement in national clinical trials and research opportunities;	

	- Advised that agency spend had reduced and funds reinvested in employing additional substantive colleagues to provide additional weekend capacity; - Heard directly from patients describing their experiences of robotic surgery; and - Identified next steps to increase the number of Robotically Trained Surgeons, expand the service for other surgical procedures and specialities, develop the workforce plan, increase the trust's research profile, work with partners to increase access to robotic surgery across the region and co-develop clinical pathways across the region. The robot had been named Stitch following a competition involving local schools and a number of celebratory events were planned for the anniversary of its introduction in August 2023. The Board thanked colleagues and patients for sharing their experiences and commended the leadership of the Chief Executive and Medical Director in the successful implementation of robotic surgery. The Board extended its warmest congratulations to Liz Summers, Cancer Lead Nurse, following her recent of the rare accolade of the Gold Award from Dame Ruth May, the NHS Chief Nurse. The Board noted that the Group Clinical Quality, Safety and Performance Committee had indicated substantial assurance following the receipt of a detailed benefits realisation report for robotic surgery and looked forward to the further expansion of robotic surgery to treat more conditions, and welcomed the ongoing trial and adoption of innovative procedures elsewhere in the hospital including in-breast screening, endoscopy (robotic arm) and robotic portering. In addition, a second robot was anticipated to be available from August to further increase capacity and activity in terms of the Trust's waiting lists, whilst providing mutual aid support for other providers in the region.	
3	**Minutes of the Previous Meeting held on 9 June 2023 and Action Log** The Board **APPROVED** the Minutes of the Meeting held on 9 June 2023 as a correct record. The Board noted the action log, and specifically: • Feb 23 (4): discussions were ongoing between the Trust Chair, Vice-Chair and Integrated Care Board (ICB) Chair to determine the appropriate methods of involving Non-Executive Directors in ICB committees; • Apr 23 (8): The Board was advised that the Group Director of Transformation continued to work with executive leads to develop delivery plans for 2023-24 corporate objectives, with reports to responsible committees following a recent divisional away day to progress.	

4	**Chair's Report** The Chair commended the welcomes he had received having taken up his new position at Northampton and Kettering Hospitals (UHN) on 1 July 2023 as well as the examples of good work, exemplified by the surgical robot, he had already witnessed. He thanked Rachel Parker for fulfilling the role on an interim basis. This was a time of great challenge but great opportunity for UHN, particularly to expand the trusts' role in health prevention to manage projected demographic increases which would result in 20-25% of older people being projected to be living with long term diseases.	
4.1	**Chief Executive's Report** The Chief Operating Officer presented the Chief Executive's report, commending colleagues who had contributed to the Trust's recent Pathway to Excellence reaccreditation, and congratulating those who had received Silver and Gold awards from the NHS Chief Nurse following a recent visit. The Board joined the Chief Operating Officer in extending its thanks to all staff for their work to maintain safe and effective care during the ongoing industrial action. The Board noted positive engagement in the relaunched East Midlands Acute Provider Collaborative, and particularly the work of the Director of People as the equality, diversity and inclusion lead for the Integrated Care System (ICS). The Board further noted other recent achievements highlighted in the report, including a national joint registry award recognising good practice in Trauma and Orthopaedics.	
5	**Board Committee summaries and Integrated Governance Report (IGR)** Committee Chairs and Executive Leads brought the following highlights and exceptions to the Board's attention: *Group Clinical Quality, Safety and Performance Committee* The Committee: - Indicated 'Reasonable' assurance following organisational development work to address concerns with the oncology service at NGH; - Received exception reports from sub-groups which indicated limited assurance in respect of workforce issues in emergency departments and continuing lack of digital access to the maternity hub site, which was unlikely to be resolved until the end of 2023;	

	- Noted issues with antibiotic prescribing at NGH which were being addressed following root cause analysis; - Indicated 'Limited' assurance in respect of the breast service collaboration, with a further update requested to the September 2023 meeting to assess the implementation of an action plan to address the issues identified; - Noted an issue relating to a change in anti-embolism stockings at KGH, which prompted a comparative analysis at NGH to identify learning and assess good practice; - Indicated 'reasonable' assurance in respect of the continuation of the 'in common' model of working (see item 8 below); - Noted collaborative working between both hospitals' emergency departments, and positive results from a peer review of NGH's emergency department, and - Noted issues with the NGH obstetric workforce including foetal medicine vacancies, which were subject to recruitment. The Board noted potentially significant performance variations on key quality metrics which in many cases were due to different operating procedures and reporting methodologies, particularly in respect of ward-based and electronic prescribing of medicines. The Board commended candid procedures and practice for reporting and responding to serious incidents, and requested that the committee review to extent to which it was able to provide assurance from the triangulation of performance metrics, external assessment and benchmarking and from qualitative staff and patient feedback, particularly learning from complaints. *Audit Committee* The Committee: - Approved the Annual Report and Accounts for 2022-23; - Noted the Head of Internal Audit's finding of 'reasonable' assurance in respect of the Trust's risk management, control and governance processes and noted improved recent executive and internal audit engagement and leadership in this regard, and - Noted the Clinical Audit Compliance Report for 2022-23 which, while summarising activity, did not provide assurance about the effectiveness of the clinical audit framework in identifying and resolving issues in ways that maintained and enhanced the quality and safety of care provided to patients. As such, the Committee was not able to form any opinion about the assurance level and requested the development of a template for future reports which would address these issues. *Group Finance and Performance Committee* The Committee:	

	- Noted underperformance in discharging patients on pathways 1-3 compared to regional peers, and reduced nursing home capacity caused by changes of status to residential homes and caution in accepting patients with behavioural challenges. Continuing high bed occupancy at both hospitals was a contributory factor, which was also adversely affecting the movement of patients within the emergency department; - The Trust was discharging more patients than in previous periods, leading to a reduction in the number of 'super stranded' patients with hospital stays of over 21 days, from 180 to around 100. The number of delayed ambulance handovers over one hour had also reduced from 103 in June to nine during July. This performance was particularly commendable given continuing high emergency department attendance The Trust had also achieved its objective to ensure that no patients would be waiting over 78 weeks for elective treatment at 31 July 2023. - Received the financial report, noting that ICS support and national pay award funding had been received in Month 3 (June 2023) as anticipated. The year-to-date deficit was £6.4m which represented a £2m negative position compared to the annual plan. This was attributable to the under-delivery of efficiencies, industrial action and inflation; the Board would be asked to consider the associated risks to the delivery of the ICS 2023-24 operating plan as part of its private agenda. Capital expenditure was also below projection for the first quarter; In response to a question, the Board was advised that national activity targets had been reduced by 2% to take account of the impacts of industrial action; the trust had submitted an assessment of impacts for quarter one (2023-24); this took into account booked appointments which were required to be cancelled, but not appointments which could not be booked. *Group People Committee* The Committee: - Welcomed evidence of improved mandatory training and appraisal completion rates in achievement of target performance; - Noted with concern an increase in agency compared to Bank expenditure during 2023, requesting further analysis including potential barriers to Bank working; - Endorsed the Group Anti-Racism plan (see item 6 below) - Indicated 'Substantial' assurance in respect of Medical Appraisal and Revalidation at both hospitals, confirming certification of compliance with the Medical Profession (Responsible Officers) Regulations 2010 (amended 2013); - Received and noted the volunteering report, highlighting the continuing value volunteers provided to both organisations;	

	- Indicated 'reasonable' assurance in respect of the organisations' case management processes, though concerns were expressed regarding the duration of the most complex cases. The Board expressed concern at the continuing reliance on Bank colleagues to ensure safe maternity staffing levels and noted work to ensure consistent rates between the trusts; it was suggested that the Committee explore practice at other providers which had managed to substantially reduce or eliminate bank and agency expenditure. *Group Transformation and Digital Hospital Committees* The Committees met together in July 2023, considering the items specified in the report. The Group Chief Digital Information Officer drew attention to a recent digital maturity assessment identifying the Northamptonshire ICS as the lowest performing ICS in England; the delivery of the NGH Electronic Patient Record programme and other critical major projects such as the countywide Shared Care Record would improve the position, with the assessment being used as a framework against which progress could be tracked. The Board of Directors noted the Integrated Governance Report.	
6.	**An inclusive place to work: Tackling racism in our workplace** The Board considered a draft anti-racism strategy and plan which sought to identify how the hospitals (Northampton and Kettering) would meet the requirements of the NHS Equality, Diversity and Inclusion Improvement Plan, published in June 2023, to provide a truly inclusive place to work at each Trust. The Board acknowledged that racism was an issue for Northampton General Hospital for which it had a moral obligation to address, as exemplified within feedback from the latest NHS Staff Survey which showed that colleagues with protected characteristics relating to race, ethnicity and cultural heritage had poorer experiences at work compared to white colleagues, including higher levels of bullying, harassment, violence and discrimination from the public or other colleagues. The strategy and accompanying plan would require the trusts to critically appraise organisational culture and systematically address racism where it was found to be embedded within each organisation. The plan set out clear standards of expected and acceptable behaviour from patients and staff, and a strategic approach based on the following key areas of focus: 1. Executive leadership and accountability 2. HR processes and capability 3. Developing cultural competence of race and racism 4. Recruitment and development of talent	

	5. Space and support for colleagues with protected characteristics relating to race, ethnicity and cultural heritage. The Board indicated its strong support for the strategy and plan and committed to leading its implementation through lived behaviours, including working towards a more diverse Board, active participation of the work of diversity networks, the early agreement of EDI objectives by Board members and close monitoring and oversight via the quarterly Pulse Staff Survey and Group People Committee. Following discussion, the Board of Directors was assured that implementation of the plan would make materially positive differences for colleagues with protected characteristics relating to race, ethnicity and cultural heritage and **APPROVED** the Strategic Plan set out in the appendix to the report.	
7.	**Annual Report on the activities of the Northamptonshire Health Charity (NHCF)** The Board of Directors welcomed the Chief Executive of the NHCF to present a review of its activity during the past year, during which £1.331 million had been spent on improving Northampton and Kettering Hospitals, including specific projects at NGH: • Improved environment/artwork in the new Critical Care Unit; • Swan Room on Talbot Butler Ward to support patients receiving end-of-life care and their relatives, providing a comfortable space away from the main Ward environment; • Parent rooms on the Gosset Ward for parents to be near their babies when they are unwell and being cared for the neonatal unit; • Radiotherapy photo-biomodulation equipment to reduce inflammation, aid tissue repair and reduce pain; • Scalp cooling machines for the Chemotherapy Suite; • 'Explain my Procedure' animations to enhance understanding of cardiology procedures for patients where English is not their first language • £46k contribution towards the creation of the 'OurSpace' staff area; • Furniture for the refurbished restaurant Jill Houghton, Non-Executive Director and Board-appointed Trustee of the NHCF, extended her thanks to the charity for its work, and particularly to recently-retired Chief Executive Keith Brooks; the Board joined Jill in looking forward to working with the new Chief Executive and colleagues to enhance patient care and staff wellbeing, increase the amount of unrestricted funds providing flexibility to allocate funds quickly to areas of need and support fund-raising and participation by staff.	

	In response to a question, the Board was advised that the latest NHS Together grant had been allocated to staff wellbeing measures; grant availability for the current financial year had yet to be confirmed.	
8.	**Review of Group Governance, Composition of the Board and Appointments to Committees** The Board of Directors considered a report setting out the results of the view of the Finance and Performance and Clinical Quality, Safety and Performance committees in common, outlining the latest position and next steps in the group governance review and making recommendations in respect of the composition of the Board and appointments to committees. The Board supported the continuation of the 'in-common' model of working and heard feedback that the quality committee in particular provided opportunities for oversight and challenge from a broader range of non-executive directors and a forum for macro and micro level learning between the trusts on strategic and operational matters; the committee was also best-placed to provide oversight for the clinical collaborations between the trusts. The Audit Committee Chair clarified that the final report from the internal audit of group governance, referred to in the report, had yet to be formally received by the committee. Following discussion, the Board of Directors **APPROVED**: (1) the continuation of 'in common' working for the Group Finance and Performance and Clinical Quality, Safety and Performance committees until the conclusion of the further review of governance commissioned by the Trusts' Chair, (2) the establishment of two additional Associate Non-Executive Director roles (3) the offer to Professor Andre Ng of a voting Non-Executive position on the Board of Directors, and (4) the appointment of Jill Houghton to the position of Safeguarding Lead on an interim basis.	
9.	**Remuneration and Appointments Committee Terms of Reference** The Board of Directors **APPROVED** revised Terms of Reference for the Remuneration and Appointments Committee, as set out in the appendix to the report.	
10.	**Questions from the Public (Received in Advance)** There were no questions from the public.	
11.	**Any Other Business and close**	

	None.	

Next meeting

Date & Time	Friday 6 October 2023, 9am
Location	Boardroom, NGH

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Action Log

Meeting	Board of Directors (Part I) Meeting in Public
Date & Time	Updated following 27 July 2023 meeting

Minute Ref.	Action	Owner	Due Date	Progress	Status
Mar 22 8	Identification of metrics to assess implementation of Group Communications Framework	SH	Dec 2023	Defer to December 2023	NOT YET DUE
Feb 23 4	Referral of ICB Committee proposal	JM	Jun 2023	To be determined by the Chair in consultation with the ICB Chair	CLOSE
Apr 23 8	23-24 delivery plans for strategic objectives to be submitted to May-June business cycle	BT	Oct 2023	Item on agenda for 5 October 2023 meeting	CLOSE

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	4.1

Title	Chief Executive's Report (CEO)
Presenter	Heidi Smoult, CEO
Author	Heidi Smoult, CEO

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

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

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

CEO Report

This report provides an update on key areas since the last board meeting across our trust, Integrated Care System (ICS) and includes aspects of regional and national updates.

Verdict in the trial of a former nurse at the Countess of Chester Hospital
Following the outcome of the conviction of a former nurse for the horrific crimes of murdering seven babies and attempting to kill six others , the government has ordered an independent inquiry into the circumstances behind the murders and attempted murders of the babies at Countess of Chester Hospital. Victims' families will be invited to engage with

and shape this inquiry, which will also look at all circumstances around these unspeakable crimes and how concerns raised by clinicians and families were dealt with.

The NHS nationally has inevitably profoundly apologised to all of the families for these unthinkable crimes, which are an overt betrayal of patient and families trust. Our thoughts have been with those families.

Whilst these crimes were underpinned by the actions of a single individual, this case bring the importance of a number of aspects into sharp focus, including staff ability to raise safety concerns and speak up safely, robust incident reporting and investigations, leadership and governance and review of 'intelligence' in the broadest and most holistic sense. In the last 2 years we have strengthened a number of these areas and continue with clear plans to continue to strengthen the work in the context of continuous learning organisation. Whilst we have compiled an initial update in response to this letter from NHS England, I am in the process of leading a more robust piece of work to undertake more robust learning from the verdict, alongside other national reviews, which I will bring to the next board.

Freedom to Speak Up (FTSU) and a culture of psychological safety

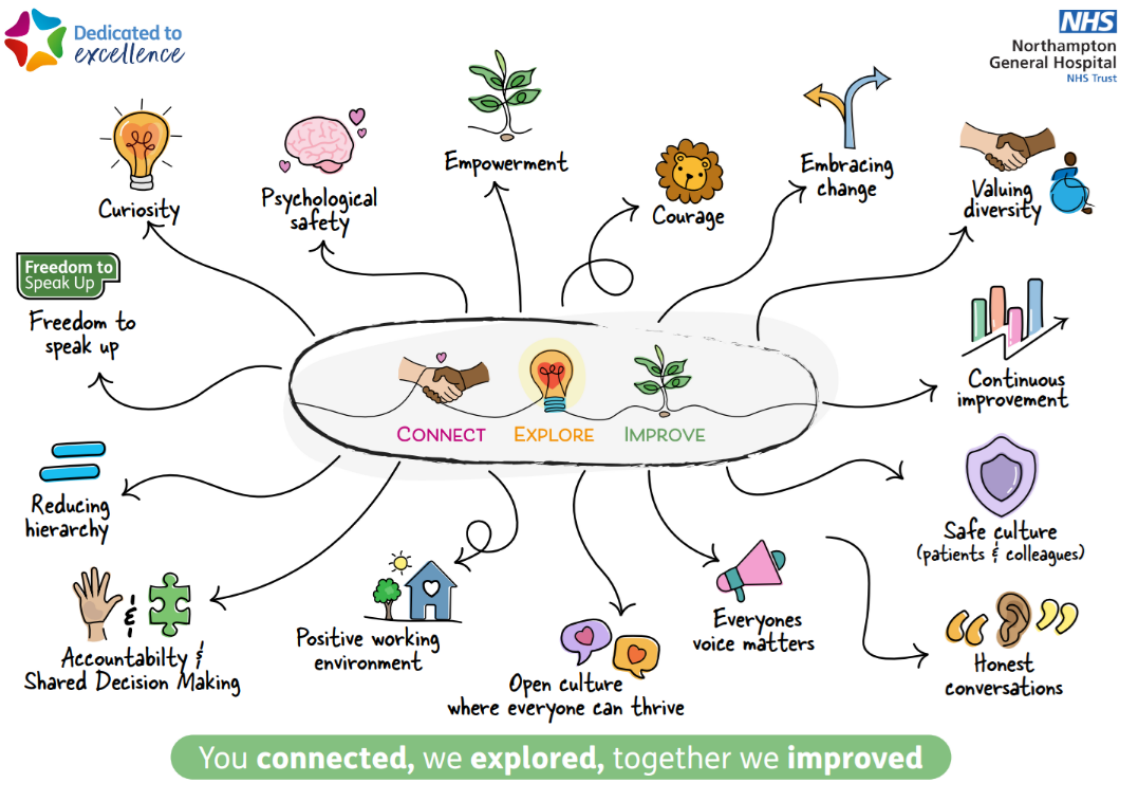
We have placed considerable focus on ensuring we have a culture of psychological safety where colleagues are empowered to speak up. Our cultural engagement work through 'connect, explore and improve' initiative has focussed on ensuring NGH creates space for curiosity and safety to speak up. Our FTSU service has strengthened considerably in the last two years, and we carried out a benchmarking exercise in March 2023, which we are using to strengthen even further. Our new FTSU Guardian (FTSUG), with support from the executive team, and our FTSU Non-Executive lead, is currently creating our strategy. We intend to co-create our strategy with some colleagues and FTSU ambassadors during speak up month in October. As part of this, our FTSUG is ensuring this captures the importance of ensuring staff from all groups feel safe to speak up.

A crucial part of speaking up is ensuring there are sufficient routes to speak up safely. In addition to the FTSUG we have strengthened these in recent years, which we are compiling as part of our speak up strategy.

Connect, Explore and Improve (CEI)

We have been working with an engagement and cultural framework across NGH branded as "Connect, Explore and Improve" (CEI) to ensure all our people have the opportunity to raise any concerns, be curious to raise ideas for innovation or improvements. These fora happen across the hospital in teams and at whole hospital level weekly to ensure everyone's voice is valued. These sessions create opportunities for curiosity and multi-disciplinary team conversations that enhance the diversity of thinking across our teams, whilst ensuring concerns can be considered in a safe space.

I would like to thank our comms team have worked with me and wider colleagues to brand the framework to provide assets for our teams to use in this essential work. During September we have undertaken a 'big connect' event where all our divisions and corporate teams have scheduled multiple CEI sessions to ensure everyone's voice can be heard. We are also implementing a number of other initiatives to strengthen this framework, which I will update on at the next board.



Martha's Rule
The Secretary of State for Health has confirmed that he will support the implementation of Martha's Rule across England. The implementation is being considered nationally. At NGH we have already implemented Call 4 concern© across adult inpatient safety areas for deteriorating patients. The aim is to empower and support patients and their families or carers to escalate their concerns directly to the Critical Care Outreach Team. This service is designed to call for help and advice if you notice a change or deterioration in your relative or friend.

NHS National Staff Survey
The 2023 NHS national staff survey launched on 2 October and we would like to see as many colleagues as possible across NGH complete the survey. Our response rate last year was 47.5%, which was above the national average, and we hope to improve on this response rate to ensure we are hearing as many voices as possible to inform the response and resultant next steps. We have seen many positive steps taken in the last year to improve the experience of our colleagues across the hospital, but we recognise we still have more to do. Increasing our response rate will ensure more voices tie into our improvements and dedication to excellence. Our 'Pulse' surveys in the last two quarters have seen positive improvements in responses, and we therefore this is also represented in the National Staff Survey results. We are encouraging all our people to complete the survey through a number of initiatives and incentives, and we will update the board in due course on completion rates and results.

NHS Impact
NHS England launched in April 2023 a new framework for Continuous Improvement; NHS Improving Patient Care Together (IMPACT) to support systems and organisations to enable continuous improvement and high performance and put in place the conditions for success. This single approach to improvement will build on the work we have already done both within NGH and across UHN to support quality improvement and provides us with an opportunity to reflect on both the work we have already done, and the things we need to accelerate, and the things we need to strengthen to further develop our journey to becoming a truly learning organisation. As an acute provider, we need to submit a self-assessment on our maturity to NHS England by 31st October 2023, which we are completing through a series of sessions with our senior leaders across the hospital. Our results will be a focus of a Board development session in early November and I look forward to bringing our results and development plan back to Board in December.

GIRFT

In the last six months we have been strengthening our delivery of the GIRFT programme in NGH and across the Northamptonshire system. We have had a focus on supporting our clinical specialties to develop local action plans, providing support for the delivery of key areas for improvement, improving our data, and learning and sharing between our two hospitals. Dr Philip Pearson, Associate Medical Director, has taken up clinical leadership of the programme following his appointment as AMD. This month at our GIRFT Steering Group we heard from our Clinical Lead in ENT, Mr Tom Swallow, and Mr Rohan Bidaye, one of our Urology consultants, about their upcoming service improvement plans for the next six months.

Whilst we still have lots of work to do, we have received feedback from the Regional GIRFT team on the strengthening of our programme, governance and support, identifying the Northamptonshire GIRFT programme as an exemplar. Many thanks to the clinical, operational, clinical coding and transformation teams for their support of the programme and we look forward to this combined effort making a real difference for our patients.

Urgent and Emergency Care (UEC) and Winter Planning

NHS England recently launched its plan for ‘delivering operational resilience across the NHS this winter’ and our teams have worked tirelessly in the last year to make improvements to our UEC pathways, including significant partnership working across the county with partners. There have been several initiatives and improvements made, which will ensure our preparation is stronger. These include:

- A new streaming hub outside our ED to allow patients to be streamed effectively
- A new minors hub
- Review of clinical pathways, such as Stroke working with partners
- Partnership working on pathways for patients on pathway 2
- Expanded same day emergency care services across a number of areas, which our teams have been national recognised for the breadth and scale of activity
- Expansion in virtual wards

We have also opened our new Discharge Lounge on 29th August. This will positively impact on flow through our hospital, ultimately improving the flow of patients in our Emergency Department (ED) being admitted to beds quicker. The collective impact of the

broader work being done to improve flow, including board rounds and improvement in discharges process will all contribute to improvements in lower occupancy in our ED and therefore faster ambulance turnaround times. As a result, the number of ambulance delays in handover of over an hour have significantly reduced, which, importantly allows our partners in EMAS to respond to calls in the community.

Prior to the opening of the discharge lounge our ED teams worked collaboratively with our estates team to utilise the space to facilitate estates works to improve ED environment for our teams and patients. I would like to thank the teams involved in this work as we are seeing the difference it makes to our patients.

Cancer performance
Whilst we always strive to improve the time it takes our patients to wait for treatment, our teams do continue to deliver one of the smallest cancer backlogs across the region. Furthermore, as a system are achieving the best 28-day faster diagnosis performance in the country in June 23.

Elective care
Our routine elective care continues to demonstrate a positive position compared to peers, and we no patients waiting over 104 weeks, and decreasing numbers over 52 weeks.

I would like to thank our clinical and administration teams for their diligence and hard work over the industrial action periods to ensure any impact on our patients care is minimised.

Industrial action

Industrial action continues to be a significant factor our teams plan for to ensure care continues to be provided in a safe and effective way, in the best interests of our teams and patients. As I have previously stated, we respect our doctors' right to strike and we have seen simultaneous strikes of junior doctors and consultants for the first time. I would like to thank all our teams for their unrelenting collaborative working to keep our patients safe and support their colleagues.

Infection, Prevention and Control (IPC) – Sustainability

Our project to reduce the use of inappropriate PPE through empowering staff to be PPE free reduced inappropriate glove use by 4% and apron use by 22%. It improved staff knowledge by 86% and saved £23,000 in waste costs and £25,000 in CO2 equivalent savings. We have seen a 76% reduction in the number of patients acquiring CPE in the 12 months after compared to the 12 months before this initiative. This was highly commended by the centre for sustainable healthcare, we showcased it on a regional NHS Eng webinar and it got scaled up and spread across the midlands via the NHSE take your gloves off campaign. We have won 2 national sustainability awards and have presented at national and international conferences, the CNO office for Wales has been in contact and would like to roll this work out across Wales. We have also been shortlisted as a finalist for the RCN Greener Nursing Awards and the HJS Patient Safety Sustainability Awards, which we have presented to judging panels in September and winners will be announced in November.

Visiting our Trust

We trialled extended visiting to increase from 2-8pm to 11am-8pm in August and had positive feedback from the multi-disciplinary teams (MDT), visitors and patients. There was better communication between patients, families, and our staff, in terms of treatment and discharge plans. Patients were also happier and our vulnerable patients they were eating more lunch with their loved one being there.
We also found no additional interruptions to nursing or medical duties e.g. medication rounds, ward rounds. Therefore, from 11th September, we have extended the visiting time to 11-8 across the Trust. Carers continue to be supported with 24/7 access and we are developing a Commitment to Carer's through the National Carers Charter Initiative to improve the support we give.

Education: Preceptorship - National Preceptorship Interim Quality Mark

NGH has successfully gained the Interim Quality Mark for Preceptorship with the national preceptorship team at NHSE. The requirement is to achieve 80% against 10 core criteria and our team achieve 94%. Our team were commended on aspects of the programme including:

The inclusion of Myers Briggs personality type indicator within preceptorship.
The evaluation and preceptorship reporting, this demonstrated clear processes for internal assurance and reporting.
The clear Preceptor Lead's job description.

I would like to thank the team working on this excellent work, and in particular to thank Claire Ault for all her hard work as Preceptorship Lead and her excellence during the process of submission. This achievement recognises that our new starters are receiving the best possible start to their careers. It demonstrates to potential applicants, patients, carers and the public that we value and nurture our new starters with a robust programme and support which is recognised by the national preceptorship team.

Maternity Hub
Northampton General Hospital is set to open its fourth Community Maternity Hub in October creating a network of hubs covering our community. Since 2021 Northampton General Hospital has been developing Community Maternity Hubs so families can be given support in a specialist environment in their local community, an approach now considered best practice for the NHS.
New hubs have already been created at Danetre Hospital in Daventry, In Northampton at 38 Billing Road (opposite the main hospital site), and at Far Cotton Recreation Hall in Towcester Road. The fourth hub, which has cost over £360,000 to develop, will be based at Moulton Park and will serve about 600 families at any one time.

I would like to thank our teams across clinical team, admin and estates for their collaborative working on this important project.

Pathway to Excellence® Redesignation
I was delighted to update the last board meeting that NGH has officially become the first UK organisation to be designated with Pathway to Excellence® for a second time and only the second organisation in Europe to achieve this. Our teams will be visiting Chicago in October to officially receive redesignation.

CNO HCA Awards
I am delighted to update that in addition to the CNO Gold and Silver awards in my last update, five of our healthcare support workers (HCSW) have been recognised for the way they demonstrate the NHS values on their work. Yvonne Higgins, Chief Nurse for Northamptonshire ICB kindly joined us in presenting these awards. The Chief Nursing Officer Healthcare Support Worker excellence awards were given to:

Amy Taylor
Sarah Woolley
Iain Bonner
Mat Wright
Lorna Walsh

We are extremely proud of their achievement and the work our HCSW do across our hospital.

Pride of Britain Award
I am delighted to update that Victoria Summers, a Senior Therapeutic Radiographer at NGH was nominated and shortlisted for Regional Fundraiser of the Year in ITVs Pride of Britain Awards. Victoria was recognised for the significant amount of work and fundraising she has done for cancer patients in our county and the difference she had made to so many people in this exceptional work.

Cancer - Robotic Assisted Surgery (RAS) Open Day

We held an open day for our teams, patients and people across our community in August to provide an opportunity to visit NGH to see the surgical robot and understand more about the difference it has made to patients. Over 190 people visited the event to understand more about these developments in RAS. I would like to thank our teams for organising this important and impactful open day.

The multidisciplinary team leading our RAS service continue to work effectively to implement our RAS service and we continue to support other Trusts on their backlogs to ensure patients requiring RAS surgery are treated in a timely way. We continue to progress collaborative working with Kettering Consultants benefiting our workforce and patients. The robot has been a significant strategic addition to our services for our patients which has made considerable impact both in terms of access to treatment time and patient experience. Our decision to treat time now averages 22 days from a previous 70 days prior to the robot being utilised.

EMAP

We are one of eight trusts in the East Midlands Acute Providers (EMAP) collaboration aiming to work together at scale on specific areas that will deliver increased benefit for our communities by working across the whole of the East Midlands. Following a series of meetings both virtually and face to face, we agreed to provide annual funding to EMAP for three years, which includes the appointment of a Managing Director (MD) to ensure the sustainable benefits of working at scale are delivered effectively. This recruitment process is almost complete.

The governance has also been strengthened to ensure the rigour and commitment to this work is strengthened. All eight CEOs met on 21 August and will continue to meet as a leadership board, with Richard Mitchell, CEO of UHL as the nominated Chair and Stephen Posey, CEO of University Hospitals of Derby and Burton NHS FT, as the Deputy Chair.

Electronic Patient Record system procurement
Our work to procure a new EPR system for NGH continues at pace. We have had significant clinical, divisional and corporate involvement in this key programme over many months. 130+ staff helped review the bids received and score the system demonstrations. 25 senior MDT colleagues undertook site visits and supported moderation. We expect to build on this fantastic clinical engagement in the months ahead as we move to approval of the full business case and then onwards to configuring, implementing and embedding the new system, and new transformative ways of working, within our hospital.

In parallel, we are working to mitigate key programme risks such as data migration and the complexity of the future transition to a new unified system.

I would personally like to recognise the enthusiasm across all areas of the hospital for this essential programme of work and thank my clinical and divisional colleagues along with the digital team for their hard work so far. I would also like to recognise our MD, Hemant, as he is the Senior Responsible Officer for this programme.

Appendices
None
Risk and assurance
None
Financial Impact
None
Legal implications/regulatory requirements
None
Equality Impact Assessment
Neutral

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 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			
☐ Approval	☐Discussion	☐Note	☑ Assurance
To formally receive and discuss a report and approve its recommendations OR a particular course of action	To discuss, in depth, a report noting its implications for the Board or Trust without formally approving it	For the intelligence of the Board without the in-depth discussion as above	To reassure the Board that controls and assurances are in place

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

Reason for consideration	Previous consideration
To enable the Board of Directors to be assured around organisational performance on an exception reporting basis.	Board Committees, August - September 2023

Executive Summary

Board Committee summaries and the Integrated Governance Report for July 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

- Board Committee summaries, August - September 2023
- Integrated Governance Report, August 2023
- Finance Report, Month 5 (31 August 2023)

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: 6 October 2023

AGENDA ITEM 5

Group Clinical Quality, Safety and Performance Committee: 25 August and 29 September 2023

Group Finance and Performance Committee: 23 August and 26 September 2023

Group Digital Hospital and Transformation Committees: 14 September 2023

Audit Committee, 18 September 2023

Group People Committee: 28 September 2023

Clinical Quality, Safety and Performance Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 25 August 2023

Reporting Group Chairs: Chris Welsh (KGH) and Andre Ng (NGH)

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
NHS England letter regarding Lucy Letby verdict	The committee received an update and on the actions being taken forward by both trusts following the verdict of the Lucy Letby trial and received reasonable assurance in relation to this.	-	Reasonable
Patient Story	The committee received Pete's story which described the experience of a patient living with dementia during a visit to the emergency department. The committee was assured that actions are being taken forward at both trusts on the issues raised by the patient story.	-	Reasonable
Subgroup reports	The committee received upward reports from KGH and NGH Health and Safety Committees, KGH and NGH Assurance and Risk Committees, NGH Clinical Quality and Effectiveness Group, KGH Quality Governance Steering Group, NGH Safeguarding Group and KGH Safeguarding Assurance Group. The committee noted and received updates on items of limited assurance and was assured that mitigations and plans were in place in relation to these items.	-	Reasonable
Board Assurance Framework: Deep Dive UHN03	The committee noted the outcome of the deep dive review of UHN03 – Failure to deliver the group Nursing, Midwifery and Allied Health Professionals Strategy. The committee noted that a review of this strategy is needed, which the Directors of Nursing will be taking forward.	-	Reasonable
Integrated Governance Report	The committee still has concerns about the Integrated Governance Report due to absent data and the use of aggregates.	-	Limited
Maternity Safety Joint Report	The committee notes that GROW 2 implementation is still awaited and wishes to escalate this to the Trust Board; it is felt that the lack of GROW 2 is posing a risk to patients which would be resolved by an implementation of the app. The committee continues to be concerned about midwifery staffing levels at both trusts, particularly in the NGH maternity unit which is struggling to recruit midwives compared to KGH. The paucity of pre-term beds in the region and obstetric consultant numbers was also noted.	Escalate GROW2 to Trust Board.	Reasonable
Vascular Strategy and Cancer Strategy	The committee agreed the strategies for the vascular service collaboration and approved the strategy for the Cancer Centre of Excellence. The committee was reasonably assured by these high-level strategies.	Approved	Reasonable
Joint UEC and DoN reports.	The committee received substantial assurance from the joint urgent and emergency care report and joint Directors of Nursing exception report.	-	Substantial

Group Clinical Quality, Safety and Performance Committee

Exec owners: Jayne Skippen, Nerea Odongo, John Jameson, Hemant Nemade, Fay Gordon, Palmer Winstanley, Becky Taylor

In reminder, this Committee monitors the 'quality' metrics and the 'patient' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. % patients' satisfaction: Inpatients – positive direction across both hospitals with KGH meeting the target for the past month; maternity – both Trusts performing near the target, particularly note efforts in NGH to maintain above target performance for the past two months
2. There was one fall with moderate harm in August in KGH and three in NGH, in NGH there were also four sever harm falls – these are all being reviewed.
3. KGH: There were four category two pressure ulcers recorded in August. There have been significant improvement in this – in Oct 2022 average was 8.87 and July it was 3.44
4. KGH: 30-day readmission rate continues below local and national target

Key **developments with the IGR** itself for the Committee to note:

1. Will be reviewing data gaps with teams – e.g. new harms, patient safeguarding, covid-19 metrics
2. Moved Exec ownership from Medical Directors to Nursing Directors
3. Finance and Performance Committee have asked whether Quality Committee is better placed to discuss 3 x sustainability metrics: Food wastage; desflurane; research participation.
4. First use of this summary cover sheet across all Committees following feedback.

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Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.

Clinical Quality, Safety and Performance Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 29 September 2023 (1 of 2)
Reporting Group Chairs: Chris Welsh (KGH) and Andre Ng (NGH)	

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Patient Story: Learning Disability	The Committee viewed a video in which a family described the support they had received from the KGH learning disability lead following a family member's attendance in the emergency department. There were opportunities for sharing best practice, learning and continuous improvement across KGH and NGH, particularly in respect of support for patients with learning disabilities outside of specialist working hours.	To be viewed at the KGH Board meeting, 5/10/23	Substantial
Sub-Group reports	The Committee received exception reports from its sub-groups in both trusts, focussing on specific items of Limited and No assurance.	-	Reasonable
Quality Improvement: NHS Impact	The Committee noted the process and timetable for the forthcoming NHS Impact self-assessment, the results of which would be presented at the next meeting	27/10/2023	Reasonable
Maternity Safety reports	The Committee indicated 'reasonable' assurance, noting areas of concerns in respect of continuing staffing challenges in Midwifery and Obstetrics and digital issues at NGH in respect of the Grow 2.0 system.	-	Reasonable
NGH Internal Audit of Safeguarding	The Committee supported the report's findings of 'Limited' Assurance, requesting review of the action plan at the next meeting	27/10/2023	Limited
NGH Electronic Patient Record	The Committee indicated its assurance in respect of quality aspects of the selection of a preferred supplier for the NGH Electronic Patient Record.	On NGH Private Board Agenda, 06/10/23	Substantial

Clinical Quality, Safety and Performance Committee in Common Upward Report to Board of Directors	Date of reporting group's meeting: 29 September 2023 (2 of 2)
Reporting Group Chairs: Chris Welsh (KGH) and Andre Ng (NGH)	

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Patient Safety	The Committee received quarterly Patient Safety Reports.	-	Reasonable
KGH Local Neonatal Unit (LNU)	The Committee noted the recategorisation of the KGH LNU as a Level 1 Specialist Care Baby Unit and the Trust's response to this, which would be shared with Boards in the Part II (Private) meetings on 5-6 October 2023, prior to the submission of a future options reports for service delivery, informed by the thematic review report of serious incidents.	5-6 October 2023	Reasonable
Efficiency Programmes	The Committee sought oversight of the quality impact assessment of efficiency proposals via sub-group exception reports, specifically the Clinical Quality and Effectiveness Group (NGH) and Quality Governance Steering Group (KGH)	Monthly	Reasonable
Group Academic Strategy	The Committee was unable to indicate assurance that the Group Academic Strategy would be delivered, requesting Boards to review and reaffirm their commitment to meeting its key objectives and associated benefits.	-	No assurance
Directors of Nursing exception reports	The Committee remained concerned about C-Difficile and other infections at NGH and noted the work relating to falls with harm at NGH	-	Reasonable
Urgent and Emergency Care	The Committee indicated 'reasonable' assurance in respect of urgent and emergency care performance.	-	Reasonable

Finance and Performance Committees in common **Upward Report to *Trust Board***	**Date(s) of reporting group's meeting(s):** ***22 August 2023***

Reporting Group Chair: KGH – Damien Venkatasamy, NGH – Rachel Parker

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Medical Bank Rates	The Committee was provided a verbal update on the proposal to align medical bank rates across the Group with UHL. Modelling had been done on the conversion of agency to bank, then some bank to substantive. There would be cost savings over a period of time as bank staff on the new rate card would cost less than agency staff. The CFO requested sight of the updated report to see the net figures. There needed to be active decisions made to afford this. It was confirmed that the decision was at ICB level. It had been modelled and the Committee needed to see the benefits of this. The Committee would receive an updated report ahead of the Sept-23 Committee.	Sep-23	
Month 4 Finance Report	UHN had planned a deficit of £8.2m by Month 4 and reported an actual deficit of £14.3m at month 4, £6.1m worse than plan. (KGH £2.1m, NGH £4.0m). Drivers for this worse than plan position include under delivery against the Elective Recovery Fund (ERF) target of £1.3m, contributing to an under delivery in the efficiency programme of £1.6m, the cost of ongoing industrial action, urgent and emergency care flow pressures, pay award and non-pay inflationary pressures. The Committee were aware that there needed to be a discussion on unpalatable efficiency schemes. The Committee requested this was shared at the September Committee.	Sep-23	

Finance and Performance Committee

Exec owners: Fay Gordon, Palmer Winstanley, Helen Ellis / Richard Wheeler

In reminder, this Committee monitors the 'sustainability' metrics and the 'systems and partnerships' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. The YTD position is a £18.4m deficit which is £10.0m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, maintaining elective performance in Q1, pay awards and other inflationary pressures and ongoing industrial action
2. Beds available/ utilisation: NGH opened up discharge lounge helping with flow; KGH will be reopening Thomas Moore ward in October to help with flow (bed base will therefore increase)
3. Elective inpatient/ day case activity: NGH have been asked to outsource their high-volume low complexity activity to allow us to concentrate on the complex robotic work for the region for next 6 months – we expect this to impact our activity figures
4. Cancer faster diagnosis remains excellent in performance. All performance standards have been impacted by the support holiday with a large amount of the backlog being at the patients' choice to defer next steps.

Key **developments with the IGR** itself for the Committee to note:

1. This Committee have asked whether Quality Committee is better placed to discuss 3 x sustainability metrics: Food wastage; desflurane; research participation.
2. Following discussion with Chair and Directors, removed two week wait, virtual outpatient appointments, RTT median wait incomplete pathway, clinically ready to proceed and duplicate activity metrics
3. 4hr ED performance metric developed for NGH. This will also be created for KGH in line with IGR roadmap
4. First use of this summary cover sheet across all Committees following feedback.

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Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.

Finance and Performance Committees in common **Upward Report to *Trust Board***	**Date(s) of reporting group's meeting(s):** **26 September 2023**

Reporting Group Chairs: KGH – Damien Venkatasamy, NGH – Denise Kirkham

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
2.1 IGR	The committees received reports from COOs and CFO on operational and financial performance and noted the complex balance required between the competing factors and noting the need to ensure quality and safety which is becoming increasingly challenging		Reasonable
2.1 Winter Plans	The committees commended the work of the COOs in developing plans in readiness for winter, noting that as yet no national or regional funding has been provided to enact them		Limited
3.1 M5 Finance Report	The committees endorsed the CFOs request for a national cash drawdown and recommends this to the Boards, and noted the CFO, alongside system partners, will likely need to produce and submit a re-forecast annual plan during quarter 3. The Committee noted that the current financial forecast to break even will not be met and that the Group CFO has indicated a reforecast would be made at the end of Quarter 3, which was likely to set out a higher deficit in the year end position than the current plan assumes.	5th and 6th October	Limited
3.2 NHSE Undertakings	Noting the strength of wording and significance of entering into the draft undertakings the committees remitted to the CFO to develop a detailed financial plan and associated assurance and monitoring mechanisms, noting the potential for those to increase over and above those already in place to ensure compliance with the Undertakings. The Committees recommends to the Boards to approve the draft undertakings	5th and 6th October	Limited
4.1 Efficiencies	Committees noted the progress reported and plans to increase efficiency delivery towards year end, however remain concerned at the delivery to date which impacts on confidence in achieving year end targets.		Limited
5.2 NGH Fire safety report	The NGH committee received and approved on the Boards behalf the annual fire safety board compliance statement and annual fire report, recommending the CEO to sign the fire certificate for NGH. The KGH committee will receive same at the 24th October meeting	24th October	Reasonable
AOB Outpatient Self-Certification	The Committees received a draft of the national return, required to be submitted by 30th September, and agreed to hold a further meeting to approve on behalf of the Boards in advance of the submission	29th October	Limited

Joint Group Transformation and Group Digital Hospital Committees in Common Upward Report to Board of Directors	Date(s) of reporting group's meeting(s): 14 September 2023

Reporting Non-Executive Directors: Andrew Moore (KGH) and Jill Houghton (KGH)

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
Subgroup reports	The committee received upward reports from the Digital Operational Meeting and Strategic Delivery Group, noting items of limited assurance relating to business-as-usual performance and an emerging risk of digital contract price increases due to inflation, which is causing budget pressures. An item of limited assurance from the Strategic Delivery Group was noted in relation to video calling software for conducting virtual and video appointments, which is at the end of its life, and a lack of clarity on the plan to resolve this. The committee was assured that mitigating actions are being taken forward to resolve the issues. The Committee noted ongoing vacancies in the digital team.	n/a	Reasonable assurance
UHN Data Warehouse	The committee received an update on the decision to progress with the UHN data warehouse and noted that the project is on track to complete in the current financial year, but timeframes are tight.	n/a	Reasonable assurance
Integrated Governance Report process	The committee received and noted a summary of the feedback received in relation to the Integrated Governance Report (IGR), the actions agreed to improve the IGR and the roadmap and timescale for this. The committee is reasonably assured that the risk regarding the IGR is being addressed.	n/a	Reasonable assurance

Audit Committee Report to the Board of Directors	Date of reporting group's meetings: 18 September 2023		
Reporting Director: Elena Lokteva			
Agenda Item	**Description and summary discussion**	**Decision / Actions and timeframe**	**Assurance level ***
Summary Internal Controls Assurance (SICA) Internal Audit Report including 6-month update on NHSE Mandated HFMA Checklist	The Committee was satisfied with the progress made and acknowledged that the number of outstanding actions had reduced, which was an improvement. However, the Committee was unsure if the Trust would be able to implement the actions efficiently. The Committee would request the Chief Executive to attend the Jan-24 meeting as accountable officer for further discussion. It was noted that the Safeguarding Audit had limited assurance. The NHSE mandated HFMA checklist updated was presented by TIAA. TIAA have looked through the actions in detail and there was positive implementation of the actions noted.	Jan-24	Reasonable
External Auditors Update and Auditors Annual Report and Certificate (VFM)	Grant Thornton had worked closely with the management team to provide the Trust's annual Value for Money assessment. The Committee discussed the principal areas of concern: Financial Sustainability and Group Governance. The risks continued applied also in the current financial year and would continue to be managed closely. The Chair requested that for the next three Committees, progress reports on these would be received. The Terms of Reference required the Committee to review the effectiveness of Group Governance, therefore an update on this was requested for Jan-24 Committee. The CQC feedback within the VFM would be shared with the Board.	Jan-24	N/a - report approved by the Committee
Financial Governance Reports	Concern was raised over the number of digital maverick transactions, and this would be escalated to the Trust Board. The Chair asked for TIAA to work with the Trust Finance Team to improve the Financial Governance Report.	Oct-23	Limited
Provision and Procurement of Internal and External Audit Services	Internal Audit: The Committee endorsed the approach outlined in the report. External Audit: A December-23 Extraordinary Audit Committee would be arranged to allow full discussion of the options, and a joint view with KGH.	Dec-23	N/a: discussion item
Terms of Reference	The Committee endorsed the Terms of Reference.	For Board approval	N/a: for approval

Group People Committee

Exec owner: Paula Kirkpatrick

In reminder, this Committee monitors the 'people' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. Industrial actions may be impacting some of our metric performance – such as training and appraisal completion
2. Positive trend for appraisal completion rates across both organisations
3. Recruitment/ retention: Vacancy rates remain high with ongoing campaigns continuing; turnover is dropping across both Trusts although local intervention may still be required for specific staff groups
4. We continue to see underlying and sustained growth in volunteer hours in both organisations

Key **developments with the IGR** itself for the Committee to note:

1. People pulse response rates has been removed this month following discussion with Chair and Exec Director. Other metrics deemed more suitable at showing engagement levels
2. Time to hire definition has been refined to show the data in days
3. First use of this summary cover sheet across all Committees following feedback.

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Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.

Group People Committee Upward Report to NGH Board of Directors	Date(s) of reporting group's meeting(s): 28 September 2023

Reporting Group Chair: Denise Kirkham

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
CPO Report (Chief People Officer)	CPO report provided assurance regarding progress across majority of KPIs with specific challenges and delay with respect to appraisal and vacancies. The update regarding mandatory training highlighted the need to better understand the reported challenges with BLS within medical and dental colleagues	-	Reasonable
Management and leadership report	The report highlighted to current success of the programme and that it was one of a suite of measures to improve the culture of the workplace. The next phase of feedback will relate to feedback from line managers	-	Substantial
Safe Staffing	The safer staffing report provided an opportunity to celebrate that both organisations had been in receipt of awards: NGH, the NHS Pastoral Care Award and KGH the Preceptorship Quality Mark. Both organisations are still finding shift fill rates a challenge to achieve across all areas. The impact of short term & long-term sickness, increased acuity, dependency and activity has significantly affected fill rates and subsequently the expenditure on bank and agency. The Committee was able to gain assurance regarding short term measures to ensure safety and medium term plans to recruit and develop staff to create a more sustainable workforce.	-	Reasonable
Nursing & AHP Strategy	A verbal update regarding the Nursing and AHP strategy was received. A formal update will be received at the November meeting	Nov-23	-
Internal audits and plans for the medical job planning processes.	The reports demonstrated the challenges post-Covid and acknowledged the actions required to ensure a robust, sustainable process for the future.	-	Reasonable
Group Board Assurance Framework (BAF)	The BAF was discussed. It was noted that the BAF requires detailed updating of plans and target dates. There were many elements that had been achieved and not updated to reflect the success. Equally, areas of challenge require updating ensuring that plans are detailed (SMART elements) to enable the committee to better understand any barriers to success.	-	-
AOB	The committee noted the people function had achieved much over the past year but that a revisit was required to ensure the plans reflected any new challenges. Authors and presenters should check the content of committee agenda and report packs to confirm the content is as expected. Attendees at meetings should complete the meeting feedback each time of attendance and the annual feedback to ensure the meetings are effective and reflecting the needs of the organisations.	-	-

*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

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

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IGR

August 2023

Dedicated to excellence

This IGR pack has three main sections in alignment with the Committees the metrics support

1) Quality Committee (pages 4 to 33) covering metrics aligned to our ‘patient’ and ‘quality’ dedicated to excellence values
2) Finance and Performance Committee (pages 34 to 74) covering metrics aligned to our ‘sustainability’ and ‘systems and partnerships’ dedicated to excellence values
3) People Committee (pages 75 to 86) covering metrics aligned to our ‘people’ dedicated to excellence value

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 not been met however with analysis of past months it may be met next month.
- **'Target Not Met (Consistent)'** = The target has not been met and is likely to be consistently not met going forward 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).

Quality Committee

Quality Committee

Exec owners: Jayne Skippen, Nerea Odongo, John Jameson, Hemant Nemade, Fay Gordon, Palmer Winstanley, Becky Taylor

In reminder, this Committee monitors the 'quality' metrics and the 'patient' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. % patients satisfaction: Inpatients – positive direction across both hospitals with KGH meeting the target for the past month; maternity – both Trusts performing near the target, particularly note efforts in NGH to maintain above target performance for the past two months
2. There was one fall with moderate harm in August in KGH and three in NGH, in NGH there were also four sever harm falls – these are all being reviewed.
3. KGH: There were four category two pressure ulcers recorded in August. There have been significant improvement in this – in Oct 2022 average was 8.87 and July it was 3.44
4. KGH: 30-day readmission rate continues below local and national target

Key **developments with the IGR** itself for the Committee to note:

1. Will be reviewing data gaps with teams – e.g. new harms, patient safeguarding, covid-19 metrics
2. Moved Exec ownership from Medical Directors to Nursing Directors
3. **For discussion:** Finance and Performance Committee have asked whether Quality Committee is better placed to discuss 3 x sustainability metrics: Food wastage; desflurane; research participation.
4. First use of this summary cover sheet across all Committees following feedback.

Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
All	Patient	Multiple selections	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL	Variation	Assurance
NGH	Patient	% Patients satisfaction score - Trustwide	01/08/23	90.10%	95.00%	84.6%	88.65%	92.71%		
KGH	Patient	% Patients satisfaction score - Trustwide	01/08/23	93.00%	95.00%	82.15%	89.02%	95.89%		
NGH	Patient	% Patients satisfaction score - inpatients	01/08/23	93.40%	95.00%	83.5%	90.11%	96.73%		
KGH	Patient	% Patients satisfaction score - inpatients	01/08/23	95.00%	95.00%	79.92%	89.13%	98.33%		
NGH	Patient	% Patients satisfaction score - A&E	01/08/23	79.80%	95.00%	69.1%	76.84%	84.59%		
KGH	Patient	% Patients satisfaction score - A&E	01/08/23	81.00%	95.00%	67.16%	77.01%	86.86%		
NGH	Patient	% Patients satisfaction score - maternity	01/08/23	97.50%	95.00%	82.92%	91.45%	99.99%		
KGH	Patient	% Patients satisfaction score - maternity	01/08/23	94.00%	95.00%	64.27%	90.97%	117.67%		
KGH	Patient	% Patients satisfaction score - outpatients	01/08/23	95.00%	95.00%	82.63%	93.02%	103.41%		
NGH	Patient	% Patients satisfaction score - outpatients	01/08/23	93.40%	95.00%	91.12%	93.31%	95.51%		
NGH	Patient	Number of complaints	01/08/23	43	0	3	27	51		
KGH	Patient	Number of complaints	01/08/23	56	0	14	40	65		
NGH	Patient	Complaints response performance	01/08/23	98.00%	90.00%	81.67%	95.55%	109.42%		
KGH	Patient	Complaints response performance	01/08/23	55.00%	90.00%	-494.27%	152.84%	799.95%		
NGH	Patient	Patient safeguarding - Child	01/08/23	94		36	99	162		

% Patients satisfaction score - Trustwide

Committee Name: All

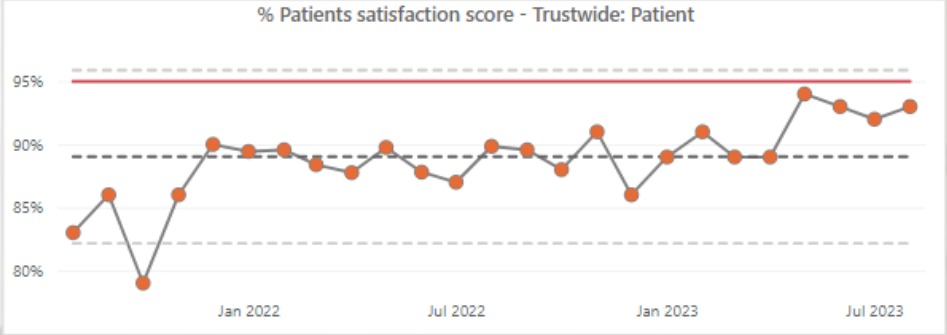
GroupName: All

MetricName: % Patients satisfaction score - Trustwide

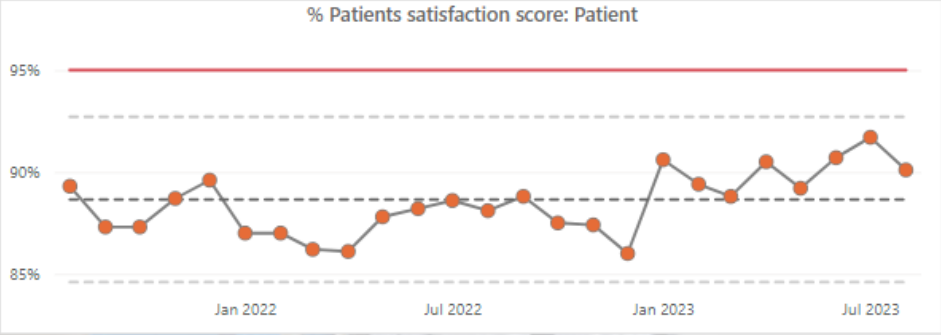
01/04/2019 – 01/08/2023

93.00%	95.00%	90.10%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received a 93% satisfaction score on the total feedback responses received for the friends and family test in August 2023.	The score has increased by 1% from 92% in July 2023.	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 and will be monitored through PESG.	We implemented QR Codes in all ward areas throughout July so that staff have easier access to requesting patient feedback. The feedback for this has been positive, and so we will be rolling this out across outpatient areas.
NGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The August satisfaction score is 90.1% which is a slight decrease from July but still remains above the mean average	Decreases in patient satisfaction were seen in ED, day case units and outpatients which would have affected the accumulative scores for the Trust.	All FFT performance reports are sent to the relevant departments to review and act upon accordingly.	Patient satisfaction will be discussed at the Divisional Patient Experience Meetings

% Patients satisfaction score - inpatients

Committee Name: All

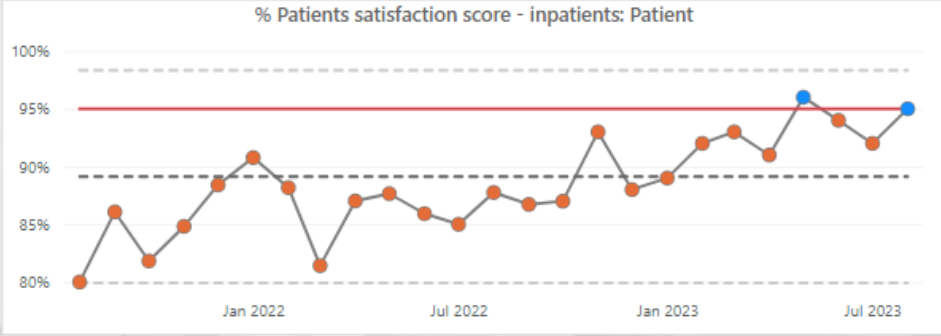
GroupName: All

MetricName: % Patients satisfaction score - inpatients

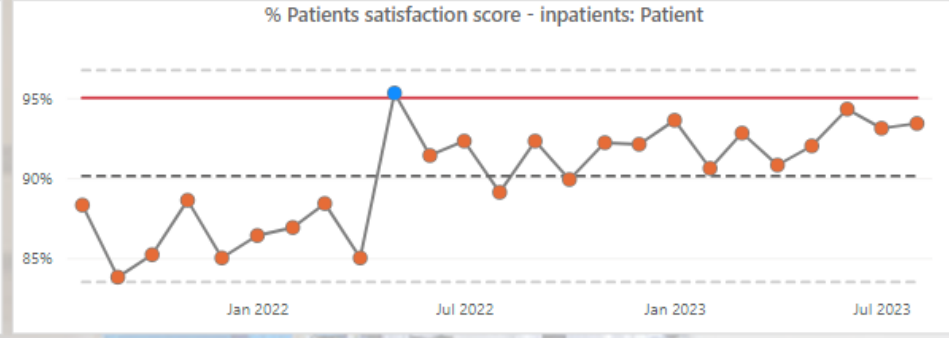
01/04/2019 – 01/08/2023

95.00%	95.00%	93.40%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received a 95% satisfaction score on the feedback responses received for the friends and family test in our Inpatient areas for August 2023.	There was an increase of 3% FFT Satisfaction, and we received 144 more responses to the Friends and Family Test.	Performance is being monitored and we continue to work closely with inpatient areas on how they can promote FFT throughout their departments. We continue to support and focus on areas with low / no responses.	Departments are working locally to increase the participation with FFT by using QR code badges. The feedback from this has been positive.
NGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The August patient satisfaction score of 93.4% rose slightly against July of 93.1% and remains above the mean average	Inpatient wards maintained the level of patient satisfaction above the mean	Individual wards and relevant managers each receive their patient satisfaction scores each month along with patient feedback narrative.	Performance is reviewed at the Divisional meetings and also amongst the individual wards. Patient comments are automatically sent to the wards on a regular basis during the month

% Patients satisfaction score - A&E

Committee Name: All

GroupName: All

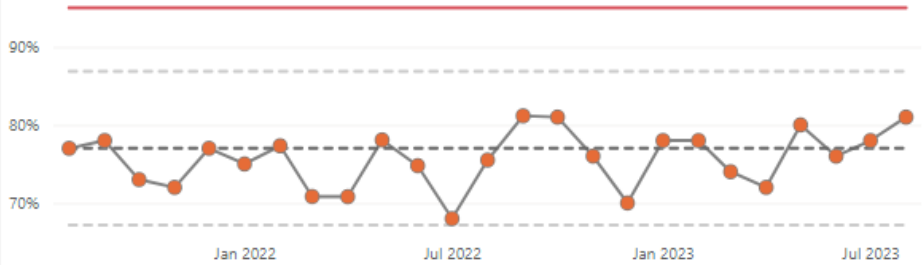
MetricName: % Patients satisfaction score - A&E

01/04/2019 – 01/08/2023

81.00%	95.00%	79.80%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

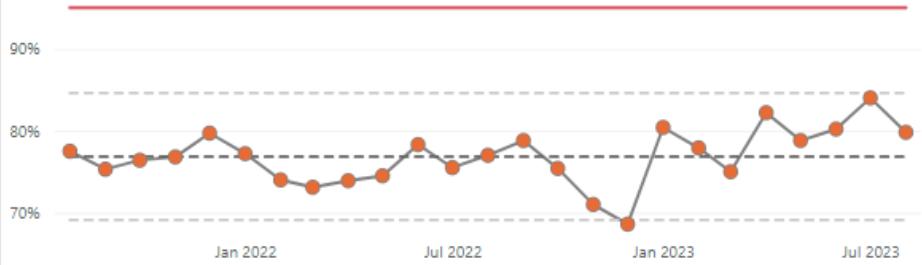
Kettering General Hospital

% Patients satisfaction score - A&E: Patient



Northampton General Hospital

% Patients satisfaction score - A&E: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received a 81% satisfaction score on the total feedback responses received for the friends and family test in our A&E department in August 2023.	The score has increasaed by 3% when compared with last month.	Performance to be monitored and actions are in place to increase the FFT participation in this area.	A&E are working to increase their feedback responses, and are using paper, digital and text messaging methods.
NGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Patient satisfaction for August saw a decline from 84% down to 79.8%	Although there was a decline since last month, July was an exceptional month and the August data is still above the mean average. Some areas which saw the greatest decline were potentially affected by the 2 sets of industrial actions during August.	Areas of concern have been identified and escalated, these being Main ED, Eye Casualty, Springfield and SDEC.	ED locations that have seen a decline have been highlighted to the relevant Associate Directors of Nursing.

% Patients satisfaction score - maternity

Committee Name: All

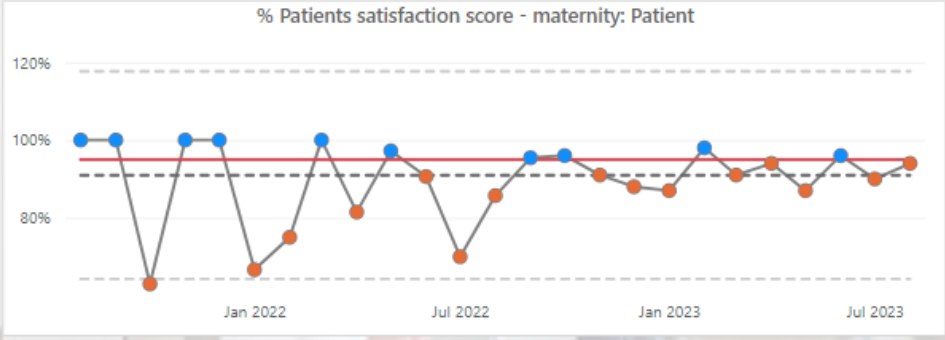
GroupName: All

MetricName: % Patients satisfaction score - maternity

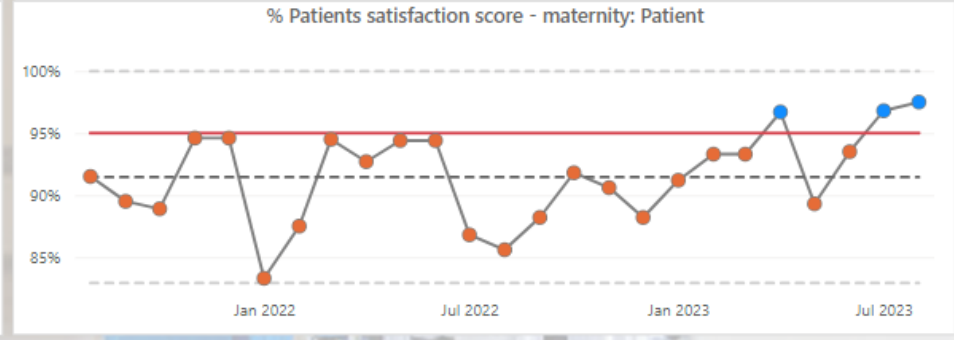
01/04/2019 – 01/08/2023

94.00%	95.00%	97.50%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital



Northampton General Hospital



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received a 94% satisfaction score on the total feedback responses received for the friends and family test in our Maternity Services in August 2023.	There was an increase of 4% in Maternity FFT Satisfaction, however a decline in the total number of responses in this area.	We are working closely with the Matrons in Maternity Services to increase the patient participation on completing the FFT, QR code badges are being launched as a trial for the Community Midwifery team in Wellingborough.	Performance in this area is being monitored and local plans are now in place for a new Patient Experience midwife to start in the area in October. This will support the focus on increasing participation within this area.
NGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	Maternity patient satisfaction scores continued to rise with August showing as 97.5% (July 96.8%)	No specifics issues to report	Distribution of the increased satisfaction scores within Maternity services along with the regular Divisional reports	Continued efforts to maintain the level of patient satisfaction within maternity services.

% Patients satisfaction score - outpatients

Committee Name: All

GroupName: All

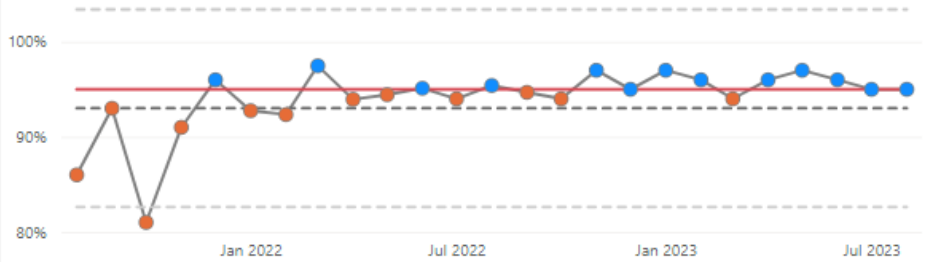
MetricName: % Patients satisfaction score - outpatients

01/04/2019 – 01/08/2023

95.00%	95.00%	93.40%	95.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

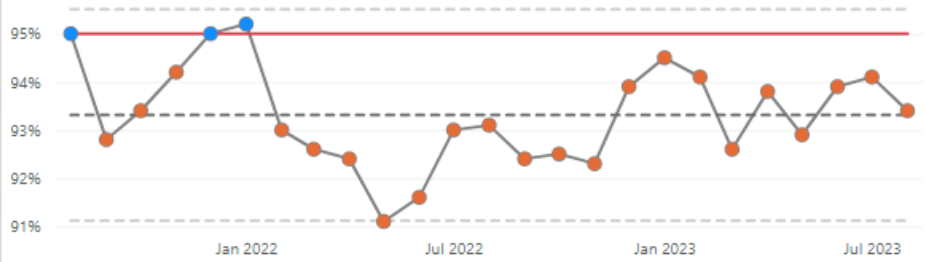
Kettering General Hospital

% Patients satisfaction score - outpatients: Patient



Northampton General Hospital

% Patients satisfaction score - outpatients: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	The value tells us that we received a 95% satisfaction score on the feedback responses received for the friends and family test in our Outpatient areas for August 2023.	There was an decrease of 350 feedback responses in our OPD when compared with last month.	Nene park have reintroduced paper feedback and have had a much better response rate. We are going to launch QR code badges to ensure that feedback can be captured to drive digital feedback. We will be out visiting Isebrook to support them with increasing their FFT responses.	Performance to be monitored and actions are in place in this area. We continue to locally address themes within our patient experience team and work alongside departments to put actions in place to resolve issues. Focus is being pushed into low / no respondng areas.
NGH	01/08/23	The satisfaction score is calculated by adding together all the "Very good" and "Good" responses, to obtain a percentage from the overall responses.	A slight decrease seen in August (93.4%) from July (94.1%) but still remains above the mean average	The decrease in scores was potentially due to the 2 sets of industrial action experienced during August 2023.	Patient satisfaction score reports split by specialty shared with the relevant managers.	Performance results are discussed at the Bi-Monthly Patient & Carer Experience & Engagement Group meeting.

Number of complaints

Committee Name: All

GroupName: All

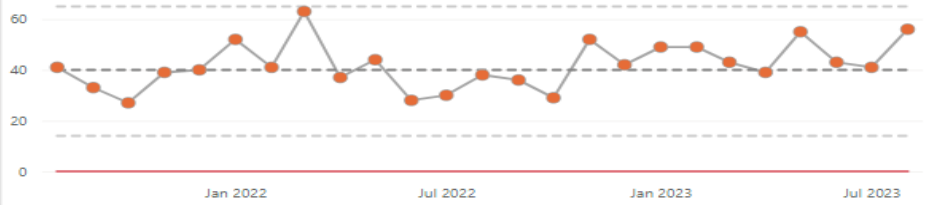
MetricName: Number of complaints

01/04/2019 – 01/08/2023

56	0	43	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

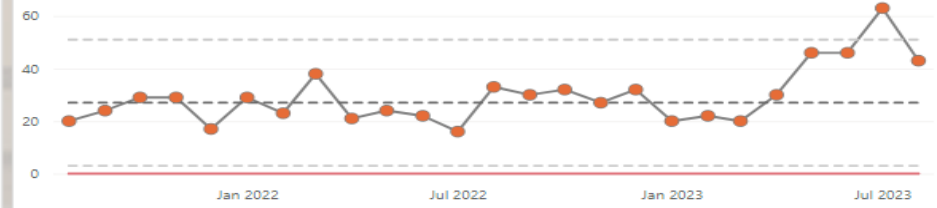
Kettering General Hospital

Number of complaints: Patient



Northampton General Hospital

Number of complaints: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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.	56, number of complaints being logged increased slightly in August 2023 compared to previous months.	To monitor if concerns can be managed informally and formally	To continue to triage and manage accordingly.	Additional support in team at present
NGH	01/08/23	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 number of complaints received decreased by 20 when compared to the previous reporting month. The areas which have seen the most significant reduction are our Emergency Department and Women's. Of note, all areas within Medicine and Emergency Care received less complaints than in the previous reporting month.	The only areas to receive a slight increase in the number of complaints received are Surgery (an increase of 2) and Oncology (an increase of 1). When the number of complaints received this year, Trust wide, is compared to last year, there has been an increase. However, the number of complaints received does not demonstrate the increased complexity of those complaints. The Complaints Team are currently working with a considerable backlog of complaints awaiting a letter of response. This is partly due to reduced resources within the service (unable to recruit to a secondment - due to Maternity leave).	All reporting information is provided to the clinical divisions on a monthly basis through divisional reporting packs. The complaints team has some temporary cover in place but this is only covering some administrative aspects of the service. Despite advertising a secondment on a number of occasions this could not be filled. A further temporary person may be starting in post soon but this is yet to be confirmed. There is no-one else suitable on the bank at present, who is at the right level for the workload. Regular updates are provided to the senior corporate nursing team.	Some temporary support in place currently. Further support planned moving forwards.

Complaints response performance

Committee Name: All

GroupName: All

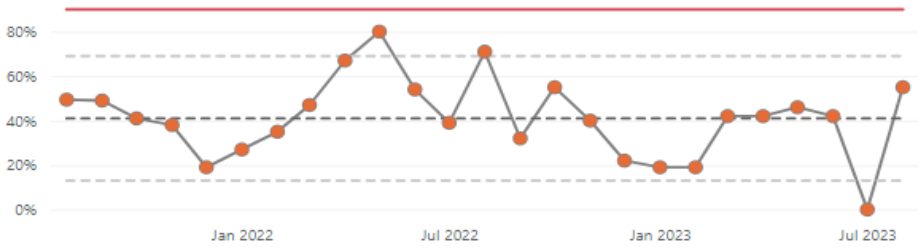
MetricName: Complaints response performance

01/03/2020 – 01/08/2023

55.00%	90.00%	98.00%	90.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

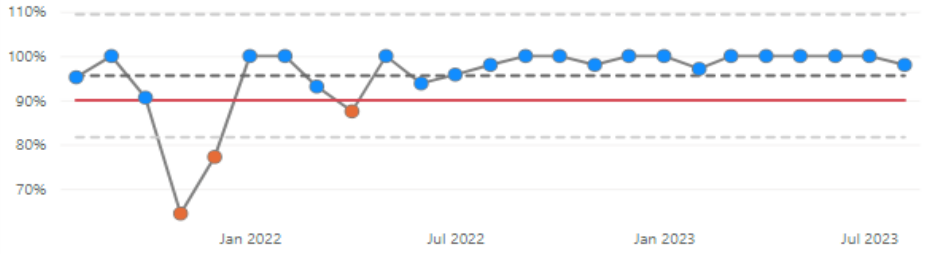
Kettering General Hospital

Complaints response performance: Patient



Northampton General Hospital

Complaints response performance: Patient



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	55%, improved performance across the divisions in getting responses to our patients on time	We still have 33 overdue complaints that we are working on the back log to improve our compliance and response rate	Additional support in team Continue weekly dashboard	Nil
NGH	01/08/23	Complaints performance – Providing a written response to a complaint within an agreed timescale	When agreed extension of time requests are included the response rate is reported as 98% (increase compared to last month). However, when the agreed extension of time requests are excluded the response rate is reported as 63% (same as last month).	The 63% response rate includes the requirement to extend 16 complaints. This is due to a number of factors: -Divisional staff not having capacity to investigate complaints and provide statements within the required timeframe -A number of complaints whereby letters of response have been prepared which have been returned to Divisional staff as incomplete when they are reviewed for Executive sign off -The significant backlog of complaints awaiting a letter of response due to staffing capacity within the Complaints team	The issues identified have been communicated to senior divisional staff. Actions currently being undertaken are as follows: -Development / expectation sessions being conducted with Divisional nursing teams (by the Complaints team) -Senior Divisional nursing staff involved from an earlier point in the complaints process to provide more accountability	

Patient safeguarding - Child

Committee Name: All

GroupName: All

MetricName: Patient safeguarding - Child

01/04/2019 01/08/2023

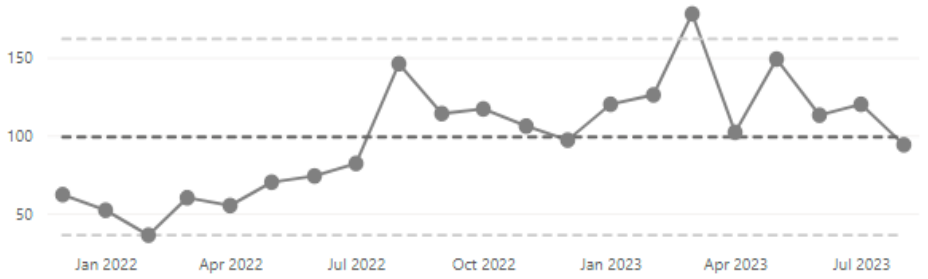
94

NGH: Current Value

NGH: Current Target

Northampton General Hospital

Patient safeguarding - Child: Patient



Quality

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Quality

4 Exec comments KGH

0 Exec comments NGH

10 Total No. of Metrics

Site	MetricName	Value
NGH	SHMI	88
KGH	SHMI	106.82
KGH	Serious or moderate harms – pressure ulcers	0.26
NGH	Serious or moderate harms – pressure ulcers	6
KGH	Serious or moderate harms – falls	0.07
NGH	Serious or moderate harms – falls	0.34
KGH	Serious or moderate harms	13
NGH	Serious or moderate harms	42
KGH	Safe Staffing	94.46%
NGH	Safe Staffing	103.10%
KGH	Number of medication errors	77
NGH	Number of medication errors	149
NGH	New harms	0.00%
KGH	New harms	19.51%
KGH	Never event incidence	0
NGH	Never event incidence	0
NGH	Hospital-acquired infections	9
KGH	Hospital-acquired infections	10
NGH	30 day readmissions	7.80%
KGH	30 day readmissions	9.32%

Metric	Comment	Site
Complaints	In August 2023 the performance against timely response was 55%.	KGH
Infection Prevention & Control	The IGR now shows COVID-19 HOPA and HODA per 1000 bed days at 0.85 (13 patients) and 0.78 (12 patients) respectively. There were 10 Gram negative infections in July. E Coli, Pseudomonas and Klebsiella are all above the trajectory ceilings set by NHSE/I.	KGH
Falls	There was one fall with moderate harm in August. This is being reviewed currently.	KGH
Pressure Ulcers	There were four Category 2 pressure ulcers recorded in August. There has been significant improvement in the reduction of Hospital associated pressure ulcers. In October 2022, the average was 8.87 which has reduced to 3.44 in July 2023.	KGH

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
All	Quality	Multiple selections	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
KGH	Quality	New harms	01/08/23	19.51%		17.42%	23.22%	29.03%
NGH	Quality	Serious or moderate harms	01/08/23	42	0	5	30	54
KGH	Quality	Serious or moderate harms	01/08/23	13	8	-1	7	15
NGH	Quality	Serious or moderate harms – falls	01/08/23	0.34	0.06	0.43	0.43	0.43
KGH	Quality	Serious or moderate harms – falls	01/08/23	0.07	0.18	0.43	0.43	0.43
NGH	Quality	Serious or moderate harms – pressure ulcers	01/08/23	6	0	-4	5	13
KGH	Quality	Serious or moderate harms – pressure ulcers	01/08/23	0.26	0.69	0.9	0.9	0.9
NGH	Quality	Number of medication errors	01/08/23	149		24	89	154
KGH	Quality	Number of medication errors	01/08/23	77		37	77	117
NGH	Quality	Hospital-acquired infections	01/08/23	9	7	-1	7	15
KGH	Quality	Hospital-acquired infections	01/08/23	10	9	1	10	18
KGH	Quality	Covid-19 (HOPA)	01/08/23	0.85		2.42	2.42	2.42
KGH	Quality	Covid-19 (HODA)	01/08/23	0.78		3	3	3
NGH	Quality	MRSA	01/08/23	0	0	0	0	0
KGH	Quality	MRSA	01/08/23	0	0	0	0	0
NGH	Quality	C Diff	01/08/23	9	4	-3	6	14
KGH	Quality	C Diff	01/08/23	3	3	-3	3	9
NGH	Quality	SHMI	01/08/23	88		90	92	94
KGH	Quality	SHMI	01/08/23	106.82		123.3	123.3	123.3

Summary Table

Committee Name: All

Group Name: Quality

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
NGH	Quality	HSMR	01/08/23	89	100	89	93	97
KGH	Quality	HSMR	01/08/23	101.10	100	145.36	145.36	145.36
NGH	Quality	SMR	01/08/23	89			89	
KGH	Quality	SMR	01/08/23	100.80		152.5	152.5	152.5
NGH	Quality	Safe Staffing	01/08/23	103.10%	96.00%	95.51%	100.88%	106.249
KGH	Quality	30 day readmissions	01/08/23	9.32%	12.00%	8.1%	16.25%	24.41%
NGH	Quality	30 day readmissions	01/08/23	7.80%	12.00%	9.85%	13.43%	17.01%
KGH	Quality	Never event incidence	01/08/23	0	0	0	0	1
NGH	Quality	Never event incidence	01/08/23	0	0	0	0	1

New harms

Committee Name: All

GroupName: All

MetricName: New harms

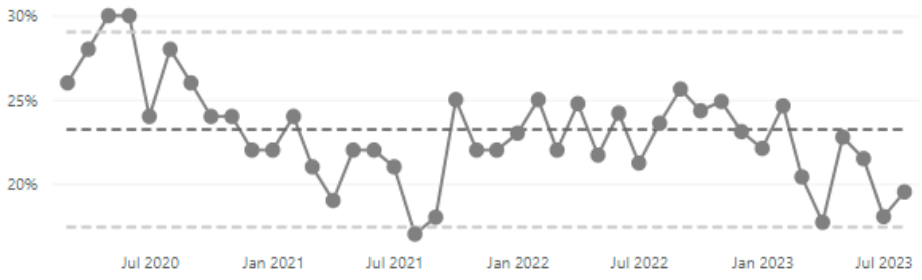
01/04/2019 – 01/08/2023

19.51%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

New harms: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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	Common cause variation with no assurance available due to lack of definition of a target. Recommend to the Committee to remove this metrics as no evidence to define	Common cause variation with no assurance available due to lack of definition of a target. 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 93.47%. Low level harms are investigated by the clinical area. The quarterly Patient Safety report presented to the Quality and Safety Committee provides full detail of incident reporting and analysis and themes.

Serious or moderate harms

Committee Name: All

GroupName: All

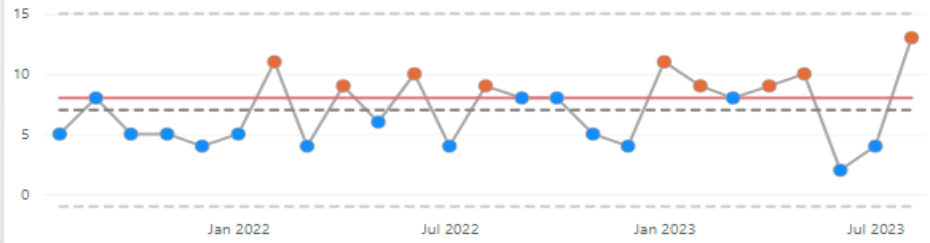
MetricName: Serious or moderate harms

01/04/2019 – 01/08/2023

13	8	42	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

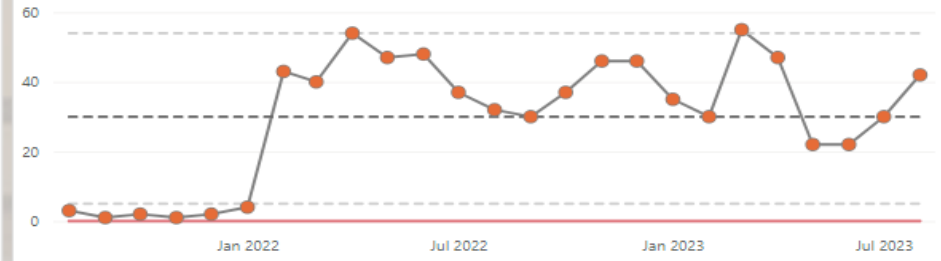
Kettering General Hospital

Serious or moderate harms: Quality



Northampton General Hospital

Serious or moderate harms: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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 equates to 6.53% of all incidents with a patient harm incurred, and 1.27% of all incidents reported.
NGH	01/08/23	Patients experiencing moderate, severe, catastrophic harm or patient death as a result of a patient safety incident.	The number of patients experiencing moderate, severe harm or death as a result of a patient safety incident.	Moderate harms have increased this month. All incidences are reviewed to identify any themes and immediate actions required to mitigate against further incidences	Moderate and above harms are considered in the twice weekly incident review group meeting, to agree the level of harm caused, a the proportionate response considered, and whether the incident meets the	Serious incidences are investigated using a root cause analysis techniques and include recommendations and actions aiming to mitigate against future occurrences.

Serious or moderate harms – falls

Committee Name: All

GroupName: All

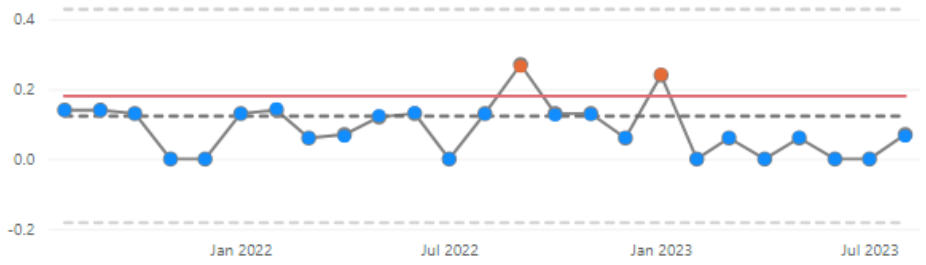
MetricName: Serious or moderate harms – falls

01/03/2020 – 01/08/2023

0.07	0.18	0.34	0.06
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

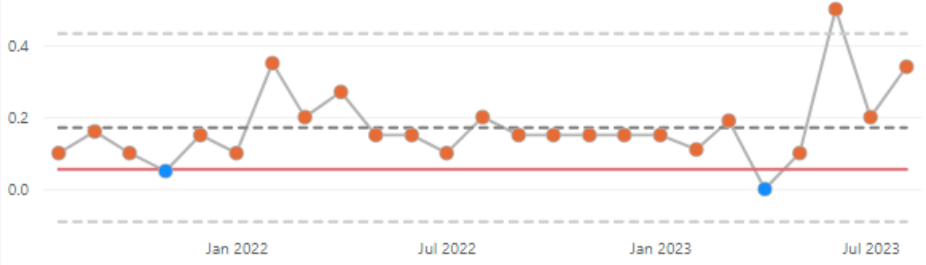
Kettering General Hospital

Serious or moderate harms – falls: Quality



Northampton General Hospital

Serious or moderate harms – falls: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	The chart is showing common cause variation with variable assurance, however sustained positive performance for seven consecutive months.	There was one fall with harm in August, which is to be reviewed at the Harm Free Care Scrutiny panel on 11th September.	Three weekly focus on falls as part of the Friday Harm Free Care Meetings	Significant work has been undertaken over the last two years, 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
NGH	01/08/23	Patients experiencing falls with moderate harm or above per 1000 bed days.	There was 0.34 moderate and severe harm falls/1000 beds during the month of August. This is an increase of 0.14 from the previous month of July.	There were 3 moderate harm falls and 4 severe harm falls.	All incidents are being reviewed through IRG process.	Immediate learning identified. Enhanced care risk assessment introduced in A&E. Trust process audit being commenced on falls processes. National QIP being reviewed in A&E.

Serious or moderate harms – pressure ulcers

Committee Name: All

GroupName: All

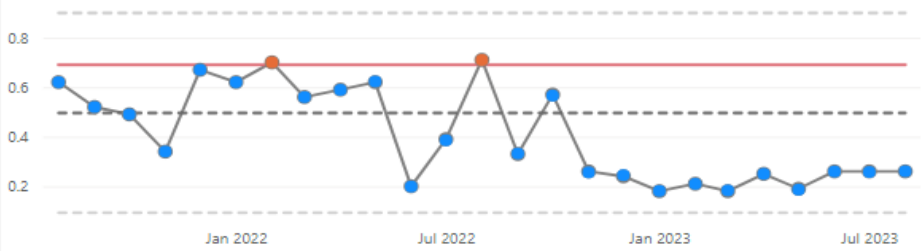
MetricName: Serious or moderate harms – pressure ulcers

01/03/2020 – 01/08/2023

0.26	0.69	6	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

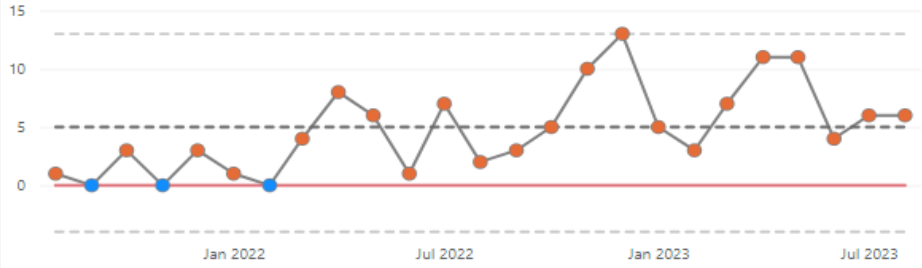
Kettering General Hospital

Serious or moderate harms – pressure ulcers: Quality



Northampton General Hospital

Serious or moderate harms – pressure ulcers: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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 with positive low assurance.	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. Three weekly focus on pressure ulcers as part of the Friday Harm Free Care Meetings	The Tissue Viability Nurse reviews all Category 2 and above pressure ulcers, providing validation and education.
NGH	01/08/23	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	there has been a decrease in moderate harms	patient with very complex needs and very high risk of Pressure ulcers, devices related pressure ulcers were due to NIV mask and plaster of Paris	Education and pathway information has been disseminated to all ward areas .The primary learning from the incidents is removing devises where possible to check for pressure damage and using preventative measures.	The Tissue Viability team are continuing to support ward area with training and categorising of pressure ulcers and the use preventative equipment . The fracture clinic team are and will be providing documentation to patients and staff on care off plaster of Paris

Number of medication errors

Committee Name: All

GroupName: All

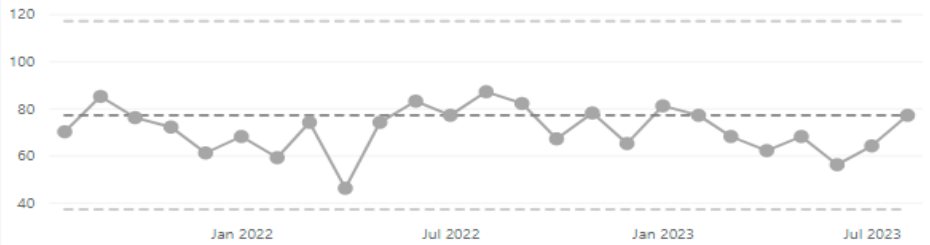
MetricName: Number of medication errors

01/04/2019 – 01/08/2023

77		149	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

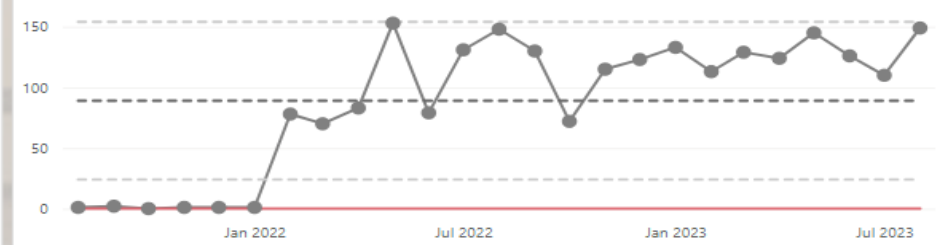
Kettering General Hospital

Number of medication errors: Quality



Northampton General Hospital

Number of medication errors: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	The Chart shows common cause variation with no agreed target. 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.	The one incident with harm in August is being reviewed for harm level.
NGH	01/08/23	Medication incidents reported irrespective of subclass of incident (prescribing, dispensing, administering) and irrespective of harm or level of harm.	Reporting on July analysis. The number of reported medication errors is continuing in line with previous months, reflecting a positive reporting culture.	All incidents were no or low harm, no moderate or severe. Analysis by stage of process, patient group and theme has remained constant.	All incidents continue to be reviewed by an experienced medication safety pharmacist, with individual feed back for learning and system change as required. Quarterly report discussed at	Ongoing incident review and investigation alongside monitoring for trends.

Hospital-acquired infections

Committee Name: All

GroupName: All

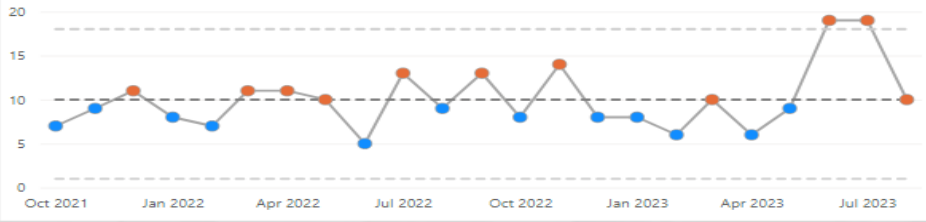
MetricName: Hospital-acquired infections

01/03/2020 – 01/08/2023

10	9	9	7
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

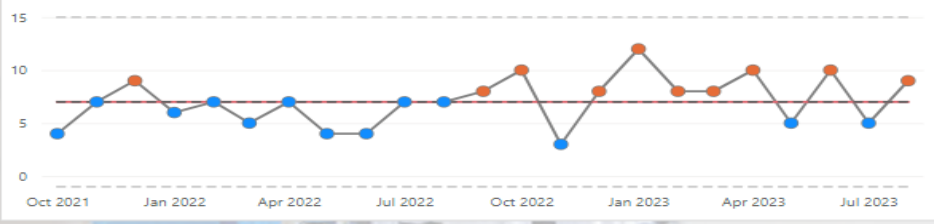
Kettering General Hospital

Hospital-acquired infections: Quality



Northampton General Hospital

Hospital-acquired infections: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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. The target is 9 and has been over the past two years - the graph will be amended to show this.	Gram negative infections are above the rolling ceiling set by the ICB.	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG	Full RCAs are undertaken on all cases followed by a subsequent MDT review. Identified learning is action planned and presented at IPSG
NGH	01/08/23	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.	NGH had 59patients develop a Gram-negative blood stream infection (GNBs) in August.	NHSE standard contract for GNB 2023/24 for NGH is: 46 cases of healthcare associated E.coli, 15 cases of Klebsiella and 9 cases of Pseudomonas bloodstream infections. The Trust is currently over trajectory for E.coli, Klebsiella and Pseudomonas cases. This is against a backdrop of 2 key changes in clinical practice that have been implemented across the Trust during Q1 to increase the likelihood of detecting a micro-organism in the blood culture. Firstly, new national Sepsis guidance has been published to take two sets of blood cultures when sepsis is suspected, and secondly a quality improvement project led by NHSE Microbiology to increase the volume of blood in blood culture samples has been implemented. A third issue is around not removing urinary catheters at the earliest opportunity.	The IPC Team continue to deliver on the GNB section of the HCAI Improvement Plan and are continuing with three key workstreams in September around the catheter prevention pathway, blood culture training and EPIC skills sessions to reduce the risk of these infection to patients.	The GNB trajectory is monitored via the monthly IPC Report to IPC Steering Group and the monthly DON report to CSIP and CQEG and sits on the IPC risk register. The feedback was received from the December 2022 NHS England Midlands IPC Lead Nurse visit in August and these actions are being monitored through IPSG.

Covid-19 (HOPA)

Committee Name: All

GroupName: All

MetricName: Covid-19 (HOPA)

01/04/2019 01/08/2023

0.85
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Hospital-onset probable healthcare-associated (8 – 14 days): Quality

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Hospital-onset probable healthcare-associated (8 – 14 days)	The number of patients per 1000 bed days that have been in hospital between 8 and 14 days that have potentially developed a hospital acquired infection (COVID-19). The chart is showing common cause variation.	Ideally there would be no hospital acquired infections, however there is currently no national agreed ceiling of tolerance. 12 patients were identified as HODA and 13 HOPA . The annual average HODA/HOPA per average 1000 bed days for 2020-21 was 1.25 and 1.02. 2021-22 was 0.87 and 0.58 and 2022-23 was 1.19 and 0.86 respectively. Combined HOPA and HODA equates to 34.24% (a decrease from 40.7% in August) of all COVID+ in-patients.	None	None

Covid-19 (HODA)

Committee Name: All

GroupName: All

MetricName: Covid-19 (HODA)

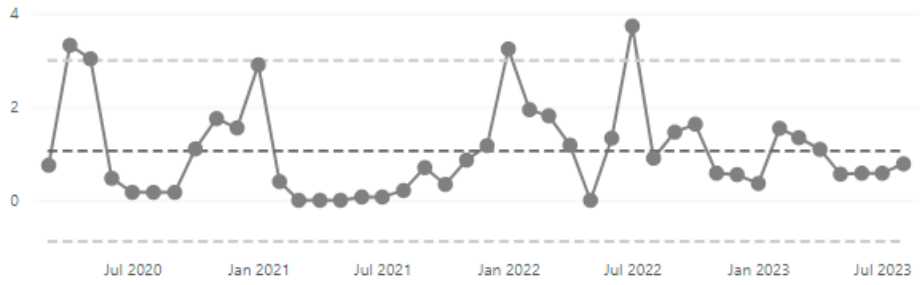
01/04/2019 01/08/2023

0.78
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Hospital-onset definite healthcare-associated (15+ days): Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Hospital-onset definite healthcare-associated (15+ days)	The number of patients per 1000 bed days that have been in hospital beyond 15 days that have developed a hospital acquired infection (COVID-19). The chart is showing common cause variation.	Ideally there would be no hospital acquired infections, however there is currently no national agreed ceiling of tolerance. 12 patients were identified as HODA and 13 HOPA . The annual average HODA/HOPA per average 1000 bed days for 2020-21 was 1.25 and 1.02. 2021-22 was 0.87 and 0.58 and 2022-23 was 1.19 and 0.86 respectively. Combined HOPA and HODA equates to 34.24% (a decrease from 40.7% in August) of all COVID+ in-patients.	None	None

MRSA

Committee Name: All

GroupName: All

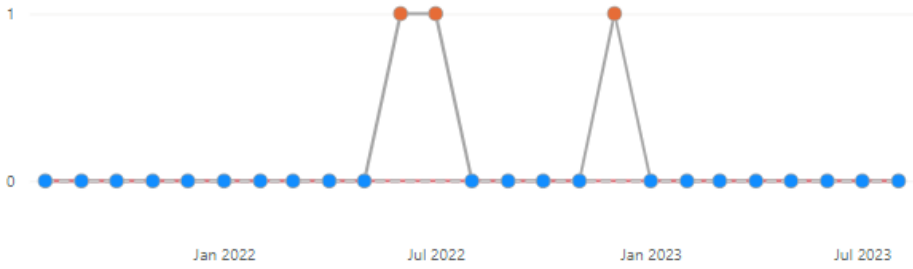
MetricName: MRSA

01/04/2019 – 01/08/2023

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

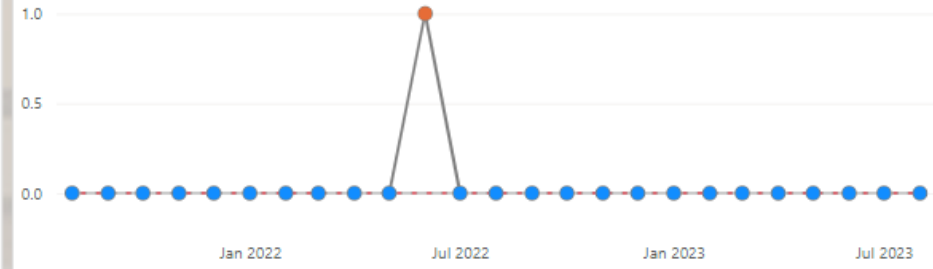
Kettering General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Northampton General Hospital

Methicillin-resistant staphylococcus aureus: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Patients experiencing a MRSA Bacteraemia	The chart shows common cause variation with variable assurance	None	All MRSA bacteraemia undergo robust root cause analysis	IPC measures are reviewed and revised in line with National Changes. NHSE/I have submitted a new National IPC Board Assurance Framework which the Trust is working through undertaking a gap analysis.
NGH	01/08/23	Patients experiencing a MRSA Bacteraemia	0 patients developed a MRSA bloodstream infection this month	No issues	The IPC Team continues to implement the MRSA workstream of the HCAI reduction plan. Currently this includes launching the updates in the MRSA policy to include MSSA screening that was ratified in August.	A post infection review is completed for each patient that develops a MRSA bloodstream infection and cases are monitored through IPSG. IPC are working with the Patient Safety Team to move to a PSIRF model [illegible] from infections

C Diff

Committee Name: All

GroupName: All

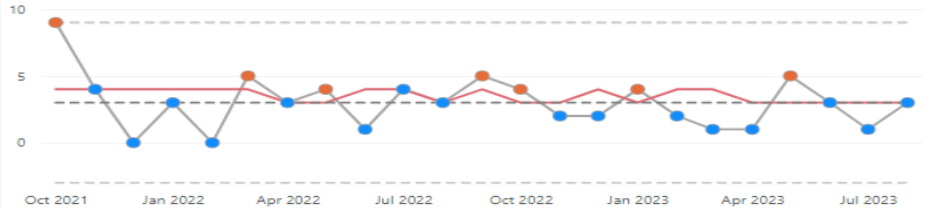
MetricName: C Diff

01/04/2019 – 01/08/2023

3	3	9	4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

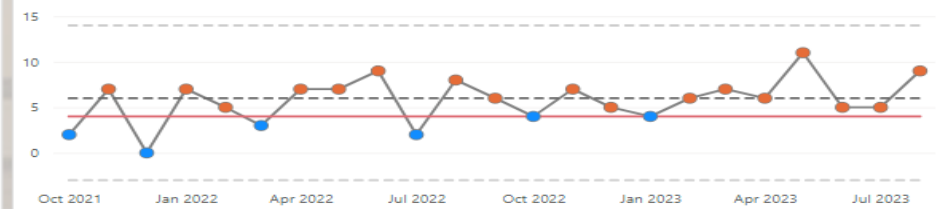
Kettering General Hospital

Clostridium difficile: Quality



Northampton General Hospital

Clostridium difficile: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 41 for 2022-23.	The chart is showing common cause variation and variable assurance.	C Diff are now attributed to KGH if the patient has been admitted in the last 4 weeks and is readmitted and diagnosed with C Diff. The ceiling has been set for 2023-24 by NHSE at 33 (reduction from 41). KGH has had 10 cases to date (July), which is below the rolling trajectory of 12.	SIGHT tool being promoted in clinical areas from the IPC team on ward meetings. IPC working with matrons and action plans have been drawn up in clinical areas to assist with auditing and education. Pharmacy are discussing correct prescribing of antibiotics within guidance for CDT patients with medical staff.	IPC daily visits to laboratory to check stool samples and liaising with the clinical areas to ensure all appropriate actions (SIGHT) have been put in place in the area. SIGHT posters given to clinical areas for nursing staff and medical staff. Stool chart audits by IPC on clinical area to ensure SIGHT tool, Isolation and stool sampling is in line with guidance. Actions then given back to clinical area.
NGH	01/08/23	Reduce the number of attributed Clostridium difficile against CCG ceiling. The CCG have now set a variable number per month with an annual ceiling of 41 for 2022-23.	9 patients developed C.diff infection (CDI) this month	The NHSE standard contract for CDI for NGH 2023/24 is 50 cases. The Trust is currently over trajectory for this with 36 cases year to date. This is on the IPC risk register. Nationally there has been an approximate 25% increase in CDI and the national NHSE team are investigating influencing factors for this.	Post-infection reviews and review meetings are completed for every HOHA and COHA CDI case. The IPC Team are delivering the 2023/24 CDI Improvement Plan and the designated CDI nurse within the IPC Team has fed back targeted learning from antibiotic prescribing that has contributed to CDI with the relevant clinicians successfully. Of the 9 patients, there were 4 lapses in care in August, all due to inappropriate antibiotic prescribing. Antimicrobial stewardship training sessions have been completed with various medical teams during August and the IPC Team have commenced a weekly Antibiotic Stewardship round in addition to the weekly Consultant Micro stewardship round.	The CDI position and actions are monitored monthly through IPSG, are raised quarterly via the IPC report to CQEG and QGC and monthly via the DON report to QGC for discussion and oversight. The IPC Team have received feedback in August from the NHS E Midlands IPC Lead visit in December and the outstanding actions have been progressed through the CDI Improvement plan and monitored through IPSG from September onwards.

SHMI

Committee Name: All

GroupName: All

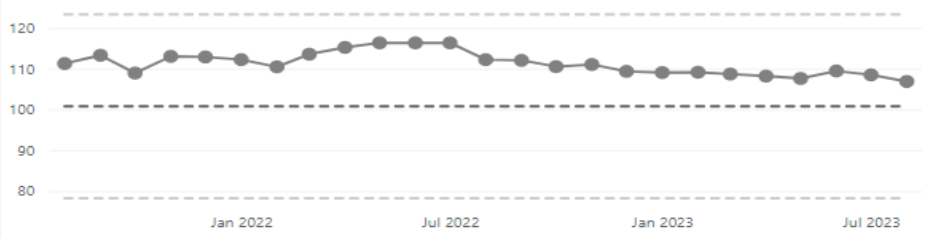
MetricName: SHMI

01/04/2019 – 01/08/2023

106.82		88	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

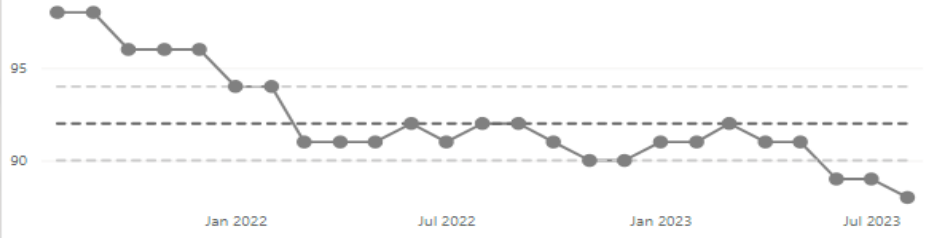
Kettering General Hospital

Summary Hospital-level Mortality Indicator: Quality



Northampton General Hospital

Summary Hospital-level Mortality Indicator: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	106.82 - 'as expected' (Data Period: April 22 - March 23)	SHMI is 'as expected' overall but higher than expected for 3 individual diagnosis groups: Pneumonia (123.30), Septicaemia; except in labour (136.18) an March d Cancer of Bronchus; Lung (149.49).	Analysis and assurance of individual diagnosis groups has been provided in the February 2023 and Quarter 4 22/23 Mortality Dashboards. Significant work from both the Coding and Mortality Review Teams continues to review and address the fluctuating SHMI. SHMI Mortality deep-dive was presented in June 2022. Metric has been within 'as expected' banding for 11 consecutive months.	Nil - Alerts are early warning indicators. KGH currently within 'as expected' banding when compared Nationally (Data via NHS England & supported by Dr Foster HSMR / SMR figures).
NGH	01/08/23	Summary Hospital-Level Mortality Indicator (SHMI) is an indicator of healthcare quality that measures whether the number of deaths in hospital, or within 30 days of patients leaving hospital, is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer.	Below expected range	Nil	Nil	Nil

HSMR

Committee Name: All

GroupName: All

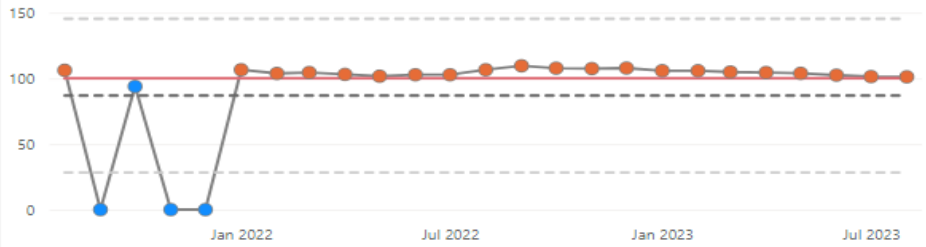
MetricName: HSMR

01/04/2019 – 01/08/2023

101.10	100	89	100
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

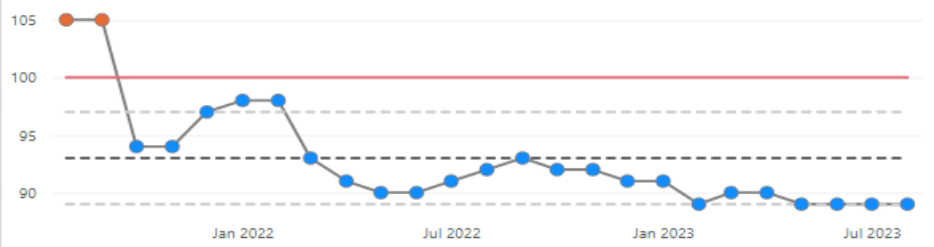
Kettering General Hospital

Hospital Standardised Mortality Ratio: Quality



Northampton General Hospital

Hospital Standardised Mortality Ratio: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital deaths.	101.1 - 'as expected' range	There are 2 outlying group attracting significantly higher than expected deaths: Septicemia (except in labour) and Congestive Heart Failure, non hypertensive – both of which continue to alert.	Septicemia and Heart Failure have been analysed and overviews provided in the monthly Mortality Dashboard (February 2023) and presented / discussed at QGSG and CQSP CiC. Sepsis Deep-Dive paper presented at QGSG and CQSPC in April 2023. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.	Mortality is monitored closely through the Medical Director's office. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group will be held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/08/23	Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the HSMR is the relative risk of in-hospital mortality for patients admitted within the 56 diagnosis groups that account for 80% of in-hospital	Below expected range	Gap between weekend / weekday HSMR and readmission data has previously been highlighted as an area to observe. Weekend / weekday data is submitted monthly to scorecard alongside the overall HSMR figure	Repeat deep-dive analysis to provide assurance planned for presentation at LFDG on 7th September of weekend / weekday & readmission HSMR data. Any items to highlight / escalate will be shared with CiC	Nil

SMR

Committee Name: All

GroupName: All

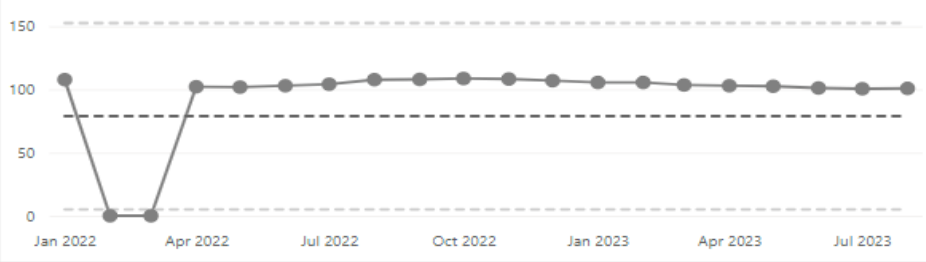
MetricName: SMR

01/04/2019 – 01/08/2023

100.80		89	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

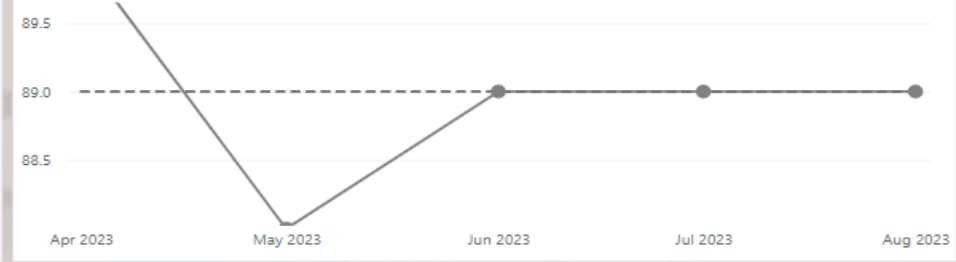
Kettering General Hospital

Standardised Mortality Ratio: Quality



Northampton General Hospital

Standardised Mortality Ratio: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	100.8 - "as expected" range	There are 2 outlying group attracting significantly higher than expected deaths: Septicemia (except in labour) and Congestive Heart Failure, non hypertensive – both of which continue to alert.	Septicemia and Heart Failure have been analysed and overviews provided in the monthly Mortality Dashboard (February 2023) and presented / discussed at QGSG and CQSP CiC. Sepsis Deep-Dive paper presented at QGSG and CQSPC in April 2023. The Trust continue to work with Clinical Coding, Clinical Leads and our Dr Foster Representative.	Mortality is monitored closely through the office of the Medical Director. Monthly meetings between Mortality, Dr Foster and Clinical Coding continue to be effective and as of September 2023, Learning from Deaths Group will be held monthly with Dr Foster alerts being a standing agenda item.
NGH	01/08/23	Standardised Mortality Ratio (SMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. A higher score means more deaths; a lower score, fewer. Statistically, the SMR is the relative risk of in-hospital mortality for all patients admitted.	Below expected range	Nil	Nil	Nil

Safe Staffing

Committee Name: All

GroupName: All

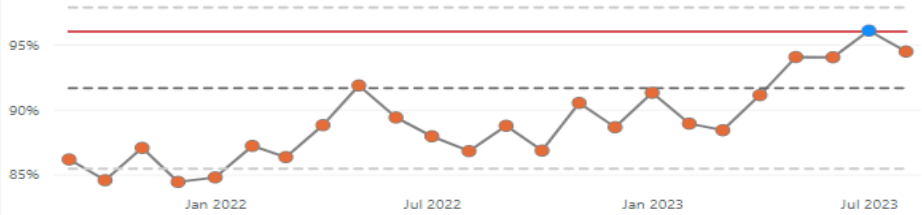
MetricName: Safe Staffing

01/03/2020 – 01/08/2023

94.46%	96.00%	103.10%	96.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

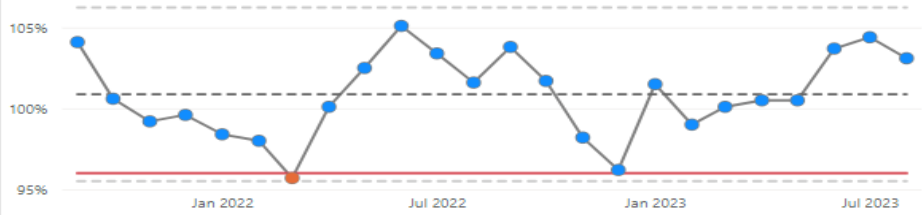
Kettering General Hospital

Safe Staffing: Quality



Northampton General Hospital

Safe Staffing: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	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 safe staffing fill rates dropped slightly in August from 96.07% to 94.46%	August saw increased unavailability due to annual leave (peak school holiday season) subsequently impacting the fill rates	All Nursing unavailability is monitored via the divisional rostering groups and upwards escalation via Workforce Activity & Finance committee. Divisions exceeding thresholds for leave approval were escalated to the committee.	Twice daily staffing cell monitors daily safe staffing levels and mitigates internally as possible. Thereon, operational mitigation occurs via temporary staffing including tier 4 agency.
NGH	01/08/23	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.	103.1% This is the combined day and night shift fill rate % for registered and non registered nursing staff, reported nationally to NHSE in accordance with the National Quality Board guidance. The value tells us that the combined registered and non registered nursing and midwifery fill rates are above the current NGH target and has increased by 1.6% since January (101.50%). This means that the actual staffing levels met the planned staffing levels 100.4% of the time in January which has a positive impact on patient safety, quality of care and patient experience.	Despite the increase in actual staffing fill rates; Nursing and Midwifery continues to be in excess of 30% unavailability with parenting rates of >5.7%, sickness above 7%. This indicates that the actual staffing fill rates have been supported by temporary staffing measures via bank and agency. The above 100% is a result of enhanced observation of care being in addition to budgeted establishment but essential to providing safe care to patients requiring enhanced levels of care and un-reflected roster templates changes awaiting to be updated.	The monthly roster metric KPI meetings will continue to focus on managing unavailability, there have been improvements in terms of other leave and roster housekeeping however high rates of sickness require a greater focus. The trust wide ongoing work around agency reduction plans will also be introduced at these meetings for discussion and assurance, as well as the weekly recruitment and retention meetings and progress tracker.	NGH hold twice daily safety huddles to monitor and mitigate staffing concerns and shortfalls where plans are made to provide internal mitigations and redeployment of staff to maintain safety. Temporary staffing is utilised when all opportunity for internal mitigation is exhausted. More recently UHN RAG rating for staffing shortfalls have been agreed and implemented, this has given a greater objectivity in relation to evaluation of shortfalls, this has ensured alignment of approach to staffing evaluation across KGH and NGH

30 day readmissions

Committee Name: All

GroupName: All

MetricName: 30 day readmissions

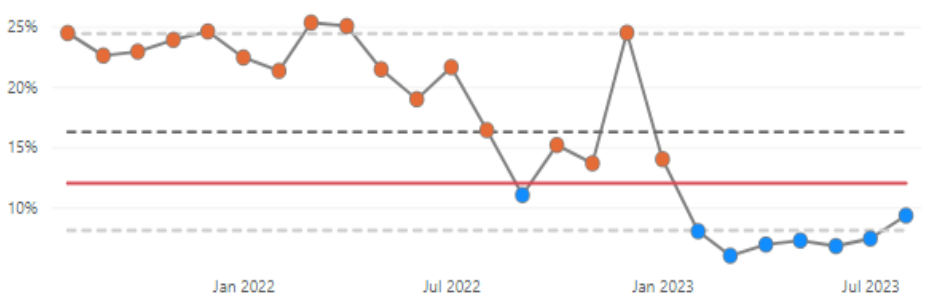
01/04/2019 – 01/08/2023

9.32%
KGH: Current Value

12.00%
KGH: Current Target

Kettering General Hospital

30 day readmissions: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of patients readmitted within 30 days of discharge	Current value remains below local and national target	Pressures in community services have resulted in patients being readmitted when packages fail or patients care requirements deviate from original requirement.	Concerns raised via safeguarding form a core part of discharge governance work which meets on a monthly basis actioning plans to improve communication and the quality of discharge assessments to reduce the risk of failed discharges	monthly discharge governance across all divisions with support from senior clinical staff

Never event incidence

Committee Name: All

GroupName: All

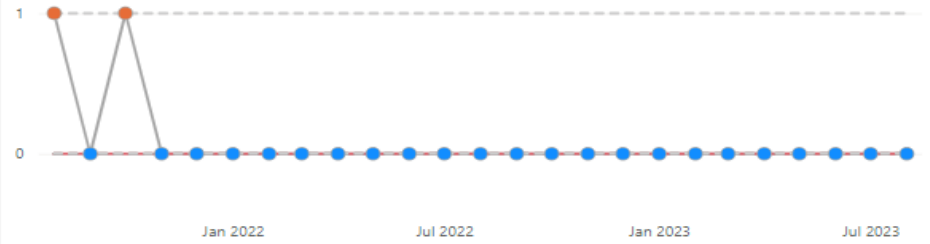
MetricName: Never event incidence

01/04/2019 – 01/08/2023

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

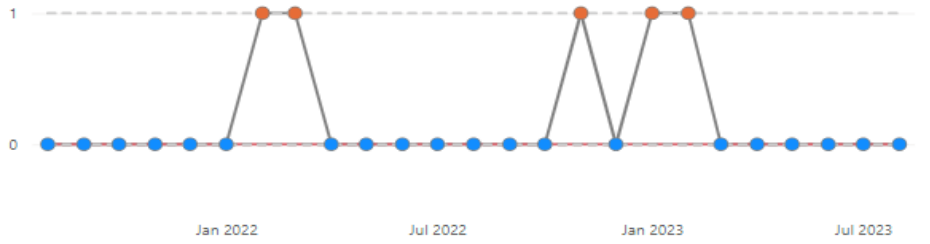
Kettering General Hospital

Never event incidence: Quality



Northampton General Hospital

Never event incidence: Quality



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. As context between 01 April 22 and 31 March 23, 410 never events were reported nationally. National themes are shared across the NHS for learning.	The chart shows that since November 2021 there is a positive assurance with no Never Events reported.	None	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.	None
NGH	01/08/23	Never Events are patient safety incidents that are wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and have been implemented by healthcare providers. As context between 01 April 22 and 31 March 23, 410 never events were reported nationally. National themes are shared across the NHS for learning.	The number of Never Events declared in the reporting period	There were no never events reported in August 2023	incidences 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 incidences meeting the never event status, are investigated using the root cause analysis techniques and include recommendations and actions to mitigate against future occurrences.

Finance and Performance Committee

Finance and Performance Committee

Exec owners: Fay Gordon, Palmer Winstanley, Helen Ellis

In reminder, this Committee monitors the 'sustainability' metrics and the 'systems and partnerships' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. The YTD position is a £11.3m deficit which is £7.0m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, maintaining elective performance in Q1, pay awards and other inflationary pressures and ongoing industrial action
2. Beds available/ utilisation: NGH opened up discharge lounge helping with flow; KGH will be reopening Thomas Moore ward in October to help with flow (bed base will therefore increase)
3. Elective inpatient/ day case activity: NGH have been asked to outsource their high-volume low complexity activity to allow us to concentrate on the complex robotic work for the region for next 6 months – we expect this to impact our activity figures
4. Cancer faster diagnosis remains excellent in performance. All performance standards have been impacted by the support holiday with a large amount of the backlog being at the patients' choice to defer next steps.

Key **developments with the IGR** itself for the Committee to note:

1. This Committee have asked whether Quality Committee is better placed to discuss 3 x sustainability metrics: Food wastage; desflurane; research participation.
2. Following discussion with Chair and Directors, removed two week wait, virtual outpatient appointments, RTT median wait incomplete pathway, clinically ready to proceed and duplicate activity metrics
3. 4hr ED performance metric developed for NGH. This will also be created for KGH in line with IGR roadmap
4. First use of this summary cover sheet across all Committees following feedback.

Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be submitted – therefore, this could lead to some gaps in reporting.

Sustainability

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Sustainability

5	0	9
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
KGH	Surplus / Deficit YTD (M)	-1.34
KGH	Surplus / Deficit YTD (M)	0.00
KGH	Outpatients activity (& vs plan)	95.30%
KGH	Non-elective activity (& vs plan)	130.90%
KGH	Headcount actual vs planned (substantive / agency / bank)	4,841
KGH	Elective inpatient activity (& vs plan)	89.05%
KGH	Elective day-case activity (& vs plan)	103.88%
KGH	CIP Performance YTD (M)	0.00
KGH	CIP Performance YTD (M)	2.53
KGH	Bank and Agency Spend (M)	0.00
KGH	Bank and Agency Spend (M)	4.49
KGH	A&E activity (& vs plan)	102.70%

Metric	Comment
M5 Position	The in-month position is a £1.3m deficit which is £0.8m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, a shortfall in the delivery of elective recovery, pay awards and other inflationary pressures.
YTD Position	The YTD position is a £7.1m deficit which is £2.9m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, a shortfall in the delivery of elective recovery, pay awards and other inflationary pressures and ongoing industrial action
Income	Year to date income is £0.5m better than plan plan. This includes £0.8m NHSE variable income higher than plan partially offset by £0.2m estimated ERF under-delivery
Non Pay	Year to date non pay is £0.6m worse than plan as a result of £1.0m of continuing utilities pressures partially offset by CDC expenditure lower than plan and net variances on efficiencies and the release of non pay expenditure accruals related to ERF delivery.
Pay	Year to date pay costs are £2.9m worse than than plan, including £1.7m of pressures relating to industrial action, £0.3m of pay award pressures and £1.1m under delivery on efficiencies

Sustainability

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Sustainability

0	5	9
Exec comments KGH	Exec comments NGH	Total No. of Metrics

Site	MetricName	Value
NGH	Surplus / Deficit YTD (M)	-2.70
NGH	Outpatients activity (& vs plan)	93.39%
NGH	Non-elective activity (& vs plan)	74.37%
NGH	Headcount actual vs planned (substantive / agency / bank)	6,139
NGH	Elective inpatient activity (& vs plan)	93.96%
NGH	Elective day-case activity (& vs plan)	101.62%
NGH	CIP Performance YTD (M)	1.30
NGH	Bank and Agency Spend (M)	6.70
NGH	A&E activity (& vs plan)	104.01%

Metric	Comment
M5 Position	The in-month position is a £2.7m deficit which is £3.1m worse than plan. This includes £1.6m shortfall in efficiency delivery in month, further industrial action impact of £0.6m and £0.4m impact of the Medical and Dental pay award beyond national funding uplifts. The remaining £0.5m includes continued UEC pressures, ongoing Agenda For Change pay award and other inflationary pressures.
YTD Position	The YTD position is a £11.3m deficit which is £7.0m worse than plan. This is impacted upon by under-delivery of efficiencies, continued UEC pressures, maintaining elective performance in Q1, pay awards and other inflationary pressures and ongoing industrial action
Income	Year to date income is £2.4m better than plan. this includes £0.3m estimated ERF under delivery, £0.4m CDC and non clinical income under delivery offset by £2.3m PSDS income ahead of plan
Non Pay	Year to date non pay is £2.1m worse than plan including £0.5m of continuing utilities pressures and a further £1.6m net operational position including efficiency slippage and continued clinical expenditure related to elective activity delivery.
Pay	Year to date pay costs are £5.0m worse than plan including £2.4m of pressures relating to industrial action, £2.1m of efficiency slippage, £1.0m of pay award pressures offset by other operational variances and release of accruals.

Summary Table

Committee Name	Group Name	Metric Name	Site	Variation
All	Sustainability	Multiple selections	All	All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
NGH	Sustainability	Income YTD (M)	01/08/23	42.80	41.4	49.81	49.81	49.81
KGH	Sustainability	Income YTD (M)	01/08/23	34.76	32.53	36.78	36.78	36.78
NGH	Sustainability	Pay YTD (M)	01/08/23	30.80	27.6	34.58	34.58	34.58
NGH	Sustainability	Non Pay YTD (M)	01/08/23	12.10	11.2	14.91	14.91	14.91
KGH	Sustainability	Pay YTD (M)	01/08/23	24.31	21.2	24.61	24.61	24.61
KGH	Sustainability	Non Pay YTD (M)	01/08/23	10.33	10.22	10.07	10.07	10.07
NGH	Sustainability	Surplus / Deficit YTD (M)	01/08/23	-2.70	0.4	2.13	2.13	2.13
NGH	Sustainability	CIP Performance YTD (M)	01/08/23	1.30	2.9		0	
KGH	Sustainability	Surplus / Deficit YTD (M)	01/08/23	-1.34	-0.49	3.62	3.62	3.62
NGH	Sustainability	Bank and Agency Spend (M)	01/08/23	6.70	3.8	6.62	6.62	6.62
KGH	Sustainability	CIP Performance YTD (M)	01/08/23	2.53	1.68	1.18	1.18	1.18
KGH	Sustainability	Bank and Agency Spend (M)	01/08/23	4.49	2.17	3.74	3.74	3.74
KGH	Sustainability	Beds available	01/08/23	522		505	518	531
NGH	Sustainability	Beds available	01/08/23	554		683	693	703
KGH	Sustainability	Theatre sessions planned	01/08/23	372		150	277	404
NGH	Sustainability	Theatre sessions planned	01/08/23	609		437	573	709

Summary Table

Committee Name: All

Group Name: Sustainability

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
NGH	Sustainability	A&E activity (& vs plan) 2	01/08/23	10,931	10510		11360	
KGH	Sustainability	A&E activity (& vs plan) 2	01/08/23	8,983	8745	3769	6911	10054
NGH	Sustainability	Non-elective activity (& vs plan) 2	01/08/23	5,891	3961		5701	
NGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/08/23	329	350		350	
KGH	Sustainability	Non-elective activity (& vs plan) 2	01/08/23	2,453	1874	1088	1843	2598
NGH	Sustainability	Elective day-case activity (& vs plan) 2	01/08/23	4,086	4021		3953	
KGH	Sustainability	Elective inpatient activity (& vs plan) 2	01/08/23	323	357	99	246	393
KGH	Sustainability	Elective day-case activity (& vs plan) 2	01/08/23	3,787	3609	1058	2493	3928
NGH	Sustainability	Outpatients activity (& vs plan) 2	01/08/23	43,314	46381		42598	
KGH	Sustainability	Outpatients activity (& vs plan) 2	01/08/23	30,593	32650	10084	22922	35760
NGH	Sustainability	Food wastage	01/08/23	8.24		11.17	11.17	11.17
KGH	Sustainability	Food wastage	01/08/23	0.00		9.73	9.73	9.73
KGH	Sustainability	Desflurane Usage	01/08/23	0.00%		1.08%	11.52%	21.97%
NGH	Sustainability	Desflurane Usage	01/08/23	0.00%		-2.46%	0.92%	4.29%
NGH	Sustainability	Research Participation	01/08/23	55	167	-23	137	297
KGH	Sustainability	Research Participation	01/08/23	257		-41	127	296

Income YTD (M)

Committee Name: All

GroupName: All

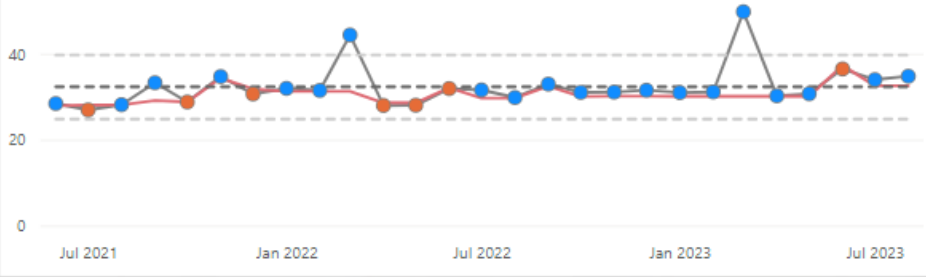
MetricName: Income YTD (M)

01/03/2020 – 01/08/2023

34.76	32.53	42.80	41.4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

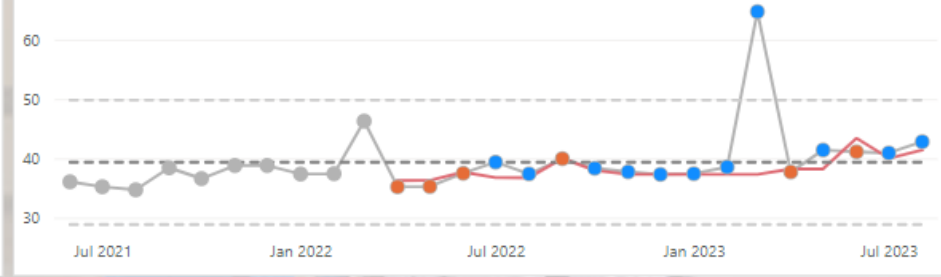
Kettering General Hospital

Income YTD (M): Sustainability



Northampton General Hospital

Income YTD (M): Sustainability



Pay YTD (M)

Committee Name: All

GroupName: All

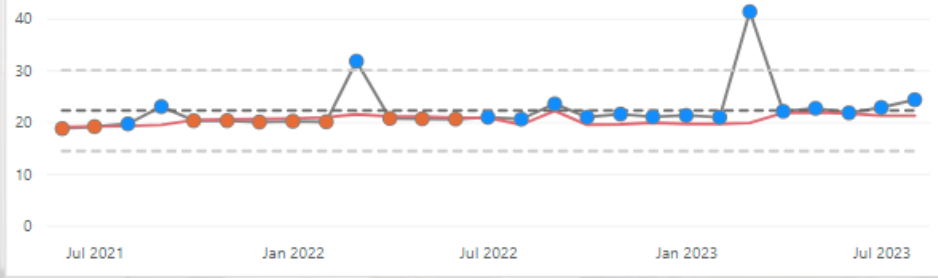
MetricName: Pay YTD (M)

01/03/2020 – 01/08/2023

24.31	21.2	30.80	27.6
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

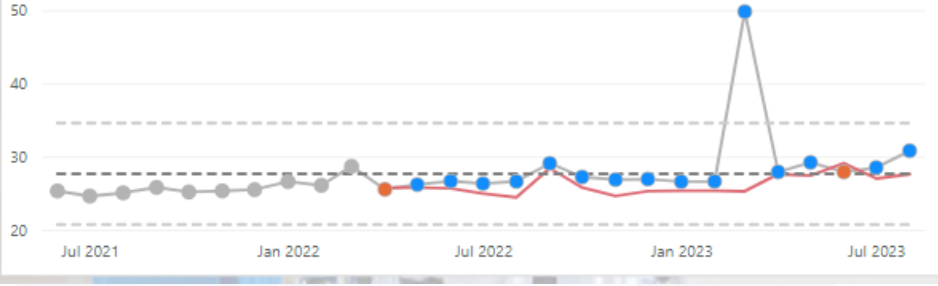
Kettering General Hospital

Pay YTD (M): Sustainability



Northampton General Hospital

Pay YTD (M): Sustainability



Non Pay YTD (M)

Committee Name: All

GroupName: All

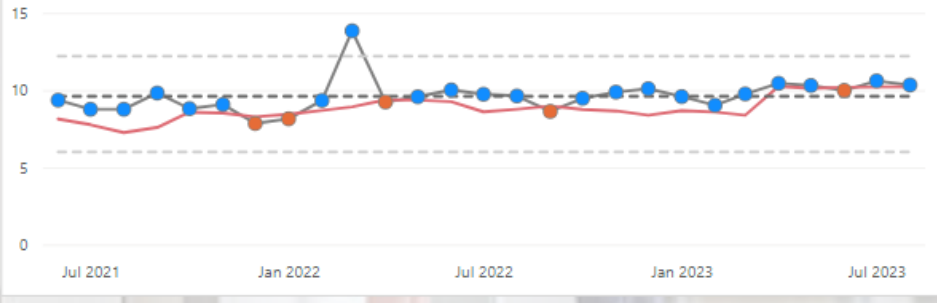
MetricName: Non Pay YTD (M)

01/03/2020 – 01/08/2023

10.33	10.22	12.10	11.2
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

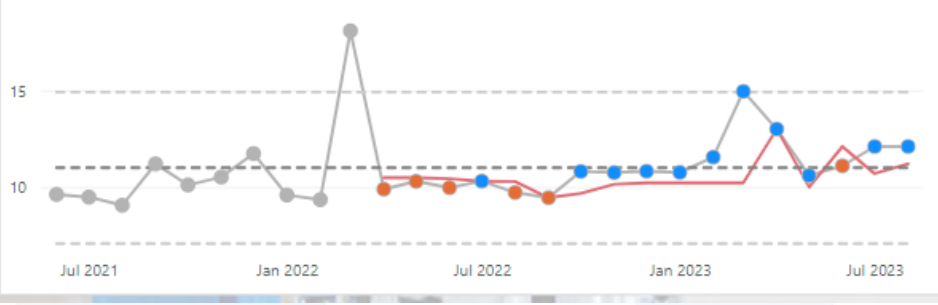
Kettering General Hospital

Non Pay YTD (M): Sustainability



Northampton General Hospital

Non Pay YTD (M): Sustainability



Surplus / Deficit YTD (M)

Committee Name: All

GroupName: All

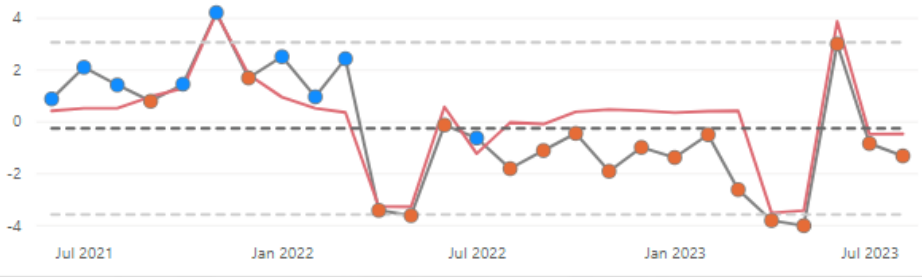
MetricName: Surplus / Deficit YTD (M)

01/03/2020 – 01/08/2023

-1.34	-0.49	-2.70	0.4
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

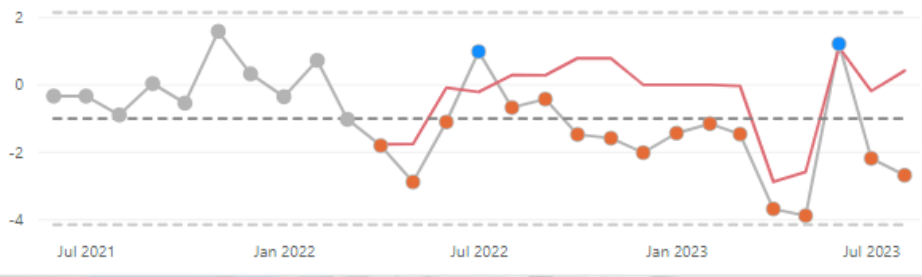
Kettering General Hospital

Surplus / Deficit YTD (M): Sustainability



Northampton General Hospital

Surplus / Deficit YTD (M): Sustainability



CIP Performance YTD (M)

Committee Name: All

GroupName: All

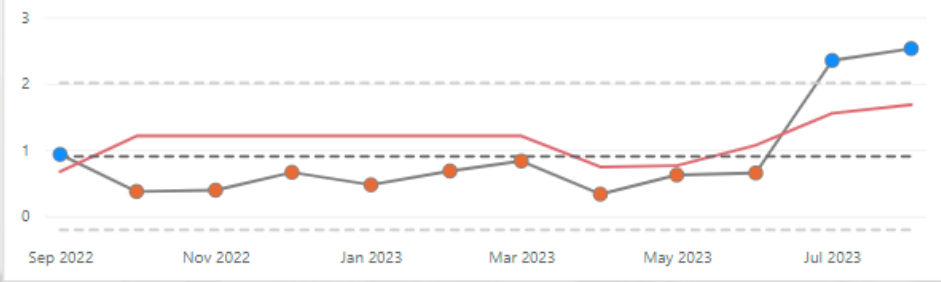
MetricName: CIP Performance YTD (M)

01/03/2020 – 01/08/2023

2.53	1.68	1.30	2.9
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

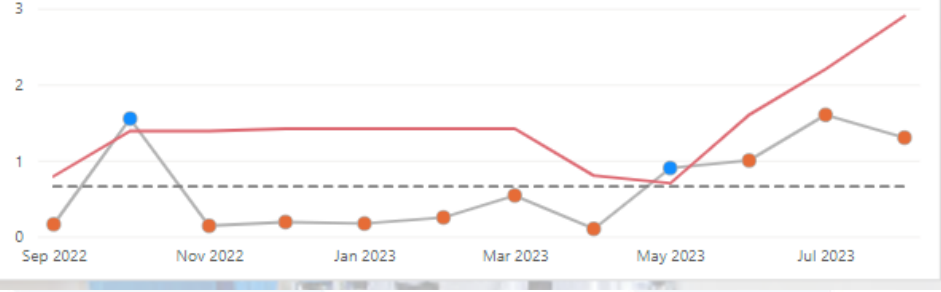
Kettering General Hospital

CIP Performance YTD (M): Sustainability



Northampton General Hospital

CIP Performance YTD (M): Sustainability



Bank and Agency Spend (M)

Committee Name: All

GroupName: All

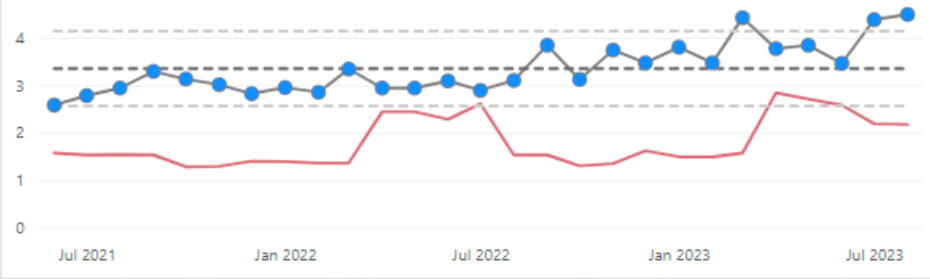
MetricName: Bank and Agency Spend (M)

01/03/2020 – 01/08/2023

4.49	2.17	6.70	3.8
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

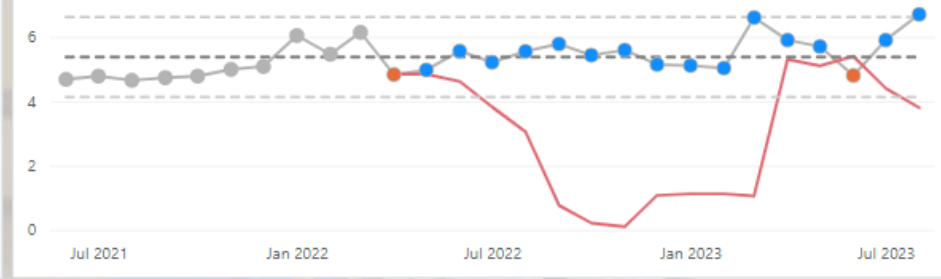
Kettering General Hospital

Bank and Agency Spend (M): Sustainability



Northampton General Hospital

Bank and Agency Spend (M): Sustainability



Beds available

Committee Name: All

GroupName: All

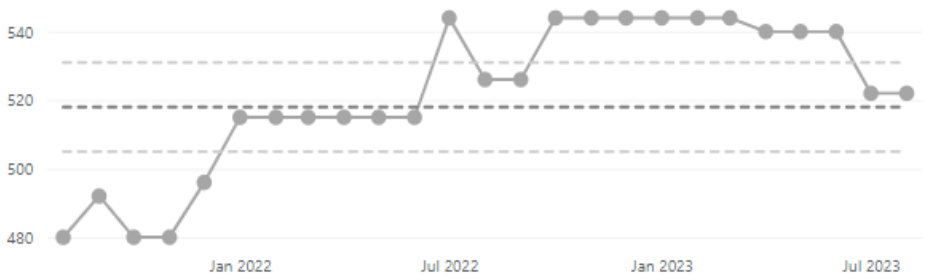
MetricName: Beds available

01/04/2019 – 01/08/2023

522		554	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Beds available: Sustainability



Northampton General Hospital

Beds available: Sustainability

Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of General and Acute Beds (G&A)	18 beds closed (Sir Thomas Moore) for 3 months as part of capacity and financial management plans	ideally the capacity created by maintaining these beds would of supported flow and reduce bed occupancy by 3-4%	Use escalation capacity to support demand peaks	Re-open Sir Thomas Moore beds in Oct to support predicted pressures
NGH	01/08/23	Number of General and Acute Beds (G&A)	Within normal limits for bed availability	Whilst we have beds, issue remains long LoS of pathway patients on our wards preventing the usage of c. 90 beds.	Have opened up the discharge lounge which helps with time of day. Continued focus of time of day of discharge , ensuring pts are admitted to right bed at point of admission for nel pts which reduces number of moves and los	ongoing focussed board rounds, identifying speciality beds and ring fencing for nel acute 24/7 admissions is having positive impact not just for bed availability but also for number of stranded patients. Continued push for use of virtual ward and alternatives to admission.

Theatre sessions planned

Committee Name: All

GroupName: All

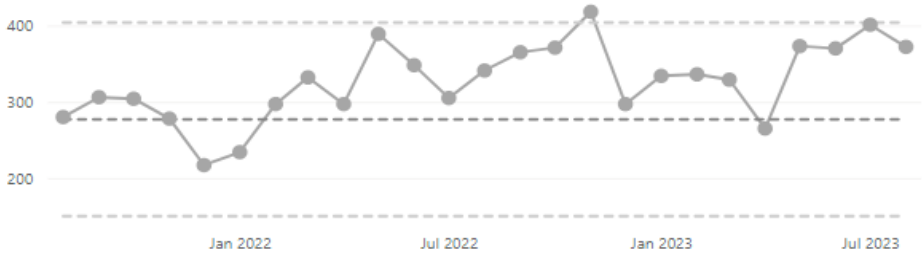
MetricName: Theatre sessions planned

01/04/2019 – 01/08/2023

372		609	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

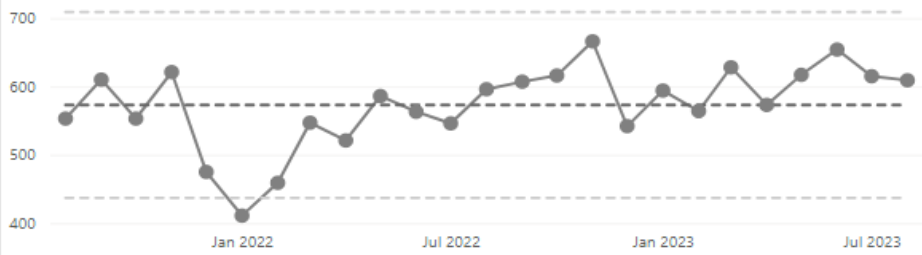
Kettering General Hospital

Theatre sessions planned: Sustainability



Northampton General Hospital

Theatre sessions planned: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	To monitor number of elective theatre sessions	The chart tells us the number of theatre sessions used during August was 372.	The number of theatre sessions was adversely affected by industrial action, but still saw the second highest monthly theatre activity since November 2022. Anaesthetic availability as a result of ITU consultant shortage decreased potential number of sessions available	Continued recruitment to Theatres with ongoing planning at weekly Theatre Planning meeting with all specialties represented. Review of anaesthetic staffing. Proposal to increase ITU consultant staffing (at lower cost than WLIs) to free up theatre anaesthetics submitted	weekly Theatre Planning meeting and use of premium costs anaesthetists (locums, WLI and insourced)
NGH	01/08/23	To monitor number of elective theatre sessions	609 sessions planned for this month	Lack of Anaesthetists resulting in the cancellation of some planned lists. Industrial Action has also led to list cancellations	Ongoing recruitment. Development of a workforce plan	Use of locum and agency staff. Additional weekend lists for long waiting patients affected by the Industrial Action

A&E activity (& vs plan) 2

Committee Name: All

GroupName: All

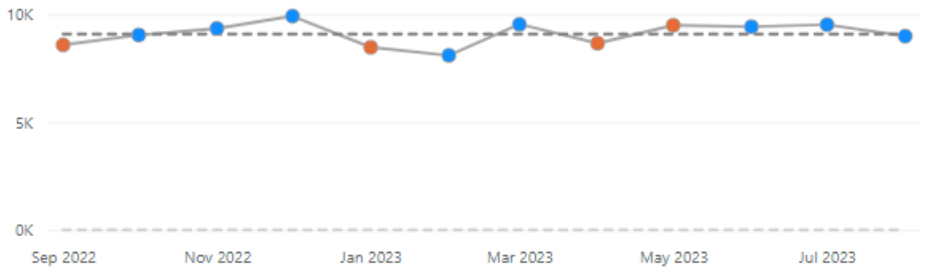
MetricName: A&E activity (& vs plan) 2

01/03/2020 – 01/08/2023

8,983	8745	10,931	10510
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

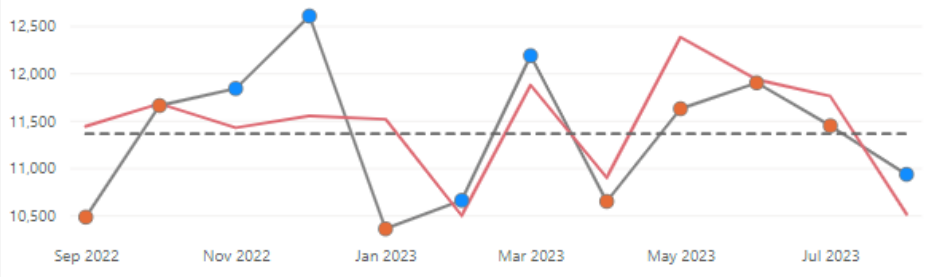
Kettering General Hospital

A&E activity (actual vs plan): Sustainability



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	A&E attendances	This Chart shows the number of ED Attendances during each month? and have exceeded our target.	None	we are actively trying to stream patients to alternative services to protect ED for oversubscription which may appear counter intuitive in terms of trying to meet increased attendance targets.	patients are treated in SDEC, and UTC and those services have seen referral numbers increase massively evidencing the effectiveness of what is being streamed away.

Non-elective activity (& vs plan) 2

Committee Name: All

GroupName: All

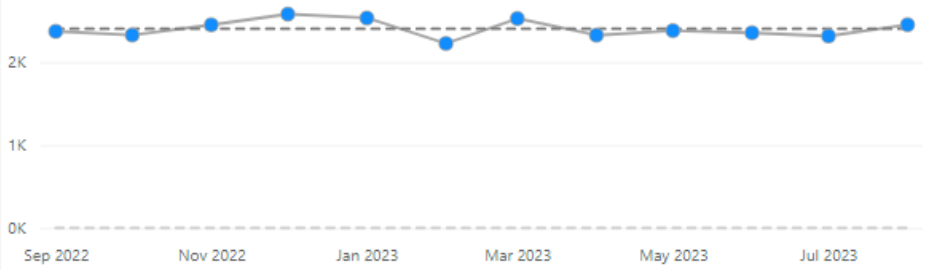
MetricName: Non-elective activity (& vs plan) 2

01/03/2020 – 01/08/2023

2,453	1874	5,891	3961
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

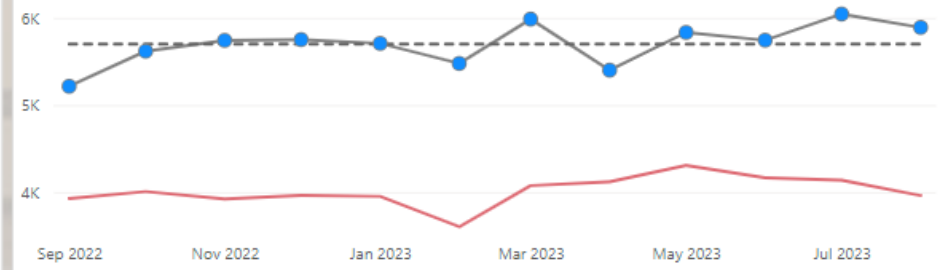
Kettering General Hospital

Non-elective activity (actual vs plan): Sustainability



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	Non-elective activity is all the patients admitted to inpatient areas with a non-elective/emergency admission method.	this data set shows an increase of activity through the service that has slowly continued from oct 23	None	none - continue current trajectory and performance	None

Elective inpatient activity (& vs plan) 2

Committee Name: All

GroupName: All

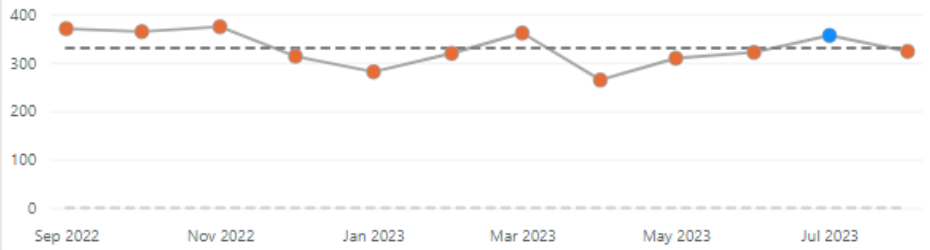
MetricName: Elective inpatient activity (& vs plan) 2

01/03/2020 – 01/08/2023

323	357	329	350
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

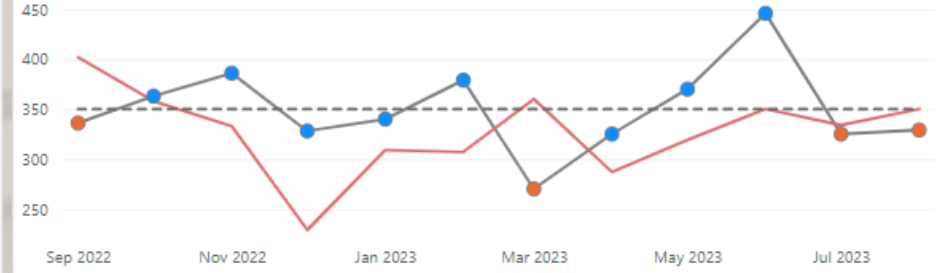
Kettering General Hospital

Elective inpatient activity (actual vs plan): Sustainability



Northampton General Hospital

Elective inpatient activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	Elective inpatient activity actuals v plan	The Trust saw 94% (329 vs 350 target) of its Elective activity vs plan during August 23	While performance against target appeared to reduce slightly in August from 97% to 94%. We actually saw more patients 329 compared to 325 the previous month as the target for August had been increased from 334 to 350. This is pleasing against the backdrop of Junior doctor and consultant industrial action and the school holidays	Where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We have to started work with Athena Surgical Services in August with 650 cases being sent there to be operated on my our consultants which will ensure the activity contributed to our ERF figures	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum

Elective day-case activity (& vs plan) 2

Committee Name: All

GroupName: All

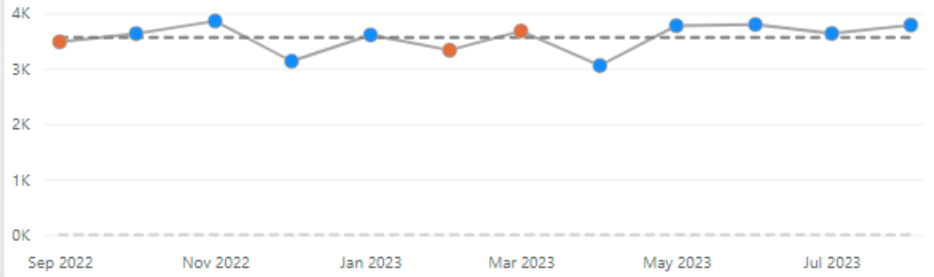
MetricName: Elective day-case activity (& vs plan) 2

01/03/2020 – 01/08/2023

3,787	3609	4,086	4021
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

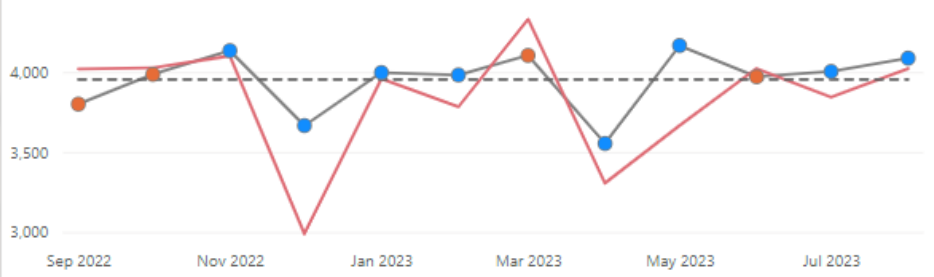
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	Elective day case activity actuals v plan	Data shows that we are delivering at 101.62% (4086 patients vs 4021 target) against the plan for August 23	While performance against target appeared to reduce slightly in August from 104% to 101.62%. We actually saw more patients 4086 compared to 4003 the previous month as the target for August had been increased. This is pleasing against the backdrop of Junior doctor and consultant industrial action and the school holidays	Where we have specialties under severe pressure such at ENT we are working with IS providers to source additional capacity to mitigate. We have to started work with Athena Surgical Services in August with 650 cases being sent there to be operated on my our consultants which will ensure the activity contributed to our ERF figures	NGH have been asked by NHSE to outsource their High Volume Low Complexity (HVLC) activity to allow us to concentrate on the complex cancer robotic work for the region for the next 6 months as a minimum

Outpatients activity (& vs plan) 2

Committee Name: All

GroupName: All

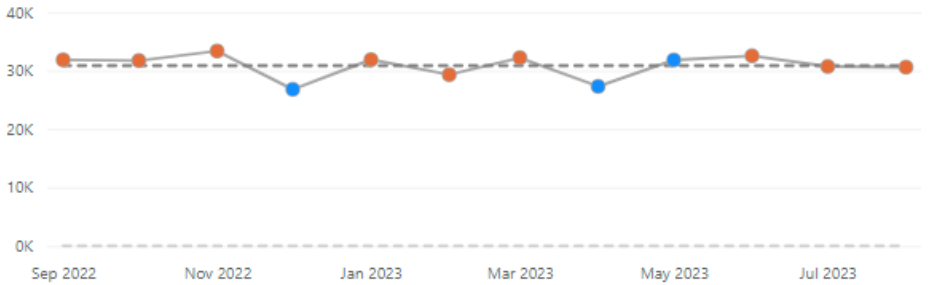
MetricName: Outpatients activity (& vs plan) 2

01/03/2020 – 01/08/2023

30,593	32612	43,314	46381
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

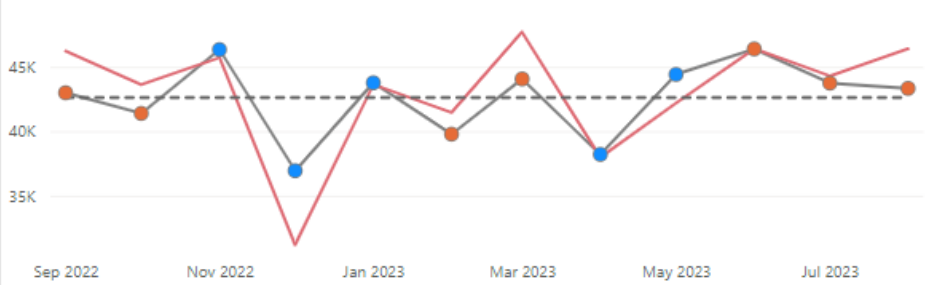
Kettering General Hospital

Outpatients activity (actual vs plan): Sustainability



Northampton General Hospital

Outpatients activity (& vs plan) 2: Sustainability



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	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 93.4% against the plan for August (43,314 vs 46381) OPD appointments	While performance against target appeared to reduce slightly in August from 98.75% to 93.4%. The target for August had been increased from 44,275 to 46,381. This is pleasing against the backdrop of Junior doctor and consultant industrial action and the school holidays	Weekly monitoring in place with Divisional PTL's and a weekly Access Board meeting where activity vs plan is a standing agenda item. The Trust is currently preparing its assurance response to NHSE 'Protecting and expanding elective capacity' to be submitted in September	Outpatient improvement project has recommenced across the group with a Regional focus on DNA's, referral triage and PIFU and a local focus on ENT, Dermatology, Urology and Cardiology

Food wastage

Committee Name: All

GroupName: All

MetricName: Food wastage

01/04/2019 01/08/2023

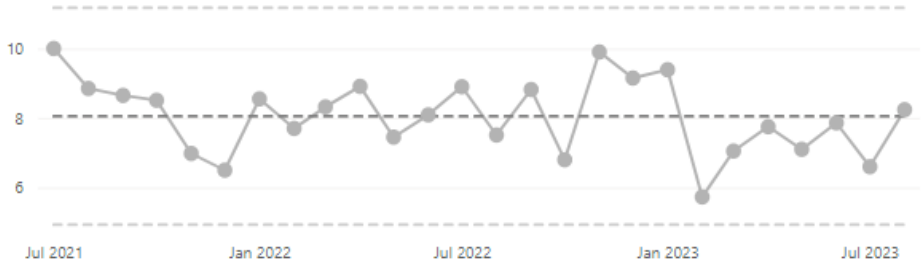
8.24

NGH: Current Value

NGH: Current Target

Northampton General Hospital

Food wastage (t): Sustainability



NGH	01/08/23	A Group sustainability priority for reduction of the carbon footprint of food waste. Financial savings for Trust	Trend still indicates BAU wastage and no negative / positive trend and is flat since Feb overall.	No drop in Dysphasia requests for meals despite low numbers of patients identified by SALT. Review meeting in month.	Escalation to ADNs and DDoN	None, just not materialising potential benefit financially and in terms of waste as these meals are bought in and not produced in house due to retirement of staff.

Desflurane Usage

Committee Name: All

GroupName: All

MetricName: Desflurane Usage

01/04/2019 01/08/2023

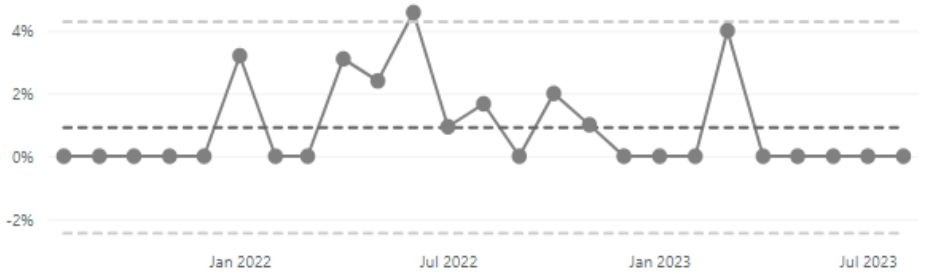
0.00%

NGH: Current Value

NGH: Current Target

Northampton General Hospital

Desflurane Usage: Sustainability



NGH	01/08/23	Standard contract requirement is to reduce to less than 5% desflurane with 0 being reached at the end of financial year 23/24. Also a Group sustainability priority for reduction of the carbon footprint of Desflurane	NGH still shows no usage	None	None - keep under review	None - keep under review

Summary Table

Committee Name: All

Group Name: Systems and Partnerships

Metric Name

Site

Variation

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
KGH	Systems and Partnerships	31-day wait for first treatment	01/07/23	96.30%	96.00%	93.89%	97.05%	100.21%
NGH	Systems and Partnerships	31-day wait for first treatment	01/07/23	91.00%	96.00%	82.13%	91.94%	101.75%
NGH	Systems and Partnerships	62-day wait for first treatment	01/07/23	60.00%	85.00%	48.72%	64.38%	80.04%
KGH	Systems and Partnerships	62-day wait for first treatment	01/07/23	50.00%	85.00%	49.96%	71.48%	92.99%
KGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/07/23	84.50%	75.00%	77.53%	84.85%	92.18%
NGH	Systems and Partnerships	Cancer: Faster Diagnostic Standard	01/07/23	84.70%	75.00%	75.52%	80.59%	85.66%
NGH	Systems and Partnerships	6-week diagnostic test target performance	01/08/23	62.57%	99.00%	66.06%	75.02%	83.99%
KGH	Systems and Partnerships	6-week diagnostic test target performance	01/08/23	61.00%	99.00%	54.18%	71.74%	89.31%
NGH	Systems and Partnerships	Unappointed outpatient follow ups	01/08/23	14,959	0	15215	18831	22447
KGH	Systems and Partnerships	Unappointed outpatient follow ups	01/08/23	4,762		7452	14864	22275
KGH	Systems and Partnerships	RTT over 52 week waits	01/08/23	566	0	38	88	138
KGH	Systems and Partnerships	Size of RTT waiting list	01/08/23	29,320		20305	22075	23845
KGH	Systems and Partnerships	Theatre utilisation	01/08/23	80.00%	85.00%	66.51%	73.7%	80.9%
NGH	Systems and Partnerships	Theatre utilisation	01/08/23	78.00%	85.00%	67.93%	74.36%	80.79%
KGH	Systems and Partnerships	Bed utilisation	01/08/23	96.98%		87.77%	92.92%	98.07%

Summary Table

Committee Name: All

Group Name: Systems and Partnerships

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
NGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/08/23	356	0	324	352	380
KGH	Systems and Partnerships	Stranded patients (7+ day length of stay)	01/08/23	255	0	213	253	294
NGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/08/23	153	0	117	155	193
KGH	Systems and Partnerships	Super-Stranded patients (21+ day length of stay)	01/08/23	86	0	64	90	117
KGH	Systems and Partnerships	Patients with a reason to reside	01/08/23	77.33%		53.58%	68.93%	84.27%
NGH	Systems and Partnerships	Patients with a reason to reside	01/08/23	70.51%	95.00%	61.25%	66.81%	72.37%
NGH	Systems and Partnerships	Ambulance Handover	01/08/23	27		-82	174	430
KGH	Systems and Partnerships	Ambulance Handover	01/08/23	31		-46	50	146
NGH	Systems and Partnerships	Time to initial assessment	01/08/23	50.02%		42.51%	49.14%	55.78%
KGH	Systems and Partnerships	Time to initial assessment	01/08/23	63.89%		30.98%	57.41%	83.84%
NGH	Systems and Partnerships	Average time in department - Admitted	01/08/23	815		552	796	1041
KGH	Systems and Partnerships	Average time in department - Admitted	01/08/23	502		269	511	754
NGH	Systems and Partnerships	Average time in department - Discharged	01/08/23	200		166	194	223
KGH	Systems and Partnerships	Average time in department - Discharged	01/08/23	225		145	216	288
NGH	Systems and Partnerships	4hr ED Performance	01/08/23	64.71%	76.00%	62.41%	67.16%	71.9%

Systems and Partnerships

KGH | NGH

Committee Name: Integrated Governance Report (I...

GroupName: Systems and Partnerships

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

Site	MetricName	Value
NGH	Theatre utilisation	78.00%
KGH	Theatre utilisation	80.00%
KGH	Super-Stranded patients (21+ day length of stay)	86
NGH	Super-Stranded patients (21+ day length of stay)	153
KGH	Stranded patients (7+ day length of stay)	255
NGH	Stranded patients (7+ day length of stay)	356
KGH	RTT over 52 week waits	566
NGH	RTT over 52 week waits	1,462
KGH	RTT median wait incomplete pathways	13.10
NGH	RTT median wait incomplete pathways	13.50
NGH	Patients with a reason to reside	70.51%
KGH	Patients with a reason to reside	77.33%
KGH	Cancer: Faster Diagnostic Standard	84.50%
NGH	Cancer: Faster Diagnostic Standard	84.70%
NGH	Bed utilisation	87.67%
KGH	Bed utilisation	96.98%
KGH	6-week diagnostic test target performance	61.00%
NGH	6-week diagnostic test target performance	62.57%
KGH	62-day wait for first treatment	50.00%
NGH	62-day wait for first treatment	60.00%

Metric	Comment	Site
Cancer	Faster diagnosis remains excellent in performance. All performance standards have been impacted by the summer holidays with a large amount of the backlog being at the patient's choice to defer next steps (treatment, diagnostics, OPA). The overall backlog has continued to see declines as we are treating record numbers of patients despite the continued IA action. National revisions with reporting for Cancer standards (metric reduction and consolidation) is due for implementation from October and will be reflected on papers going forwards.	KGH
Patient Choice Mobilisation	Patient Initiated Digital Mutual Aid System. As from October 31st patients waiting over 40 wks will be offered a choice to seek alternative care provision using the national DMAS system. The national plan is to eventually offer to all patients waiting over 18 weeks. The trust are working to mobilise this although it is envisaged that it will increase expectations, cause administrative additional burdens and have little impact due to limited capacity available - this has been the experience of inter provider mutual aid for extremely long waiting patients.	KGH
Diagnostics	Performance has seen great improvements to almost two thirds being seen in time (6wks) 61% in Aug 2023. Radiology continues to see improvements however are still challenged from a Cardiac testing position. A new locum has been recruited of which will provide support to this. Echo continues with recruitment challenges of which a business plan for recovery remain with executives to consider	KGH
Referral to Treatment (RTT)	The overall PTL, Patients over 65w and patients over 52w have seen an increase in month with both OPA and IP capacity being challenged by the IA. Insourcing has seen in a reduction in long wait in urology and oral surgery, and that has been particularly beneficial for children's oral surgical waits. Specialties seeing significant challenges include Vascular and ENT as the trust continues to support NGH with long waiting patients. Respiratory and Neurology have extensive long waits for first OPAs (40w+ in some cases). Additional WLI and seeking commissioning of external neurology triage are planned mitigations.	KGH

62-day wait for first treatment

Committee Name: All

GroupName: All

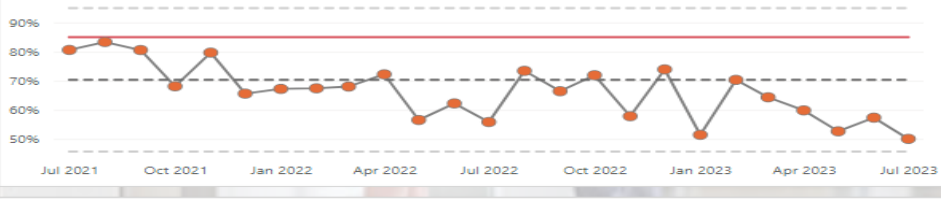
MetricName: 62-day wait for first treatment

01/04/2019 – 01/08/2023

50.00%	85.00%	60.00%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

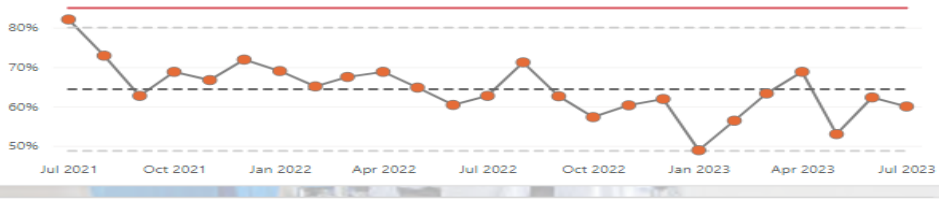
Kettering General Hospital

62-day wait for first treatment: Systems and Partnerships



Northampton General Hospital

62-day wait for first treatment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/07/23	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the standard for the month of July, achieving 50% against the standard of 85%.	A number of treatments were delayed due to the impact of cancelled appointments and activity because of industrial action. The highest proportion of breaches were in surgery. (Breast, Colorectal and Urology) The Trust has treated a higher proportion of patients who have breached the standard which has affected the Trust's performance against the standard, and has also contributed to a reduction in the number of of patient pathways which have passed breach date. Clinical review of the PTL has ensured faster decision making and identification of next steps resulting in a reduction in patient pathways without a diagnosis passed breach date. Delays to CTC scans and LATPs continue to affect performance but processes are in place to mitigate The Trust received notification of combined standards (62d, screening, consultant upgrades) from October. Analysis of which shows compliance with performance would be more favorable when standards are combined.	No change - Cancer recovery action plan discussed and updated weekly by Head of Nursing Cancer and presented at Patient access board. No change - Weekly calls take place with tertiary centres for next steps of patients. No change - Following escalation, specialist commissioning are undertaking a 3 month review of providers who deliver robotic surgery organisations No change - Weekly attendance from radiology and histology at twice weekly PTLs to expediate pathways LATP nurse now in post and is scheduled to achieve competancy by end of September 2023. Improved contact required for patients requiring CTCs. Dedicated phoneline to be installed Impact of industrial action added to risk register Clinicians reviewing their patients on the PTL for quicker decisions on next steps	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. Patient access board continues weekly where actions to improve cancer performance are highlighted by the divisions and escalated when necessary. LATP and OPA capacity managed weekly and clinics changed to accomodate where demand required Additional lists provided for increased demand of CT colon requests
NGH	01/07/23	% of patients whose treatment in initiated within 63 days of urgent referral	The Trust did not meet the standard reaching 60% against the 85% standard.	It is recognised nationally that until trusts considerably reduce their backlogs, patients waiting on a pathway 62 days+ recovery of this standard will not occur. 100 treatments occurred of which 40 breached the standard. Industrial action has also contributed to delays this month The Trust is ranked 6th out of 80 in terms of its backlog across the whole country and is performing better than	The trust continues to prioritise cancer, seeing improvements in diagnostic waiting times as is evidenced by our 28 day faster diagnosis performance. Moving patients to treatment is the biggest challenge.	site and corporate ptl's provide full visibility of patient pathways, trust escalation policy identifies patients not meeting key milestones for services to address, weekly access committee to highlight areas of concern to services teams, monthly cancer strategy group overseeing and driving improvements

Cancer: Faster Diagnostic Standard

Committee Name: All

GroupName: All

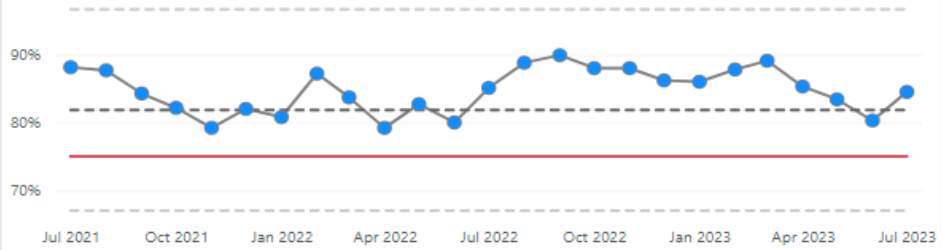
MetricName: Cancer: Faster Diagnostic Standard

01/04/2019 – 01/08/2023

84.50%	75.00%	84.70%	75.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

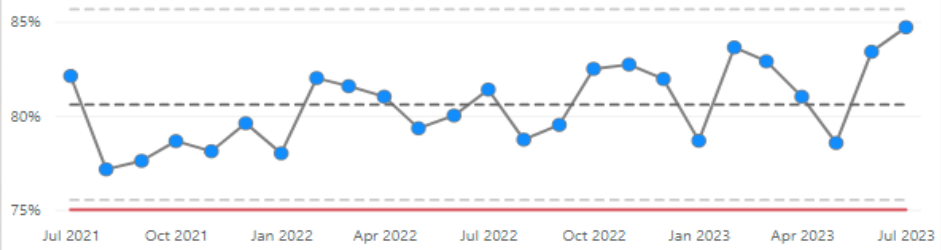
Kettering General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Northampton General Hospital

Cancer: Faster Diagnostic Standard: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/07/23	% of patients diagnosed in less than 28 days	The Trust achieved the faster diagnosis standard at 84.5%	The Trust continues to meet the faster diagnosis standard, we are recognised by EMCA and nationally for our consistent over achievement of the faster diagnosis standard. Despite challenges achieving the 2ww standard the Trust continues to achieve the faster diagnosis standard	No changes Divisions to continue to monitor performance against the standard Increased PTL meetings continue to maintain focus and performance	Patients discussed twice weekly with histopathology and radiology to ensure timely booking and reporting of investigations. Additional CDC capacity now provided for routine tests enabling specialist diagnostics to be kept on site with reduced turnaround times
NGH	01/07/23	% of patients diagnosed in less than 28 days	The Trust exceeded the standard, reaching 84.7% against the 75% standard. Northamptonshire as a system has the best performance in the country.	None standard exceeded	None as standard met	Site and corporate ptl meetings provide full oversight of all patients weekly performance by site is shared at the Access committee Cancer services directly escalate areas of concern to individual teams

6-week diagnostic test target performance

Committee Name: All

GroupName: All

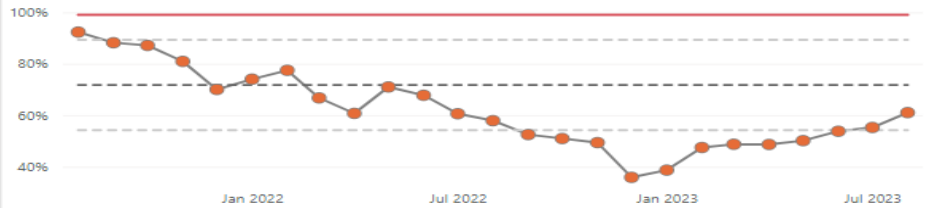
MetricName: 6-week diagnostic test target performance

01/04/2019 – 01/08/2023

61.00%	99.00%	62.57%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

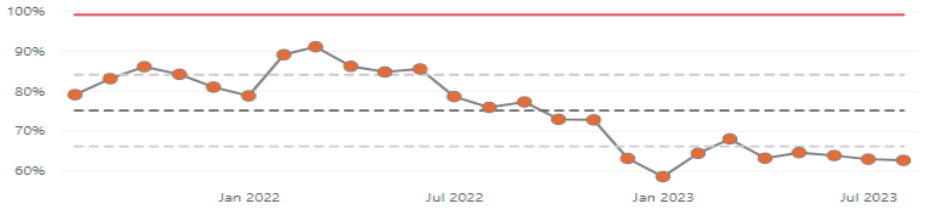
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% of patients not seen within six weeks	Performance has improved from 55% in July to 61% in August	MRI:CDC activity continues to support the improved performance, reduced TWL and reduction in patients waiting over 6 weeks. The only challenge to the modality is the capacity of Cardiologist to conduct cardiac MRIs. CT: The TWL has seen an incline this month due to the increased backlog of Cardiac CT that remain outstanding. As with Cardiac MRI these are very much reliant on the availability of Cardiologists Cardiac Investigations: CDC activity is behind due to the failed recruitment to the CDC Posts. Despite continued efforts, recruitment has been difficult resulting in posts being vacant. This may become a significant cause for concern as the current locum finishes with the trust at the end of Aug 2023. Nerophys: Unfortunately, capacity within Neurophysiology has not had the same success and remains challenged.	MRI: Additional capacity has been introducing with an additional locum in place which has supported the in-month reduction of this TWL and improved performance position. Performance for Cardiac MRI alone is 14% with 459 patients waiting and 396 over 6 weeks. CT: An additional Locum has been identified within the division of who has been allocated to support with these where possible. This has had an impact on both the TWL as well as those waiting more than 6 weeks. Both these will impact performance of which has seen a decline in month. Cardiac Investigations: As a mitigating action, the modality has been using WTE staffing to work at the CDC site which support the CDC activity requirements, however the overall delivery plans need to be reviewed by the modality. As with the Cardiac elements of Radiology, there are also consultant only tests that are being delayed due to limited capacity. Neurophys: The specialty is undergoing review with options being considered including a shared service	Weekly review at PAG Monthly Review at OMG Weekly DM01 Access Meetings

6-week diagnostic test target performance

Committee Name: All

GroupName: All

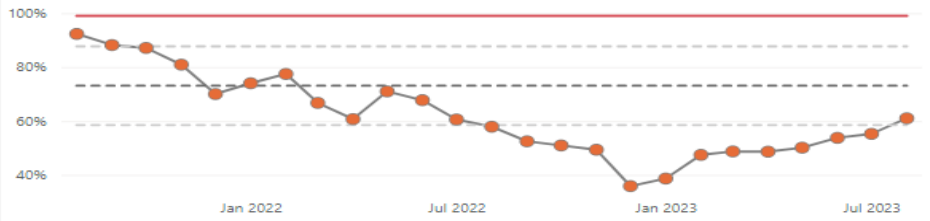
MetricName: 6-week diagnostic test target performance

01/03/2020 – 01/08/2023

61.00%	99.00%	62.57%	99.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

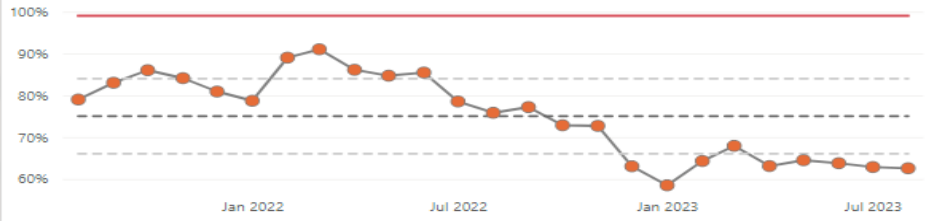
Kettering General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Northampton General Hospital

6-week diagnostic test target performance: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	% of patients not seen within six weeks	Unvalidated position - 63% for DM01	Cardiology Echoes in July were constrained resultant of delay in delivery of CDC activity - this has now commenced and catch up slots in place. Digital connectivity and workforce issues at Kings Heath remain and are being resolved. Whilst August has had catch p activity annual leave, sickness, IA has resulted in lists being cancelled. - IA has impacted cancellations in Endoscopy - Equipment issues and agency audiology availability has impacted at Athena however has now been resolved within Audiology. - Ultrasound due to MSK demand remains constrained - recovery plans in place with improvement in performance in September. Constraints/Pressures from previous month are ongoing: • High volume of referrals. • 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. • Skill mix within the modalities to meet demand of tests needed	Non - Obs Ultrasound - 2 agency Sonographers within core hours are running more sessions at Danetre and use of the respiratory bay to backfill in the department provided an extra 100 appointments a week. Outsourcing MSK to Medicare commenced with Medicare with weekend sessions from 9th September to 1st October. - Echoe CDC capacity live end of July 2023 with additional clinics to catch up from delayed start which has seen an improvement in performance. - Audiology – difficulty recruiting locums due to lack of training, prioritised audiology presence in otology clinics and resolved equipment issues at Athena. - The trust continues to priorities capacity allocation to 2ww/Cancer, however this does impact waits for routine requests • Focused work to prioritise long waits and reduce 13WW continues • Accelerated CDC capacity in March and continued via interim solution	standing agenda item at Access Committee and Weekly diagnostic PTL

Unappointed outpatient follow ups

Committee Name: All

GroupName: All

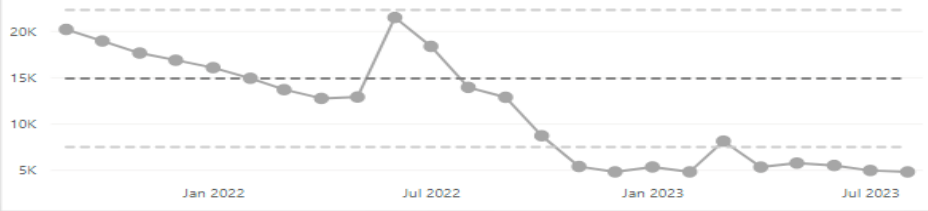
MetricName: Unappointed outpatient follow ups

01/04/2019 – 01/08/2023

4,762		14,959	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

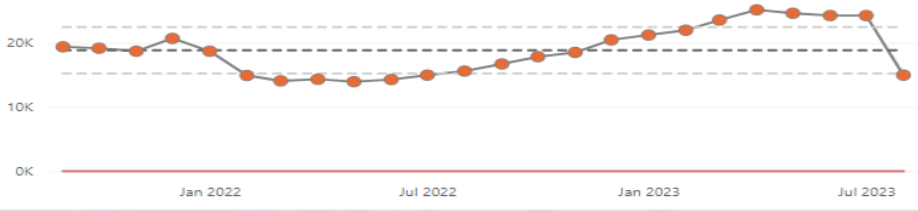
Kettering General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Northampton General Hospital

Unappointed outpatient follow ups: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Count of patients who do not have a booked appointment and are past their due date	For the month of August 2023 there has been an overall reduction in the number of patients 6 months past their review date with no appointments booked. There has been a reduction seen in patients 6 months or more past their review date from 4920 in July to 4762.	Capacity continues to be the underlying issue with overdue follow-ups.	Data is being circulated to ensure services have sight of patients who are in need of an appointments. clinical staff are being asked to consider alternative methods of engagement outside of another OPA. PIFU usage is being encouraged in specialties with high numbers of patients	Weekly review at PAG OMG review monthly Dedication PMO to PIFU roll out
NGH	01/08/23	Count of patients who do not have a booked appointment and are past their due date	6461 over 6 months compared to 7606 patients over 6 months previous . 3,143 over 10 months compared 3,795 over 10 months, 2,632 over 12 months compared to 2714 over 12 months	Annual leave during August to validate and also resultant reduced capacity - Continued Impact of IA reulting in cancellation of clinics and activity	Group strategy being worked on re. reduction in 25% FU - Ongoing Divisions have been tasked to clear all those over 10 months by end of year - Increased usage of PIFU - Operational leads allocated to support PIFU drive - Divisional leads with dedicated support drom CSS lead for all divisions - Open appointments function being disabled - to support PIFU drive by September - Exploring validation of outpatient lists - text message asking whether still need to be seen with ENT "Go live" to be trialled. - Post out to bank to support validation and overtime offered to support validation in the interim	Standing agenda item at Access Committee

RTT over 52 week waits

Committee Name: All

GroupName: All

MetricName: RTT over 52 week waits

01/04/2019 – 01/08/2023

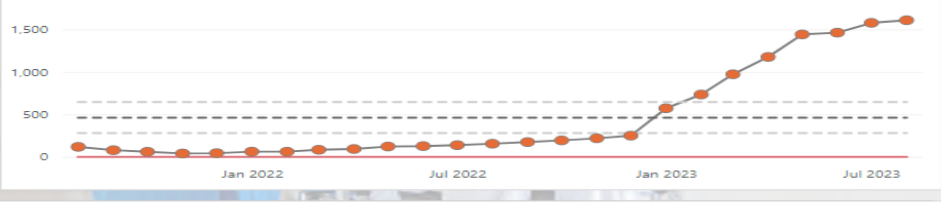
566	0	1,608	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships

Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	Patients 52w+ = 566	As per the below there has been a continued incline in the number of patients who are waiting 52 and 65 weeks or more for treatment. These are predominantly in: Paediatric Surgery, Oral Surgery, ENT, Urology and Respiratory Medicine Services. Root causes include. - Capacity challenges within Medicine specialties for first and follow-up appointments. - Complex cases that have required multiple scans and repeated scans to confirm next steps. - Patient choice – summer holidays and personal reasons are causing patients to delay by months at a time. - Lack of uplift with WLI and Insourcing activity not being seen	Mitigating Actions Include: - Continued WLI and Insourced activity for elective care. The impact of this needs to be analysed as while this is providing more capacity, it is suspected that this is mitigating the impact of the continued Industrial action rather than uplifting activity and clocks stopped. - Respiratory Medicine Services continues to struggle with capacity where patients are waiting in excess of 40 weeks for 1st appointments. The medical division is being asked to construct recovery plans to demonstrate both achievement of GIRFT recommended service delivery as well as potential areas for improvement and investments needed. - The waiting list office has been reminded of access policy guidance around disengaged patients who should be escalated for discharge in a timely manner. - Patient pathways with significant delays are being escalated to HoA for engagement with consultants. - Revisit of Active monitoring for patients who are choosing to wait. Now we have tools like CCS we may be able to track and trace these patients with more accuracy as this was the challenge originally. HoA to revisit via OMG September 2023.	Weekly validation of this patient cohort Weekly divisional accountability meeting from divisions Monthly review at OMG

RTT over 52 week waits

Committee Name: All

GroupName: All

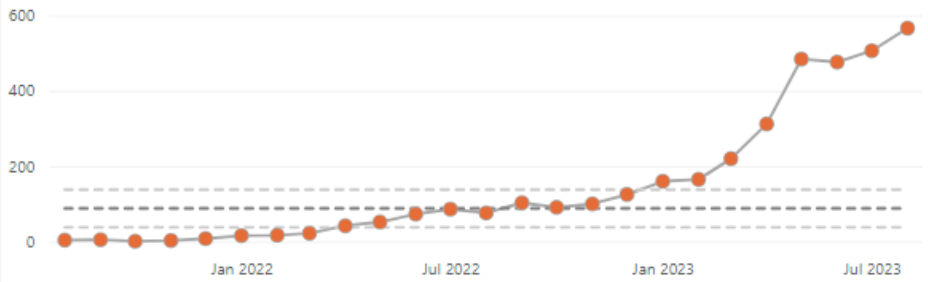
MetricName: RTT over 52 week waits

01/04/2019 – 01/08/2023

566	0	1,608	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

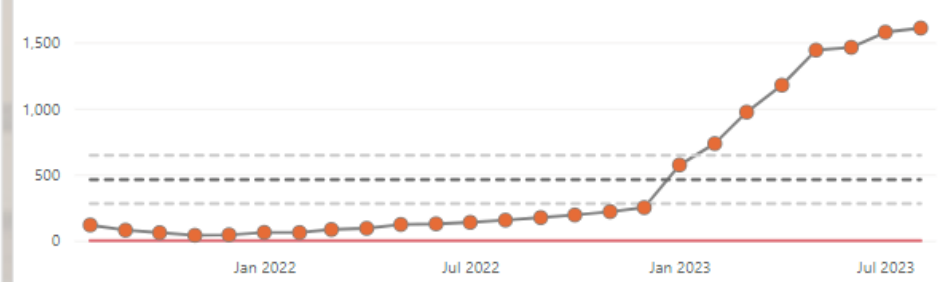
Kettering General Hospital

RTT over 52 week waits: Systems and Partnerships



Northampton General Hospital

RTT over 52 week waits: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
NGH	01/08/23	No. of patients waiting greater than 52 weeks from referral to treatment (RTT)	1,608 unvalidated position for 52+ August this was an increased from 1,577 last month. This has reduced week commencing 7/9/23 to 1,582.	ENT remain constrained and hold all long waiting patients and majority of the 52+ Breaches - There has been a significant impact on activity with the continued BMA and Nursing strikes, impacting long waiting patients. Athena start was delayed due to contract requirements and has commenced which has seen a reduction i nmonth September so far. - T&O and General Surgery also remain constrained	ENT recovery plan in place inclusive of: - Outsourcing to Athena due to commence 15/8/23 for Surgery and OPAs with view to mitigate 78+/65+ breaches. This has commenced. - Validation of waiting list through HC text messaging to "go live" - IS being explored to support General Surgery and T&O however this is on hold due to financial constraints as instructed by ICB	Standing agenda item at Access Committee

Size of RTT waiting list

Committee Name: All

GroupName: All

MetricName: Size of RTT waiting list

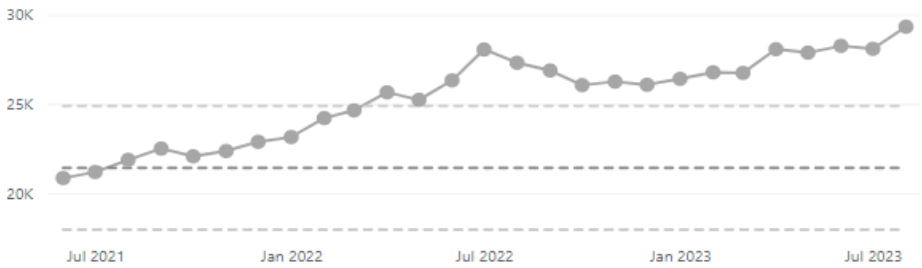
01/04/2019 – 01/08/2023

29,320
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Size of RTT waiting list: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Count of patients actively waiting against the 18 week RTT target	Total PTL 29320	Referrals The below details the numbers of clock stops vs clock starts in month. For the PTL to see significant decline there will need to be more clock stops than there are clock starts. Last month saw the gap close to a 1.5k difference. As per the below the PTL has seen an increase between months. The last IA in July 2023 saw a greater impact on activity. While there were less cancellations, lists are being suspended at the notification of IA date to minimise disruptions to patients. Days activity are being suspended and moved out to later lists or being covered by WLI activity which should have been used to uplift already running activity.	WLI and Insourced activity being used in some surgical specialties to increase activity PTL meeting being used to track patients through to treatment validation continues to ensure patient featured on the PTL are correct	PAG meetings weekly weekly PTL Escalation of stalled pathways to HoA OMG reporting monthly

Theatre utilisation

Committee Name: All

GroupName: All

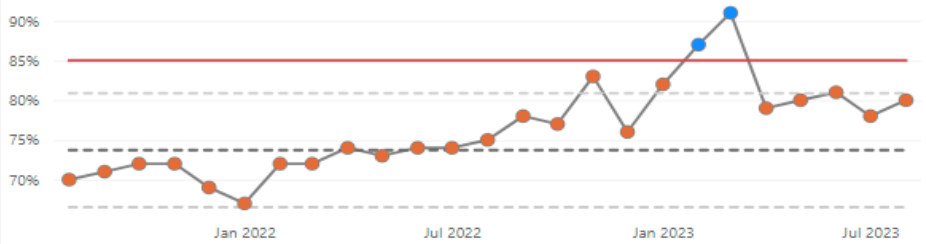
MetricName: Theatre utilisation

01/04/2019 – 01/08/2023

80.00%	85.00%	78.00%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

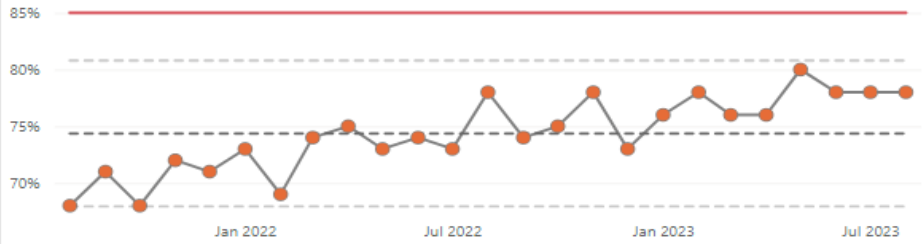
Kettering General Hospital

Theatre utilisation: Systems and Partnerships



Northampton General Hospital

Theatre utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Theatre utilisation % against 85% national target	The chart tells us that theatre utilisation was at 80% in August.	Theatre utilisation was affected by a further increase in the number of patients per list - this decreases utilisation because of the higher number of handovers between patients, which are not counted as used time.	WL Office booking to 98% time. Continued focus on theatre starting times and checking specialties with biggest difference between booked and actual operating time	Weekly 642 and theatre scheduling meetings have improved booking practice. New accommodation for Pre-Assessment Service identified in early December 2022 and approved through capital in August 2022 for increased face to face appointments - further delays to estates work mean that a start date is not yet available, but approved on 23/24 capital programme in August 2023.
NGH	01/08/23	Theatre utilisation % against 85% national target	Theatre Utilisation - Touch time = 78% Theatre Utilisation - Touch time including turnover = 92%	Sustainment of utilisation. Nexus is not pulling surgeon timings into Palantir.	6-4-2 weekly meeting. Planning meetings with Consultants	Newton investigating surgeons timings

Bed utilisation

Committee Name: All

GroupName: All

MetricName: Bed utilisation

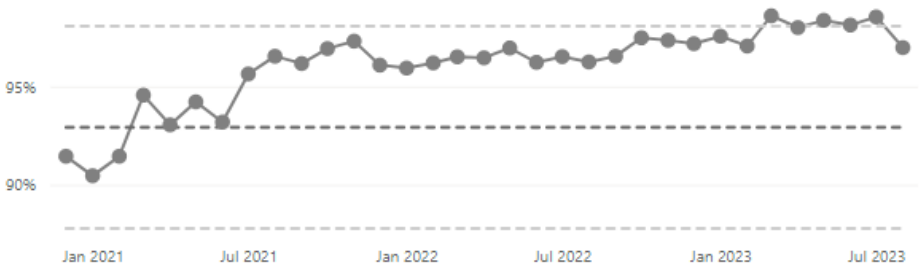
01/04/2019 – 01/08/2023

96.98%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Bed utilisation: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% General and acute beds utilised - excluding maternity	A slight reduction, corresponding to a reduction in stranded and super stranded numbers and improvement in flow.	Recommended bed utilisation is 85% to enable efficient flow throughout the system supporting the achievement of the 4hr emergency access quality standard and the avoidance of patients exceeding the 12 hr total time quality standard. Bed utilisation above this puts undue pressure on the system resulting in patients being cared for outside the most appropriate specialty commonly known as 'outlying'.	Work with System partners to redesign capacity available outside of KGH - work on pathway 2 Thackley Green to take an increased level of dependency in support of early discharge Continued work with system partners to maintain a reduced level of patients staying >21 days Regular MADE events to support extended periods of leave - BH weekends and industrial action Continued focus on simple discharge pathways - pathway zero Workstream to maximize virtual care pathways	Escalation areas incl the discharge lounge and Short Stay Unit to be used to support surges in activity outside of expected norms Use of additional capacity during the winter months - Thomas Moore Unit 18 beds currently closed

Stranded patients (7+ day length of stay)

Committee Name: All

GroupName: All

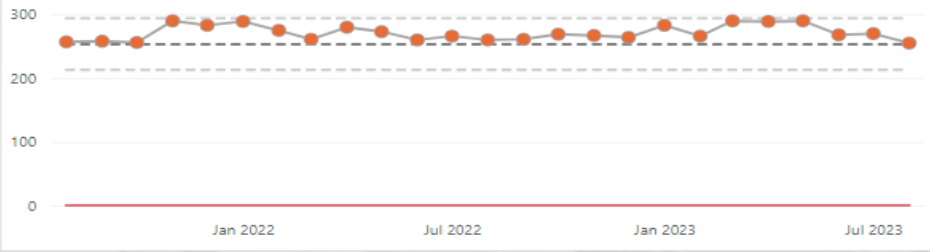
MetricName: Stranded patients (7+ day length of stay)

01/04/2019 – 01/08/2023

255	0	356	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

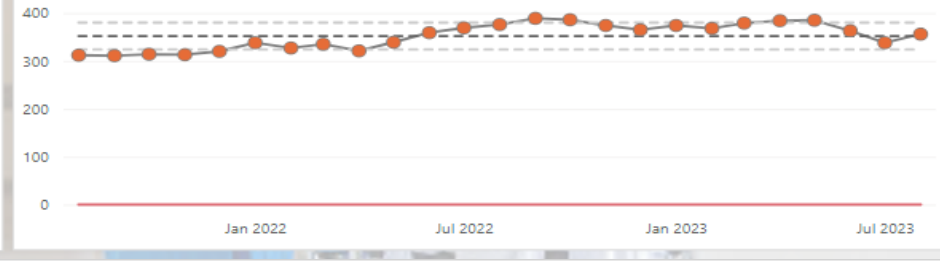
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of patients with a LoS > 7 days	We have seen a slight reduction from June	We continue to face challenges in creating capacity and managing flow in the organisation with stranded numbers remaining high - biggest impact is managing ambulance handovers and achieving the 4hr ED standard. Industrial action and staffing constraints also present challenges for timely discharge	Ongoing work with NNH ASC to utilise PW 2 beds in Thackley Green specialist care centre to free up community hospital rehab beds Persistence at board rounds with daily completion of actions to generate discharges Criteria led discharge work across surgery to reduce reliance on Drs to discharge	HOD meeting to oversee progress and provide scrutiny and advice increased to 2 x month Senior nursing support to wards
NGH	01/08/23	Number of patients with a LOS> 7 days	An increase in number of stranded patients since last month.	Ongoing delays in accessing services to support discharges in particular ICT for patients requiring community IVABs. Care homes continue to use NGH as a means to force through reviews of packages of care by refusing to take patients back without a new assessment and increase in funding.	Extremely close working with adult social care west to ensure residents of care homes are not delayed due to refusal to accept back is having some efficacy. Lack of EPR has meant there is no auto prompt for prescribers re should they change from iv to oral Pharmacy, medical, nursing and ops to launch a "its ok to ask" to support staff prompting and challenging on board rounds.	Ongoing supported board rounds with senior staff to prompt and provide challenge. Audit to be developed with pharmacy and medical leads around ivabs utilisation. Discussion with NHFT re ivab capacity and timeliness of response to referrals ongoing.

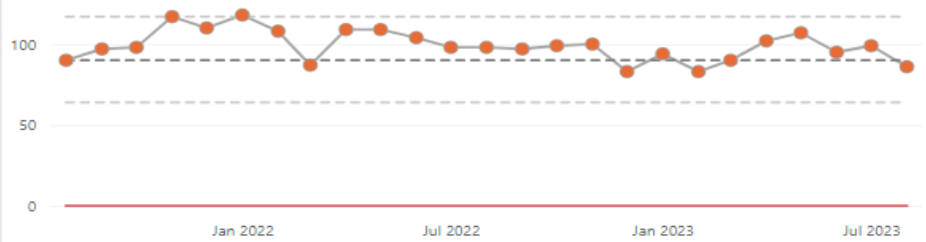
Super-Stranded patients (21+ day length of sta

Committee Name: All | GroupName: All | MetricName: Super-Stranded patients (21+ day length o... | 01/04/2019 – 01/08/2023

86	0	153	0
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

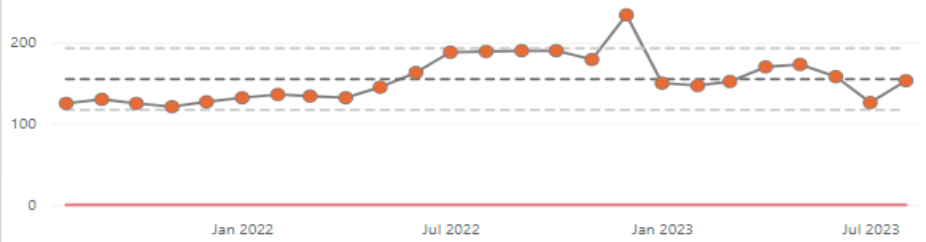
Kettering General Hospital

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



Northampton General Hospital

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



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of patients with a LOS> 21 days	Super stranded numbers have reduced since a peak in May	An average wait of 19 days for allocation of beds across PW3 has contributed to this position, 20 pts currently on PW3 No robust pathway for delirium patients with regular MH reviews not always routinely occurring Removal of the non-weight bearing pathway with no clearly defined process to replace it	Ongoing work and focus on PW3 patients including COO led meetings weekly Weekly meetings with provider of delirium beds and regular escalation for LPOP reviews to new Dep Director of MH Ongoing work to define the alternative to NWB pathway	Increase frequency of the discharge cell when demand peaks Monitoring progress via Discharge Dashboard Continued sharing information and improvements with partners
NGH	01/08/23	Number of patients with a LOS> 21 days	An increase in number of super stranded patients since last month.	Significant delays still affecting our patients who have acute confusion, delirium and dementia due to lack of community provision. Beds commissioned for this vulnerable cohort of patients in July 2022 failed to deliver to required standard and we still continue to have no easy exit pathway for these patients. This is flagged to ICB continuously. These patients too often get multiple declines from care providers and remain for excessive lengths of time.	Ongoing escalation of delays for these patients to ICB. Formal request for process to stop these pts having multiple assessments and declines from care homes. Raised as an issue with LRI who hold the community contract.	Requested of ICB process whereby after 3 declines an enhanced process is followed to try and reduce the delays associated with continuous assessments and the workload for our ward staff of completing multiple reassessments. Reduced acute bed base by 1 to provide additional community diaylsis which is funded by LRI.

Patients with a reason to reside

Committee Name: All

GroupName: All

MetricName: Patients with a reason to reside

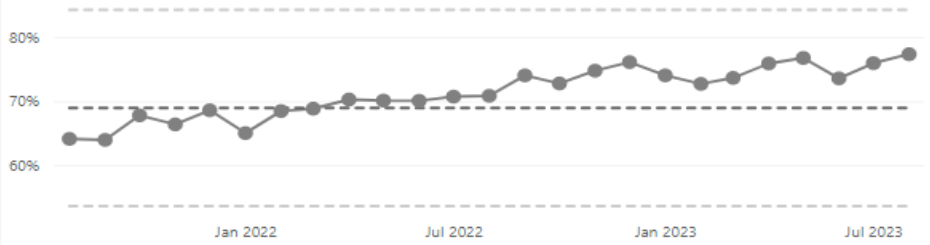
01/04/2019 – 01/08/2023

77.33%
KGH: Current Value

KGH: Current Target

Kettering General Hospital

Patients with a reason to reside: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of patients who have a reason to reside in hospital based on national reason to reside criteria	current value of 77% is a increase over the last 3 months of the proportion of patients whom have a reason to reside. This means that we have slightly less patients in our beds who do not have a reason to reside.	23% of patients have no reason to reside (approximately 100) and of these 55-60 patients are awaiting supported discharge with biggest delays being in P2 (rehab) and P3 (nursing and residential home) discharges (on average 19 days from no reason to reside to discharge). The remaining 40 are classed as pathway zero and the operational teams focus on a daily basis is to expedite these - on average 80% of these patients are discharged, one of the best performers in the region	System level challenge for patients who have been declined by more than 3 care homes - weekly meeting set up Review of patients awaiting community hospital beds for rehab to identify those that could change to pathway 1 Expand screening at the front door to include pathways other than acute medicine Continued work with partners to ensure a continual flow of supported discharges and identify gaps in provision System level work, led by COOs, on improving P2 and P3 pathway flow	Review of Super stranded patients 2 x weekly concentrating on medicine Daily focus on pathway zero patients to ensure same day discharge Review and challenge all patients who have been declined by 3 care homes

Ambulance Handover

Committee Name: All

GroupName: All

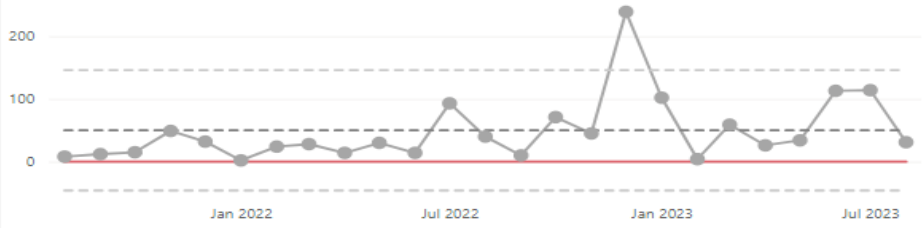
MetricName: Ambulance Handover

01/04/2019 – 01/08/2023

31		27	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

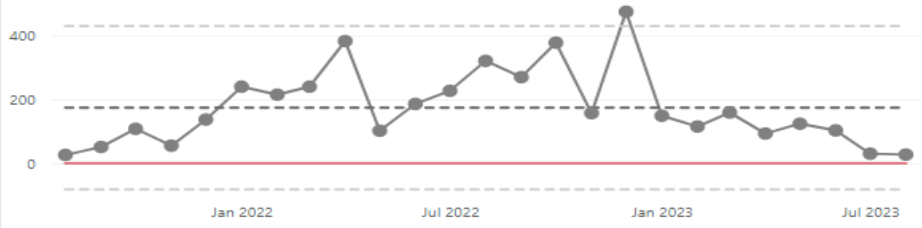
Kettering General Hospital

Ambulance handover (delays over 60 minutes): Systems and Partnerships



Northampton General Hospital

Ambulance handover (delays over 60 minutes): Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	EMAS ambulance handovers > 60 minutes	The organisation has seen a significant decrease in the number of black breaches during August 2023; with the lowest reported number since February 2023. Overall, we breached <1% of our total [2495] ambulance conveyances during the month. Black breaching is often a direct consequence of capacity pressures within the Trust and consistently operating on Opel 4 or above.	Go live' of new ambulance streaming process delayed due to working to resolve issues with IT around printing solutions. Ongoing issues with receiving a surge in arrivals, specifically from 16:00 – 22:00 impacting our ability to offload within 15 mins. Poor utilisation of direct MSDEC pathway via EMAS/GP; and further impacted by the inability to access MSDEC due to suspension of referrals. Department capacity pressures as a result of heightened Trust escalation status impacting handover times	Develop an alternative solution for printing/IT – and agree via governance Agree 'Go Live' of new process once signed off at Governance in September. [EMAS walk around completed and flow chart developed]. Set up of direct phone access to MSDEC nurse navigator for crews 'at the front door' to support decision making about direct streaming. Review of Ambulance streaming SOP with consultant lead to include an updated ambulance delay action card that will prompt timely safety actions – draft version to be shared within the working group initially. Planned care trial which aims to support increased emergency capacity, and the likelihood of needing to suspend referrals into MSDEC.	We continue to undertake a clinical harm review into all ambulance handover delays >60 minutes. No incidents of harm identified from the reviews undertaken on the 10 black breaches in August.
NGH	01/08/23	EMAS ambulance handovers > 60 minutes	a further 20% reduction in ambulance offloads exceeding 60 minutes	we have had meetings with EMAS to discuss their validation processes as we are aware that our internal data does not match the nationally reported figures	further meetings planned to hopefully work closer together around accuracy. Since improving our 60 minute breaches we have seen a significant upturn in 30 minute delays which are now trying to reduce	Monitoring of the clinical care standards that safety is maintained throughout, on all patients that are being held over 30 minutes

Time to initial assessment

Committee Name: All | GroupName: All | MetricName: Time to initial assessment | 01/04/2019 – 01/08/2023

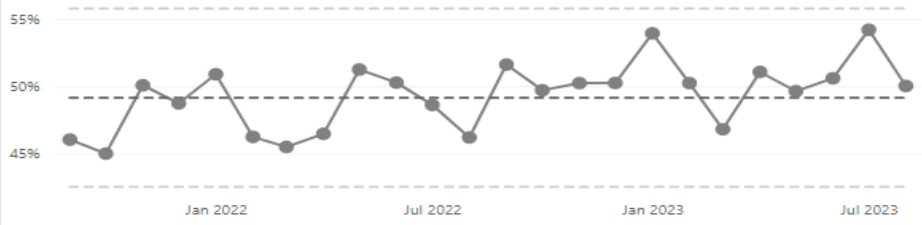
63.89%	KGH: Current Value	KGH: Current Target	50.02%	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Time to initial assessment: Systems and Partnerships

Northampton General Hospital

Time to initial assessment: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	We have seen an increase for the second consecutive month in performance against this metric during August = 63.89% compliance.	TTIA continues to be impacted by patient volume and clinical space to complete a timely initial assessment. Local quality data tells us that whilst we may not consistently be achieving within 15 mins, our average time to TTIA for adults = 19 mins, and TTIA for paediatrics = 10 mins. Concerns remain in Ambulatory Majors (Minors) at times of a surge in activity Inability to pull data that shows performance in specific areas within the department SNCT/PJR for PED still pending; along with current nursing vacancy, inhibits the ability to increase triage rooms in ED Progression with Capital works to expand clinical space and maximise use of available footprint	Ongoing work with ED staff for sign off of triage competency. Estates work subject to review against NHSE Policy. Trust investment in iBOX to support development of performance dashboard SNCT/PJR signed off for Adult ED, engagement in Trust recruitment process ongoing.	Staffing reviewed twice daily via staffing cell with staff re-deployed from other areas to support safe staffing levels. MIAMI and resus patients excluded from denominator giving assurance that the metric is appropriately measured.
NGH	01/08/23	The percentage of patients who had an initial assessment within 15 minutes arriving at the department.	We have identified that this figure currently reports time to clinician and not time to initial assessment.	The reason for this is due to the way we stream at the front door of ED. We recognise that this needs to change to enable us to capture this accurately and we have a streaming team working on this. we are now waiting on IT to implement changes	We are now working on a 3rd trial to implement the desired process.	51 % of patients are assessed by a medical clinician within the current time frame. All our patients are assessed by a streaming nurse prior to this and this is the part that is captured. ?

Average time in department – Admitted

Committee Name: All

GroupName: All

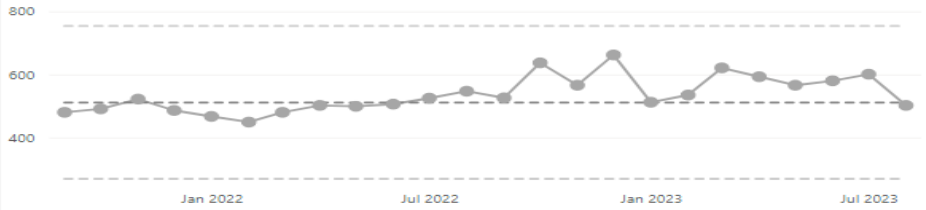
MetricName: Average time in department - Admitted

01/04/2019 – 01/08/2023

502		815	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

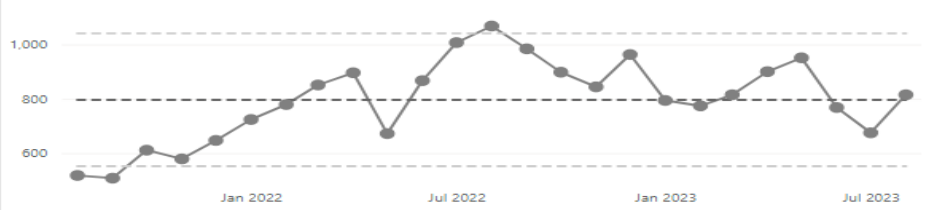
Kettering General Hospital

Average time in department - Admitted: Systems and Partnerships



Northampton General Hospital

Average time in department - Admitted: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Average time in department for those patients who are admitted to the hospital	The data shows a 20% decrease in the average time to discharge for admitted patients.	This is not solely an ED Metric but a Whole System metric and largely impact by capacity and flow out of ED.	Commencement of a trial of the relocation of Planned Care Unit - the aim of the pilot being to extend Planned Care services to move returning patients from MSDEC to increase MSDECs capacity to support Same Day Emergency Care work Implemented rapid transfer protocol Continue with direct admission into acute medical wards for patients with EDD >48hours MSDEC in reach to ED - 2 hourly – undertake a review of activity and decision making over suspending referrals Frailty SDEC in reach	Use of escalation areas and outlying capacity
NGH	01/08/23	Average time in department for those patients who are admitted to the hospital	we saw a 30% increase in time taken to admit patients??	* figures have crept back up 3 months in a row as we see discharge flow impacting ED. * we also have just had the august handover of new drs which always impacts performance as people get used to new working environments. We have seen LOS increase across all domains 7,14,21 days awhich is impacting our departments congestion and therfor ability to treat patients.	discharge lounge has opened this month to support earlier discharges. • Twice daily board rounds • Attendance of snr management teams to wards to facilitate any blockages to patient treatment or discharges. • For those patients held in ED patient safety rounding. • Post post take ward rounds. • Live declaration and allocation of beds. • Pull model of patients from ED to SDEC • Streaming hub to redirect patients attending ED to out of hours, UTC & SDEC??	• Early discharges identified the previous day, with support and transport implemented to make them as efficient as possible. • Weekend plan stickers used in notes on wards to identify & support weekend planned discharges. • Early switch to oral IV antibiotics to facilitate earlier discharges. • Rapid handovers from wards to facilitate efficient bed management. • Live declaration and allocation of beds. • Opening of escalation areas to provide as much flow through ED as possible. • Support from directorate [illegible] at board rounds twice daily to facilitate efficient discharges and reduce delays.

Average time in department - Discharged

Committee Name: All

GroupName: All

MetricName: Average time in department - Discharged

01/04/2019 – 01/08/2023

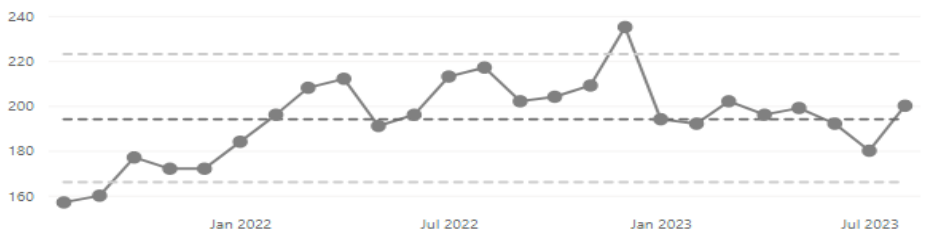
225		200	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

Kettering General Hospital

Average time in department - Discharged: Systems and Partnerships

Northampton General Hospital

Average time in department - Discharged: Systems and Partnerships



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Average time in department for those patients who are not admitted to the hospital	The data shows a further decrease in the average time to discharge for August 2023.	Ability to maximise streaming pathways Timely review of patients further challenged by lack of capacity within the department footprint It is recognised that this current data includes patients against which a confirmed admit has been applied; however due to lack of Trust capacity these patients have experienced extended lengths of stay before becoming fit to be discharged home.	Commencement of a trial of the relocation of Planned Care Unit - the aim of the pilot being to extend Planned Care services to move returning patients from MSDEC to increase MSDECs capacity to support Same Day Emergency Care work Capital Estate BIDs for the department reconfiguration approved subject to feasibility study. 4-hour task and finish group ongoing with cross speciality Divisional representation; to review actions, agree best model of working, and escalate barriers to achieving.	Use of streaming pathways to MSDEC, MIAMI and in reach in the department to support medical on call for patients who can be discharged on the same day Use of re-direction pathway to CUCC is used where appropriate [no co-located UTC from which we can stream directly]. Post take of ED patients
NGH	01/08/23	Average time in department for those patients who are not admitted to the hospital	for those patients who attend ED who do not need to be admitted, their average treatment and dishcharge time has increased.	we are seeing our pathway 1 performance dropping across the last 3 months, this appears to be in line with the increases in LOS across the trust and as the department gets busier the team become less efficient due to lack of space.	discussion & plans have begun around changing the working areas within the department to give greater focus to unheralded patients to enable us to restore our performance.	Use of streaming practitioners to redirect patients to services away from ED. Safety rounding every 3 hours to check on patients safety and provide basic nursing care.

4hr ED Performance

Committee Name: All

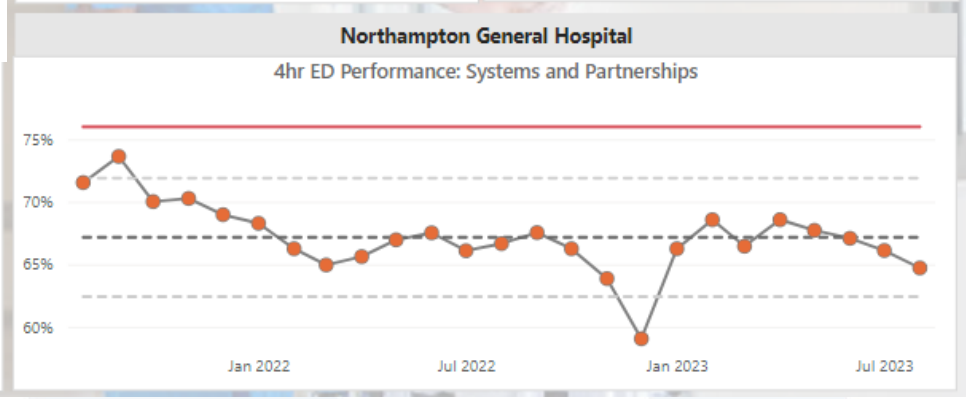
GroupName: All

MetricName: 4hr ED Performance

01/04/2019 01/08/2023

64.71%
NGH: Current Value

76.00%
NGH: Current Target



People Committee

People Committee

Exec owners: Paula Kirkpatrick

In reminder, this Committee monitors the 'people' metrics within the IGR.

This cover sheet is designed to **highlight to the Committee saliant messages from the IGR metrics** for this month:

1. Industrial actions may be impacting some of our metric performance – such as training and appraisal completion
2. Positive trend for appraisal completion rates across both organisations
3. Recruitment/ retention: Vacancy rates remain high with ongoing campaigns continuing; turnover is dropping across both Trusts although local intervention may still be required for specific staff groups
4. We continue to see underlying and sustained growth in volunteer hours in both organisations

Key **developments with the IGR** itself for the Committee to note:

1. People pulse response rates has been removed this month following discussion with Chair and Exec Director. Other metrics deemed more suitable at showing engagement levels
2. Time to hire definition has been refined to show the data in days
3. First use of this summary cover sheet across all Committees following feedback.

Worth remembering for all metrics, only metrics that have a) had data provided and b) have been signed off, will be published – therefore, this could lead to some gaps in reporting.

Summary Table

Committee Name: All

Group Name: People

Metric Name: Multiple selections

Site: All

Variation: All

Site	Group	Metric	Latest Date	Value	Target	LCL	Mean	UCL
NGH	People	Mandatory training compliance	01/08/23	87.64%	85.00%	84.59%	85.71%	86.83%
KGH	People	Mandatory training compliance	01/08/23	93.25%	85.00%	87.71%	90.31%	92.91%
KGH	People	Appraisal completion rates	01/08/23	86.42%	85.00%	78.38%	81.67%	84.97%
NGH	People	Appraisal completion rates	01/08/23	78.97%	85.00%	73.58%	75.82%	78.06%
NGH	People	Sickness and absence rate	01/08/23	4.97%	5.00%	4.51%	6.14%	7.77%
KGH	People	Sickness and absence rate	01/08/23	4.69%	5.00%	3.74%	5.51%	7.29%
NGH	People	Vacancy rate	01/08/23	11.39%	8.00%	9.15%	10.3%	11.45%
KGH	People	Vacancy rate	01/08/23	13.86%	8.00%	7.98%	9.97%	11.97%
NGH	People	Turnover rate	01/08/23	7.30%	8.50%	8.1%	8.62%	9.13%
KGH	People	Turnover rate	01/08/23	8.61%	8.50%	9.31%	9.94%	10.57%
KGH	People	Formal procedures	01/08/23	13		-2	5	13
NGH	People	Formal procedures	01/08/23	11			14	
KGH	People	Time to hire	01/08/23	62.50	91	97.41	97.41	97.41
NGH	People	Time to hire	01/08/23	65.10	91	99.46	99.46	99.46
NGH	People	Number of volunteering hours	01/08/23	3,056		1549	2220	2891
KGH	People	Number of volunteering hours	01/08/23	2,212		-30	828	1685

Mandatory training compliance

Committee Name: All

GroupName: All

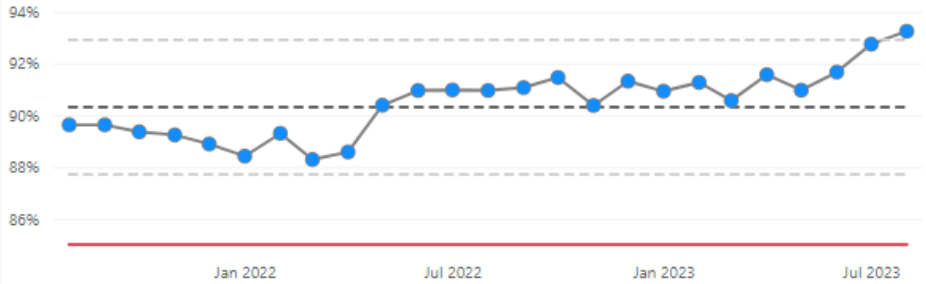
MetricName: Mandatory training compliance

01/04/2019 – 01/08/2023

93.25%	85.00%	87.64%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

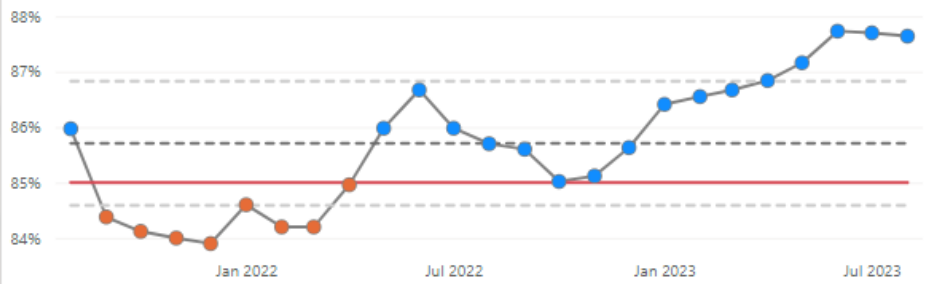
Kettering General Hospital

Mandatory training compliance: People



Northampton General Hospital

Mandatory training compliance: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% of staff compliant with their mandatory training	The percentage of staff compliant with their mandatory training profile	Maintained improvement trend for the 3rd consecutive month. Resuscitation compliance continues with similar trend	Focus targetting with flexible sessions, and widening access to tools to support.	Operational pressures and IA that have caused session cancellation
NGH	01/08/23	% of staff compliant with their mandatory training	The % of staff compliant with their mandatory training profile	Fire, Infection control and Manual handling remain below benchmark but are are all showing small but sustained improvement	Targetted and additional sessions with DNA tracking. Mangers notification and divisional awareness	Operational pressures and IA causing cancelled sessions

Appraisal completion rates

Committee Name: All

GroupName: All

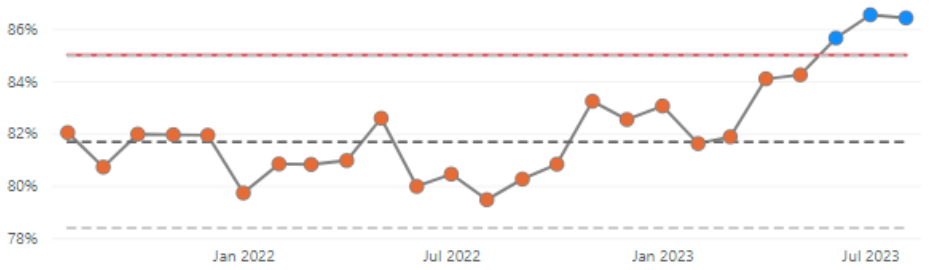
MetricName: Appraisal completion rates

01/04/2019 – 01/08/2023

86.42%	85.00%	78.97%	85.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

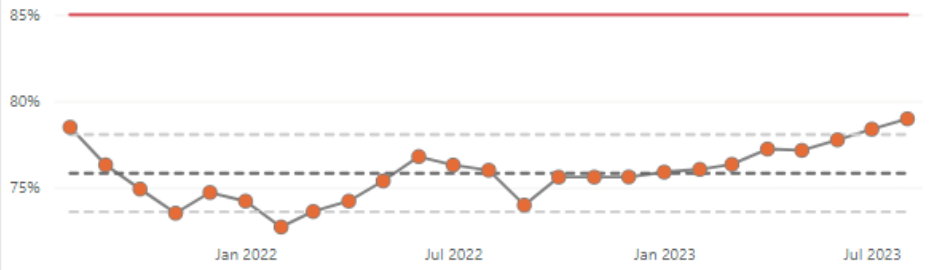
Kettering General Hospital

Appraisal completion rates: People



Northampton General Hospital

Appraisal completion rates: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% of staff having completed their appraisal	The percentage of staff that have a documented appraisal in the past 612 months	Ongoing challenges with staff reporting completion but the recording process not being followed	Targetting of managers and a review of the recording system	Operational challenges and requirement for submission of completion
NGH	01/08/23	% of staff having completed their appraisal	The percentage of staff that have a documented appraisal int he past 12 months	Time to complete appraisals is challenging with operational challenges and IA and the manual reuirement for upload	Ongoing targeting and support given to managers, ongoing project to deliver a new appraisal project.	Operational pressure and IA

Sickness and absence rate

Committee Name: All

GroupName: All

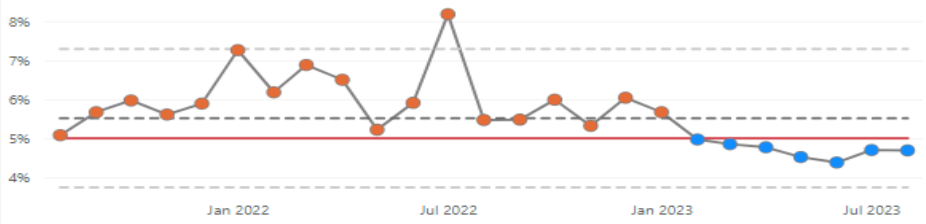
MetricName: Sickness and absence rate

01/04/2019 – 01/08/2023

4.69%	5.00%	4.97%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

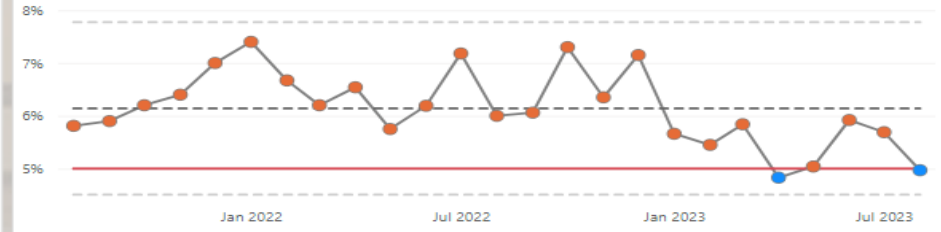
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% of Staff absent	Common cause variation - achieving target inconsistently, but starting to show a positive improvement trend	- Building a comprehensive approach to sickness absence-attendance management within the People Directorate. - Re-evaluating the Health & Wellbeing (H&WB) Occupational Health (OH) workforce capacity and capability for workplace ill-health assessments and adjustments. - Addressing the impact of the pandemic and NHS operational recovery on staff health and subsequent rise in sickness absence. - Reviewing the UHN Occupational Health Physician Service for inconsistencies between hospitals. - Assessing the Occupational Health flu vaccine delivery model for cost-effectiveness and clinical impact. - Coordinating cross-cutting work related to absence and attendance management.	- Develop a multi-professional approach to sickness absence-attendance management within the People Directorate. - Evaluate and enhance the OH workforce's capacity to proactively manage sickness absence. - Implement a multi-faceted approach led by the Head of Health & Wellbeing to address pandemic impact. - Develop a "Supporting Wellbeing at Work" Policy to proactively engage employees and managers in health and wellbeing discussions. - Continue the review of the UHN Occupational Health Physician Service and consider system-wide contracts. - Review the Occupational Health flu vaccine delivery model for cost-effectiveness and consider using an external provider. - Coordinate cross-cutting efforts among People Services to address absence and attendance issues, including leadership training and	

Sickness and absence rate

Committee Name: All

GroupName: All

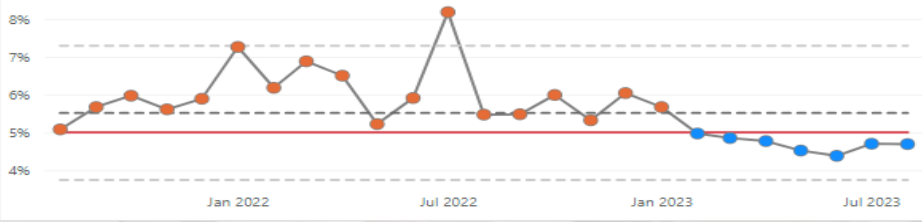
MetricName: Sickness and absence rate

01/04/2019 – 01/08/2023

4.69%	5.00%	4.97%	5.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

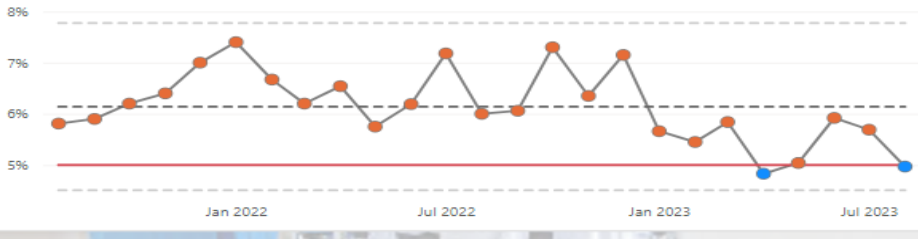
Kettering General Hospital

Sickness and absence rate: People



Northampton General Hospital

Sickness and absence rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
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Vacancy rate

Committee Name: All

GroupName: All

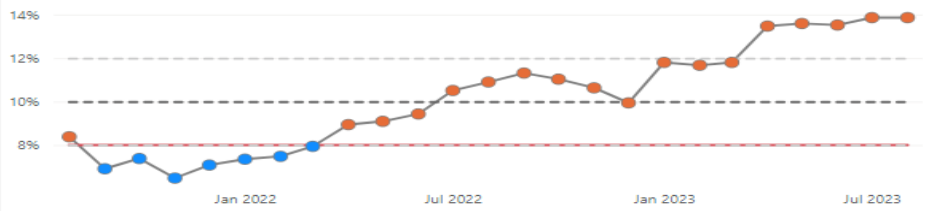
MetricName: Vacancy rate

01/04/2019 – 01/08/2023

13.86%	8.00%	11.39%	8.00%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

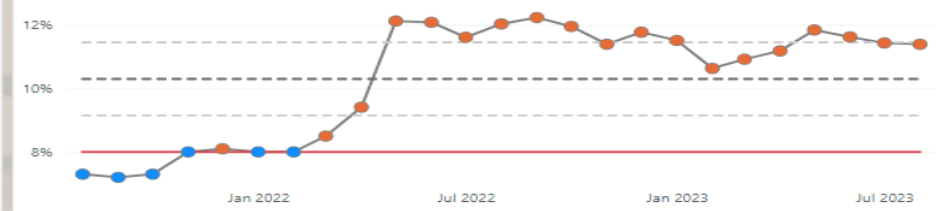
Kettering General Hospital

Vacancy rate: People



Northampton General Hospital

Vacancy rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% 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 of 13.4% significantly above the Trust target of 8%	High vacancy in some staff groups especially HCA, RGN, 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. New financial year changes to the ESR establishment have also caused a slight increase in vacancy but this work should be completed shortly.	Ongoing targeted campaigns via social media and Best of Both Worlds for specific vacancies will continue to support an improved performance in 2023. 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.
NGH	01/08/23	% difference between budgeted establishment and actual establishment	The value tells us the percentage of budgeted posts that are 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 a shortage of staff nationally. and for non qualified staff comparability of pay rates to other industry sectors in the job market.	A further international recruitment campaign for nurses has been partially funded by NHSE. Progress is good and remains on target. An overseas programme for AHPs is underway and NHSE funding has been obtained for an overseas midwifery recruitment programme and includes funding for a Midwifery Retention Manager who is now in post. A discovery phase for a transformation programme to look at OI for resourcing and recruitment and specifically the onboarding process has now been completed with a design phase to commence shortly. Efforts to repurpose resources to the development of attraction strategies has also been mapped out subject to approval.	Weekly meetings are in place to monitor recruitment activities for each Division in a way in which they are mapped to long terms agency use and to ensure that any delays are unblocked and minimised. Time to Hire reporting is broken down into each stage of the recruitment process and monitored accordingly enabling targeted intervention and support as and when required.

Turnover rate

Committee Name: All

GroupName: All

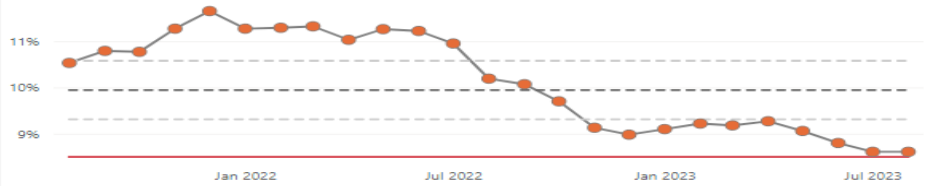
MetricName: Turnover rate

01/04/2019 – 01/08/2023

8.61%	8.50%	7.30%	8.50%
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

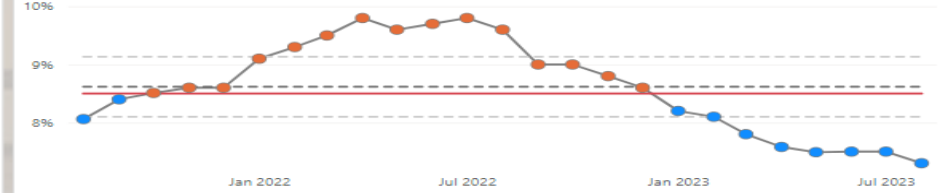
Kettering General Hospital

Turnover rate: People



Northampton General Hospital

Turnover rate: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	% 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 8.3% against a Trust target of 8.5%	This month has seen turnover continue to decrease after previous increases and is now under target. The local labour market is loose and the Trust is seeing increased competition to secure candidates for roles. Turnover rates still need to be closely monitored for specific staff groups which may need intervention to recruit successfully.	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	01/08/23	% of staff leaving the organisation over a 12 month rolling period	Number of leavers as a proportion of total headcount during August 2023	Issues relate to a tired post pandemic workforce and the risk of those nearing retirement age wishing to retire.	Age profiling to conduct analysis into retirement forecast. Midwifery Retention Manager is in post. Career pathway conversations available in conjunction with Practice Development and learning and development opportunities available including apprenticeships for existing staff. A range of Health and Wellbeing initiatives are available including financial wellbeing support and self rostering is being piloted in a number of clinical areas in order to try to better facilitate flexible working opportunities and support work/life balance. System wide collaboration is on going and areas of priority for retention have been fed back so that areas of focus can be agreed.	"A particular area of focus at the moment is HCSW retention which has a high turnover rate. This has been addressed locally through externally funded additional posts being put in place to support HCSWs. In addition a collaborative system wide project has been set up to look at HCSW retention. 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."

Formal procedures

Committee Name: All

GroupName: All

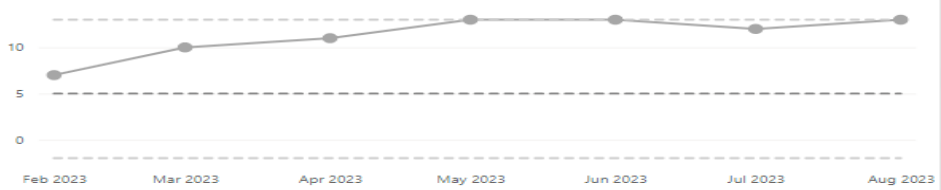
MetricName: Formal procedures

01/03/2020 – 01/08/2023

13	KGH: Current Value	KGH: Current Target	11	NGH: Current Value	NGH: Current Target

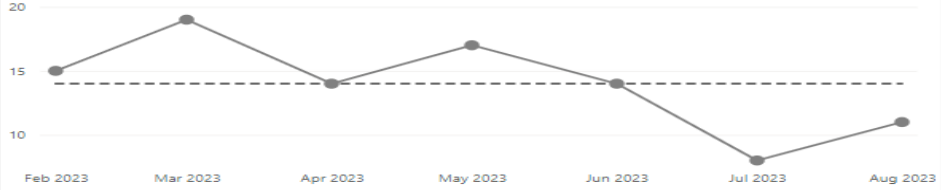
Kettering General Hospital

Formal procedures: People



Northampton General Hospital

Formal procedures: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of formal complaints – active and open	13 active disciplinary/MHPS cases across the trust	* Operational pressures and availability of staff and managers to meet * National context around industrial unrest and financial crisis * Concerned raised nationally around employment relation cases citing racism * Concerned raised nationally about levels of accountability and managers taking appropriate actions relating to concerns	* Monitoring and maintaining close position on number of formal cases. * Ongoing Supervision and review of cases, in light of recent national cases relating to racism - Bi Monthly events being planned looking the next to look at the impact of the Letby case on HR practice * HR to be provided with understanding racism training as part of Inclusive HR action out of anti racism action plan * Review of centralised mediation training and offering – round table training planned to be launched in October 2023 and delivered in October / November * Case management, partnership working with unions and formal supervision, deep dive at board in January and July 2023 these deep dives are planned an on rolling basis	* Disciplinary Policy manager toolkit launched to be included as part of leadership offering due for roll out * Culture session ran with HRBP and Hospital Management Team * Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned * Senior HRBP trained on Restorative and Just Culture
NGH	01/08/23	Number of formal complaints – active and open	11 active disciplinary/MHPS cases across the trust	* Operational pressures and availability of staff and managers to meet * National context around industrial unrest and financial crisis * Concerned raised nationally around employment relation cases citing racism * Concerned raised nationally about levels of accountability and managers taking appropriate actions relating to concerns	* Monitoring and maintaining close position on number of formal cases. * Ongoing Supervision and review of cases, in light of recent national cases relating to racism - Bi Monthly events being planned looking the next to look at the impact of the Letby case on HR practice * HR to be provided with understanding racism training as part of Inclusive HR action out of anti racism action plan * Review of centralised mediation training and offering – round table training planned to be launched in October 2023 and delivered in October / November * Case management, partnership working with unions and formal supervision, deep dive at board in	* Disciplinary Policy manager toolkit launched to be included as part of leadership offering due for roll out * Culture session to be planned with HRBP and Hospital Management Team * Review of Cox and Shaikh national cases happened in July 2023 further quarterly face to face review planned * Senior HRBP and Staff Side Chair trained on Restorative and Just Culture

Time to hire

Committee Name: All

GroupName: All

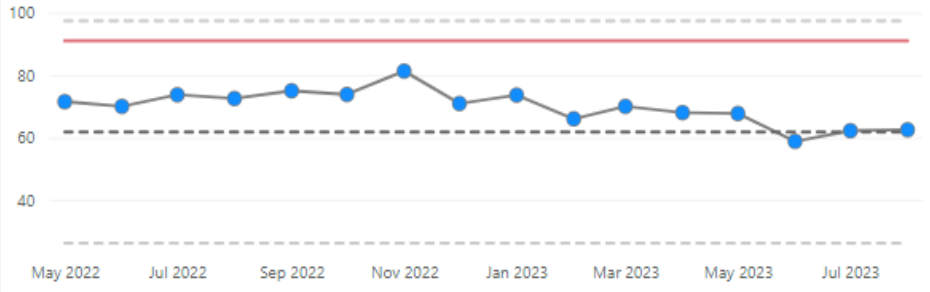
MetricName: Time to hire

01/04/2019 – 01/08/2023

62.50	91	65.10	91
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

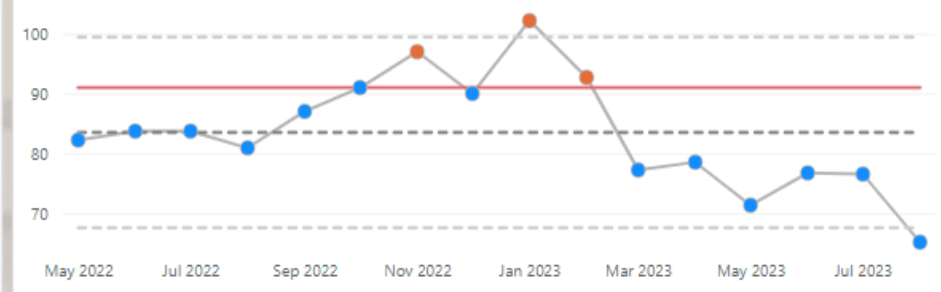
Kettering General Hospital

Time to hire: People



Northampton General Hospital

Time to hire: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Time to recruit from Advert – to in post – target 13 weeks	Average number of days taken to recruit, from advertising date to start date. Consistently achieving below 70 days against a KPI target of 91 days	No issues	Transformation will be supporting Resourcing across the Group to look at onboarding and where efficiencies can be further made and to enhance the experience of candidates going through the process.	Not applicable
NGH	01/08/23	Time to recruit from Advert – to in post – target 13 weeks	Time to Hire is on target	See vacancy narrative	See vacancy narrative	See vacancy narrative

Number of volunteering hours

Committee Name: All

GroupName: All

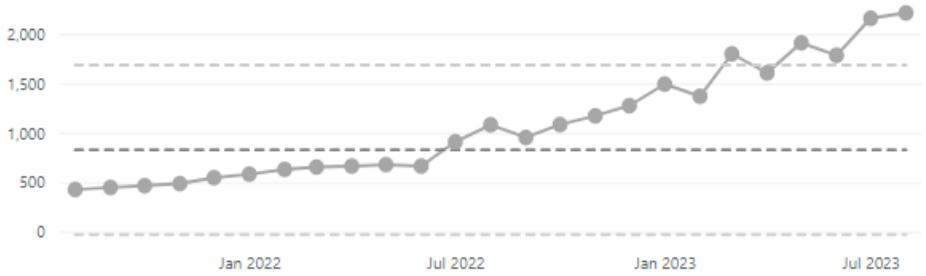
MetricName: Number of volunteering hours

01/03/2020 – 01/08/2023

2,212		3,056	
KGH: Current Value	KGH: Current Target	NGH: Current Value	NGH: Current Target

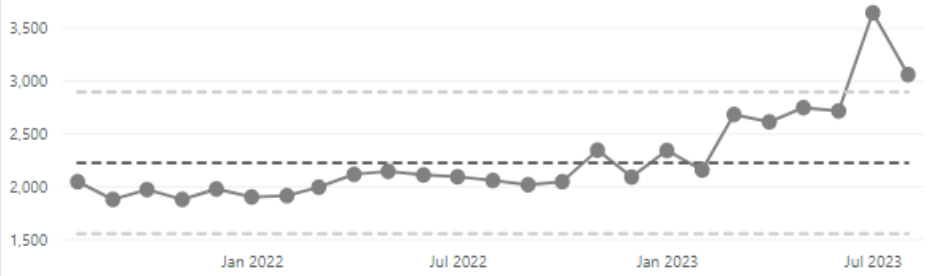
Kettering General Hospital

Number of volunteering hours: People



Northampton General Hospital

Number of volunteering hours: People



Site	Date	Background	What the chart tells us	Issues	Actions	Mitigations
KGH	01/08/23	Number of volunteering hours	2212	No issues.	We saw an increase in volunteering hours this month which is due to a number of volunteers covering holiday absences of others.	.
NGH	01/08/23	Number of volunteering hours	3056	We have seen a drop in volunteering hours in the month as many students have been on holiday and those who have left the service before they go to University.	The work we are doing with schools will see an increase in volunteers over the next couple of months.	.

NHS
University Hospitals of Northamptonshire
NHS Group

NGH Board
Finance Performance

Month 5 (August 2023)
FY 2023/24

Dedicated to excellence

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

Executive Summary

Income and Expenditure – In Month

The Month 5 year to date position is an £11.3m deficit which is £7.0m worse than plan the £4.3m deficit plan.

This has been impacted upon by under delivery of efficiencies, ongoing industrial action, pay awards and utilities inflationary pressures and a modest shortfall in delivery of Elective Recovery Fund (ERF) activity using local calculations. In line with the Enforcement Undertakings a Financial Recovery plan will be prepared for consideration by the Board.

Capital

The capital plan for the year is £31.3m, comprising of an NGH BAU system capital envelope of £15.5M and a non-BAU allocation of £15.8m. Cumulative spend at M5 is £8.2m, consisting mainly of Public Sector Decarbonisation Scheme (PSDS) spend. Additional capital commitments total £5.5m, this includes £2.2m that relates to network refresh for the new EPR (Electronic Patient Record) system. Spend plus commitments total 44% of the budget.

Cash

NGH cash balance at the end of June is £2.3m (March £1.8m). This is slightly lower than the plan for August and includes the impact of a number of payments to other NHS bodies in the month. The profiling of deficits in the early part of the year, being recovered by increasing efficiency delivery in the second half year means NGH are facing short to medium term cash flow pressures. The Trust will be receiving £3.0m of PDC Revenue support in September and have submitted a further request for PDC revenue support for Q3 (October to December) to be prudent. We are asking the Board to approve a further £9.2m of revenue support

Other Key Assumptions and impacts for Month 5 Reporting

- Accrued recognition of Medical And Dental pay award in month 5 recognising payroll payments including arrears will be made in September.

Forward Planning

NHSE requested that systems produce a medium-term financial plan (MTFP) covering the period to 2026/27 by the end of Q2. The Trust has submitted a high-level contribution to the MTFP that will be shared with NHSE as a draft by the end of September. This model highlights the need to deliver significant levels of efficiencies and systemwide value year on year to ensure a recurrent breakeven position can be achieved by 2026/27.

2023/24 M5 Summary

NGH Trust Position

Description	23-24 Annual Plan	Year to Date		
		Plan	Actuals	Variance
	£m	£m	£m	£m
Total Income	474.8	198.8	201.1	2.3
Total Pay	(320.7)	(139.0)	(144.0)	(5.0)
Total Non Pay	(153.8)	(63.9)	(66.1)	(2.2)
OPERATING DEFICIT	**0.3**	**(4.2)**	**(9.0)**	**(4.8)**
Capital Charges	(5.7)	(2.3)	(2.2)	0.1
Trust Surplus/(Deficit)	**(5.4)**	**(6.6)**	**(11.3)**	**(4.7)**
System Support Funding	14.8	4.9	4.9	-
I&E Surplus/(Deficit)	**9.4**	**(1.6)**	**(6.3)**	**(4.7)**
NHSE Accounting Adjustments	(9.4)	(2.6)	(5.0)	(2.3)
NHSE Adjusted Surplus/(Deficit)	**0.0**	**(4.3)**	**(11.3)**	**(7.0)**

NGH Finance Overview

The year-to-date position is a £11.3m deficit which is £7.0m worse than plan. This is impacted upon by under-delivery of efficiencies, shortfall in the delivery of elective recovery, pay awards and other inflationary pressures and on-going industrial action.

Income – £2.3m better than plan. £2.3m PSDS income ahead of plan (see NHSE accounting adjustments below). Other variances offset, to include ERF under delivery, CDC under delivery, offset by Virtual Ward & Excluded Drugs Income. System support funding is shown separately in the table.

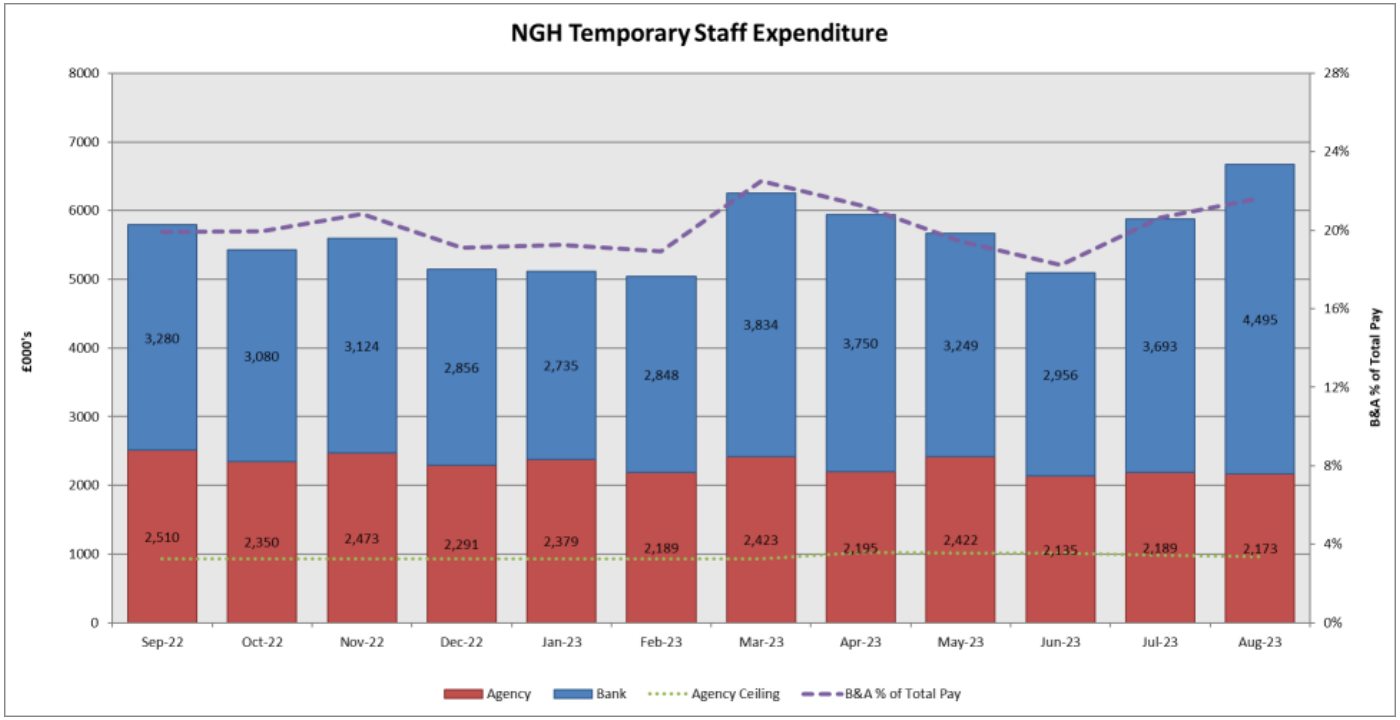
Pay – £5.0m worse than plan, the majority of which relates to industrial action, efficiency slippage and pay award pressures.

Non-pay – £2.2m worse than plan, the majority of which relates to underachievement against efficiency targets, utilities and clinical supply pressures. Other overspends include RPA/Training/EPR expenditure which is fully offset with the corresponding income.

NHSE Accounting adjustments reflect the exclusion of certain grant and donation impacts to arrive at the adjusted surplus position against which Trusts are monitored. The majority of this impact relates to the grant funding to support the PSDS scheme.

NGH - Pay: Temporary Staffing

NGH Temporary Staff Costs M5									
	Agency			Bank			Overall Temporary Staff		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Staff Type	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Senior Medical	426	645	(219)	460	1,939	(1,478)	886	2,584	(1,698)
Junior Medical	442	435	6	64	440	(376)	506	876	(370)
Qualified Nursing	177	291	(114)	99	1,132	(1,032)	276	1,423	(1,146)
Unqualified Nursing	86	388	(302)	61	620	(560)	147	1,008	(862)
Other Staff	112	414	(302)	25	364	(339)	137	778	(641)
Total	**1,242**	**2,173**	**(931)**	**710**	**4,495**	**(3,786)**	**1,951**	**6,668**	**(4,716)**



In Month 5 Overall temporary staff expenditure was £6.7m, 21.6% of Total Pay.

Agency spend at £2.2m in Month 5 remains higher than the identified agency ceiling of £1.0m.

Whilst Agency remains at a similar level to M4 and lower than 2022/23, Bank expenditure has increased by £0.8m. This can be partly attributed to an additional £0.5m of prior month industrial action costs coming through, due to earlier cover shifts not accounted for.

Ongoing industrial action and pressures in urgent and emergency care have impacted on the ability to reduce the reliance on temporary staffing.

Significant workstreams as part of the efficiency programme are underway that will have increasing impact as the year progresses.

Statement of Financial Position NGH

The key movements from the opening balance are:

Non-Current Assets
- Capital additions of £1.8m, less £1.4m depreciation.

Current assets
- Inventories – minimal movement in the month.
- Trade and Other Receivables - £0.8m increase largely due to inclusion of income accruals for Medical and Dental Pay Award. Other largely offsetting movements include Prepayments & Other Trade Receivables and decreases in Capital Receivables (Salix Grant) & VAT Reclaim.
- Cash – Decrease of £2,726k including settlement of a number of NHS payables.

Current Liabilities
- Trade and Other Payables – £0.8m increase largely due to increase in accruals for Medical Pay Award arrears due to be paid in September. Other offsetting increases and decreases include Tax, NI & Pension, PDC Dividend, Receipts In Advance including phasing of education contract and contract income, Trade Payables and Capital Payables.

Non-Current Liabilities
- Finance Lease Payable – £0.2m decrease in respect of Nye Bevan and Car Park lease repayment and ROU Assets.
- Loans over 1 year - £0.1m repayment of Salix Loan.

Financed By
- I & E Account - £2.1m deficit in month.

TRUST SUMMARY BALANCE SHEET
MONTH 5 2023/24

	Balance at 31-Mar-23 £000	Current Month Opening Balance £000	Current Month Closing Balance £000	Current Month Movement £000
NON CURRENT ASSETS				
OPENING NET BOOK VALUE	244,116	244,116	244,116	0
IN YEAR REVALUATIONS	0	0	0	0
IN YEAR MOVEMENTS	0	6,797	8,571	1,774
LESS DEPRECIATION	0	(5,804)	(7,250)	(1,446)
NET BOOK VALUE	**244,116**	**245,109**	**245,437**	**328**
CURRENT ASSETS				
INVENTORIES	6,723	7,007	7,052	45
TRADE & OTHER RECEIVABLES	31,984	20,194	20,995	801
CLINICIAN PENSION TAX FUNDING	790	790	790	0
CASH	1,838	5,073	2,347	(2,726)
TOTAL CURRENT ASSETS	**41,335**	**33,064**	**31,184**	**(1,880)**
CURRENT LIABILITIES				
TRADE & OTHER PAYABLES	52,996	50,843	51,706	863
FINANCE LEASE PAYABLE under 1 year	1,303	1,319	1,323	4
SHORT TERM LOANS	271	271	271	0
PROVISIONS under 1 year	1,084	1,047	1,047	0
TOTAL CURRENT LIABILITIES	**55,654**	**53,480**	**54,347**	**867**
NET CURRENT ASSETS / (LIABILITIES)	**(14,319)**	**(20,416)**	**(23,163)**	**(2,747)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**229,797**	**224,693**	**222,274**	**(2,419)**
NON CURRENT LIABILITIES				
FINANCE LEASE PAYABLE over 1 year	13,890	13,065	12,820	(245)
LOANS over 1 year	439	364	303	(61)
PROVISIONS over 1 year	2,027	2,027	2,027	0
NON CURRENT LIABILITIES	**16,356**	**15,456**	**15,150**	**(306)**
TOTAL ASSETS EMPLOYED	**213,441**	**209,237**	**207,124**	**(2,113)**
FINANCED BY				
PDC CAPITAL	273,256	273,256	273,256	0
REVALUATION RESERVE	57,665	57,665	57,665	0
I & E ACCOUNT	(117,480)	(121,684)	(123,797)	(2,113)
FINANCING TOTAL	**213,441**	**209,237**	**207,124**	**(2,113)**

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6th October 2023
Agenda item	6

Title	Conviction of former nurse - Assurance and Lessons Learnt
Presenter	Hemant Nemade and Nerea Odongo
Authors	Hemant Nemade (Medical Director) Nerea Odongo (Director of Nursing, Midwifery and Allied Health Professionals) Palmer Winstanley (Chief Operating Officer)

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

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

Reason for consideration	Previous consideration
The report provides assurance that processes are in place to support staff to raise concerns which are pertinent to patient and staff safety. The Committee is asked to note and comment on the content of the report and accept this paper for information and assurance.	None

Executive Summary

NHSE stipulated that all organisations providing NHS services are expected to adopt the updated National FTSU Policy by January 2024 at the latest.

Following the conviction of a former nurse for murdering seven babies and attempting to kill six others at the Countess of Chester Hospital ('the verdict'), NHS England also placed a focus on ensuring robust governance is in place, that all NHS leaders and Boards ensure proper implementation and oversight of FTSU, urgently ensuring that:

1) All staff have easy access to information on how to speak up.
2) Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3) Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
4) Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.
5) Boards are regularly reporting, reviewing, and acting upon available data.

Whilst NHSE have focused on board assurance for any area in the Trust, this paper will also add a sixth point on Neonatal Care and provide the board with assurance on its safety metrics.

Independently, NGH have also undertaken a benchmarking exercise to assess the effectiveness and how embedded FTSU is within the organisation, this took place in March 2023 and produced specific actions which complement the NHSE actions.

Appendices

1. National Neonatal Audit Programme. NGH outcome
2. MBRRACE-UK NGH neonatal mortality

Risk and assurance

The report provides assurance of processes in place to support staff to raise concerns which are pertinent to patient and staff safety.

Financial Impact

No direct implications relating to this report.

Legal implications/regulatory requirements

As specified in the report

Equality Impact Assessment

We are committed to ensuring that all our policies and procedures, and their application, are free from any form of discrimination on the grounds of: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

We will monitor use of the Freedom to Speak Up Policy in order to identify whether it is having an adverse impact on any of individuals and take action accordingly.

Paper

Situation

Following the verdict, NHSE wrote to ICBs and provider organisations to ensure that we are listening to the concerns of patients, families, and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

Background

NHSE stipulated that all organisations providing NHS services are expected to adopt the updated National FTSU Policy by January 2024 at the latest.

Following the verdict, NHSE also placed a focus on ensuring robust governance is in place, that all NHS leaders and Boards ensure proper implementation and oversight of FTSU, urgently ensuring that:

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Independently, NGH have also undertaken a benchmarking exercise to assess the effectiveness and how embedded FTSU is within the organisation, this took place in March 2023 and produced specific actions which complement the NHSE actions.

This paper will display how we are progressing against the NHSE 5 core actions and the benchmarking exercise.

Assessment & Recommendations

National FTSU Policy – NGH implemented the policy changes immediately in October 2022 when the guidance was updated.

NHSE Actions from the Verdict:

1. All staff have easy access to information on how to speak up.

FTSU has placed a significant focus on engagement, with the FTSUG engaging with groups at all levels across the organisation to ensure colleagues know how to speak up and who to; at forums including but not limited to:

- FTSUG and FTSU ambassadors
- Connect Explore Improve engagement framework.

- PNA (Professional nurse advocates) and PMA (Professional Midwifery Advocate)
- SOS and health and well-being service
- Staff Networks and EDI team
- Line managers – immediate line managers are there to listen.
- Senior Independent Director (SID)
- Board of Directors and executive teams
- Ward Sisters & Matrons Forums
- Medical Directors team
- Senior Nursing team
- Patient Safety and deteriorating patient team
- Health & Safety Team
- Safeguarding Team
- Chief Registrar
- HCEO Briefings
- Tutors and/or Educational leads
- Guardian for Safe working hours
- Trade Unions
- Governance teams
- QI Coaches
- People Services meetings
- Pastoral Care Team (Pastoral Care Award achieved)
- Pastoral Care Trust Induction and Junior Doctor inductions
- Internationally Educated Nurses/Midwives Pastoral Days
- Ask.Heidi@nhs.net email to ensure staff have direct access to the CEO should they need it.

Considerable effort has been placed on ensuring an intranet page which is up to date, accessible and includes all documents pertaining to FTSU including the policy and how to speak up including externally, with other resources such as videos to broaden learning. The page included the details of the FTSUG including the Values Ambassadors so colleagues know there are a number of individuals they can approach.

What we are doing to improve:

- Currently FTSU is present at inductions but in a market-place form, meaning some staff are missed. We will now have a mandatory session during the induction programmes for all staff groups meaning we will connect with every staff member when they join us.
- FTSU now has a slot in every staff newsletter with information about how colleagues can speak up, signposting to relevant local and national resources (including the Support Scheme) and details on the Guardian and Values Ambassadors to ensure there are a breadth of options colleagues can choose from.
- FTSU now has a quarterly update on the trust-wide briefing, highlighting successes of Speak Up including staff stories and showcasing the positive impact of speaking up.

2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.

The FTSUG is acutely aware of the scheme and does signpost to individuals.

People Partnering team within HR have been trained on the Support Scheme ensuring they are aware of the scheme itself and how to signpost.

What we are doing to improve:

- We are placing a focus on our digital communications tools, in particular the FTSU intranet page and ensuring that all documentation relating to the Support Scheme is easily accessed by all staff.

3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

- The current FTSUG being an Internationally Educated Nurse, with a previous role leading International Pastoral Support has been a crucial strength in engaging with internationally educated nurses and midwives, cultural barriers have been mitigated due to a mutual understanding of any barriers.
- We have not found any clear disparity which would indicate that staff who are in lower paid roles are less likely to speak up.
- Connect Explore Improve is a fundamental driver which ensures we build a healthy and supportive culture which empowers colleagues to speak up, CEI also has clear links to FTSU with presence from the FTSUG. During “Connect, Explore, Improve with Heidi” calls there are often over 100 colleagues logging in, many listening as a group on a ward to one computer.
- The FTSUG will be engaging with night staff as well as weekend staff at least twice every quarter.
- A focussed piece of work, involving engaging with staff who work predominately 75% or more unsocial hours has taken place in Sep 23, to ensure they are aware of the policy and process, this is being reinforced with unsocial hours walkabouts.

What we are doing to improve:

- Engagement with International Medical Graduates (IMG) needs to be strengthened to replicate the successes with Internationally Educated Nurses/Midwives. This is partially due to the pastoral support function for IMGs not currently sitting People Services, so engagement with Medical Education is a central additional focus now to ensure we are capturing them in engagement exercises.

4. Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well.

- The Trust Board and the Group People Committee receive quarterly updates and biannual reports providing a thematic overview with a focus on detriment to ensure colleagues who speak up do not face any adverse outcomes as a result of speaking up.
- FTSU is complimented by Connect, Explore, Improve to ensure staff have the confidence and multiple means to speak up and that positive change will occur as a result.
- All FTSU are kept anonymous with feedback through one channel ensuring the confidentiality of any issues raised.
- FTSUG has examples of where this was a concern and confidentiality was maintained throughout exploring the issue and resolving.

5. Boards are regularly reporting, reviewing, and acting upon available data.
The Board, group people and quality committees receive quarterly updates and biannual reports providing a thematic overview of speaking up by our staff to our Freedom to Speak Up Guardian and Values Ambassadors and any incident investigations and learning themes.

Governance:

- Incident reporting presents an important opportunity to learn from past events and ensure steps are taken to minimise recurrences. There is overwhelming evidence that NHS organisations with a high level of incident reporting are more likely to learn and subsequently increase safety for people using their services, staff and visitors. At NGH we actively encourage our staff to report incidents, and these are reviewed for learning and actions. We actively encourage patients, families and staff to speak freely about any concerns they may have and have a range of options for contacting the Trust to enable this.
- The NHS Patient Safety Strategy produced by NHS England and NHS Improvement in July 2019 set out the plans to have a new Patient Safety Incident Response Framework (PSIRF) and it is expected Trusts will adopt and embed this at the end of 2023 and early 2024. PSIRF represents a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families and taking effective steps to improve and deliver safer care for patients. NGH have been working in line with the preparation phases timeline and are currently in a position to present the draft Patient Safety Incident Response Plan to Divisions in October and following this presentation to Trust Board with the aim for implementation early in 2024. We have restructured our Clinical Governance provision to better address the demands of PSIRF. Our Governance Department have worked with our incident reporting provider and NHS England to ensure the requirements of Learning from Patient Safety Events is fully embedded across the Trust and this is due to go live shortly enabling some standardised reporting nationally.
- Clinical improvement initiatives and changes to service provision aimed at improving the quality of care provided to patients out of hours, and in particular at weekends have had the greatest impact on the dramatic reduction in our hospital mortality performance from a peak HSMR during 2019-20 to present day. This dramatic change in mortality performance is multifactorial, and as a direct consequence of both organisational changes and improvement initiatives throughout the trust since 2019-20, Mortality Reviews, Mortality Alerts & Mortality workstreams, Organisational and structural changes, Trust-wide survey of Clinical Improvement, Multidisciplinary discussions at Learning from Deaths Group and participation in the “worry and concern improvement” pilot aimed at ‘Improving recognition of deterioration and hearing the patient’s voice.’
- The national roll out of medical examiners has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a Coroner and improving data quality, raising alerts. At NGH the medical examiner team closely links with our Patient safety and Governance teams and any specific concerns are addressed through Incident review group and Learning From Death Group.

What we are doing to improve:

Mandatory training:

- Implement the National Guardian’s Office Freedom to Speak Up training as part of the mandatory training for all staff, requiring completion of the module for workers trust-wide (‘Speak up’) and for middle managers (‘Listen up’) where relevant.

- Ensure that all three modules ('Speak up'; 'Listen up' and 'Follow up') are mandatory for leaders and for investigators (i.e. Datix investigators, HR investigators etc).

Board Development:

- Ensure the Non-Executive Director with responsibility for FTSU completes the NHS Self Review Tool, completed (as far as is possible) by the FTSUG. It should be noted that the tool states that: It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views would be a useful way of testing the board's perception of itself.
- Complete an audit/survey of how many of the non-executive and executive leaders have completed the National Guardian's Office and Health Education England's 'Follow-up' training module should be completed. It might also be worth evaluating the value of the NED induction/training materials and how recently these individuals have visited staff areas of the hospital.
- Ensure the Board at a minimum are aware of and have read the FTSU Guide for Leaders. In addition we are recommending this is expanded to include the Senior Leadership Team (SLT) and Hospital Management Team (HMT)

Communications & Engagement:

- Development of a robust Freedom to Speak Up communications strategy would support a structured focus on areas identified as needing support to create safe spaces for speaking up. This should include walkabout and visits and more drop-in sessions.
- Engagement with the University of Northamptonshire's nursing and midwifery courses should aim to introduce FTSU at key stages throughout these courses.

6. Neonatal Service Assurance.

The Chief Executive, Chief Operating Officer, Medical and Nursing Director met with the multidisciplinary team within the neonatal service to actively listen to their concerns and the impact of the verdict upon them as individuals, as a team and upon the current families and babies we care for at NGH. The team are very proud of the service and feel they have the right internal structure that support speaking up as well as can openly speak up within the organisation. Our nominated NED also triangulates assurance through Safety Champion work.

The service summary below aims to give assurance on neonates' safety, carers and staff experience within our unit.

Background

The Level 2, Local Neonatal Unit is situated within Northampton General Hospital and is part of a large integrated Child Health Directorate as well as a part of the East Midlands Neonatal Operational Delivery Network (EMNODN). The unit offers comprehensive neonatal services which include 2 designated Intensive Care cots, 4 High Dependency cots and 14 Special Care cots (20 total cots), and a transitional care unit which is situated within maternity and is led by a Neonatal transitional care Lead Nurse, this consists of 6 cots.

Patient Experience

- Patient experience is monitored with FFT cards and feedback given to staff at unit meetings. The Ward manager is visible on unit and Neonatal Matron undertakes daily walk arounds, thus giving all staff and parents / carers the opportunity to raise concerns. 100% positive feedback from FFT.
- Mortality and morbidity data is monitored by the neonatal lead consultant via MBRRACE, which shows real-time monitoring of deaths. NGH neonatal deaths '5-

15% lower than group average' (appendix 2) All neonatal deaths are discussed and reviewed at Child death overview panel (CDOP) which the neonatal Matron attends.
- NGH achieved scores above national average on 11/12 standards on the National Neonatal Audit program which measures if babies in the unit consistently receive high level of care.

Staff Experience.
- 2 neonatal nurses have just started on the PNA (Professional Nurse Advocate) course and 2 more will start early 2024, this will ensure the ratio of 1:20 staff is achieved. The Team currently access Trust SOS service and lead PNA for wellbeing support and restorative session.
- Nominations received from parents and staff to nominate all colleagues including medical teams for a 'star of the month' award and this is celebrated across the unit. EMNODN have 'Recognising Excellence in Neonatal Care' (RENS) and NGH staff are regularly nominated. Current nominations are for recognition on the work the staff have done on improving hypoglycemia pathway and NIPE service for babies.
- Regular safety champion walks about, good MDT working in the unit enable a culture of openness and team can speak up. Themes discussed at maternity Neonatal Safety Champion meeting.

Safety Culture
- The neonatal Matron attends the Local Maternity and Neonatal System (LMNS) Partnership Programme Board meeting, LMNS Quality Surveillance Focus Group and the LMNS safe staffing group. Within these groups, assurance is given, and local data is presented. The EMNODN lead nurse / director also attends these meetings, giving the Network an overarching assurance.
- Liaising with the neonatal link for the Maternity and neonatal voice partnership (MNVP). They visit the unit, and this ensures assurance can be given to service users.
- Good relationship with EMNODN Lead nurse / director. Representation at quarterly EMNODN; Network Lead Nurse group, Network Governance meetings, Network Homecare Steering group, Education & Practice Development Group and EMNODN Parents Advisory Group. Presenting at network forum as requested.

Celebrating Success
- Positive peer review. Identified areas of outstanding practice for example, every parent in the unit is offered hot meals.
- Awarded Bronze BLISS baby charter accreditation. The charter places families at the centre of their baby's care.
- Unit awarded certificate of commitment for Breast Feeding Initiative
- Completion of new parent accommodation. This will aid keeping families together if moved between units.

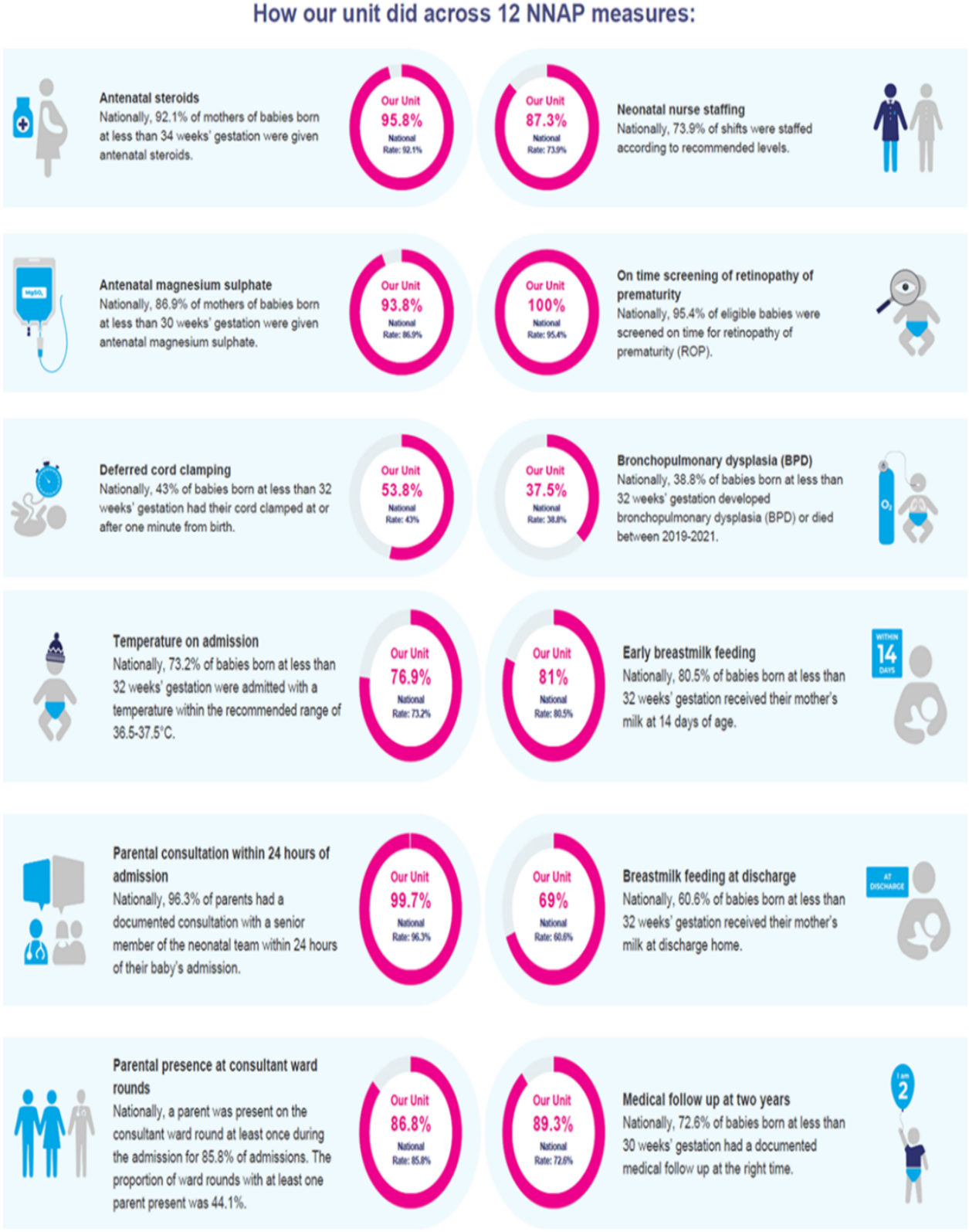
Summary

This paper is designed to give an outline for assurance to the board on the 5 actions to consider from NHSE, along with assurance on the NGH Neonatal Service. There will be a further quarterly report with data and a deep dive into the FTSUG work.

Through the multitude of avenues that someone can raise issues, NGH works hard to ensure those who raise issues remain anonymous and protected with no detriment to themselves or their roles. It is vital that we never assume that everyone feels they have a

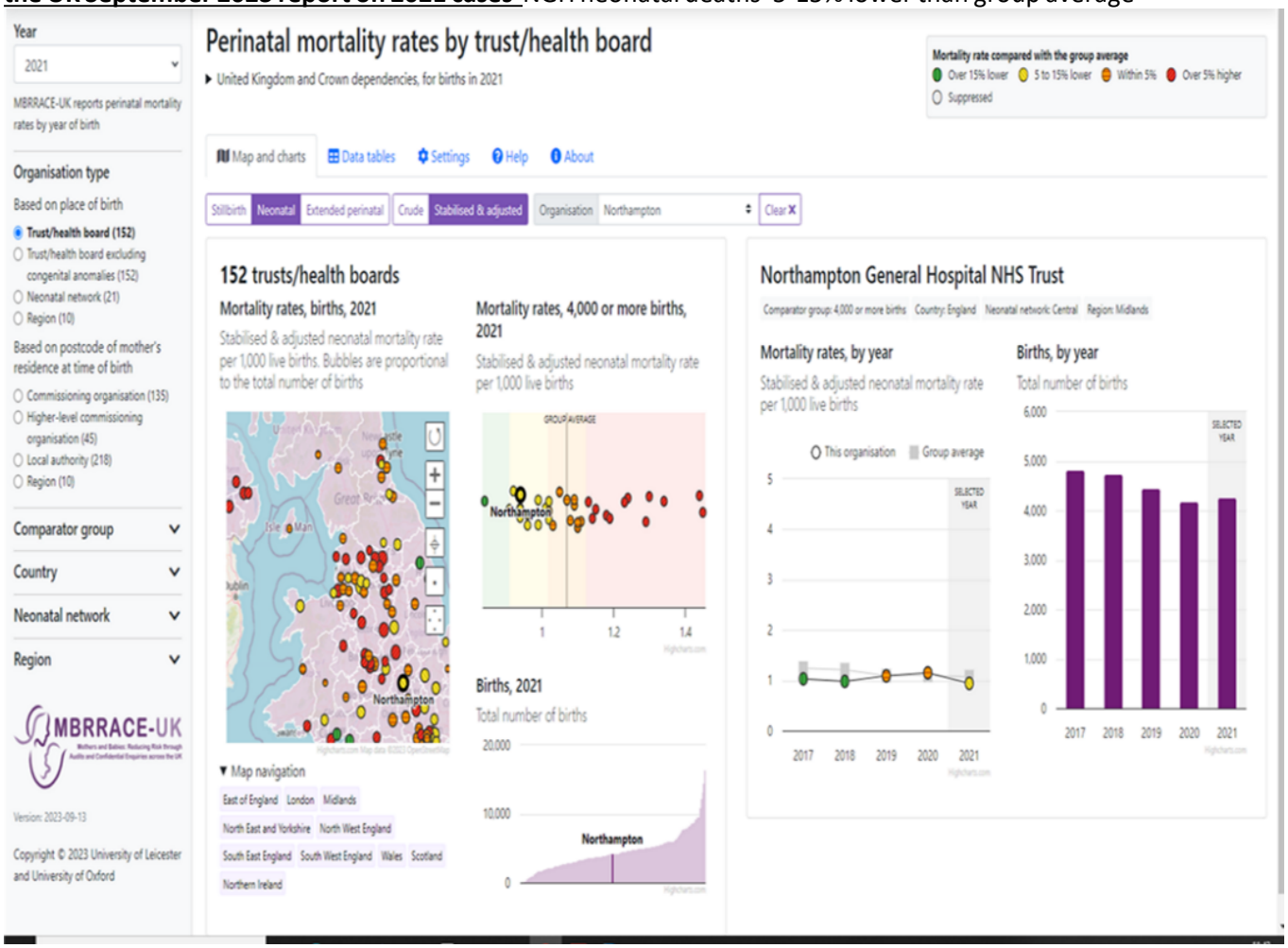
voice, and as such in this document it seeks to show how the Trust is continuing to evolve and expand this service to ensure there is an avenue for everyone.

Appendix 1 National Neonatal Audit Programme



NGH neonatal mortality (appendix 2)

MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK September 2023 report on 2021 cases NGH neonatal deaths '5-15% lower than group average'



Dedicated to excellence

Northampton General Hospital NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	7

Title	Winter Planning
Presenter	Carl Holland, Deputy Chief Operating Officer NGH
Author	Palmer Winstanley, Chief Operating Officer NGH

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

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

Executive Summary

Urgent and emergency Care (UEC) has been under enormous pressure in previous years, and whilst summer 2023 saw reduced pressures, there is already a change in the internal flow Key Performance Indicators (KPI) from changes in acuity and in particular, behaviours from junior doctor rotation. The one risk to this winter's planning is the lack of funding available for any 4–6-month projects. Therefore, the actions in place in this paper illustrate either work already taken or planned to take place within funding envelopes.

This paper is split into three parts:

1. External ICS level planning.
    a. Single Point of Access/Ageing Well: Looking at one centre all community, social and Ambulance care teams can call to for extra support to avoid admitting to hospital.
    b. Virtual Wards & Pathway 1
    c. Pathway 2

d. Integrated Brokerage
e. Dementia & Delirium/Deteriorating Patient
f. Dashboard/Digital

2. Internal Trust wide urgent and emergency care (UEC) planning.
    a. Frailty:
    b. SDEC:
    c. Stroke:
    d. Board Rounds:
    e. IVABx:
    f. MADE Events (Multi Agency Discharge Event):
    g. Discharge Lounge:
    h. Ward Changes:

3. Internal Divisional and Specialty plans.

Summary:

The aim of all the schemes and process changes are to ensure lower admissions and subsequent lower LoS for those who are admitted. Only through focusing on the internal Pathway 0 patients (home) and the system process (Pathways 1-3) can NGH look to move through Winter with minimum ambulance delays and disruption to Elective care.

The risk remains the lack of extra funding; however, there are plans in place to ensure NGH is in the right place to navigate this Winter. System communication strategies and out of hospital care is key to ensure the general population are aware of how to access care without overwhelming and overcrowding NGH emergency department (ED).

All KPI's are monitored daily and reported on weekly to ED Oversight, bi-weekly to UEC and Flow board, and monthly to Group Finance and Performance Committee.

Recommendation

The Board of Directors is invited to receive and note the report and to indicate its assurance in respect of the Trust's winter plans for 2023-24.

Appendices
None
Risk and assurance
As specified in the report
Financial Impact
There is no additional funding for Winter 23/24. However, maintaining flow is paramount to ensuring additional staffing is not required causing additional financial burden.
Legal implications/regulatory requirements
None
Equality Impact Assessment
All Equality Impact Assessments for the changes to pathways are being carried about by the system.

Paper

Winter Planning

1. Introduction.

Urgent and emergency Care (UEC) has been under enormous pressure in previous years, and whilst summer 23 saw reduced pressures, there is already a change in the internal flow KPI's from changes in acuity and in particular, behaviours from junior doctor rotation. The one risk to this winters planning is the lack of funding available for any 4–6-month projects. Therefore, the actions in place in this paper illustrate either work already taken or planned to take place within funding envelopes.

This paper is split into 3 Separate parts.

4. External ICS level planning.
5. Internal Trust wide UEC planning.
6. Internal Divisional and Specialty plans.

2 External ICS level planning.

The Integrated Care System (ICS) has six areas of focus to planning and execution of strategies continue from the previous iCAN (Integrated Care Across Northamptonshire) programme of work.

1. Single Point of Access/Ageing Well: Looking at one centre all community, social and Ambulance care teams can call to for extra support to avoid admitting to hospital.
2. Virtual Wards & Pathway 1
3. Pathway 2
4. Integrated Brokerage
5. Dementia & Delirium/Deteriorating Patient
6. Dashboard/Digital

3 Internal Trust Wide UEC Planning

The Trust has had a comprehensive UEC and Flow board in place, with weekly ED (Emergency Department) Oversight meetings in place. The ED meeting looks at internal quality and safety aspects of ED, with the UEC looking at the key access targets and internal professional standards, along with updates on programmes of activity. These are as follows:

1. Frailty: Frailty has moved on from a fragile service 12 months ago to 4 beds and 7 day cover. The aspiration is to move this to more bed/trolley spaces aligned with system support to turn around patients. This relies on recruitment and increased funding so currently waiting on next years agreed funding.
2. SDEC: Numbers through our Medical SDEC have now gone through over 70 approaching 90 patients per day. This is all made possible by ensuring other patients are moved out to Medical Day units for transfusions so we can increase the ciretria for SDEC acceptance.
3. Stroke: Changing the approach to bed utilisation has ensured that Stroke has moved from 20% of patients being in an Stroke bed in 4 hours to over 65% in Aug 23.

4. Board Rounds: A change in the summer of 2023 has meant more focus, with daily attendance from senior managers. This has brought in almost 2 day length of stay reduction for Medicine and 1 day for Surgery. This challenge ensures the question about plans and 'if not home why not?' approach is in place once if not twice daily.
5. IVABx: A reduction through 2023 of both total number of patients on IVABx and also the days on IVABX has meant shorter LoS as a result. Focus is used at UEC Board and highlighted for wards where there are issues.
6. MADE Events (Multi Agency Discharge Event): One of the largest events ECIST have every run with over 1000 patients reviewed across west Northants. It identified 3 aspects. The first was for NGH and around the Transfer of Care process. As a result of this and board rounds, the KPI for completing this process and having patients on pathways has moved from 7-10 days to less than 3 on average.
7. Discharge Lounge: Opened in Sept 23. This has doubled the beds available before 1200 which has meant more beds available to ED.
8. Ward Changes: Having worked closely with the Emergency Care Intensive Support Team (ECIST) analysis has shown how NGH holds 30-40 too few medical beds (on current Length of Stay (LoS)) and too many Surgical beds. Having gone through an extensive consultation and discission with teams, Collingtree A&B (Surgery) will be changing to manage Medical Patients. This will enable Medicine to reduce their outliers into one place, dealing with excess costs from ward rounds spanning 20 wards. This is also giving better quality of care and shorter LoS throughout our winter.

4 Internal Divisional and Specialty Plans.

The specialties have put together initial areas of focus in preparation for Winter. Some are already in place, some will require more funding and this is being worked through with efficiencies to see if there is a subsequent saving. They are as follows:

ED

- Pre-registration receptionist 24/7 to support quicker ambulance off loads and try to meet the 15 min target. There is a CQUIN for reducing 30 min ambulance offloads.
- Consultant in streaming to filter and remove patients from entering the service. 7/7. Also, to support FIT stop and reduce number of requests per patient, to expedite turnaround / progression of patients.
- Quinton HCA 24/7
- Mental Health Trained Qualified Nurse 7/7 supporting across Urgent Care (Still TBC)

SDEC (Same Day Emergency Care)

- Extra day JCF at weekend Sat/Sun.
- Extra surgical staff to be provided by the surgical division. To support SDEC and ED – separate from surgical take. Review and pull model from ED and review clinic.
- Use Medical Cons for dedicated review PM clinic to safety net.

Nye Bevan

- EDN Doctor to support earlier discharges on both wards.
- Extra registrar to support Walter Tull
- Social Care team support / Discharge team focus on planning stages at admission – case manage patients to discharge with progression.

UTC (Urgent Treatment Centre)

- funding for band 6 streamer 12- 12pm - 7 days a week to help manage patient's peaks (Still TBC)

- funding for HCA 24/7 in streaming (Still TBC)
- funding for HCA 24/7 in UTC continued from last year winter plan (has become a permanent cost pressure)
- Suggestion to help with staffing UTC more fully to support ED/ prevent breeches and fully use 4 rooms.

Nephrology

- Additional Consultant support to enable us to run “hot clinics” to see patients sooner – admission avoidance.
- Day care unit - additional nursing staff to support increase in numbers- band 4
- Additional admin support to deal with and help with patients for hot clinics and day case numbers.

Cardiology

- Additional Consultants to support with backlog of clinics we have currently.
- Heart Failure - could be potentially increase community clinics to prevent admission avoidance
- Hot clinic- One stop shop, triage HF patients, echo provided at this appointment and patient managed.

Stroke

- Fund to 26 beds (Benham) to optimise pull model from ED

Surgical Specialties:

- All elective surgery will continue and post - operative patients will go to our ring-fenced wards on Althorp, Spencer Blue and Compton Wards. This will have minimal impact on patient experience, cancer operational standards and the continuation of the reset RTT 18-week patient pathway.
- Orthopaedics Trauma lists will continue daily with an additional two half day lists per week on a Tuesday and Thursday. The Emergency General Surgical list will be reviewed daily, and additional lists will be allocated as necessary. Planned “HOT” theatre sessions arranged to assist with admission avoidance.
- Daily Critical Care operational meeting to maintain staffing levels and ensure capacity for both emergency and elective Level 2 and 3 patients. Surge Plan reviewed and agreed.
- Board rounds continue twice daily to support earlier time of day of discharge and unblock hurdles in patient pathways
- Consultant Connect and Advice and Guidance to promote admission avoidance.
- MDSU substantively staffed as an escalation area for surgery for those patients on pathway zero.
- Physiotherapy 7 days a week for fractured neck of femur patients to reduce length of stay.
- Introduction of a Catheter Clinic Monday to Friday to prevent patients going to ED / SDEC during working hours.
- Increased use of Discharge Lounge

Gynae:

- Gynae Emergency Clinic to remain open Monday-Friday core hours to support with outpatient emergencies requiring no ward or emergency bay input. Additional weekend clinic may be undertaken if required.
- Spencer elective to remain post-operative surgical ward with ring-fenced capacity for suitable female elective theatre cases. With ring-fenced capacity no reduction in elective theatre list through gynaecology required.
- If ring-fencing of Spencer non - elective unavailable, elective theatre lists to be reduced to P1 & P2 cases only with a reduction in 1-2 theatre sessions per week between 17th December and 9th January.
- Require ring fencing to enable Althorp to run at full capacity and increase the number of level 1 operating procedures to be undertaken. Increases level 1 capacity across the trust also for elective cases only.
- This will support HDU step down capacity to a level 1 Gynae bed.
- Spencer elective 2 X level 1 beds to be made available from October.

Onc & Haem

- Strict admission criteria for the Talbot-Butler ward and EAB be adhered to (including recent amendments in response to the COVID-19 pandemic) even in times of extreme bed pressure, with an escalation sign off process at Exec or Consultant on call level in place before the placement of outliers is considered.
- Review staffing levels of the EAB to ensure a right sized workforce for an assessment area of 8 beds.
- Additional nurse to support with patient triage emergency phone
- Haematology additional band 4 CNS support
- Apply the same level of diagnostics to the EAB patients as we do the SDEC patients to improve EAB flow and prevent reattendance the following day
- Commence work towards a buddy ward agreement to ensure control of outliers and minimize movement of patients and staff between clinical inpatient areas.
- Haematology increase in chairs to bring more patients in rather than them attending the EAB – reducing the need for outliers.
- Additional registrar support (bank and agency) to increase flow (0.5 per day/2.5 days a week)
- Private ambulance to speed up discharges

End of life care

The team provides a seven-day week service to support patients with unmet Specialist Palliative Care needs, this includes those:

- With complex symptoms receiving active treatment
- With life limiting illness in the last 12 months of life
- In the last weeks, days, hours of life (dying patients)

Providing support with:

- Physical symptoms
- Patient and carer support
- Advance care planning
- Future place of care
- Complex discharge and arranging hospice transfer
- Dying persons care plan and end of life symptom control

SPUCS – The Specialist Palliative Urgent Care Service works across urgent care (dedicated phone line 07:30-18:30) to support appropriate patients at the point of admission providing a proactive service in relation to supporting:

- Management of complex symptoms, ensuring patients are cared for by the most appropriate team for their condition, and support all dying patients and their caregivers, family and friends.
- Reducing length of stay by earlier optimization of symptom control and liaison with other specialist services
- Admission avoidance by identification of those patients in the last twelve months of life and initiating early discussions about preferences and wishes to develop advance care plans where appropriate. Without forward planning and conversations about what the future may hold, including treatment options the majority of patients with life-limiting illness will find themselves back in the emergency department even if this is not their preference.
- Support complex discharge planning and the facilitation of discharges at the end of life where patients preferred place are or care and death is home including residential/nursing care.

The team work closely with hospice colleagues to optimize appropriate bed use, negotiating weekend transfer where appropriate.

A Swan family area (with adjoining bedroom) is available on level 2 of the main hospital for use by anyone spending time in hospital with a dying patient. This room is checked and cleaned regular and the frequency of this responds to usage.

5 Summary

The aim of all the schemes and process changes are to ensure lower admissions and subsequent lower LoS for those who are admitted. Only through focusing on the internal Pathway 0 patients (home) and the system process (Pathways 1-3) can NGH look to move through Winter with minimum ambulance delays and disruption to Elective care.

The risk remains the lack of extra funding, however there are plans in place to ensure NGH is in the right place to navigate this Winter. System communication strategies and out of hospital care is key to ensure the general population are aware of how to access care without overwhelming and overcrowding NGH ED dept.

All KPI’s are monitored daily and reported on weekly to ED Oversight, bi-weekly to UEC and Flow board, and monthly to Joint Finance and Performance Committee.

Dedicated to excellence

Northampton General Hospital NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	8

Title	Dedicated to Excellence: Process for the in-year review of progress
Presenter	Becky Taylor, Director of Transformation and QI
Author	Becky Taylor, Director of Transformation and QI

This paper is for			
		✓ Note	
		For the intelligence of the Board without the in-depth discussion as above	

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
Informing the Board of the process and timescale for the review of the Dedicated to Excellence priorities for 23/24	Dedicated to Excellence priorities for 23/24 were agreed at Boards in April 2023

Executive Summary

The Dedicated to Excellence strategy was agreed in 2021 as the strategic direction for the University Hospitals of Northamptonshire Group (UHN).

During March and April 2023, Committees of the Boards and the KGH and NGH Boards reviewed progress against the delivery of the strategy and the strategic priorities, and confirmed the five strategic priorities as our current priorities.

During that review and refresh, it was acknowledged that whilst we have made progress in delivering some of the agreed programmes of work, we recognise that we have not delivered on all the delivery programmes defined from 2021-2023. As

part of the review and learning from previous delivery, we will prepare a monitoring report on delivery of the 23/24 programmes to Boards, ensuring that there is clear executive leadership for the priorities, and that enabling plans are in place to support delivery.

The strategic priorities are a key part of our integrated business planning cycle to ensure that we create a single forward focused view of our priorities and goals that can be used to communicate and engage staff about what we are trying to achieve, with clear goals, deliverables and KPIs.

The in-year review of the strategic priorities and delivery will feed into our 24/25 Integrated Business Planning round, which launches in October, and support creation of a single plan for delivery. A series of sessions are planned to ensure aligned strategic planning as well as incorporating the NHS Impact improvement framework into our plans.

Throughout October, Executive leads for each priority area will be reviewing metrics, deliverables and progress made against the objectives for 23/24 and these will be presented to Committees in October for discussion, with an update on the delivery shared at December Boards.

Appendices
Slides
Risk and assurance
Delivery of strategic objectives will mitigate all key strategic risk set out in the Group Board Assurance Framework.
Financial Impact
The delivery of the Sustainability priority includes the delivery of improved financial position
Legal implications/regulatory requirements
N/A
Equality Impact Assessment
Any programmes that require it follow a QIA / EIA process

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

NHS University Hospitals of Northamptonshire NHS Group

Dedicated to Excellence engagement / progress with 23/24 objectives

Boards of Directors, 5-6 October 2023

Rebecca Taylor, Group Director of Transformation and Quality Improvement

Dedicated to excellence

Reviewing the Dedicated to Excellence priorities

- The Dedicated to Excellence strategy was agreed in 2021 as the strategic direction for UHN.
- During March and April 2023, Committees of the Boards and the KGH and NGH Boards reviewed progress against the delivery of the strategy and the strategic priorities, and confirmed the five strategic priorities as our current priorities.
- During that review and refresh, it was acknowledged that whilst we have made progress in delivering some of the agreed programmes of work, we recognise that we have not delivered on all the delivery programmes defined from 2021-2023. As part of the review and learning from previous delivery, we undertook to bring a progress monitoring report on delivery of the 23/24 programmes to Boards, ensuring that there is clear executive leadership for the priorities, and that enabling plans are in place to support delivery.
- The strategic priorities are a key part of our integrated business planning cycle to ensure that we create a single forward focused view of our priorities and goals that can be used to communicate and engage staff about what we are trying to achieve, with clear goals, deliverables and KPIs.
- The in-year review of the strategic priorities and delivery will feed into our 24/25 Integrated Business Planning round, which launches in October, and support creation of a single plan for delivery. A series of sessions are planned to ensure aligned strategic planning as well as incorporating the NHS Impact improvement framework into our plans.
- Throughout October, Executive leads for each priority area will be reviewing metrics, deliverables and progress made against the objectives for 23/24 and these will be presented to Committees in October for discussion, with an update on the delivery shared at December Boards.

Our Priorities

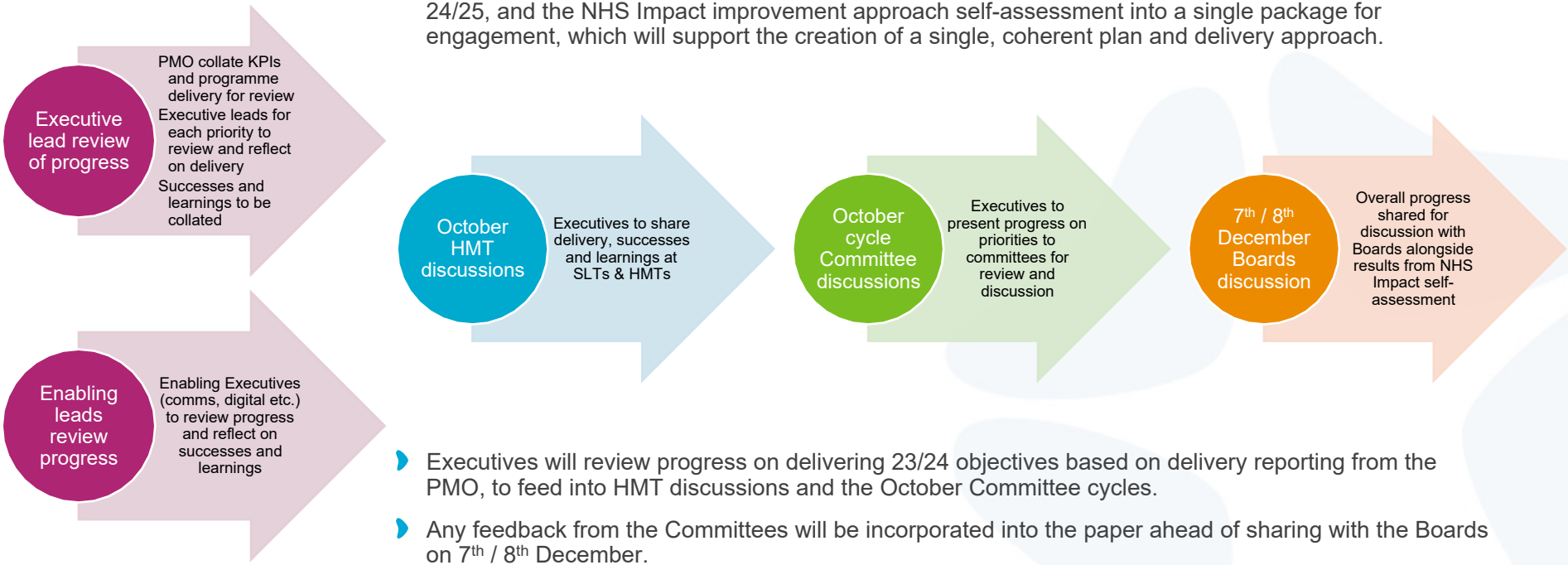
Our five strategic priorities from our Dedicated to Excellence strategy were refreshed in May 2023. The 4 year goals and success measures were defined and agreed by the relevant committee and with Executive leads.

	Clinical Quality Safety & Performance Committee		Finance and Performance Committee		People Committee
	Directors of Nursing, Midwifery & AHPs	*Medical Directors*	*Chief Operating Officers*	*Chief Finance Officer and Director of Estates & Facilities*	*Chief People Officer*
	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 hospital Group, embracing every opportunity to improve care*	**People** *An inclusive place to work where people are empowered to be the difference*

Our 4 year goals and success measures	• Top 10% nationally in the inpatient and cancer surveys
	• Positive feedback in local patient feedback and surveys
	• Improved complaints performance rates
		• Aspire to no avoidable harm
		• Mortality indices that are best in peer group (SHMI / HSMR / SMR)
		• 100% of wards and outpatients achieve Assessment & Accreditation
		• Reducing clinical variation:
		  • GIRFT – BADS day case
		  • Cardiology – Improvement in Cardiology-specific SHMI
		  • Cancer – Improvement in overall cancer survival rates / presentation at stage 1 & 2 diagnosis
			• All cancer patients treated in 62 days unless clinically inappropriate
			• Deliver planned and emergency care standards
			• Maximum 92% bed occupancy
				• Double the number of patients who can participate in research trials
				• Continue progress towards eliminating our carbon footprint by 2040
				• Demonstrable improvement in underlying financial performance and effective use of resources, to median benchmark levels or better
					• Above average national staff survey advocacy scores
					• Improvement in diversity measures

Reviewing 23/24 delivery progress

- We are bringing together the review of 23/24 delivery, the Integrated Business Planning process for 24/25, and the NHS Impact improvement approach self-assessment into a single package for engagement, which will support the creation of a single, coherent plan and delivery approach.



- Executives will review progress on delivering 23/24 objectives based on delivery reporting from the PMO, to feed into HMT discussions and the October Committee cycles.
- Any feedback from the Committees will be incorporated into the paper ahead of sharing with the Boards on 7th / 8th December.

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	9

Title	2022/23 Annual Freedom to Speak Up Report
Presenter	Jane Sanjeevi, Freedom to Speak Up Guardian
Author	Jane Sanjeevi, Freedom to Speak Up Guardian

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

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

Reason for consideration	Previous consideration
This Annual Report is presented to highlight concerns raised, including what we have learnt, and to take assurance on the work to support colleagues to speak up and feel valued for doing so.	The report will also be considered by People Committee Development Session in October 2023. Regular FTSU Reports are considered by People Committee.

Executive Summary
The annual report shows the 2022-2023 Speaking Up Data including the highlights of proactive work completed by the previous FTSU Guardian and the newly appointed Guardian, this work focussed on raising the profile of Speak Up within NGH, increasing lines of accessibility for colleagues to engage, engaging with senior leaders and normalising speaking up within the organisation to build an inclusive speak up culture. Our FTSU Strategy is currently being created and will include some co-production with teams during October Speak Up month. We will also discuss this strategy at the next People Committee development session and we will also be including a focussed piece of work following the Lucy Letby verdict, consisting of assurances of how the FTSU service is operating within the organisation, using the national 5 recommendations from NHS England and our own internal benchmarking exercise which was completed in March 23.
Appendices
None
Risk and assurance
The report provides assurance of processes in place to support staff to raise concerns which are pertinent to patient and staff safety. There is robust executive support for speaking up and an increased emphasis during 2023 via promotions and engagements with Teams encourage an open speaking up culture.
Financial Impact
None
Legal implications/regulatory requirements
There is a legal requirement under the Health and Social Care Act to appoint a Freedom to Speak Up Guardian. Speaking Up Culture is considered under the Well-Led element of CQC inspections.
Equality Impact Assessment
We are committed to ensuring that all our policies and procedures, and their application, are free from any form of discrimination on the grounds of: age, disability, gender reassignment , marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We will monitor use of the Freedom to Speak Up Policy in order to identify whether it is having an adverse impact on any groups and take action accordingly.

Paper

Northampton General Hospital NHS Trust Freedom to Speak Up Annual Report 2022-23, with 2023-24 Q1 Report

Introduction

Freedom to Speak Up promotes and encourages the raising of concerns from NHS workers, sub-contractors and volunteers to ensure patient safety is maintained at all times and to make the health service a better place to work.

In February 2015, the recommendations of the Freedom to Speak Up Review were published. A number of recommendations were made in order that a more consistent approach to whistleblowing across the NHS could be delivered, including the requirement for all organisations to appoint a Freedom to Speak Up Guardian.

The agreed reporting route for Freedom to Speak up at the Trust is the People Committee (quarterly) with a bi-annual report to Trust Board. The Freedom to Speak Up Guardian maintains a case log, to oversee the management and timeliness of investigations and outcomes and ensure the trust policy is followed.

Cases heard April 2022- March 2023

Overview

- The number of cases reported via the Freedom to Speak Up (FTSU) programme for 2022-23 were 93.
- The 2022/23 report of the National Guardian's Office states that the average number of cases for a medium-sized trust is 36 cases per quarter.
- A medium-sized trust is defined as 5,000-10,000 employees.

Spread of cases over FY 2022/23

Quarter	Cases reported in quarter	Cases reported in same quarter of previous FY
Q1	26	5
Q2	5	14
Q3	25	12
Q4	37	16
Total	93	47

Content of cases reported

Category	Q1	Q2	Q3	Q4	Total 2022/23	Total 2021/22
Patient safety / quality	19	5	16	19	59	22
Staff safety / training	22	3	15	34	74	18
Bullying and harassment	17	4	11	30	62	30
Systems, processes or policies	23	3	19	26	71	12
Environment/ infrastructure	11	5	2	7	25	1
Culture	19	5	22	27	73	16
Leadership	23	5	15	33	76	16
Use of resources	4	0	4	6	14	0
Detriment suffered	2	0	2	7	11	3
Inappropriate attitude & Behaviours	N/A	N/A	17	11	28	N/A

- 59 cases (63% of all cases in 2022/23) identified issues with patient safety / quality (47% in 2021/22).
- 74 cases (80% of all cases in 2022/23) identified issues with staff safety / training (31% in 2021/22).
- 62 cases (67% of all cases in 2022/23) identified issues with bullying and harassment (64% in 2021/22).
- 71 cases (76.3% of all cases in 2022/23) identified issues with systems, processes or policies (26% in 2021/22).
- 25 cases (27% of all cases in 2022/23) identified issues with environment / infrastructure (2% in 2021/22).
- 73 cases (78.4% of all cases in 2022/23) identified issues with culture (34% in 2021/22).
- 76 cases (82% of all cases in 2022/23) identified issues with leadership (34% in 2021/22).
- 14 cases (15% of all cases in 2022/23) identified issues with use of resources (0 % in 2021/22).
- 11 cases (11.8% of all cases in 2022/23) identified issues with detriment (3% in 2021/22).
- 28 cases (30% of cases in 2022/23) identified issues with inappropriate

attitudes & behaviours (N/A in 2021/22 as this was never included FY

Agent to which cases are reported

Source	Q1	Q2	Q3	Q4	Total 2022/23	Total 2021/22
FTSU Guardian	26	5	25	35	90	42
CQC	0	0	0	0	0	1
GOSW	0	0	0	0	0	0
Ambassador	0	0	0	2	2	4
DATIX	0	0	0	0	0	0
Other	0	0	0	0	0	0

Source of concerns raised by staff group in the last year

Staff group	Q1	Q2	Q3	Q4	Total 2022/23	Total 2021/22
Doctor	1	1	5	4	11	4
Registered nurses and midwives	12	3	10	12	37	16
Allied health professionals (AHP)	1	0	0	5	6	8
Health care assistants (HCA)	2	0	0	1	3	0
Admin, cleaning & maintenance / ancillary staff	2	0	2	6	10	10
Corporate	4	0	2	2	8	7
Other	4	1	6	7	18	2
Total	26	5	25	37	93	47

Activity in the past year

Improving culture

- Introduction to the FTSU programme during induction for all trust staff.
- In collaboration with the Hospital Chief Executive Officer (HCEO), the Director of Human Resources and the Equality, Diversity and Inclusion (ED&I) Lead, there has been the development and delivery of the Connect, Explore, Improve initiative for improving culture and supporting the creation of working environments that value speaking up.
- Facilitation of the delivery of a programme of initiatives, opportunities and events, in collaboration with the HCEO and the ED&I Lead, that create safe spaces for speaking up (e.g. Connect sessions and Connect, Explore, Improve Safety and Improvement Huddles).
- Work has commenced, with HR and Organisational Development, and under the Connect, Explore, Improve initiative, to develop and deliver a programme of opportunities and events that offer staff the skills for promoting and sustaining local level speaking up.
- Working with HR and the EDI Lead, the FTSU programme has collaborate on action taken to support staff who have faced detriment as a result of speaking up. This has included personalised introduction to Health and Wellbeing Support Services and culturally sensitive support delivered by the EDI Team.

Data management and analysis

- Completion of a review of FTSU data management system has led to the development and implementation of a revised template for recording and analysing data.
- Development and implementation of new questions for capturing more accurate demographic information (i.e. ethnic background, protected characteristic and membership of staff representation network are now recorded in-line with how the individual chooses to self-identify). This has helped to better identify barriers to speaking up and is already supporting the development of a FTSU Action Plan that is more responsive to local needs.
- Development and launch of a log of outcomes and learning achieved through the FTSU programme has greatly aided trust-wide communication and operationalisation of revised policy.
- Engagement with Divisional Governance meetings over the next few months will support the development of a map increase the reach of this learning. Research for the development of a robust policy to support the operationalisation process is also now underway.

Values ambassadors

- Establishment of regular values ambassadors' forum meetings and use of this meeting for co-production of the FTSU Action Plan and Guide to Speaking Up is well embedded (e.g. structured feedback sessions for the development of supporting resources for the FTSU programme).
- Training for a new cohort of values ambassadors has been delivered.
- Refresher training for existing values ambassadors has now been delivered.
- Guided discussion at the values ambassadors' forum meeting regarding the

demographic data of the group and their spread across the hospital has informed our understanding of how reflective the group is of the staff population.
- An agenda item at the next forum will deliver the co-production of a recruitment campaign for developing a diverse value ambassador group and plan action so that the values ambassador group is truly support all of our staff, volunteers, students and contractors.
- Work has progressed, in collaboration with the Organisational Development Team, to develop a seminar series for values ambassadors, to offer the cohort evidence-based skills for supporting speaking up and reducing and preventing unprofessional behaviour in their work environment.[1]
- Continue working closely with the ED&I Lead and the staff network leads to identify patterns of bullying, harassment and discrimination in relation to specific protected characteristics, whilst maintaining confidentiality.

Improvements for our staff and patients

Improving support for and communication with junior doctors

- Following a discussion facilitated by the FTSU programme, areas for improved communication and support for locally employed doctors have been identified.
- Improvements in the speaking-up culture for this staff group have been made, including proactive engagement to encourage the raising of all manner of concerns with clinical leaders and the Medicine Division Leadership Team,.
- This insight has also been shared with senior leaders and consideration of how to improve the planning and booking of leave across medical staff rotations is underway.

Strengthening the policy around midwifery preceptorship

- Thanks to concerns raised by a midwife regarding having their preceptorship approval process finalised, midwifery leadership have reviewed and strengthened their policy to ensure a standardised application of this process occurs and that those having completed their preceptorship training receive recognition.

Development of HR policy to guide staff exclusion

- Through sharing concerns raised through the FTSU programme, HR Business Partners have developed more robust and comprehensive policy covering all aspects of the staff exclusion process. This will support and protect both the trust, the manager and the employee in future such circumstances.

Supporting the Maternity Services Strategic Organisational Development Plan

- Through regular meetings with Maternity Services Leadership and the Project Lead, the FTSU programme has supported the Organisational Development Plan for Maternity Services with insight to inform the planning for staff engagement and co-production.
- Through raising the themes of concerns from Maternity Services with senior leaders a mechanism has been developed to link staff involved in a Serious

Incident with SoS services.

Triangulation of information to inform strategic planning

- The triangulation of information, delivered through the FTSU programme, has helped to identify where improvements in policy, procedure and responsive guidance is needed trust-wide.

Patient confidentiality policy

- The FTSU programme has helped to bring about a strengthening and reinforcement of the patient confidentiality policy to consider all working environments, including the work-from-home setting.

Delivering recruitment and employment standards

- Working with HR, the FTSU programme has helped to identify and support areas of the trust where managers need HR engagement and guidance to meet recruitment and employment standards. This will protect the trust, managers and staff and has enhanced policy related to both recruitment and substantive and bank employment.

Grievance procedure

- The FTSU programme has supported members of staff who are engaged in a grievance, both with their engagement with HR and to understand and access support to return to work.

Safeguarding

- Management of a concern, raised through the FTSU programme, has helped to significantly strengthen engagement and communications with internal and external safeguarding agents.
- The same case has introduced leaders to the trust's various safeguarding risk assessments and policies.

Freedom to Speak Up (FTSU) Q1 2023-24 report: cases heard April – July 2023

Overview

- Within the first quarter being reported, 14 Freedom to Speak Up cases were received.

Route to Freedom to Speak Up Guardian and status

- All the 14 cases were reported to the Guardian directly.

- Of the 14 cases:
    - 4 cases remain open with ongoing investigations/ or report write up underway;
      One has been referred to HR or are within an HR process, and
    - 12 have been closed.

Number of concerns by staff group

Please note the classification of staff group is in-line with the National Guardian's Office reporting requirement.

Staff group	Number of concerns raised (2023-24)
Allied Health Professionals	0
Medical & Dental	1
Ambulance (operational)	0
Registered nurses and midwives	3
Administrative & Clerical	4
Additional professional scientific & technical	1
Additional Clinical services	5
Estates & ancillary staff	0
Healthcare scientists	0
Students	0
Not Known	0
Others	0

Anonymity and detriment

- One case wished to remain anonymous.
- There were no cases in which the individual indicated they are or have been suffering detriment as a result of speaking up, either currently or in the past.

Categorisation of concerns

Category	Number of cases in which the issue is raised (Q1 2023-24)
Patient safety / quality	2
Worker safety / wellbeing	2
Bullying and harassment	2
Inappropriate attitudes & behaviours	11
Detriment	0

- Please note the categorisation of the concerns is in-line with the National Guardian's Office reporting requirement.
- This notes that 'A case may include elements of patient safety/quality, bullying or harassment, worker safety or wellbeing and/or other inappropriate attitudes or behaviours (as well as other matters). Please use all categories that apply for each case.'
- It should be noted that the current Freedom to Speak Up Guardian came into post in April 2023. As a result, the assignment of category to case is subject to change from this point (Q1) as a result of individual bias.

Concerns reported by Division:

Division	Quarter 1 (2023-24)
Medicine & urgent care	3
Surgery	2
WCOHCS	2
CSS	2

Corporate	5
Unknown	0

Activities since the new FTSU Guardian in post

NGO & FTSU Network Activities

- All data submissions were made before the required deadline.
- Attended the Midlands Regional FTSU Network Meetings held virtually.
- Reviewed all Case Review Reports published to date by the National Guardians Office.

Speaking Up Support:

- Ensured timely investigations and clear and concise feedback is delivered to all who raise concerns.
- Provided ad hoc FTSU sessions to departments requesting this or as an agreed intervention for areas of concern.
- Conducted listening events for staff in various wards on their restoration days.
- Weekly and ad-hoc meetings between FTSU Guardian, HCEO, HR and other relevant senior leaders as necessary
- Maintained a case log of learning identified in each case and how it is communicated.
- Maintained actions and timescales for cases agreed upon and shared with the member of staff concerned at every meeting.
- Creation of online feedback of FTSU service through QR code access and introduction of an equality monitoring form to obtain relevant details.
- Updated and refreshed policy and FTSU page on the intranet to ensure information is current.

Education & Training:

- Trust Induction Training
- Inclusion of introductory information on the FTSU programme in the Trust induction, Education symposium and Nursing conference.
- Disseminate Speak Up support scheme information to all staff and HR advisers.
- Work with Organisational Development & EDI to identify opportunities for training- microaggression training
- Establish a regular schedule of Values Ambassadors' forums, to provide support/ information and a space to raise questions.
- Training of new ambassadors- 3 new ambassadors identified and 2 trained.

Engagement:

- Raise the profile and visible leadership of FTSU at important Trust events conferences and social media.
- Creation of FTSU materials and Value Ambassador's 'job description' for use in presentations to specific areas of the hospital that need support to raise concerns.
- Provided networks with a summary of themes raised through FTSU and the actions taken to address and resolve concerns.
- Regularly offered induction to Internationally educated nurses on their pastoral days.
- Provided access to FTSU Guardian for support/debriefing for Ambassadors following any contacts.
- Linking with teams to deliver ad hoc sessions for hard-to-reach groups- volunteers, AHP preceptors and UoN students.
- Ensure staff working unsocial hours have access to FTSU information through email communications. Planned evening and weekend visits to offer additional support and visible presence of the guardian.
- Delivery of FTSU month (October 2023)- Creation of promotion materials, posters and planned FTSU activities. An event for leaders is planned to drive the importance of breaking barriers to speaking up and promote speaking up culture within divisions. Video promotions of Speak Up staff stories and showcasing the positive impact of speaking up.

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Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6th October 2023
Agenda item	10

Title	Group Board Assurance Framework (BAF)
Presenter	Richard Apps, Director of Corporate Governance
Author	Debbie Spowart, Head of Risk (KGH) Phil Cole, Risk and Policy Manager (NGH)

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

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

Reason for consideration	Previous consideration
To provide assurance of relationship between the Group Board Assurance Framework (BAF) and the Corporate significant risks at both Kettering General and Northampton General Hospitals.	Previously considered by committees in common during September 2023.

Report

This report provides oversight of the Group Board Assurance Framework at 29th September 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 (KGH) and Northampton General Hospitals (NGH) that potentially impact on the BAFs strategic risks.

Each assigned BAF monitoring committee received the Group BAF in September 2023 alongside the associated significant corporate risks from each hospital.

Following Executive lead review committees undertook deep dive assurance reviews of the following risks to provide an overall assurance opinion:

UHN02 - 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 - Group Clinical Quality, Safety and Performance Committee in Common: The Committee undertook a deep

dive during July 2023 resulting in a new overall risk title and revised control gaps and assurance gaps. The Committee gave **Reasonable Assurance** on the updated risk, noting that the revised risk articulates the risk and control framework well.

UHN03 - 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 - Group Clinical Quality, Safety and Performance Committee in Common: The Committee undertook a deep dive in July 2023 and it was proposed that the risk would benefit from a wholesale revision and re-framing due to the length of time since the launch of the strategy and the turnover in executive nurse leaders in both Trusts. Executives risk owners agreed to undertake a wider review of the risk and that there was **No Assurance.**

UHN08 - Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group, and system objectives - Group Finance and Performance Committee: The Committee undertook a deep dive during July 2023 resulting in the risk description being amened at point (a). Further assurance gaps were added. The current risk score remained the same. The Committee gave **Reasonable Assurance** on the updated risk.

In addition to the deep dives, the remaining risks were reviewed in this period and changes detailed at appendix A.

Appendix A details the group BAF and Appendix B details the alignment of significant corporate risks at both KGH and NGH @ 29th September 2023.

Appendices

Appendix A – UHN Group BAF @ 29/09/2023

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

Neutral

Group Board Assurance Framework
29th September 2023

University Hospitals of Northamptonshire NHS Group

Ref	Group Priority	Scrutinising Committee	Risk Title	Initial Risk Level (July 2022)	Current Risk Level (Sept 2023)	Movement (from Initial)	Residual Risk Level	Risk Appetite	Summary Updates
UHN01	People	Group People Committees in common	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care..	**16**	**16**	→	**12**	**Moderate**	Additional assurances added and some further planned actions achieved and removed. Some action deadlines have been moved
UHN02	Quality	Clinical Quality Safety and Performance Committees in common	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability	**12**	**16**	↑	**8**	**Low**	Current Risk score increased from 12 to 16
UHN03	Patient	Clinical Quality Safety and Performance Committees in common	Failure to deliver the group Nursing, Midwifery and Allied Health Processionals (NMAHP) Strategy may result in inequity of clinical voice, failure to become a truly clinically led organisation and centre of excellence for patient care	**12**	**12**	→	**8**	**Low**	Non-executives proposed that the risk would benefit from a wholesale revision and re-framing due to the length of time since the launch of the strategy and the turnover in executive nurse leaders in both Trust
UHN04	Systems and Partnership	Clinical Quality Safety and Performance Committees in common Finance and Performance Committees in Common	Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across the Group	**16**	**16**	→	**12**	**High**	Risk owner updated to Director of Strategy and Estates
UHN05	Sustainability	Group Strategic Development Committees in common Finance and Performance Committees in Common	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy	**12**	**12**	→	**6**	**High**	Risk description revised
UHN06	Quality	Clinical Quality Safety and Performance Committees in common	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**	No changes made
UHN07	Sustainability	Digital Hospital Committees in common	Failure to deliver the Group Digital Strategy may result in our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.	**16**	**16**	→	**16**	**High**	Risk description revised and additional further planned actions identified
UHN08	Sustainability	Finance and Performance Committees in Common	Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.	**16**	**16**	→	**16**	**High**	Changes made to risk description and assurances.

Principal Risk No:	UHN01	Risk Title:	Challenges in our ability to attract, recruit, develop and retain colleagues means we are unable to deploy the right people to the right role at the right time resulting in potential detriment to patient care.
		Materialising in [any/several] of the following circumstances:	The Group People Committee will determine circumstances in which it considers the risk to have materialised, having regard to key qualitative and quantitative evidence including: (1) Sustained declines in Staff and People Pulse Survey key indicators in respect of response rates, discrimination and advocacy (2) Key metrics relating to sickness absence, turnover, vacancies and statutory and mandatory training/appraisal completions in special cause variation for at least three consecutive reporting periods (3)Key metrics relating to safe staffing in special cause variation for at least three consecutive periods (4)Customer experience performance/concerns referred from quality committees (5) Cumulative qualitative and anecdotal evidence identified in the course of business-as-usual activities e.g. Non-Executive site visits/presentations to Committee/regular communication mechanisms. (6)Corporate Risks (below) materialise.

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

Corporate Risk Register Links:			
NGH CRR:	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)	KGH CRR:	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	Dedicated to Excellence Strategy – Culture and Leadership programme	People Pulse advocacy and discrimination scores reviewed by People Committee (int) National Staff Survey staff engagement and morale scores reviewed by People Committee (int) Anti- racism plan (int) Quarterly People Pulse survey asks discrimination question (int)	Discovery plan including recruitment of Excellence Ambassadors Anti-racism education for HR team to support high level of cultural competence Staff networks at different levels of maturity impacting ability to support colleagues and leadership New strategic EDI lead to commence in post Sept 2023 UHN Head of OD and Inclusion left Trust (Aug 2023)	Discovery plans have been delayed. Staff network support package has been delayed.	Discovery plans for KGH and NGH Anti-racism and education for HR team Staff network support package to be introduced including exec sponsorship & development of network Chairs	Culture Lead Culture Lead Strategic EDI Lead	30.11.2023 30.11.2023 31.03.2024
2	Dedicated to Excellence Strategy – Leadership and Management programme	People Pulse advocacy and discrimination scores reported to People Committee (int) National Staff Survey staff engagement and morale scores reported to People Committee (int) Appraisal completion rates reported to People Committee (int) Numbers completing leadership training reported to People Committee (int)	UHN appraisal process and integrated system Availability of staff makes it difficult to release colleagues to attend training	Delays in scoping and agreement for UHN appraisal process and system Delays in engagement for UHN leadership engagement plan although briefing on early engagement of Leadership and Management approach completed and due to go to Hospital Management Teams in October 2023	Scope and agree new non-medical appraisal process and create service specification for system Leadership and Management engagement plan with senior leadership to develop commitment to the programme	Head of Learning and Education	31.03.2024 30.10.2023
3	Attraction and Resourcing Strategy, including international recruitment and Agency Transformation Programme	Vacancy rates, Turnover rates, Time to Hire reported to People Committee (int) Audit of recruitment processes reported to Audit Committee according to schedule (int) National Staff Survey morale score reported to People Committee (int) Agency spend (WTE, % paybill, above cap and off framework) reported to Finance and Performance Committee and People Committee and ICB Financial Recovery Board (int/ext.) QI resource deployed to Recruitment team to Improve Time to Hire (int) Finalise costed efficiency plans at KGH and NGH (int)	Challenges recruiting nurses due to supply of trained nurses in the UK Process improvement will result in reductions in Time to Hire leading to reduced attrition Creation of new Collaborative Bank Single temporary staffing team NGH Development of costed efficiency plans KGH and NGH DBS recheck programme	Delays in implementation of collaborative bank but early adopter of collaborative bank to be completed by end of October 2023	Deliver 2023 recruitment campaign for internationally educated nurses (NGH target 40) Onboarding scoping paper to be agreed by People Leadership team as part of work over next 12 months Implement collaborative bank Create single team to oversee temporary staffing at NGH Plan to implement DBS rechecks Review current DBS rechecking process in line with NGH (KGH)	Head of People Planning/Process Head of People Planning/Process Senior Transformation lead Head of People Planning/Process Head of Planning and Process Deputy Head of Resourcing	31.12.2023 31.12.2023 31.10.2023 31.08.2023 30.09.2023 30.09.2023

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
4	Retention Strategy, including Health and Wellbeing and Recognition	Vacancy & Turnover rates, Absence rates reported to People Committee (int) Exit interview analysis reported to People Committee (int) National Staff Survey engagement and morale scores reported to People Committee (int) Opened Our Space at NGH (int) Implementation of Just Culture principles with HR, Union and management teams with introductory workshops been run at both sites (int)	Aligned medical bank rates HCA career pathway Psychological support offer at KGH Flexibility strategy Dedicated HWB space at NGH Inconsistent approach to restorative justice across UHN	Looking a the review date for alignment of medical rate bank card as impacted by national industrial action	Align medical bank rate card Review HCA pathway including consideration of band 3 roles Align psychological support offer Review UHN Agile / Flexibale / Hybrid working policy Development of UHN stay conversation tool kit	Chief People Officer / Medical Director Head of People Process/Planning Head of HWB Senior HR Business Partners Senior HR Business Partner	31.07.2023 30.09.2023 31.12.2023 31.03.2024 30.11.2023
5	Learning and Development Strategy	Statutory and mandatory training completion rates (MAST) and Appraisal completion rates reported to People Committee (int) MAST reporting aligned (Int)	Appraisal process and system not aligned or fit for purpose Industrial relations climate / strikes		New UHN appraisal process to be reviewed and supporting system to be scoped and agreed Mandatory training audit (planned for Q3)	Head of Learning and Education	31.03.2024 31.01.2024
6	Clinical Strategy including detailed speciality strategies and workforce plans	Oversight of strategy documents to Group Transformation Committee (int) Workplan of prioritised policies for alignment agreed to be achieved by April 2025 (int)	Prioritised timebound plan to deliver clinical collaboration (including enabling functions) Potential gap in resource to meet the requirements of the plan Aligned People Policies		Develop operational plan to deliver clinical collaboration ambitions. Propose People team structure to deliver support for the Clinical Collaboration strategy. Develop OD package of support for collaborating services. Work toward achieving workplan of prioritised aligned UHN policies	Medical Directors Chief People Officer Head of OD/EDI Senior HR Business Partner	30.06.2023 30.06.2023 31.05.2023 31.03.2025
7	Safe Staffing Strategy	Safe staff metrics including Roster publication performance reported to People Committee (int) Compassionate rostering programme (KGH) (int) Self rostering pilot (NGH) (int) Agile working Audit (NGH) (int)	Industrial relations climate/strikes		Reviewing self rostering pilot at NGH given addition work required for eRostering team around set up and administration Reviewing UHN Agile/Flexible/Hybrid working policy)	Head of People Process / Planning Senior HR Business Partner	31.03.2024 30.04.2024
8	Volunteering strategy	Number of volunteer hours/month reported to People Committee (int)	Recruitment timescales do not meet the expectations of volunteers leading to high attrition rate prior to commencement	Diversity profile of volunteers	Align KGH volunteer recruitment to KGH recruitment team to manage workload	Head of People Planning/Process	31.05.2023

Principal Risk No:	**UHN02**	**Risk Title:**	Failure to deliver the UHN Clinical Strategy and clinical collaboration may result in some areas of clinical and financial unsustainability				
		Materialising in any/several of the following circumstances:	Fragmented and inefficient service delivery Service cessation or interruption of service provision for fragile services Sub-optimal outcomes and patient experience Negatively impacting staff retention, recruitment and morale				
Date Risk Opened:	June 2022	**Risk Classification:**	Quality, Operational Infrastructure, Financial	**Risk Owner:**	Medical Directors	**Scrutinising Committee:**	Clinical Quality Safety and Performance Committees in common

Corporate Risk Register Links:			
NGH CRR:	NGH331 - Risk of harm due to inappropriate admission and prolonged hospital stay due to lack of community haemodialysis slots (Current Risk Score 20) NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)	**KGH CRR:**	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)

Initial Risk Score		**Current Risk Score**		**Residual Risk Score**		**Risk Appetite**
12 (High)		20 (Significant)		8 (High)		Low
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	3	4	5	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 (2021) public Boards (Group) (Internal) UHN Board governance updates (Quality, Finance, Transformation) (Internal) HMT updates and assurance (Internal) External reviews (Breast, Head and Neck) (External) Final strategy was approved at H&WB Board and overview and scrutiny committees (External)	Resource constraints – clinical and project resource Ability to influence systemwide patient pathway changes	Clinical strategy fora being reviewed with stakeholders in light of partnership arrangements and wider collaboration	Review of wider collaboration governance Progress pathway reviews across system UEC and Elective Boards Review of enabling clinical capacity to affect change	Medical Directors, Chief Operating Officers	31.12.2023
2	Detailed plan for subsequent phase of work that will focus on the integration of specific services – Review of Target Operating Models	Schedule of service strategy developments (Group) (Internal) Oversight monitoring through Asana Project Software (Group) (Internal) Standing clinical collaboration updates to Clinical Quality Safety and Performance Committees (Group) (Internal)	Resource Gaps Resource constraints – clinical and project resource		Progress the review of all services against Target Operating Model Review of enabling clinical capacity to affect change	Chief Operating Officers, Medical Directors	31.03.2024

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:**	Clinical Quality Safety and Performance Committees in common	

Corporate Risk Register Links:			
NGH CRR:	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16) NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16) NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16) NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15) NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20) NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15) NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15) NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20) NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16)	**KGH CRR:**	

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

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	NGH and KGH have a shared Nursing, Midwifery & AHP professional strategy (IGNITE) monitored via hospital Nursing and Midwifery Boards/Nurse Executive Meeting. Aligned reporting and monitoring across the Group	NGH in progress for Pathway to Excellence re-accreditation (June 23) (Internal) All focused works streams have updated year 2 plan and work under way to refresh metrics moving into year 3 or strategy (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)			KGH Strategy/Pathway Lead to plan monthly communication updates via different media avenue	DoN (KGH)	To commence 01.04.2023

Principal Risk No:	**UHN04**	**Risk Title:**	Failure of the Integrated Care Board (ICB) to deliver transformed care will result in an impact on the quality of service provided across the Group					
		Materialising in any/several of the following circumstances:	Risk to delivering locally for our patients the core aims of Integrated Care Systems to; 1. Improve outcomes in population health and healthcare. 2. Tackle inequalities in outcomes, experience and access.3. Enhance productivity and value for money 4. Help the NHS support broader social and economic development.					
Date Risk Opened:	June 2022	**Risk Classification:**	Quality Finance	**Risk Owner:**	Director of Strategy and Strategic Estate	**Scrutinising Committee:**	Clinical Quality Safety and Performance Committees in common Finance and Performance Committees in Common	
Corporate Risk Register Links:								
NGH CRR:	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25)			**KGH CRR:**	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)			

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	The development and delivery of the Northamptonshire Integrated Care System (ICS) to include the Northamptonshire Integrated Care Board and the Northamptonshire Integrated Care Partnership	UHN Chair and GCEO representation at the Integrated Care Partnership and the Integrated Care Board Integrated Care Partnership 10 year Strategy and Outcomes Framework Alignment of the Health and Wellbeing Boards (North and West) strategies and ICB 5 year plan to the ICP 10 year strategy ICB Strategy and planning group established to deliver co-produced 5 year forward plan by July 23 as per national guidance	Alignment of ICB plan with the Integrated Care Partnership strategy, Health and Wellbeing Boards strategies, operational planning requirements and UHN Group strategies and planning	Level of focus on system resilience and working as a system to ensure delivery of collaborative working to deliver the strategies and supporting operational plans Assurance to delivery of system delivery plans	Review and increase Group engagement to possibly include NEDS and further include EDs on existing ICB architecture where possible. Review of NED engagement ongoing System Urgent and Emergency and discharge planning to de Plans developed-delivery to be led at Place for North and West Group contribution to the ICB Forward Plan and alignment with Group strategy and strategic planning	DoCG COOS DoI&P DoS CFO	Ongoing 31.12.2022 31.07.2023
2	Implementation of the ICS operating model to deliver good quality care, financial balance and improved outcomes	Collaborative Boards developing prioritised delivery plans; • MHLDA • Elective Care • CYP Establishment of Place Deliver Boards, Local Area Partnerships to deliver improved outcomes in population health and healthcare Population Health Board System Clinical Leads Board System Quality Board System Boards for enablers; • Estates • People • Digital	Urgent and Emergency Care system Board and Planning Connection of decision making across the ICB to include Place and Collaboratives UHN Place based approach and strategies	Assurance to delivery of system delivery plans for collaboratives and Place	Provide UHN leadership to system, workstreams to develop Collaboratives, Place, Clinical Model, and enablers e.g., Digital, People, Estates, Finance with supporting delivery plans Prioritisation of delivery and Out of Hospital, discharge, UEC strategy and Plans (to replace iCAN) priorities across the collaboratives and Place	DoI&P DoS DT&QI CPO CDIO COOs	Ongoing 30.06.2023

Principal Risk No:	**UHN05**	**Risk Title:**	Risk of failing estate buildings and infrastructure due to age and suitability and, failure to deliver Group strategic estates plans, may prevent delivery of key Group strategies, eg Clinical Strategy.					
		Materialising in any/several of the following circumstances:	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.					
Date Risk Opened:	01 April 2022		**Risk Classification:**	Quality Finance Infrastructure	**Risk Owner:**	Director of Strategy and Strategic Estate Director of Operational Estates	**Scrutinising Committee:**	Group Strategic Development Committees in common Group Finance & Performance Committees in common

Corporate Risk Register Links:

NGH CRR:	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)	**KGH CRR:**	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR058 – Failure to identify an agreed and Trust approved option for delivery of Maternity Bereavement suite, , resulting in reputational damage (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) 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) KCRR062 – Risk to staff safety thorough lack of Entonox monitoring (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) 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) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) 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) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15)

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

	Current Controls	Plan Delivery Assurance/ Group IGRs (Internal / External)	Control Gaps	Assurance Gaps	Further planned actions to mitigate gaps	Action Owner	Due date
1	The Group Clinical Strategy has started and this will define the clinical requirements of both sites for the future.	Group now has a Strategic Development Committee in place (Internal)	Scope of Clinical collaboration tbc		Clinical service strategy focus and implementation plan	DofS&SE	
2	Kettering Hospital now have a full Development Control Plan for the whole site, forming part of the HIP2 and other programmes. Northampton Hospital have a site masterplan.	Kettering HIP2 SOC has been submitted and a Local Development Order has been signed with Kettering Planning Authority (Internal / External)	NGH do not have a Development Control Plan Funding to support NGH Masterplan implementation		KGH outline business case to be submitted to July Board NGH Development Control Plan to commence Development of requisite funding submissions	DofS&SE DofS&SE DofS&SE	31.07.2022 01.09.2022
3	These foundations will come together to start to form the Group Strategic Estates Plan.			The Group requires a joint Strategic Estates Plan that supports delivery of the Group Clinical Strategy	Group Strategic Estates Plan to be commissioned in Autumn 2021 following completion of the Group Clinical Strategy. Community Diagnostic Hub business case to be submitted May 22	DofS&SE DofS&SE	01.06.2022 31.05.2022
4	A System Estates Board is in place across the ICS with all Health and Care partners.			The System Estates Strategy is not strategic and needs further development	To be agreed how this can progress		

				System wide view of all provider / partner strategic estate need / plans			
5	All key estates infrastructure elements have independent AE (authorising engineers) appointed, annual audits and action plans in place; technical and trust meetings in place.	Monthly estates assurance report for each hospital is presented at the Finance CiC Technical meetings in place to review progress against audit plans			Review of technical meetings effectiveness	DofE&F KGH and NGH	31.12.2023
6	Business continuity plans and infrastructure resilience/back up systems are in place	Estates infrastructure is regularly tested. Risk rated capital backlog plans in place	Infrastructure is aging and estates capital plans are insufficient to replace all equipment	assurance for Estates infrastructure BCP to be included in estates assurance reporting, with input from EPRR leads	Develop estates strategy for each site	TBC	
7	Estates backlog capital programme	Trust capital committees	An up to date 6 facet survey		Complete full site 6 facet survey for each site	DofE&F KGH and NGH	31.12.2023

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:**	Clinical Quality Safety and Performance Committees in common	
Corporate Risk Register Links:								
NGH CRR:				**KGH CRR:**	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 20)			

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	3	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	31.12.2023
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)	19.12.2022
• 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 our staff and patients not having the tools or information they need to deliver, and receive safe, high quality patient care.					
		Materialising in any/several of the following circumstances:	- Patients are not in control of, or kept well informed of, their care so we fall behind standards and expectations of patients - Clinicians do not have the access to full, accurate and timely patient information when they need it, leading to a negative impact on patient care decisions - and therefore outcomes - Staff (clinical and non clinical) do not have the tools, (or the tools are not based on a secure and reliable supporting digital infrastructure), to perform their roles effectively, resulting in poor productivity, poorer outcomes for patients, and a block on their ability to collaborate easily and well, within UHN and also more widely. - Managers and clinicians do not have relevant, accurate, consistent and reliable data readily available in a useful form, to make timely informed decisions, leading to greater operational challenges for UHN, and poorer patient outcomes as result.					
Date Risk Opened:	Apr 21 Revised April 23	**Risk Classification:**	Quality, infrastructure, finance	**Risk Owner:**	Group Chief Digital Information Officer	**Scrutinising Committee:**	**Digital Hospital Committees in common**	
Corporate Risk Register Links:								
NGH CRR:	NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (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 (Current risk score 15)	**KGH CRR:**	KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16) 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)					

Initial Risk Score		Current Risk Score		Residual Risk Score		Risk Appetite
16 (Extreme)		16 (Extreme)		16 (extreme)		High
Consequence	**Likelihood**	**Consequence**	**Likelihood**	**Consequence**	**Likelihood**	**Group Priority**
4	4	4	4	4	4	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	Digital Transformation governance structure to monitor and support project delivery against plan	Upward reporting to Group Digital Hospital Committee from governance groups, including: Updates from programme boards (EPR; digital transformation, infrastructure boards etc) Project highlight reports on key current priority projects agreed with the committee. Group CDIO attendance at ICS digital and data board to help tie KGH. NGH and ICS ambitions together and also secure support from wider ICS colleagues where required.		Benefits reporting to showcase impact of digital transformation, and ensure lessons learnt (and then communicate this back to our colleagues) Involvement and engagement from hospitals – a wide spread understanding of what digital transformation is delivering. Clarity on digital ambitions and priorities of the ICS, and timescales of key projects they are leading on (such as NSCR). Robotic Process Automation reporting and governance on delivery to give assurance of performance.	Benefit reporting to incorporate into GDHC papers (Oct 23) Communication and engagement plan to go to GDHC (July 23) To invite newly appointed ICS Digital Director to attend GDHC at earliest opportunity (summer 2023). Work with wider ICS to determine realistic ICS priorities against ICS digital strategy Robotic Process Automation assurance to be given to GDHC at a minimum of quarterly basis with clarity on underpinning governance – including performance reporting	Head of DT&I/ GCDIO Group CCIO GCDIO GCDIO Head of RPA	31.10.2023 31.07.2023 30.09.2023 30.11.2023 30.11.2023
2	Operational governance structure (meetings/committees) to review and oversee the performance of the 'business as usual' parts of the Digital Division's work (e.g. financial control & risk management, and performance of ICT areas such as security, systems performance, upgrades, hardware management, etc))	Upward reporting to Group Digital Hospital Committee from Digital Operational Meeting	Establishing/refreshing Overarching Digital Operational Meeting, and reporting needs of GDHC from this, and its underlying teams/groups is still in progress. This includes upward reporting from the data security protection group.	KPIs for Digital Division to track operational ('BAU') performance need to be clearly agreed with GDHC.	Digital Operational Meeting to be refreshed in May 23, upward reporting to GDHC to start from June 23 KPIs drafted June 23 – refine Sept 23 and agreed with GDHC in Oct 23	GCDIO GCDIO	30.06.2023 31.10.2023

3	Prioritisation governance process (including representatives from a diverse range of staff) to oversee digital transformation prioritisation.	Upward reporting to Group Digital Hospital Committee from Strategic Delivery Group (led by Group Transformation Team). Operation of key forums from Digital which feed into SDG, including the Clinical (main forum for clinical and operational input into digital transformation agenda) and Technical Design (main forum for checking ideas are technically feasible for consideration) authority groups.	Establishing underpinning prioritisation process to Strategic Delivery Group (in progress), including defining exact membership of Clinical and Technical design authority groups, and how they feed into this process.	Require continual review of priorities – will need assurance the dynamism of process will be ongoing. Effectiveness review of these two new groups once been operating for a few cycles. Method of reviewing relevance of project backlog (projects previously identified as on digital's list but not in current shortlist of active priority projects) needs to be established through clinical and technical design authority	Prioritisation governance to be established May 23 including Clinical Design Authority, upward reporting to GDHC to start June 23 Review dynamism of priority calls in 6 months' time	GCDIO/ GCCIO/ Head of DT&I GCDIO	31.01.2023 31.01.2023
Current Controls		**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
4	Structured communication and engagement activities with clinical and operational leadership on the digital agenda	Upward reporting to Group Digital Hospital Committee Digital champion network (KGH) Admin academy (NGH); digital academy (KGH) to oversee digital training and support	Overarching communication and engagement plan (in progress) Overarching KGH and NGH (UHN) Digital champion network and supporting digital academy with digital competency framework to give more comprehensive training and support	Need to include targets or assess how we will measure improvements in engagement of staff and patients with key messages, and review effectiveness of engagement channels after a period.	Communication and engagement plan to be created (July 23) KGH and NGH (UHN) digital academy with supporting digital champion network to be established Mar 24 Review implementation of communication and engagement plan by the end of 2023.	GCCIO Head of Clinical Systems GCCIO	30.07.2023 31.03.2024 31.03.2024
5	Plan to have the digital resource required to ensure capability and capacity required to deliver strategy	Reporting progress of restructure to Group Digital Hospital Committee	Complete restructure of Digital Division to support capacity and capability required to deliver (underway), and therefore current structure not yet fully aligned with needs, or future ambitions.	Resource dependency to be highlighted as critical factor at GDHC to give assurance necessary capability/ capacity is in place for key priority work, and to understand risks and specific areas of pressure.	Complete digital restructure by Aug 23	GCDIO	31.08.2024
6	Supplier management process. to manage relationships with key digital suppliers and key contracts, to ensure confidence in their ability to deliver and manage any risks.	Contractual meetings between Digital SLT and account managers of suppliers	Overseeing relationship management Involvement of Medical Director (KGH initially) for EPR supplier management now, and for KGH as procurement process develops during 2023. Limited visibility of this process at GDHC at present.	Incorporate into reporting to GDHC around supplier support	GDHC report refresh to show supplier dependency (May 23) GCDIO and KGH MD to set up regular Exec meetings with KGH EPR supplier (Aug 23)	GCDIO GCDIO	30.05.2023 31.08.2023
7	Strategy to seek out nationally funded programmes of work (e.g. EPR) to ensure necessary funding to deliver as much of our strategic ambitions as possible, as soon as possible. .		Need to ensure newly appointed GDIO is embedded in national networks and so is abreast of any potential opportunities in this area	Opportunity/ horizon scanning – implementation of Digital Commercial Manager to support this activity	Digital Operational Meeting to be founded in May 23 Complete restructure and then recruit to vacant posts (Oct 23) GCDIO to work closely with ICS Digital Director to keep abreast of potential funding opportunities	GCDIO GCDIO GCDIO	31.05.2023 31.10.2023 31.10.2023
8	Strategy to enhance our Health Intelligence Function's ability to service the information needs of UHN.		Findings of internal review (carried out in April/ May2023 by former KGH Digital Director) to be considered by Digital team and GDHC to allow better articulation of the current control gaps.	Limited visibility and assurance of performance of Health Intelligence team at GDHC at present.	GDHC to consider action plan required to support Health Intelligence function – GDHC report needed in May 23 and July 23 Ensure priorities of Health Intelligence function are reflected in the GDHC reporting	GCDIO GCDIO	30.05.2023 31.07.2023 31.07.2023

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 efficiency and productivity changes result in revenue deficit, or lower levels of staffing than expected, or reduction in less essential services (b) Failure to generate sufficient cash to finance required capital investment (c) Non-delivery of transformation and efficiency targets results in non-delivery of external funds e.g. Elective Recovery, discretionary capital.
		Materialising in any/several of the following circumstances:	- Financial performance (income and expenditure) is materially worse than Plan - Insufficient cash to continue day to day operations; - Materially lower transformation, efficiency and productivity performance compared to Plan - Qualified external audit opinions, and / or significant control weaknesses identified by Internal Audit - Increased NHSE oversight and reduced autonomy through NHSE and NICB - 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:**	Group Chief Finance Officer	**Scrutinising Committee:**	Group Finance & Performance Committees in common

Corporate Risk Register Links:			
NGH CRR:	NGH 35 - 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 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15) NGH40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (current risk score 15)	**KGH CRR:**	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)

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

	Current Controls	**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
1	Business planning process, alignment of activity, workforce and finances	Planning submissions subject to board and board committee scrutiny (internal) Implementation of Group Benefits Realisation approach, agreed by Board (Internal)					
2	Group Performance Management framework, including areas where not on track.	Performance management framework and meetings (Internal)		Aligned internal performance framework report through to F&P Role of GEM preboard committees on review and delivery of performance	Review of GEM governance and effectiveness	Director of Corporate Governance	31.07.2023
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 Business Planning Framework in place and used in 23/24 Planning		Group policy on reforecasting, if a reforecast is required in-year	Development of a policy reforecasting Budget Holder Policy	CFO/DoS	30.09.2023
Current Controls		**Plan Delivery Assurance/ Group IGRs (Internal / External)**	**Control Gaps**	**Assurance Gaps**	**Further planned actions to mitigate gaps**	**Action Owner**	**Due date**
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	23/24 plans have an underlying financial position, which will continue to be managed (Internal/ External)					
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						

Appendix B: Corporate Risks aligned to BAF Risks @ 29/09/2023

BAF Link	Risk ID (BAF/CRR)
UHN001 (Group People Plan)	KCRR017 - Organisational challenge in relation to staffing with the potential to impact negatively on patient experience and outcomes (Current risk score 16)
	NGH46 - Detrimental staff wellbeing and mental health including self harm and suicide (Current risk score 20) NGH47 - HCSW Retention (Current risk score 16) NGH49 - Staff Morale (Current risk score 16)
UNH002 (Clinical Strategy)	KCRR049 - If Radiology imaging is not completed within 6 weeks of referral the Diagnostic target will be breached (Current risk score 16) KCRR065 – Safe delivery of T&O Spinal Surgery (Current Risk score 15)
	NGH331 - Risk of harm due to inappropriate admission and prolonged hospital stay due to lack of community haemodialysis slots (Current Risk Score 20) NGH88 - Failure to Meet National Cancer Waiting Times Standards (Current risk score 16) NGH536 - Struggling to safely staff/sustain Respiratory on-call Physio service (Current Risk score 16)
UHN003 (Group Nursing, Midwifery and Allied health Professionals strategy)	
	NGH39 - Risk of lack of adherence to good safeguarding practices in the trust (current risks score 16) NGH41 - There is a risk that patients are not being discharged robustly and safely (Current risk score 16) NGH42 - Risk that patients in NGH will suffer harm from falling (Current risk score 15) NGH74 - Risk of harm to patients from physical and psychological deconditioning (current risks score 16) NGH168 - Risk of patients requiring mental health admission with delayed transfers of care inappropriately kept in Assessment bays (current risk score 15) NGH260 - There is a risk due to increased volume of investigations and a number of historical incidents being opened (Current Risk score 20) NGH282 - Small for gestational age and growth-restricted babies may not be detected and managed appropriately (current risk score 15) NGH291 - Risk of an adverse event due to delays in the Induction of Labour process (current risk score 15) NGH304 - There is a risk of an adverse event as a consequence of no second maternity out of hours theatre team (current risks core 15) NGH307 - There is a risk of an adverse event as a result of incorrect CTG interpretation (current risk score 15) NGH562 - Risk that children & pregnant women at risk may not be identified due to insufficient skill & availability within Safeguarding (Current risks score 20) NGH569 - Reputational and patient safety risk of reporting inaccurate covid and flu data externally and within the organisation (current risk score 16)
UHN004 (Integrated Care Board)	KCRR011 - Continued extreme pressure on capacity and reported incidents of low nursing levels and delayed discharges creates the risk of creates the risk of poor quality of care and patient safety, combined with staff well-being. (current risks core 20)
	NGH 424 - Risk of reduced patient safety when demand exceeds capacity (Current risk score 25)
UHN005 (Group Strategic Estates Programme)	KCRR015 - No sustainable capacity for urgent care (Current risk score 20) KCRR058 – Failure to identify an agreed and Trust approved option for delivery of Maternity Bereavement suite, , resulting in reputational damage (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) 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) KCRR062 – Risk to staff safety thorough lack of Entonox monitoring (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) 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) KCRR055 - Recognition that areas of Trust could fall into darkness due to aged lighting that is no longer available (Current risk score 15) 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) KCRR026 - Risk of loss of power or reduced power to site if the main high voltage incoming switchgear fails (Current risk score 15)
	NGH259 - Risk of exposure to asbestos fibre from lack of management to exposure (Current risk score 15) NGH 262 - Risk of asbestos related diseases from exposure to asbestos fibre (Current risk score 20) NGH 265 - Heating and hot water infrastructure (Current risk score 16) NGH 270 - Risk of failure to meet national standards of cleaning (Current risk score 16) NGH 301 – Risk of failure of gas interlock system (current risk score 15)
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)

BAF Link	Risk ID (BAF/CRR)
UHN007 (Digital Strategy)	KCRR054 - Lack of quality assurance on destruction of the paper originals of scanned records in line with the EPR project (Current risk score 16) 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)
	NGH 93 - Clin Apps - No Electronic Prescribing and Medicine Administration System (EPMA) (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 (Current risk 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 (Current risk score 20) NGH 38 - The Trust may not have sufficient capital for Capital requirements or may not be able to maximise its capital spend (Current risk score 15) NGH40 - There is a risk to the consistent supply and availability of clinical consumables from NHSSC (current risk score 15)

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NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	11

Title	Audit Committee Terms of Reference
Presenter	Richard Apps, Director of Integrated Governance (KGH/NGH)
Author	Richard May, Trust Board Secretary (KGH/NGH)

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

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

Reason for consideration	Previous consideration
The Board is responsible for the establishment of its committees and approval of Terms of Reference.	Audit Committee, April and September 2023

Executive Summary

The Committee's Terms of Reference have been reviewed and are subject to minor changes to reflect updated committee and role titles, to refer to 'NHS England, and to the following proposed changes:

(1) The additional of paragraph 7.4.2j (salary overpayments) to ensure alignment with the Financial Governance report;
(2) The deletion of paragraph 7.4.2k (Annual Self-Certification) following the removal of the requirement to self-certify following the issue of a revised NHS Provider licence from 1 April 2023; and
(3) Updated paragraph 7.5.1 to reflect the adoption of the Group Board Assurance Framework by Boards of Directors in July 2022.

The Committee **APPROVED** the changes proposed in the Appendix at its meeting on 18 September 2023. The Board of Directors is requested to ratifty this approval.

Appendices
Revised draft Terms of Reference
Risk and assurance
No direct implications.
Financial Impact
No direct implications.
Legal implications/regulatory requirements
The Committee's Terms of Reference specify a requirement for annual review.
Equality Impact Assessment
Neutral

6 OCTOBER 2023, APPENDIX A
AUDIT COMMITTEE
TERMS OF REFERENCE

1. PURPOSE

1.1 In accordance with Standing Orders (and as set out in the Audit Code for NHS Foundation Trusts and the Code of Governance issued by NHS England), an Audit Committee will be established.

1.2.1 The Committee provides assurance to the Board that effective risk management, internal control and governance processes are maintained and that the Trust's activities comply with the law, guidance and codes of conduct governing the NHS. The committee provides a formal independent mechanism for ensuring a co-ordinated approach for achieving sound financial and managerial control.[1]

1.3 The committee provides independent oversight of the adequacy and effective operation of the group model with the Kettering General Hospital NHS Trust (KGH), whilst working closely with the KGH Audit Committee to deliver the benefits from the alignment of work plans, oversight activities and shared learning.

2. AUTHORITY

2.1 The Audit Committee is empowered to seek assurance on the adequacy and effective operation of the organisation's overall governance and internal control system, including the activities of the University Hospitals of Northamptonshire Group.

2.2 In addition to any statutory authority the committee has delegated authority from the Board of Directors as set out in the Trust's Scheme of Delegation. The committee has delegated authority to investigate any activity within its duty and has complete freedom of access to the Trust's records, documentation and employees, subject to compliance with Trust's Information Governance Policies and statutory responsibilities with regard to data protection.

2.3 It may seek any information or explanation it requires from Trust employees who are requested to co-operate with any requests made by the committee.

[1] Extract from NGH Scheme of Delegation

2.4 The committee is an independent source of assurance to the Board on the effective stewardship of the organisation.

2.5 The Internal and External Auditors are to have access to the Chair of The Audit Committee if required to raise issues of concern

2.6 The Committee is authorised to access external legal and professional advice if required and for this to be funded by the Trust.

3. MEMBERSHIP AND ATTENDANCE

Chair of Committee	A Non-Executive Director
Members	Three Non-Executive Directors including the Committee Chair
Attendees	Representative of the Trust's Internal Auditors
	Representative of Local Counter Fraud (Anti-Crime) Service
	Representative of External Auditors
	Representative of the KGH Audit Committee
	Group Chief Finance Officer and/or representatives
	Hospital Finance Director and/or representatives
	Director of Integrated Governance or representative
	Trust Board Secretary or representative
	Other Directors and Trust staff attendance will be at specific invitation of the committee, particularly when the committee is discussing an issue which is their area of responsibility Representatives of external Bodies/Agencies providing assurance to the Trust eg NHS Counter Fraud Authority (NHSCFA)
	The Chief Executive shall attend to present the Annual Report and Governance Statement, internal audit plan and the annual accounts.

3.1 The Board of Directors will appoint three Non-Executive Directors to be the members of the Audit Committee. At least one of the three must be suitably financially qualified and one shall where possible be a member of the Group Clinical Quality, Safety and Performance Committee. One of the Non-Executive Directors shall chair the Committee. The Trust Chair shall not be a member of the Committee.

4. MEETINGS AND QUORUM

4.1 Meetings of the Committee shall be chaired by one of the Non-Executive Director members, with another Non-Executive Director acting as deputy in his/her absence.

4.2 Meetings of the Committee shall take place at the frequency and timing necessary to enable discharge of its responsibilities and the Committee will routinely meet on a quarterly basis. Responsibility for calling meetings of the Committee shall rest with the Committee Chair. Unless in exceptional circumstances, meeting schedules shall be aligned with the KGH Audit Committee.

4.3 Excepting for reasons of sickness, or unavoidable leave it is an expectation that committee members will attend meetings. Annual Leave should, where possible, be planned around meetings. With the Chair's agreement, Non-Executive Directors may appoint deputies to attend meetings in their absence.

4.4 A quorum of the Committee shall be two Non-Executive members. Committees may take place without a quorum at the discretion of the chair but decisions cannot be taken.

4.5 Decisions of the Committee shall be determined by a majority of the votes of the Members present and voting. The Member presiding as Chairman shall have a casting vote in the event of equality of voting.

4.6 Virtual meetings, subject to minimum quoracy requirements, will have full authority to take decisions; meetings will be recorded, and Minutes/Action Logs produced, in the normal way.

4.7 In urgent and exceptional circumstances where it is not possible to convene a meeting via video conference, decision items may be

- circulated to voting members of the body for comment and approval, or:
- taken by Chair's action, in liaison with the Chief Executive and Lead Executive Director for the matter concerned.

In each case, electronic approvals and decisions will be communicated as soon as they are confirmed, and reported to the next formal meeting for information, specifying the exceptional circumstances.

5. SUPPORT ARRANGEMENTS

5.1 The Director of Integrated Governance shall be responsible for providing support to the Chairman and to the Committee. Agendas for forthcoming meetings will be agreed with the Committee Chair and Group Chief Finance Officer and papers will be distributed to members one week in advance of the meeting, with any outstanding reports to be added no later than three days in advance of the meeting. Meeting papers will also be available to other members of the Board for information.

5.2 The Committee will establish an annual work programme, setting out those items that it expects to consider at forthcoming meetings.

6. DECLARATION OF INTERESTS

6.1 All members must declare any actual or potential conflicts of interest arising from items of Committee business, which shall be recorded in the Minutes accordingly.

6.2 Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict of interest.

7. DUTIES

The duties and responsibilities of the Committee are as follows:

7.1 Internal Audit

7.1.1 It is the responsibility of the Group Chief Finance Officer to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

7.1.2 To review the Internal Audit programme, consider the major findings of Internal Audit investigations and the management's response and ensure coordination between the Internal and External Auditors.

7.1.3 To ensure that the Internal Audit function is adequately resourced, has appropriate standing within the Trust and fulfils its function efficiently and effectively.

7.2 External Audit

7.2.1 To consider the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and make recommendations to the Board when appropriate).

7.2.2 To ensure that the External Auditor remains independent in its relationship and dealings with the Trust.

7.2.3 To review the annual audit programme and to discuss with the External Auditor, before the annual audit commences, the nature and scope of the audit.

7.2.4 To review External Audit reports, including value for money reports and the Annual Governance Statement, together with management response.

7.2.5 To consider where the External Auditors might appropriately undertake investigative and advisory work.

7.2.6 To assess the quality of External Audit work on an annual basis.

7.2.7 To ensure there is a policy on accessing non-audit advice from the External Auditors

7.3 Local Counter Fraud Service

7.3.1 To receive reports from counter fraud, specifically open fraud case reporting and fraud prevention activities.

7.3.2 To receive and agree the annual plan for fraud awareness and review

7.3.3 To ensure the organisation has appropriate policies with regard to Fraud, Bribery and Corruption as required by NHSCFA

7.3.4 To ensure the Trust is meeting the NHSCFA quality assurance standards

7.4 Governance and Assurance

7.4.1 The Audit Committee has responsibility for overseeing the Trust's governance and assurance process and for approving the Annual Report including the Annual Accounts and the Annual Governance Statement.

7.4.2 In particular, the Committee shall independently monitor and review:

(a) The internal and external audit services

(b) Financial information systems, the integrity of the financial statements and significant financial reporting judgements

(c) The establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives

(d) Treasury management policy

(e) Compliance with Standing Orders and Standing Financial Instructions, reviewing decisions to suspend Standing Orders and considering draft revisions prior to submission to the Board

(f) Schedules of losses and compensations

(g) Schedules of debtors/creditors balances

(h) Schedules of waivers of purchasing authorities approved each quarter

(i) Schedules of maverick transactions made without appropriate authority approved each quarter

(j) Schedules of salary overpayments

(k) [Delete] The Board's self-certification process in relation to the Annual Plan before its submission to NHSi to ensure the Board is assured that systems and processes are in place to deliver the Annual Plan and to review the self-assessment on a six-monthly basis.

7.4.3 The Committee will review annual reports from Board Committees and escalate items to the Board of Directors as required.

7.4.4 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of the Audit Committee should bring the matter to the attention of the Board of Directors at the next meeting of the Board of Directors.

7.4.5 The Committee will routinely review the effectiveness of Board and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of the Integrated Care System (ICS).

7.4.6 The committee shall work with the Quality and Safety Committee to ensure the Trust's system and processes with regard to Clinical Audit are adequate and reflect the risks in the Trust

7.4.7 The Committee shall ensure that the systems and processes the Trust has in place enable the Whistle-blowing Policy to be effective and accessible

7.5 Board Assurance Framework (BAF)

7.5.1 The Audit Committee shares ownership of the Group Board Assurance Framework with the KGH Audit Committee, and the other Board committees will report updates related to their committees to the Audit Committees.

7.5.2 The Committee is to ensure that the Board Committees have sufficient support to fulfil this role

7.5.3 The Committee will ensure regular review and challenge regarding the contents of the BAF

7.6 Financial Reporting and Performance.

7.6.1 The Committee will:

- Liaise with the all Board Committees to ensure that weaknesses in control exposed by that Committee are investigated.
- Approve the annual financial statement for the Trust's Final Accounts
- Review and approve the Trust accounting policies each year.

7.7 Key Trust Documents

7.7.1 Review any proposed changes to the Scheme of Delegation, Standing Orders and Standing Financial Instructions for approval by the Board.

7.8 University Hospitals of Northamptonshire Group

7.8.1 The Committee will review the effectiveness of Board and Trust-wide governance, as part of which it will seek assurance around the development, implementation and monitoring of Group Model Governance arrangements with Kettering General Hospital. In fulfilling this role, the Committee shall assure itself in respect of the effectiveness of the arrangements as they relate to the delivery of Group objectives whilst maintaining the NGH system of internal control, and provide assurance to the Board of Directors as required and requested.

7.9 In order to ensure an integrated approach and carry out the above duties effectively, the Committee will have effective relationships with all Board committees so that it understands processes and linkages and seeks assurance on their work.

7.10 The Committee may request specific reports from individual functions within the organisation in pursuance of its duties.

8. STANDING AGENDA ITEMS

1.	Internal Audit Reports
2.	External Audit Reports
3.	Counter Fraud Reports
4.	Financial Governance
5.	Board Assurance Frameworks
6.	Items to escalate to the Board of Directors

9. REPORTING

Reporting to Board:

9.1 The Committee will submit a report, from the Chair, that will accompany the minutes of the Audit Committee meeting to highlight recommendations that may need formal Board approval.

9.2 The Committee is responsible for the urgent escalation of any identified issues to the Board of Directors, via the Chairman, as part of the Integrated Governance Report.

Reporting to Audit Committee:

9.3 The Committee shall have the power to establish sub-committees for the purpose of addressing specific tasks or areas of responsibility, though the Committee may not delegate powers to a sub-committee unless expressly authorised by the Board of Directors.

The terms of reference, including the reporting procedures of any sub-committees must be approved by the committee and regularly reviewed.

10. PROCESS FOR MONITORING EFFECTIVENESS OF THE COMMITTEE

10.1 The Chair of the committee will seek feedback on the effectiveness of committee meetings following each meeting.

10.2 The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

10.3 The Committee will review its terms of reference annually, and recommend any changes for Board approval.

11. REVIEW

Reviewed: September 2023
Approved:
Next Review date:

Dedicated to excellence

NHS
Northampton General Hospital
NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	12

Title	Board Composition and Appointments to Committees
Presenter	Richard Apps, Director of Corporate Affairs
Authors	Richard May, Trust Board Secretary

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

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

Reason for consideration	Previous consideration
The Board is invited to consider a proposal to invite Non-Executive Directors from Kettering General Hospital to apply for a vacant position on the NGH Board and to fill vacancies on committees which is the Board's responsibility as set out within the Trust's Standing Orders.	Boards of Directors (NGH and KGH), 27-28 July 2023

Executive Summary

(A) Board Composition

A vacant Non-Executive Director position has arisen following Anette Whitehouse's move into an Associate Non-Executive Director role, confirmed at the last meeting. The role was offered to Professor Andre Ng but was not accepted due to pressure of other commitments. In order to progress collaborative working within the University Hospitals of Northamptonshire Group, it is recommended that Non-Executive Directors from Kettering General Hospital are invited to submit expressions of interest to fill the vacancy, prior to public advertisement. The Kettering General Hospital Board of Directors has been requested to agree a reciprocal arrangement whereby Northampton General Hospital Non-Executive Directors are invited to apply for a vacant position on its board.

Non-Executives submitting expressions of interest would be subject to an internal prior consideration process, with subsequent appointment subject to ratification and approval by the NHS England Appointments team, which is responsible for the appointment of Non-Executive Directors to the Boards of NHS Trusts. The Board of Directors is requested to **APPROVE** this recommendation.

(B) Review of appointments to committees

The Board is requested to **APPROVE** the appointment of Rachel Parker to the Audit Committee

Appendices
None
Risk and assurance
No direct implications for the Group Board Assurance Framework
Financial Impact
No direct financial implications
Legal implications/regulatory requirements
As specified in the report.
Equality Impact Assessment
Neutral

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Northampton General Hospital NHS Trust

Cover sheet

Meeting	Board of Directors (Part I) Meeting in Public
Date	6 October 2023
Agenda item	13

Title	NHS England: Receipt of Enforcement Undertakings
Presenters	Richard Apps, Director of Corporate Affairs
Author	Richard Apps, Director of Corporate Affairs

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

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

Reason for consideration	Previous consideration
To apprise the Board of the latest position following the receipt of Enforcement Undertakings from NHS England and seek the Board's consent to **APPROVE** the Undertakings	Board of Directors February, 2023 Audit Committee, September 2023 Group Finance and Performance Committee, September 2023

Executive Summary

As reported at the February Board NGH and KGH draft undertakings were received in April and July 2022 respectively from NHS England; due to structural and leadership changes in both organisations, the Undertakings were not formally confirmed and approved at the time and had only recently come to the Interim Group Chief Executive's attention.

The undertakings process requires the provider organisation (Trust or FT) to agree to give the undertakings, and for NHS England to accept those undertakings rather than to continue an investigation and potentially impose discretionary requirements on the provider.

Given the amount of time that has elapsed since the undertakings were drafted, the legislative framework has changed and some of the statutory references within the draft undertakings were no longer applicable. In particular, the National Health Service Trust Development Authority Directions 2016, which were the mechanism by which NHS licence conditions were applied to NHS Trusts, were withdrawn with effect from 1 July 2022 and replaced by provisions in the Health and Care Act 2022 which apply the NHS licence to NHS Trusts.

Materially, the substance of the proposed undertakings relates solely to recovery of the Trusts financial position, mechanisms for grip and control, and financial oversight. Given the systemwide nature of some elements of the proposed undertakings, coupled with a lack of clarity and specificity on the external factors driving the financial position the Chief Finance Officer was unable to support the proposed wording of the undertakings or recommend them to the Board.

The Board of Directors remitted to the Group Chief Finance Officer and Director of Corporate Affairs to liaise with NHS England regarding revised undertakings and to submit a final proposal following this process.

In view of this we requested NHS England review and update the proposed wording to reflect the current legislation and material changes in the local and regional position since the undertakings were issued.

Following further iterative review and amendment NHSE have now supplied proposed undertakings that are compliant with the current legal framework and which are supported by the Chief Finance Officer.

The Audit Committee and Group Finance and Performance Committee have reviewed the proposed undertakings and, noting the implications, have recommended them to the Board. The Finance and Performance Committees in common have remitted to the Chief Financial Officer to develop the requisite financial recovery plan and associated governance arrangements, including ongoing reporting of compliance to the committees.

The Board are requested to note the content of the proposed recommendations and to **APPROVE** them for signature and return to NHS England.

Appendices

NHSE proposed Undertakings

Risk and assurance

Risks relating to the Group's financial position are articulated in Group Risk UHN08: Failure to deliver a Group Medium Term Financial Plan results in an inability to deliver Trust, Group and system objectives.

Financial Impact

No direct implications arising from this information report.

Legal implications/regulatory requirements
As set out in the Executive Summary
Equality Impact Assessment
Neutral

UNDERTAKINGS

NHS TRUST
Northampton General Hospital NHS Trust
Cliftonville
Northampton
NN1 5BD

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers:

- under section 27A of the NHS Act 2006 for breaches occurring before 1 April 2023; and

under section 106 of the Health and Social Care Act 2012 ("the Act") for those breaches occurring on or after 1 April 2023.

DEFINITIONS
In this document:
"the conditions of the Licence" means the conditions of the licence held by providers of NHS services under Chapter 3 of Part 3 of the Health and Social Care Act 2012. From 1 April 2023 NHS trusts have been required to hold and comply with such a licence. Prior to 1 April 2023 NHS England, acting in exercise of its functions under section 27A of the NHS Act 2006, expected NHS trusts to comply with such conditions.

"NHS Improvement" means the National Health Service Trust Development Authority, which was abolished and its functions transferred to NHS England on 1 July 2022 by the Health and Care Act 2022

BACKGROUND
NHS Improvement accepted enforcement undertakings from the Trust in November 2019 in relation to:

- Operational performance (Urgent and Emergency Care);
- Financial Performance
- Quality

Although the Trust had made progress against parts of the November 2019 undertakings, NHS England continues to have concerns about the Trust's ongoing financial performance.

NHS England is now taking regulatory action in the form of these updated undertakings which replace and supersede the remaining undertakings accepted in November 2019.

A compliance certificate will be issued in relation to the following undertakings:

- Operational Performance (Urgent and Emergency Care – 4 Hour Access Standard;
- Quality

The Trust reported a financial deficit in the 2022/23 financial year (adverse to plan), and at month 3 of 2023/24 continues to report an adverse financial position. This position is

supported by additional ICB income and as a result there remain concerns about the Trusts route to financial sustainability. The ICB and Trust are yet to complete the planning exercise as part of the Medium-Term Financial Plan to determine the longer term financial strategy and any ongoing requirement for additional funding.

GROUNDS

1. The Trust

The Trust is an NHS trust all or most of whose hospitals, facilities and establishments are situated in England.

ISSUES AND NEED FOR ACTION

2. Financial Performance

2.1. In June 2023 the Trust continues to report an adverse financial position, this position is supported by additional ICB income. Therefore, NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the health service in England while failing to comply with the following conditions of the Licence:

2013 Licence	2023 Licence (applicable from 31 March 2023)	Summary of condition
FT4 (5)(a)	NHS2(5)(a)	Processes in place to ensure: (a) operate efficiency, economically and effectively;
FT4 (5)(b)	NHS2(5)(b)	Processes in place to ensure: (b) effective oversight by the Board;
FT4 (5)(d)	NHS2 (5)(d)	Processes in place to ensure: (d) effective financial decision-making

2.2. In particular:

Whilst progress has been made, there are ongoing concerns and outstanding actions that are required to be resolved. The Trust remains in a deficit position (adverse to plan) for the financial year 2023/24. Therefore, ongoing monitoring is required to ensure the position does not deteriorate further. There must be specific focus on:

(a) delivering a compliant, breakeven 2023/24 financial position (in line with the submitted breakeven financial plan),
(b) delivering planned productivity improvements and efficiency savings,
(c) minimising revenue cash support requirements,
(d) ensuring a long-term plan is in place by the end of Q2 demonstrating how recurrent financial sustainability will be delivered, and
(e) complying with requests regarding spending approvals.

2.3 The financial performance for 2022/23 and 2023/23 year to date demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

(a) to ensure compliance with the Trust's duty to operate efficiently, economically and effectively;

(b) for timely and effective scrutiny and oversight by the Board of the Trust's operations;

(c) for effective decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Trust's ability to continue as a going concern.

2.4 Need for action:

NHS England believes that the action which the Trust has undertaken to take pursuant to the undertakings recorded here is action required to secure that the breaches in question do not continue or recur.

Appropriateness of Undertaking

In considering the appropriateness of accepting in this case the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

NHS England has agreed to accept, and the Trust has agreed to give the following undertakings.

3. Financial Performance

3.1. The Trust will have an agreed financial recovery plan in place, supported by a clear evidence base, that has been signed off by the board and agreed with the ICB and NHSE.

3.2. The plan should be supported by a standard management information suite to report developing progress against the plan with a clear and balanced risk assessment and reporting.

3.3. Commit to recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures required to achieve 23/24 plans.

3.4. Fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing.

3.5. Monitoring of agency usage and compliance with usage and rate limits.

3.6. Any revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team based on agreed regional process.

3.7. Robust financial controls and processes and reporting must be in place and overseen through appropriate financial governance procedures and a track record of identifying and addressing financial issues when they arise.

3.8. The Trust should be able to demonstrate internal capabilities around financial resource management (grip and control).

3.9. The Trust must ensure that there is a shared understanding of risks to the financial plan and have mitigations in place. The Trust should agree and maintain a register of financial risks and mitigations and tracks actions to manage residual risk.

3.10. The Trust should be able to evidence behaviours supportive of system working.

3.11. The Trust should have resources to support transformation and improvement and engage with the ICB and NHSE to provide additional support where required. As part of this, Licensee and system should agree the post-exit support package and ensure the regional team are satisfied that an appropriate level of support is in place.

3.12. The Trust agrees to involve the ICB and NHS England Midlands Region to observe and feedback on the governance and oversight mechanisms associated with delivery of the recovery plan.

3.13. The Trust agrees to work with the ICB and NHS England Midlands Region to develop a mechanism by which regular reviews of progress against delivery of the recovery plan can be made and where conversations about whether sufficient resources and support are available can take place – including whether regional or national support is required.

4. The Trust will take all reasonable steps to recover the financial performance to meet national standards in relation to the governance and processes in strategic oversight.

4.1. The Trust will ensure that there are robust improvement plans in place to meet the requirements of paragraph 3, which has been agreed with the ICB and NHS England

4.2. The financial recovery plan will, in particular:

4.2.1. include the actions required to meet the requirements of paragraph 3, with appropriate timescales, key performance indicators and resourcing.

4.2.2. describe the key risks to meeting the requirements of paragraph 3 and mitigating actions being taken.

4.2.3. be based on realistic assumptions.

4.2.4. reflect collaborative working with key system partners and other stakeholders.

4.2.5. set out the key performance indicators which the Trust will use to measure progress.

In line with the requirements of the NHS Oversight Framework segmentation, the Trust will cooperate fully with NHS England, health sector stakeholders and any external agencies or individuals appointed to work with or support the Trust to address the concerns which these undertakings seek to address.

5. Programme management

5.1. The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

5.2. Such programme management and governance arrangements must enable the board to:

5.2.1. obtain clear oversight over the process in delivering these undertakings;
5.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
5.2.3. hold individuals to account for the delivery of the undertakings.

6. Meetings and reports

6.1. The Trust will attend meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England.

6.2. The Trust will provide such reports in relation to the matters covered by these undertakings as NHS England may require.

6.3. Reporting in line with an agreed schedule. This will be determined in conjunction with the ICB and NHSE RDOF.

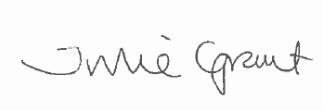
Any failure to comply with the above undertakings may result in NHS England taking further regulatory action. This could include giving formal directions to the trust under section 27B of the National Health Service Act 2006.

THE TRUST

Signed (Chair or Chief Executive of Trust)

Dated:

NHS ENGLAND



Julie Grant
(Director of Strategic Transformation (Midlands), member of the Midlands Regional Support Group)
Date: 18/07/23